

HEALTH AND WELLBEING BOARD

14 NOVEMBER 2023

WEST MERCIA POLICE AND CRIME COMMISSIONER

MOST APPROPRIATE AGENCY (MAA)

Board Sponsor

N/A

Author

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Priorities

This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- | | |
|---|--|
| <input type="checkbox"/> Prevention & inequalities | <input type="checkbox"/> Homes, Communities & Places |
| <input checked="" type="checkbox"/> Mental Health & Wellbeing | <input type="checkbox"/> Jobs & Opportunities |
| <input type="checkbox"/> Healthy Living at All Ages | |

Safeguarding

This report has a direct impact on arrangements for safeguarding children or adults.

The application of MAA has the potential to impact statutory responsibilities in the safeguarding of adults and children.

Item for Decision, or Information & Assurance

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Decision | <input checked="" type="checkbox"/> Information/assurance |
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Recommendation

- 1. The Health and Wellbeing Board is asked to:**
 - a. note the report;**
 - b. consider implications of the West Mercia Police policy as part of both their own organisations and the wider system;**
 - c. consider potential options relating to joint / co-ordinated governance activity.**

Executive Summary

- 2. On the 3 April 2023 West Mercia Police introduced a new policy and procedure referred to as 'Most Appropriate Agency' (MAA). This is an operational police force policy. The consent of the Police and Crime Commissioner (PCC) is not therefore required to implement it.**

3. The policy is based on Humberside Police's Right Care Right Person (RCRP) policy and procedure which has now been rolled out nationally. A precis / summary of the West Mercia Police force policy can be found at Appendix A. This includes the rationale for implementation, principles of the policy, consultation activity undertaken by the force to date and existing force-led governance.
4. This paper provides a summary of activity undertaken by the PCC in response to the force's MAA policy, in respect of oversight, scrutiny and convening powers. This highlights ongoing concerns that are held by the Commissioner as well as potential opportunities to work with partners to ensure the force's policy is effectively implemented, ensuring the best possible outcomes for communities and mitigating the risk of avoidable harm to vulnerable people.

PCC Position and Activity Regarding MAA

5. ***PCC John Campion: "I believe strongly that the principle of MAA is the correct one, but its implementation comes with significant risks. Done well, as a whole system, it will undoubtedly enhance the response communities receive to a wide range of incidents and circumstances. Done incorrectly, it has the potential to create wide gaps in service provision and leave vulnerable people exposed to greater risk of harm".***
6. The PCC has regular Assurance and Accountability meetings (A&A) with the Chief Constable. This is a key mechanism through which the PCC fulfils his statutory duty to hold the Chief Constable to account for the performance, effectiveness and efficiency of the force.
7. Given the potential impact of the force's MAA policy on communities and partners, the PCC has ensured that MAA has featured heavily at the A&A meetings this financial year to date. Scrutiny and oversight of MAA has also featured as part of the PCC's ad hoc virtual A&A requests to the Chief Constable. These requests are submitted via email with the Chief Constable providing a written response to the issues raised. This dynamic process has enabled the PCC to escalate any specific concerns in relation to MAA (e.g. specific incidents) outside of a formal meeting setting, ensuring a timelier response.
8. At the A&A meeting on the 29 June 2023, the PCC raised the following concerns around the force's MAA policy to the Acting Chief Constable (A/CC):
9. The PCC raised anecdotal feedback that other forces who were early adopters had taken a more phased approach to implementation, including more extensive consultation with partners. The A/CC confirmed that learning from other early adopters was used to inform local implementation and believed that these forces had seen similar issues to those in West Mercia. On reflection, the A/CC would change the approach to the Safeguarding Advice Team, ensuring that all members of the team had significant safeguarding training prior to the policy going live.
10. The PCC raised concerns regarding partnership engagement pre- and post-implementation of the policy. As set out in Appendix A, the force's MAA policy was initially introduced to partners through the Vulnerability Partnership Executive Group (VPEG) in August 2022; 8 months before it was implemented. VPEG was not the only mechanism for partnership engagement, with further contact made through letters to strategic leads, a survey of partners and utilisation of the Strategic Crime &

Vulnerability Forum. However, the partnership response to the survey was considerably low; limiting the ability for this consultation activity to inform implementation of the force policy and also providing little reassurance to the PCC regarding the preparedness of other partner agencies to actively support the implementation of the policy, and therefore increase the chances of its success.

