[redacted]

19 August 2021

Mr Paul Cooper
Assistant Coroner
4 Lindum Road
Lincoln
LN2 1NN

[redacted]

Dear Mr Cooper

Regulation 28 LCDP

I am writing to formally reply to your direction for Lincolnshire Police to respond to a Regulation 28 Notice made by you with regards to Mr Levi Pettit.

I offer my condolences to the family and friends of Levi in what was a very sad and tragic case.

I asked my Assistant Chief Constable for Local Policing, [redacted] to review our current approach and training. He is the strategic lead for Mental Health policing for Lincolnshire Police, the regional strategic lead for Mental Health policing, and a former member of the HMICFRS working group on Mental Health policing.

Lincolnshire Police's response is set out below under the key matters you raise as a concern.

1. **PC [redacted] was not aware of the Lincolnshire Police Concern for Welfare Policy Document PD238**

I am in agreement with you that PC [redacted] "…did act appropriately" and, "…went the extra mile" with regards to his actions on the evening with Levi. I would not expect frontline officers to know the detail, nor even the existence of a "Concern for Welfare Policy". The Policy is designed to document our approach to calls for service through the Force Control Room, rather than as guidance for frontline officers. You will note that Document PD238 was written by Force Control Room (FCR) Inspector [redacted] and is annually reviewed by the FCR inspector to ensure that it is still legislatively and ethically compliant. It is not a guidance document for frontline officers.

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[redacted]
Chief Constable
Lincolnshire Police
Chief Constable's Office
Police Headquarters
PO Box 999
Lincoln LN5 7PH
(Sat Nav: LN2 2LT)
www.lincs.police.uk

[redacted]

It is expected that officers will be sent to incidents of this nature by the FCR, and that under those circumstances the officers can be expected to operate in line with their training and the various materials and support mechanisms available to them in order to make sound, ethical and lawful decisions.

More detail on this will be found in the answer to concern number 4.

To reassure ourselves that our guidance to officers and staff in the FCR is being adhered to, I have ensured that the relevant policy document is recirculated among our FCR staff, and informs our decision making process when receiving, allocating, reviewing and closing incidents of this nature.

2. PC [redacted] admitted he used his discretion in dealing with the deceased and did not make a PPN, complete a mental health proforma report, or report the incident to any other officer that night.

I would expect PC [redacted] to have used his discretion in dealing with Levi. In the circumstances, my understanding is the officer dealt with Levi as he felt necessary, and having reviewed his action on the night I believe he was right to do so. Levi was not presenting in such a manner as to justify a detention under section 136 of the Mental Health Act 1983. PC [redacted] did actually report the incident by updating it onto the Force Command and Control system. All reported incidents attended are updated by the officer and are ultimately overseen by the FCR Inspectors who cover that time period. I am satisfied that there was appropriate oversight of PC [redacted]'s actions on the evening.

Based on the nature of PC [redacted]'s observations on the evening, the recording of his operational dealings on the incident and the discourse with Levi on the night, I agree with the observation that PC [redacted] did "act appropriately on the night" and "went the extra mile", and that he exercised his discretion not to raise a PPN.

As mentioned in my answer to question 1, above, I will ensure that the relevant guidance is recirculated to officers and staff in the FCR to remind them of the importance of the relevant policies in place.

3. DS [redacted] did not know what happened to the mental health proforma when completed.

I would not expect DS [redacted] to know what happens to the mental health proforma once completed. Officers are trained (see below) to understand that the mental health proforma provides a statistical return that is used by the Home Office and other stakeholders to understand the local data for mental health policing. It is not a referral mechanism. We do have an administrator who checks against our incidents to ensure that mental health proforma have been completed when required. Understanding the mechanics of the workflow of this statistical submission would not contribute to officers' work "on the ground".

