

THE NOTTINGHAM INQUIRY

WRITTEN OPENING STATEMENT ON BEHALF OF NOTTINGHAM CITY COUNCIL

Introduction

1. Nottingham City Council (NCC) and all who represent it offer their sincere and heartfelt condolences to the families of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber; and sincere and heartfelt sympathy to Wayne Birkett, Marcin Gawronski and Sharon Miller.
2. The City of Nottingham was shocked and appalled by what took place in the early hours of 13 June 2023, as demonstrated by the public response in the days that followed. The atrocities committed by VC were and remain unthinkable.
3. NCC; the witnesses from within its ranks from whom evidence is to be taken; and its officers are committed to providing every assistance to the Inquiry in answering the questions it has posed in its terms of reference; to respond to further questions; to listen; and to learn.
4. NCC sincerely apologises for the isolated data protection breaches that occurred following VC's homicidal and violent activities. It is committed to learning and improving.
5. This opening statement:
 - a. Contains a brief chronology and summary of the facts arising from NCC's witnesses' interactions with VC.

- b. Summarises the nature of the role of NCC’s approved mental health practitioners (AMHPs), since it is those members of NCC’s staff who came face to face with VC;
- c. Deals, briefly, with the issue of data breaches following the events of 13 June 2023; and
- d. Contains some reflections.

Chronology of Nottingham City Council’s contact with VC

- 6. In the interests of brevity, this opening statement does not include anything other than, very, concise facts of the interactions that took place between NCC’s officers and VC. What follows is clearly no substitute for the extensive evidence the Inquiry will hear.
- 7. Table 1 is a thumbnail chronology of the occasions upon which NCC AMHPs came into direct contact with VC when they attempted to or undertook Mental Health Act Assessments (MHAAs, about which more below); and when applications for warrants for his detention were required.

Table 1

Date	Nature of meeting	NCC personnel	Outcome
24.5.20	MHAA	Ben Williams	Not detained
25.5.20	MHAA	Eleanor Cullen	Detained
14.7.20	MHAA	Geoff Culpin	Detained
3.9.21	s.135 MHA Warrant executed & MHAA	Amie Staples	Taser required to subdue VC Admitted to hospital & detained
24.9.21	MHAA	Alison Jacques	Detained
19.1.22	s.135 MHA Warrant executed & MHAA	Roseanna Crane	Not detained
28.1.22	s.135 Warrant obtained (but not used). MHAA	Fiona Parker	Detained

24 May 2020

8. The first occasion upon which NCC became involved with VC was on 24 May 2020. The statement of Ben Williams [WITNo115001] and his accompanying AMHP Report Referral and Assessment document [NOCC0000044] refer.
9. VC was assessed following his arrest on 23 May 2020 after attempting to break in to the flat of another resident at Brook Court, Nottingham. VC reported that he believed he could hear his Mother screaming from within.
10. Mr. Williams met with Drs Ghandi and Malik and Annette Palmer, the latter from the Crisis Resolution and Home Treatment (CRHT) team. He also liaised with Dominic Lloyd from the Liaison and Diversion team and VC's Mother, Celeste Calocane. They decided not to detain VC whom they concluded was experiencing a psychotic episode. Instead, he was prescribed an anti-psychotic, Olanzapine, and was to be visited twice daily by the CRHT team.

25 May 2020

11. Very shortly after the MHAA on 24 May 2020, VC once again attempted to break into another resident's flat in his shared accommodation, this time so terrifying the occupant that she leapt from a first floor window and was injured. He was arrested and assessed once more, this time by NCC's Eleanor Cullen. Her statement [WITNo176001] and report [NOC0000045] refer.
12. On 25 May 2025, Ms Cullen saw VC along with Drs Sadraei and Malik as a result of which it was decided that VC required detention for assessment under s.2 MHA. They also concluded that VC was experiencing a psychotic episode. Accordingly, he was admitted to Highbury Hospital.

14 July 2020

13. NCC's Geoff Culpin [WITNo189001] saw VC on 14 July 2020 following a referral from Highbury hospital requesting an assessment. VC had been

detained by police under s.136 MHA following auditory hallucinations leading to a confrontation with a neighbour.

14. Mr. Culpin and Drs Manzar and Seedat concluded that VC required a further period of treatment and he was detained pursuant to s.3 MHA.