11. The PCC felt there was potential learning for the force in relation to partner engagement. The A/CC felt initial partnership engagement was sufficient. Going forward, the force will consider how to engage with key partners post-implementation to understand concerns, as well as considering the feedback that has been shared directly with the PCC. The PCC was clear that his consent was not required to implement the force's MAA policy, however greater buy in and cooperation from the PCC could have helped the force, particularly in respect of convening partners. To further support ongoing work with partners, the force has commissioned a partnership review. The review aims to improve understanding of the partnership ecosystem and drive effectiveness.
12. On the 7 July 2023 the Deputy Police & Crime Commissioner on behalf of the PCC sought further reassurance from the Acting Chief Constable (A/CC) via an ad hoc A&A request.
13. Further assurance was sought in relation to specific incidents, mechanisms to review learning from high harm incidents, safeguarding responsibilities, referrals to the Independent Office for Police Conduct (IOPC) and the need to review the impact of the MAA policy to prevent harm as much as possible.
14. A request was also made for a member of the Office of the Police & Crime Commissioner (OPCC) Policy team to observe the force's governance arrangements in respect of MAA via monthly scrutiny panels. The first meeting was attended on 22 August and attendance will continue in the short-medium term to ensure appropriate OPCC oversight.
15. It was formally confirmed in response by the CC that a 6-month evaluation of MAA/RCRP is under way and to include an assessment of the model supported with data from April – October 2023. On completion of the evaluation, the Crime and Vulnerability directorate will facilitate consultation with external partners. The PCC has requested to have oversight of this consultation and the thematic review report is due for completion by the end of 2023.
16. Outside of the A&A process, the PCC reported on the implementation of MAA at the West Mercia Police and Crime Panel (PCP) meeting on 27 July 2023. This report provided a detailed background on MAA, its implications and concerns surrounding the partnership approach and the potential gaps MAA could highlight in partner service provision.
17. In response to this report from the PCC, the Chairman of the West Mercia Police and Crime Panel subsequently wrote to the leaders of the Member Authorities of the West Mercia Police and Crime Panel (Bromsgrove District Council, Herefordshire Council, Malvern Hills District Council, Redditch Borough Council, Shropshire Council, Telford and Wrekin Council, Worcester City Council, Worcestershire County Council, Wychavon District Council, Wyre Forest District Council).

18. This letter acknowledged the reservations about the MAA Policy, including the speed at which it has been implemented but asked each of the Councils within the West Mercia area to consider making a commitment to engage with and support the MAA policy. The letter also confirmed that the PCC would welcome their engagement and that any information required could be supported by the Office of the Police & Crime Commissioner.
19. In addition to established force governance arrangements set out in Appendix A, the PCC will continue to monitor the implementation of MAA using his statutory A&A framework to hold the Chief Constable to account.
20. The PCC is also exploring opportunities for joint governance / scrutiny activity with partners impacted by the policy. This includes engagement with the IOPC (national oversight body for complaints and death and serious injury referrals) and partners on local Health & Wellbeing Boards.

What the PCC is seeking from Partners at the Health & Wellbeing Board

21. The PCC welcomes partners' engagement in providing feedback on the force's MAA policy as set out at Appendix A, and the concerns set out by the PCC above.
22. In particular, the PCC would invite partners to consider the following areas in respect of MAA:
 - Are partners satisfied that they fully understand the implications of the policy for themselves from both a strategic and an operational perspective?
 - Do partners understand what Police are doing and do they endorse it?
 - Are partners clear on the threshold for police involvement if no crime is committed and there is no threat to safety?
 - Are partners aware of the Police's approach to welfare calls?
 - Partners' assessment/concerns of resource gaps in service provision and how this gap will be filled to ensure the prevention of avoidable harm?
 - Appetite for ongoing shared / co-ordinated governance of MAA
 - Partner views on raising awareness of MAA/RCRP with the public to increase awareness and help better manage demand and improve outcomes?
 - How partners locally may learn from the approach taken in Humberside since May 2020 to inform any dedicated response and community-based mental health services
 - Any other concerns/advice we feel we should include?
23. The PCC also wishes to determine if partners would find it beneficial to establish a forum to facilitate partnership governance of the force's MAA policy. This could be a new multi-agency board or utilisation of existing governance boards such as local Health and Wellbeing Boards.
24. The PCC's office has undertaken research on the most effective forum to facilitate partnership governance of police-led MAA policies and has identified that a multi-agency governance structure could be created.
25. Within the Right Care, Right Person policy paper published by the Government on the 26 July 2023 it is advised that cross-agency partnerships could be set up in each area

