Home Office

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Minister of State for Policing and Crime

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Alison Mutch
Chief Coroner Manchester South

[redacted]

21 October 2026

Dear Alison,

Thank you for your email of 26 August 2026 enclosing a copy of the Regulation 28 Report to Preventing Future Deaths, following the inquest into the death of Thomas Crabbe. I am responding as the Minister for Policing and Crime.

I am so sorry to learn about the death of Mr Crabbe, and I would first like to express my deepest condolences to his family for their loss.

I am unable to comment on operational police matters and decisions. This is not through any lack of interest, but due to the risk of undermining the principle that the police are operationally independent of government. I note that this report has also been sent to the College of Policing who are better placed to address specific operational issues.

It may help if I outline the ongoing work regarding the Right Care, Right Person (RCRP) approach which is aiming to ensure the right agencies respond to people in need of support. The RCRP approach, being rolled out by all forces in England and Wales, supports police to determine when they should attend a mental health-related incident and encourages partnership working at a local level to help ensure people with a health or social care need are responded to by an appropriate person.

Using the RCRP threshold police will consider whether an incident meets the threshold for responding. The RCRP threshold will be used in a way that is responsive to dynamic and changeable situations. As with all other types of incidents, the police apply a continuous risk assessment approach, and respond as required to any change in risk, taking into account any information provided by local partners.

Police call handlers are trained to deal with a wide range of calls and assess each one under THRIVE (Threat Harm Risk Investigation Vulnerability Engagement) to determine if a police response is required and if so, how that response should be prioritised, which is dependent on the information received by them at the time of the call. The approach to training in Right Care Right Person will vary from force to force but the toolkit (https://www.college.police.uk/guidance/right-care-right-person-toolkit) prepared by the National Police Chiefs Council and College of Policing supports this. The toolkit includes operational guidance and an e-learning package which further support both call handlers and frontline officers in implementing the Right Care Right Person approach.

It is crucial that there is a focus on ensuring patient safety is maintained and people in mental health crisis are not left without support. Implementation of RCRP should be planned and developed jointly through cross-agency partnerships before any changes to responses are introduced at the local level.

If the described RCRP threshold is not met, local partners should agree what the best response would be, taking into account local arrangements. It is for partners to work together to determine who will respond to what type of situation. This is why partnership working is important, to ensure partners are clear on each of their roles and responsibilities, and local areas will need plans to be put in place to improve their local response. The police will always maintain the discretion to deploy based on the circumstances and risk assessment of the call.

In relation to powers of entry, Section 17 PACE gives police powers to enter a property without a warrant under specific conditions, including to arrest a person for an indictable offence, and to save life or limb. These powers of entry must be exercised proportionally, meaning the level of intrusion should be necessary and justified in the circumstances, and where there are vulnerable people, the powers must be balanced to ensure public safety and the rights of individuals. Police forces use a Vulnerability Assessment Framework (VAF) to identify vulnerability and ensure an appropriate response.

I would be the first to support that the weight of demand on policing and healthcare mean that there are inevitably challenges in this area. Where the correct balance lies between the two areas is a topic that I take a personal interest in, and one which I will continue to maintain. The police continue to meet with NHS England, local Integrated Care Boards and safeguarding chairs nationally to work through challenges and opportunities to improve and structures to the benefit of vulnerable people. As with all intrusive police powers, powers of entry must be exercised in a lawful and proportionate way. The Police and Criminal Evidence Act 1984 and the relevant Codes of Practice include safeguards and guidance to the police to exercise such powers fairly, responsibly, without unlawful discrimination and in line with human rights obligations.

Thank you for writing to me on this important matter. I hope that my response has demonstrated that we take the duty of care towards vulnerable people seriously and continue to work to make improvements.

Very best wishes,

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Minister of State for Policing and Crime