3 September 2021

15. Following initial contact from Claudia Birtles at Nottinghamshire Healthcare NHS Foundation Trust on 31 August 2021; further evidence from Gary Carter, CPN on 1 September 2021; and Dr. Lloyd on 2 September 2021 it became clear that VC's condition had deteriorated, he had disengaged from treatment and support, and he required a return to hospital for treatment.
16. NCC's Amie Staples [WITN0117001] obtained a warrant for his removal to a place of safety pursuant to s.135 MHA. On 3 September 2021 she attended with police at VC's address where he declined to be assessed requiring his removal by police officers. Unfortunately, he became violent towards and assaulted the male officer in attendance, Barnaby Pritchard. As a result, VC had to be subdued with incapacitant spray, Taser, handcuffs and leg straps.
17. VC was assessed at the Queens Medical Centre Nottingham before being conveyed to Highbury Hospital where Ms. Staples and Drs Manzar and Lomas concluded that VC was suffering from a relapse of his psychosis, and he was admitted to hospital for assessment pursuant to s.2 MHA.

24 September 2021

18. After several days' restraint and seclusion at Highbury, in the absence of a local psychiatric ICU bed, VC was transferred to a private psychiatric hospital operated by the Cygnet Group in Darlington.
19. On 22 September 2021, NCC was contacted by Cygnet's Adam Peyton informing them that the 28 day period allowed by s.2 MHA was shortly to expire and a further MHAA was required.
20. On 24 September 2021, NCC's Alison Jacques [WITN0114001] (currently not to be called as a live witness) attended and met with Drs Shoilekova [WITN0188001] and Finch [WITN0345001]. They concluded that it was necessary for VC to remain detained in hospital for treatment pursuant to s.3 MHA. Ms. Jacques recorded the findings in her AMHP report [NOCCOOOOO38]. He was transferred to the Priory Hospital, Arnold, Nottinghamshire on 1 October 2021.

19 January 2022

21. On 18 January 2022 VC assaulted a flatmate and trapped another in their flat. Police attended and the University of Nottingham made provision to re-locate other flatmates who feared for their safety. VC was not arrested but it became clear he had once again disengaged from treatment.
22. Given VC's behaviour it was necessary to obtain a s.135 MHA warrant and that was done by NCC's Clarisse Bagtas on 18 January 2022 [WITN0116001]. Unfortunately, there was no place of safety at which the assessment could be carried out [NOCCOOOOO34].
23. As an aside, there were and are only 4 places of safety available to NCC at which to carry out assessments, and these are frequently occupied as they have to be 'stepped up' to provide psychiatric beds.

24. On 19 January 2022 a place of safety came free and at 13:30 NCC's Roseanna Crane [WITNo117001] attended VC's address with Drs Manzar and Skelton, police and East Midlands Ambulance Service (EMAS). The warrant was executed and VC was taken to Highbury Hospital where he was assessed.
25. The statements of Ms. Crane (and her report [NOCC0000040]) and Drs. Manzar and Skelton reveal that they deliberated about the least restrictive option on that occasion. Initially, it was believed that a hospital admission was necessary. However, unlike the previous occasion upon which a warrant was required, VC appeared more stable and engaged with them; they were reassured; and he was apparently in the middle of an examination period. In the light of that the least restrictive option was a trial (emphasis added) of intensive CRHT daily medication concordance. Accordingly, VC was not detained.

28 January 2022

26. On 27 January 2022 the University of Nottingham expressed further concerns to the Trust regarding VC's behaviour which, in turn, requested a further MHAA by NCC.
27. After initial work by Roseanna Crane, on 28 January 2022, NCC's Judith Modern [WITNo112001] sought and obtained a s.135 MHA warrant. Ultimately the warrant was not executed: NCC's Fiona Parker [WITNo113001] went to VC's address, and he agreed to attend Highbury Hospital willingly. Ms. Parker met with Drs Manzar and Lomas and, following the MHAA, VC was once again detained pursuant to s.2 MHA for a further period of assessment.
28. That was the last occasion upon which NCC was involved in the assessment of VC.

The role of the Approved Mental Health Practitioner

29. The inquiry is to hear live evidence from nine witnesses from NCC, eight of whom were employed as AMHPs during the period May 2020 to January 2022. Accordingly, it is submitted that it is vital that the role of the AMHP, a creature of statute and informed by related codes of practice, is understood.