in conjunction with the ICBs to implement the RCRP approach for people with mental health needs. It is suggested partners work together on achieving the following:

“Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.

Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that ‘mental health needs’ covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.

Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact”.

26. There is no contention with the central premise of Right Care, Right Person / MAA; that people in mental health crisis require an expert healthcare response first and foremost. The PCC remains committed to working with partners to ensure a solid working relationship is in place between the police and health services to reduce inappropriate police involvement in care and support better access to mental health specialists for the public.

Impact on health disparities

27. For consideration by the Board.

Legal, financial and HR implications

28. For consideration by the Board.

Financial Implications

29. None.

Legal Implications

30. None.

Equality Implications

31. None in relation to this report

Supporting Information

Appendix A – Summary of West Mercia Police Most Appropriate Agency Policy and Implementation.

Contact point and partnership working

Gareth Boulton, Chief Executive, West Mercia Police and Crime Commissioner
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Background Papers

In the opinion of the proper officer (in this case the Assistant Director of Legal and Governance) the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes of West Mercia Police and Crime Panel on 27 July 2023](#)

Appendix A: West Mercia Police Most Appropriate Agency (MAA) Policy

Summary of Policy

2. On the 3rd of April 2023 West Mercia Police introduced a new policy and procedure referred to as 'Most Appropriate Agency' (MAA). A precis of the force's policy and relevant background are provided within this briefing. This information has been taken from West Mercia Police briefings and policy documents to best set out the force's rationale and position in respect of MAA.
3. The force's MAA policy is based on Humberside Police's Right Care Right Person (RCRP) policy and procedure.
4. Humberside Police identified that before the introduction of RCRP an average of 1,566 incidents per month were being reported to the police relating to issues such as concerns for welfare, mental health incidents or missing persons.
5. Humberside Police were concerned that by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support. This was putting both the public and their officers at more risk. It also meant that the public were not receiving the most effective response to incidents from public services.
6. Humberside Police made the conscious decision to refocus on core policing duties, as set out by Sir Robert Peel. These still form the basis of policing in the UK today. The core duties under common law are:
 - a. preventing and detecting crime
 - b. keeping the King's peace
 - c. protecting life and property
7. Following this decision, Humberside Police sought advice to understand where duty of care responsibilities lie and where other agencies would be more appropriate to attend calls for service. This advice was used as a basis to support the development of the RCRP initiative.
8. RCRP is a programme of work that has been carried out over a three-year period involving partners in ambulance, mental health, acute hospitals and social services. The premise of the initiative is that these partnerships ensure RCRP can achieve its aim to provide the best care to the public by ensuring the most appropriate response to calls for service.
9. RCRP and MAA as it has been introduced locally is intended to ensure that everyone, including the most vulnerable within the community, receive the correct service, by the most 'Appropriate Agency' – first time and every time.

