

[REDACTED]
Chief Constable

Ms Alison Mutch
HM Senior Coroner
Greater Manchester South Coroner's Office
1 Mount Tabor Street,
Stockport.
SK1 3AG

14th April 2026

Dear Ms Mutch

Response to Regulation 28 Report into the death of Andrew John Hughes

Thank you for raising these matters of concern regarding the response to the issues relating to Mr Hughes. Greater Manchester Police (GMP) welcomes the opportunity to provide clarity regarding the police role in emergency mental health response and the wider system responsibilities that are engaged in circumstances of this nature.

At the outset, I wish to acknowledge that the police service retains responsibility for responding to emergency mental health incidents and under the agreed Right Care, Right Person (RCRP) mental health pathway, emergency mental health incidents, where there is an immediate risk to life or risk of significant harm, will continue to receive a policing response from GMP.

In the case of Mr Hughes, officers did respond to the initial concern for his welfare, and following subsequent contact relating to his mental health, further enquiries were conducted by GMP to ascertain his safety and wellbeing.

However, the concern raised in the matter you describe did not identify a requirement for an emergency mental health response. It indicated the need for an urgent, rather than emergency, intervention. This distinction is significant. Urgent mental health support falls below the threshold for police attendance and, within Greater Manchester as it is nationally, this is the responsibility of health-based resources and clinical partners. Callers will be supported to access those services directly.

During the early stages of the Right Care, Right Person engagement process in Greater Manchester, this specific service requirement—namely the provision of

timely, urgent mental health intervention—was identified. It was also clearly understood that this requirement sits appropriately with our health-based partners rather than policing.

It is acknowledged that, from the evidence presented, it was unclear how a concerned family member would be facilitated or signposted by GMP to access mental health services, or how such services could be contacted.

In the case of Mr Hughes, a concerned friend contacted GMP and was incorrectly advised to contact the North West Ambulance Service (NWAS). It is acknowledged that this contact should have been more clearly identified at the point of call handling as a mental health concern, and the caller should have been appropriately signposted to mental health support services. I accept that this lack of clarity and the incorrect signposting fell short of the standards the public should rightly expect.

Prior to the implementation of RCRP in Greater Manchester, GMP worked jointly with partners, including the Greater Manchester Integrated Care Board (ICB), both Greater Manchester NHS Mental Health Trusts, and NWAS to agree and implement a clear partnership pathway for the management of mental health-related concerns reported to the police.

For non-emergency mental health calls, GMP call handlers are required to clearly signpost callers to appropriate mental health support, including:

- NHS 111 - by dialling 111 and selecting option 2 for urgent mental health support;
- NHS 111 online - via www.111.nhs.uk, which includes a specific mental health support option.

Where appropriate, this signposting is provided verbally and reinforced by text message or email to ensure clarity and accessibility. Importantly, callers are also offered the option to be transferred directly by the call handler to the NHS 111 service. This transfer process removes the need for the caller to disconnect and redial and reduces the risk of disengagement at a point of vulnerability.

The handling of mental health-related contact, particularly where families or concerned third parties seek assistance, represents a critical intersection between public safety, vulnerability, and trust in public services. As such, it is recognised as an area of sustained focus within GMP.

Since the implementation of the Right Care, Right Person model in September 2024, Greater Manchester Police has undertaken targeted review and improvement activity. This work has identified that, in a small number of cases, including the circumstances relevant to Mr Hughes, mental health-related contact was not consistently identified, and callers were not always accurately signposted to the most appropriate support.

In response to the concern raised by His Majesty's Coroner, targeted improvement actions have been taken to reinforce accurate identification of mental health need at the point of contact, improve the accuracy and consistency of signposting to partner agencies, and reinforce clear decision-making accountability.

Strategic governance and oversight have been significantly strengthened. Clear ownership for RCRP compliance now sits within the Force Contact, Crime and

Operations Branch, with reinforced senior leadership scrutiny through structured performance meetings, enhanced audit arrangements, and the use of real-time performance data. This is complemented by formal escalation and assurance through the RCRP governance group, chaired at Assistant Chief Constable rank, ensuring that risks are managed visibly and learning is embedded force-wide.

Continuous learning is now embedded within GMP's organisational learning and governance framework, providing clear oversight of learning from audits, operational reviews, and inquest findings, and ensuring that this learning is implemented, monitored, and evaluated for effectiveness.

GMP has invested in sustainable system and capability improvements. A new, integrated RCRP assessment tool has been developed to better support call handlers in navigating complex and inter-related vulnerability concerns. This tool is designed to promote consistency and reduce misclassification by embedding guidance directly within decision-making processes.

Workforce capability and leadership assurance have been prioritised. This includes targeted development for call handling staff as well as supervisors and auditors, and structured refresher training for managers responsible for oversight of RCRP decision-making, reinforcing accountability and consistency of standards across the organisation.

Recognising the importance of effective partnership working, GMP continues to work closely with the Greater Manchester Integrated Care Board, North West Ambulance Service, and both Greater Manchester NHS Mental Health Trusts to ensure that the system is structured to deliver the right response from the right agency at the right time. These partnerships are well established and have been strengthened through recent developments. Notably:

- The Integrated Care Board has agreed to transfer the Mental Health Response Vehicles from NWAS for dedicated use in mental health-specific responses.
- The ICB has also established the "First Response" model within Greater Manchester, providing a clinically-led, health-delivered response for individuals requiring urgent mental health intervention.
- In addition, the ICB has invested in crisis resolution teams, expanding provision to deliver timely, community-based mental health crisis support.

These developments reflect a shared commitment across the system to ensuring that individuals in mental health crisis receive care from appropriately skilled health professionals, while enabling police resources to remain focused on our core responsibilities relating to crime, risk, and public protection

GMP remains fully committed to its statutory duties under the RCRP framework and to working collaboratively with health partners to ensure safe, timely, and coordinated responses for those experiencing mental health crisis. We continue to monitor and refine these arrangements with our partners to ensure they operate effectively and deliver the outcomes intended.

I trust this response addresses the concerns raised.

Yours sincerely



Chief Constable