30. By way of summary, the role of the AMHP is limited to interactions with individuals facing a mental health crisis or those discharged from psychiatric treatment under a Community Treatment Order (CTO). Once alerted to the need to assess such an individual (usually by a report from family, police and/or mental health clinicians), it is the obligation of the AMHP to:

- a. Liaise with clinicians who can pronounce on whether the individual is suffering from a mental illness;
- b. Liaise with the family of the individual;
- c. Inquire as to the availability of a hospital place in the event that the individual needs to be detained;
- d. If necessary, seek a warrant to remove the individual to a place of safety so they can be assessed;
- e. Convene an MHAA with two physicians;
- f. Once the MHAA has been convened, consider how the individual can be helped by the least restrictive means;
- g. If the individual needs to be detained for either assessment or treatment, and if they are not already in a mental health setting, arrange conveyance of the individual to an appropriate psychiatric facility; and

h. If, after treatment pursuant to s.3 MHA, an individual is discharged from psychiatric in-patient care subject to a Community Treatment order, to consider how the individual's social needs can be met.

31. In short, the AMHP's role was and is limited and closely prescribed. Each must act within the legal framework; independently; and balance the competing rights of the individual, including Articles 5 and 8 ECHR, against the right of the public to be safe from random violence. Once the MHAA process is complete, the individual becomes either a detained patient or is cared for by community mental health (in Nottingham, CRHT); and, absent a CTO upon discharge, the AMHP service is required only to step in again when called upon to do so by a fresh referral.
32. Exhibited to the second statement of NCC's Geoff Culpin [WITNo189002] is a Department of Health & Social Care document from October 2019 entitled '*National Workforce Plan for Approved Mental Health Professionals (AMHPs)*' [WITNo189003]. Amongst other things, it provides as follows:
- The AMHP has a responsibility to organise and undertake an assessment under the MHA 1983 and, if the legal definitions are met, to authorise detention under the Act. AMHPs have specific responsibilities to uphold the human rights of people assessed under the Act, consider the social perspective and follow the guiding principles of the MHA, which includes applying the least restrictive principle. The AMHP is also responsible for organising the complex inter-agency arrangements required to undertake the assessment*

and communicating with everyone involved, including the person's Nearest Relative (NR).¹

33. The role has recently been the subject of Judicial thinking in the case of ***Khamba & Others v Harrow LBC & Others***² in which Foster J concluded, amongst other things, that:

118. The AMHP is performing a facilitative role for the local authority that has public facing duties in respect of appropriate admissions for assessment or treatment under the Act.

34. This facilitative role follows from the language of sections 2 and 3 MHA in which admission for either assessment or treatment is dependent upon *'the written recommendations in the prescribed form of two registered medical practitioners...'*

35. ***Khamba*** also reminds one that the role of AMHP is derived from the following provisions of the Mental Health Act 1983 (MHA), as amended (2007):

11 General provisions as to applications.

(1) Subject to the provisions of this section, an application for admission for assessment, an application for admission for treatment and a guardianship application may be made either by the nearest relative of the patient or by an approved mental health professional; and every such application shall specify the qualification of the applicant to make the application.

13 Duty of approved mental health professionals to make applications for admission or guardianship.

¹ National Workforce Plan for Approved Mental Health Professionals (AMHPs), Page 4

² [2025] EWHC 2803 (KB)

(1) If a local social services authority have reason to think that an application for admission to hospital or a guardianship application may need to be made in respect of a patient within their area, they shall make arrangements for an approved mental health professional to consider the patient's case on their behalf.

(1A) If that professional is—

- a. satisfied that such an application ought to be made in respect of the patient; and*
- b. of the opinion, having regard to any wishes expressed by relatives of the patient or any other relevant circumstances, that it is necessary or proper for the application to be made by him, he shall make the application...*

(2) Before making an application for the admission of a patient to hospital an approved mental health professional shall interview the patient in a suitable manner and satisfy himself that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

(3) ...

(4) It shall be the duty of a local social services authority, if so required by the nearest relative of a patient residing in their area, to make arrangements under subsection (1) above for an approved mental health professional to consider the patient's case with a view to making an application for his admission to hospital; and if in any such case that professional decides not to

make an application he shall inform the nearest relative of his reasons in writing.

114 Approval by local social services authority.

(1) A local social services authority may approve a person to act as an approved mental health professional for the purposes of this Act.

36. The case of **Khamba** also reminds one that the ‘*competence, training and practice of AMHPs is the subject of The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008*’. The Inquiry will hear evidence that the AMHPs in this case were appropriately qualified to carry out their duties.