10. The policy is underpinned by case law and legislation that specifically defines the parameters of the police role & purpose; and provides the legality, jurisdiction and legitimacy in which the police should be operating.
11. Whilst the policy is underpinned by relevant legal precedent and statutory guidance relating to police powers, discretion will always exist for operational commanders. If, or where, West Mercia Police choose to attend an incident where there is no statutory policing role, consideration would need to be given as to whether some potential actions from attending officers would be within the lawful execution of their duty. It therefore follows that the decision to attend must be clearly recorded, with the rationale and a clear tactical plan as to what is expected of the attending officers. This is a consideration for the Force around implementation of the new policy.
12. Policing powers are not always appropriate to resolve many of the situations that officers are requested to attend by the public. In many cases, a legal precedent has already ruled that the police service is not the most appropriate agency to act.
13. The majority of calls for service that will fall within the new policy are those that relate to “Medical, Health & Social Care”. The police service rarely have the qualifications, training, or experience to respond to these calls as effectively as trained medical professionals, and rarely have the legal basis, jurisdiction or legitimacy to act.
14. The type of calls that this procedure is intended to address generally fall under the following headings.
 - a. Medical/Health related calls for service
 - b. Safe & Well or Welfare checks
 - c. AWOL mental health patients
 - d. Patients with full capacity who leave health facilities (A&E, GP etc) unexpectedly
 - e. Police support to voluntary mental health cases
 - f. Requested use of Police attendance for security at premises occupied by or attended by partner agencies
 - g. Requested use of Police for transportation of patients in the care of other agencies
 - h. Police use of emergency powers to mitigate incidents being managed by other agencies which have escalated
15. The Force policy sets out that all calls for service will be assessed and only those where there is an identified statutory policing role or where the call handler has confirmed that it is the most appropriate agency, will an incident be created. In all other situations the call will be closed as a contact record.
16. West Mercia Police will continue to utilise the THRIVE assessment model for those calls for service where an incident has been generated; on the basis that the creation of an incident will denote that a police response has been agreed. The THRIVE assessment tool will allow for the appropriate decision making in relation to the grading and allocation of these calls for service; as below.

T: Threat

What is the overall threat posed by the report, not only to the victim, but to the immediate family, children, community and location?

H: Harm

What is the impact of the threat? Consider not just the victim or witnesses, but also the community impact.

R: Risk

What risks are obvious or yet to be determined?

What resources and specialist assets are needed to safeguard the victim or community?

I: Investigation

What is the legality, necessity, proportionality in relation to the offence being reported?

V: Vulnerability

What are individual or community vulnerabilities?

Identify how police and partners best safeguard against harm.

E: Engagement

What is the safest means of engagement for the victim and what is the most effective means?

17. During the THRIVE assessment, there is an assessment as to whether there is an immediate risk to life or serious harm to an identified person and determine who is the most appropriate agency to mitigate that risk.
18. Even where a response from the most appropriate agency would be delayed, the Force's position is that it is always preferable that a qualified person from the most appropriate statutory agency, in possession of all the relevant facts, should attend to the person in need. The only exception would be that where there is an immediate, unconditional and real threat to life.
19. This procedure allows WMP to be clear on its policing propose and service delivery prior to deploying available resources.
20. The MAA policy seeks to define a consistent relationship between the Force and all other public authorities, statutory partner agencies and those commissioned to provide services on their behalf. Similarly, it seeks to present greater transparency for members of our community who are often confused as to the roles they can expect from health and social care providers and from the police service.
21. The Force is routinely contacted by partner agencies and members of the community to carry out a "welfare check" on a person whom they have concerns for, in the belief that police are the most appropriate agency and are responsible or liable for the welfare of identified individuals deemed to be vulnerable or at risk.
22. Consequently, partner agencies should therefore only have a need to call the Operations and Communications Centre (OCC) where there is an unforeseen, immediate, unconditional, and real threat to life; or where they are reporting an

ongoing or imminent breach of the peace; or when reporting that a criminal offence has occurred, and they are requesting us to investigate it.

23. Call handlers at the OCC now recognise that there is no lawful power of entry for police officers in this situation. The provisions contained within Section 17 of the Police and Criminal Evidence Act 1986 (where there are grounds to suspect entry is necessary to save life or limb or prevent serious damage to property) have been significantly restricted and abolished all other general, common law powers to enter premises without a warrant, except the general power to prevent a breach of the peace. Parliament expressly defined and limited police powers of entry into domestic premises without a warrant.
24. By adopting this approach, the Force believes that the most vulnerable members of our community can be assured of a consistent approach and that decisions relating to their care are based on the most up to date facts by qualified and experienced staff and they are attended to by the most appropriate agency.