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The mental health proforma has no bearing on the care or practice of officers given on the ground, and while officers are trained to understand why, when and how to submit a mental health proforma, it is not necessary for them to understand the mechanics of the data collection element of the process. I do not therefore believe that further training on this matter is proportionate or would help prevent further adverse incidents.

4. Procedures appear to be in place to deal with such incidents. Please explain what training your officers receive to deal with such circumstances, and are you satisfied your officers are sufficiently aware of the said policy document and act upon it?

Our training for mental health incidents begins when an officer undergoes initial training, in what is called their "student officer phase", i.e. their first two years of policing practice.

This basic training involves modules on:

- Understanding how to deal with issues of vulnerability when attending the scene of an incident as a first responder. (Explaining the Importance of recognising vulnerability when attending incidents, understanding the procedures for dealing with vulnerable people)
- Applying practical policing skills when attending an incident as a first responder. (Explaining and practicing specific considerations for responding to common high- risk incidents)
- Personal protection skills. (Including the Police use of restraint in mental health & learning disability settings)
- Explaining the national drivers for the police service in providing a professional and ethical service to individuals who are, or may be, vulnerable, have suffered harm or be at risk of harm. (Special reference to Mental Health ACT 1983 and Capacity Act 2005)
- Explaining the personal aspect of vulnerability. (Discussing personal vulnerabilities, when combined with situational/environmental factors, that can result in harm or risk of harm).
- Explain key considerations when responding to, identifying and supporting a person who may be vulnerable. (Applying the principle of dealing with a person without judgement, fairly and in a manner appropriate to their needs).
- Taking appropriate initial action when dealing with a person who is, or may be, vulnerable. (Practical application of the Capacity Act 2005 and Mental Health Act 1983)

It is important to remember that police officers are not mental health professionals. This was recognised in the HMICFRS 2018 publication - Policing Mental Health: Picking up the Pieces - which said:

> *"…our inspection found that, in dealing with people with mental health problems, police officers and staff must do complex and high-risk work. They often don't have the skills they need to support people with mental health problems. And, too often, they find themselves responsible for the safety and welfare of people that other professionals would be better placed to deal with." (*p.4)

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To supplement our extensive initial training, our officers do receive formal training in mental health legislation and further training in "Mental Health First Aid", which is delivered using accredited Mental Health First Aid (MHFA) trainers and in accordance with the national standards. Further information on the course can be found at https://mhfaengland.org/. This training is over and above the standard training which is available to many forces in England and Wales and it involves an in-depth understanding of the complex legislation and awareness of common mental health conditions.

To support this work, the force now also has access to:

- A 24/7 phone line with access to a trained mental health professional to give immediate advice
- A full set of guides for officers on mental health. This is accessible via their mobile data terminals. A copy is attached for your information.
- Regular briefings via the force intranet and vlogs.
- Trained mental health workers available in the FCR to give immediate advice and triage to officers on the ground dealing with mental health related incidents.

I am satisfied that our procedures, training and support provide our officers with the best possible opportunity to positively intervene and ensure that we take opportunities to ensure help is available to individuals presenting with mental ill health.

This training and activity supports my vision and strategic objective of "Helping those in need". Our work on mental health policing has also been a key strand in supporting the plans of the Police and Crime Commissioner for Lincolnshire, [redacted].

In order to make such a statement, ACC [redacted] has carried out a dip-sample our work in this area. Between 00:01 on the 14th of August 2021 and 23:59 on the 15th of August 2021, there were 115 incidents created on our system as "Concerns for Welfare". A great many of these contained apparent incidents of mental ill health or concerns that a person was at risk of causing themselves harm. All of those incidents were dealt with in accordance with our policy, and in line with our training and values.

We are also engaged with the health community to ensure that the health sector is commissioned in such a way as to have sufficient capacity to reach patients in need rather than relying on the police service to provide emergency mental health coverage. We have been very proactive in trying to ensure that we, as a service, provide what we can in terms of addressing those individuals in need of health intervention when we work with them.

Yours sincerely

[redacted].

Chief Constable