37. The role of the AMHP in ‘*Setting up the assessment*’ is set out in §14.41 of the Code of Practice: Mental Health Act 1983:

Unless different arrangements have been agreed locally between the relevant authorities, AMHPs who assess patients for possible detention under the Act have overall responsibility for co-ordinating the process of assessment. In doing so, they should be sensitive to the patient’s age, sex, gender identity, social, cultural or ethnic background, religion or belief, and/or sexual orientation...They should also consider how any disability the patient has may affect the way the assessment needs to be carried out.

38. The co-ordinating role of the AMHP in seeking an application for detention is set out at §§ 14.49 to 14.56. The balanced position they occupy is described at §14.52 as follows:

Although AMHPs act on behalf of a local authority, they cannot be told by the local authority or anyone else whether or not to make an

application. They must exercise their own judgement, based on social and medical evidence, when deciding whether to apply for a patient to be detained under the Act. The role of AMHPs is to provide an independent decision about whether or not there are alternatives to detention under the Act, bringing a social perspective to bear on their decision, and taking account of the least restrictive option and maximising independence guiding principle.

39. That reminds one of the abiding principles in relation to the care of those suffering from mental illness or lacking capacity as set out in s.1 Mental Capacity Act 2005 which include:

(5) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

(6) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

40. As summarised above, an AMHP is also empowered by s.135 MHA to obtain a warrant from the Magistrates' Court as follows:

135 Warrant to search for and remove patients.

(1) If it appears to a justice of the peace, on information on oath laid by an approved mental health professional, that there is reasonable cause to suspect that a person believed to be suffering from mental disorder—

(a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or

(b) being unable to care for himself, is living alone in any such place, the justice may issue a warrant authorising any constable . . . to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove him to a place of safety with a view to the making of an application in respect of him under Part II of this Act, or of other arrangements for his treatment or care.

41. As can be seen from the facts of this case there were three occasions upon which it was necessary to obtain warrants in order to seek to remove VC to a place of safety and carry out an appropriate MHAA.
42. Once the immediate need to deal with an individual's mental health crisis is met, by either, essentially, hospitalisation or treatment in the community, the AMHP's statutory role comes to an end. NCC was not involved in the discharge of VC from the care of Nottinghamshire Healthcare NHS Foundation Trust.
43. It is only resurrected in the event that, following in-patient treatment (detention for treatment under s3, as opposed to detention for assessment under s2 MHA) an individual is discharged under the provisions of s117(2) MHA (as amended) under what, since 2007, has been known as a Community Treatment Order (CTO).

117 After-care.

(1) This section applies to persons who are detained under section 3 above...and then cease to be detained and (whether or not immediately after so ceasing) leave hospital.

(2) It shall be the duty of the integrated care board or Local Health Board and of the local social services authority to provide or arrange for the provision of, in co-operation with relevant voluntary agencies, after-care services for any person to whom this section applies until such time as the integrated care board or Local Health Board and the local social services authority are satisfied that the person concerned is no longer in need of such services but they shall not be so satisfied in the case of a community patient while he remains such a patient.

44. At no stage prior to 13 June 2023 was a CTO effected at the point of VC's discharge from psychiatric care and, as a result, NCC was not involved in the provision of any after care for the purposes of s.117 MHA.
45. Further, although Chapter 33 of the Mental Health Act Code of Practice deals with the provision of after care, as is made clear by NCC's Christopher Atherton at §35 of his statement [WITNo225001], there was no statutory guidance around discharge at the time of NCC's involvement or indeed prior to 13 June 2023.
46. That was rectified by the Department of Health and Social Care's '*Discharge from Mental Health Inpatient Settings*' on 26 January 2024³, which is exhibited to Mr. Atherton's statement [PHSO0000010].

³ <https://www.gov.uk/government/publications/discharge-from-mental-health-inpatient-settings/discharge-from-mental-health-inpatient-settings>

47. Additionally, at §17 of his statement Ben Williams [WITNo115001] sets out the local policies in place as:
- a. *Section 136 policy - for when people are detained by police under s136 of MHA [WITNo117003]*
 - b. *Section 140 policy - for when an emergency bed is required [WITNo117006]*
 - c. *AMHP Operational Policy [WITNo114004]*
 - d. *Trans and Gender Diverse Patients Policy and Procedure [WITNo117007]*
 - e. *Search Warrants - During Court Hours Applications in the Midlands Region of HMCTS [WITNo117005]*
 - f. *AMHP Guidelines when Allocated an MHAA [WITNo117010]*
 - g. *No Bed Guidance [WITNo114008]*
 - h. *Lone Working After Hours Procedure [WITNo117008]*
 - i. *EDT and Daytime AMHP Interface Protocol [WITNo115002]*
 - j. *Conveyance to Hospital Policy [WITNo117004]*
 - k. *Nottinghamshire County Council Guidance — Mental Health Act Referrals to Nottinghamshire County and Nottingham City AMHP Services [WITNo114010]*
 - l. *East Midlands AMHP Cross Border Protocol [WITNo114011]*