Implementation of the Policy

25. In June 2022 Chief Officers considered adopting the principles of RCRP (known locally as the MAA) policy. The policy was approved in principle and the Force began working on implementation, to include stakeholder engagement.
26. In August 2022, ACC Rachel Jones outlined the proposed policy to the West Mercia Vulnerability Partnership Executive Group (VPEG). VPEG brings together partners from across West Mercia involved in safeguarding and public protection. Members of VPEG were provided with a presentation outlining the policy and given an opportunity to ask questions. Several partners indicated that they would need to go back and consider the implications of the policy.
27. The Force began to formally consult with partners after the August VPEG meeting. West Mercia Police engaged with over 60 organisations holding a series of workshops and engagement events in addition to inviting stakeholders to take part in a formal consultation exercise.
28. As part of the consultation exercise the Force sought direct feedback from over 60 partners via a survey questionnaire. Executive leads and senior members of organisations were asked to cascade the survey and communication to their workforce. The Force anticipated in the region of 600 responses, (representing approximately 10 responses per agency) but received just 19 (approx. 2% of the expected returns). Most of the responses received indicated that the change in policy wouldn't have an impact on their organisation / service.
29. On the 9th of November 2022, ACC Jones wrote to members of VPEG thanking members for their contribution and outlining that the Force would be moving towards implementing the policy. In addition, ACC Jones set out how the policy would be monitored, and management information would be brought back to VPEG for review.
30. While West Mercia Police were in the process of implementing MAA, the Home Office, College of Policing (CoP) and the National Police Chief's Council (NPCC)

were in the process of reviewing RCRP as a policy to be adopted nationally by all forces.

31. In February 2023 the Home Secretary (HS) wrote to each Police Chief and Police and Crime Commissioner outlining the work carried out by Humberside Police. In the letter the HS outlined how the CoP and the NPCC were developing a toolkit along with a range of products to assist Forces in implementing RCRP.
32. The toolkit was released in July 2023 with the CoP recommending that Forces begin to implement the toolkit and Policy between July and December 2023. Part of the work being carried out by the CoP and NPCC includes a National Partnership Agreement between governing bodies, such as the Department of Health and Social Care, the NHS and Home Office.
33. In addition to the toolkit products being developed a national team funded by the National Police Chiefs' Council (NPCC), will also be available to support forces to implement the toolkit between July and December 2023.
34. West Mercia has adopted the policy before the availability of the national toolkit and associated products. The impact of this and whether it would have presented any further opportunities to aid consultation, development and implementation is unknown.

Oversight and Governance

35. Humberside Police (identified as an early adopter and best practice) is clear that several factors supported the successful implementation of RCRP. These included the following.
 - a. Governance structure – the development of tight governance, providing staff with clear guidance regarding parameters, information sharing and briefing expectations with statutory partners. Humberside Police also embedded legal advice in every step of RCRP initiative. This supported buy-in when staff were anxious about not meeting their duty of care.
 - b. Senior officer buy-in – having a chief officer lead who believed in RCRP and was prepared to drive it. Chief officer conversations are pivotal for gaining buy-in from other agencies and forming good partner relationships
 - c. Partnership working – RCRP benefits from close and effective partnerships with other agencies. Well-defined boundaries were created via MOUs, which also ensure all parties are updated about any intelligence that will be useful to them.
 - d. Systems – Humberside Police and partner agencies already benefit from the use of standardised risk and need rating tools that are now employed alongside RCRP.
 - e. Staff in police control rooms to identify the right agency to deploy at the outset when responding to 999 calls about individuals experiencing a mental health crisis.

36. Within West Mercia, governance is provided by a monthly scrutiny panel, chaired by the Head of Public Contact, which will report into the monthly Local Policing and Operations Board and Quarterly Performance Review meetings chaired by the ACC for Local Policing and Operations. Quarterly reporting will be provided to relevant partners, allowing insight and joint consideration of any necessary action needed to adjust policy or procedure.
37. In addition to existing governance arrangements, the PCC will monitor the implementation of MAA using his statutory A&A framework to hold the Chief Constable to account. This will be supplemented by the attendance of a PCC representative at the force's monthly MAA Governance scrutiny panels.
38. The PCC is also exploring opportunities for joint governance / scrutiny activity with partners impacted by the policy. This is explored in more depth in the substantive paper.