48. NCC's AMHPs are busy. As is clear from Geoff Culpin's second statement [WITNo189002], NCC has approximately 40 AMHPs who were responsible for carrying out an average of 1213 MHAAs per year in the 4 years to 2024, with a further 999 at the time of the preparation of his statement in December 2025. The average number of cases requiring warrants during the same period was 93 and, to December 2025, 79.

49. Treatment of those experiencing acute mental health crises is a balancing exercise for NCC's AMHPs. As set out above, their role is to co-ordinate and facilitate MHAAs, a process that is based upon care being founded upon the least restrictive option.
50. It is NCC's position that, on each of the occasions that it was called in to deal with VC's mental health crises, it did so promptly; responsibly; in accordance with its statutory obligations; and in conformity to national and local policy provisions.

The data protection issue

51. There is little NCC can say other than to repeat the sincere and fulsome apology set out in the statement of Colin Wilderspin from 19 November 2025 [WITNo224001].
52. It is clear there is no culture of data breaches here and that the staff who accessed information did so out of professional curiosity and concern given the nature of the tragic events.

Reflections

53. NCC recognises the agony caused by VC that day and repeats the condolences and sympathies set out in the opening paragraph of this opening statement.
54. NCC's witnesses have all reflected upon their involvement with VC. The atrocities that VC went on to commit on 13 June 2023 are outside of their experience in any other case in which they have been involved. Nonetheless, NCC reiterates its desire to engage in further reflection and learn from this Inquiry.
55. Although it is NCC's broad view that at each step along the chronology it experienced good inter-agency working, in an ideal world, the care, treatment, detention and discharge of those in crisis would be centred on a single

integrated agency or formalised inter-agency team drawn from policing, health, housing and social care with the resources and unified database to match.

56. NCC suggests that there is work to be done here by National Government: currently, absent the formal structure of a CTO, there is no requirement that other agencies such as a local authority are informed when a patient is discharged from psychiatric care after being ‘sectioned’. It is difficult to know what to suggest in terms of interactions with the likes of the Universities so long as they enjoy charitable status and are not subject to a statutory duty in respect of students’ welfare.

57. Despite the events of 13 June 2023 having prompted this inquiry and the imperative for reflection, NCC is cautious of suggesting a redrawing of fundamental principles based upon the actions of VC, not least since Parliament has largely reiterated the continuing principle of least restriction in the proposed revisions created by the Mental Health Act 2025. Namely, that any code of practice must include the following:

Code of practice

1 Principles to inform decisions

In section 118 of the Mental Health Act 1983 (duty to prepare code of practice, including principles which the person making it thinks should inform decisions under the Act) for subsection (2B) substitute—

(2B) The statement of principles must, in particular, include the principles, and address the matters, specified in the table.

<i>Principle</i>	<i>Matters to be addressed</i>
<i>Choice and autonomy</i>	<i>involvement of patients in decision-making, and</i>

	<i>consideration of the views of carers and other interested parties</i>
<i>Least restriction</i>	<i>minimising restrictions on liberty so far as consistent with patient wellbeing and safety and public safety</i>
<i>Therapeutic benefit</i>	<i>effectiveness and appropriateness of treatment</i>
<i>The person as an individual</i>	<i>treating patients with dignity and respect and considering their attributes and past experiences</i>

58. The Act is shortly to come into force in part. The current timetable for the enabling of the Act of 2025 is set to be gradual, possibly taking as long as 10 years; and consultation upon a new code of practice is set to begin this year, 2026.

59. Further, the MHA 2025, at section 5, raises the bar for detention under sections 2 and 3 MHA 1983 by including the concept of ‘*serious harm*’ whereas the current provisions do not require such a qualification before detention can be authorised.

60. The ASB officers who accessed data relating to VC should not have done so. They regret it; have been investigated by the police; and internally disciplined with formal written warnings. NCC responded in Autumn 2023 with a new audit process.

61. The City of Nottingham will not forget 13 June 2023 and the impact on the victims of VC and their families; and NCC reiterates that it is committed to complete engagement with the Inquiry. Its witnesses and representatives are here to assist and learn from the process and recommendations.

Andrew McNamara

Ropewalk Chambers

18 February 2026