



**Keeping our Communities
Safe and Reassured**

**Working in partnership,
making communities safer**



**STAFFORDSHIRE AND WEST MIDLANDS POLICE
JOINT LEGAL SERVICES**

Director of Legal Services
[REDACTED]

Your Ref: [REDACTED]

Our Ref: [REDACTED]

Email: [REDACTED]

Date: 15 July, 2024

Dear Mr Bennett,

Prevention of Future Deaths report dated 3 June 2024

I am the West Midlands Police (WMP) lead for the introduction of the National Partnership Agreement: Right Care Right Person (RCRP). I write in response to the Prevention of Future Deaths report dated the 3 June 2024 which followed on from the inquest touching upon the death of Mr Tchernobrai Bari. The report identified eight key areas of concern to be addressed.

1. The provision of the 'Appendix C- risk rating' by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) staff to officers and the awareness of WMP officers that this should be provided.
2. A monitoring tool within BSMHFT Missing Patient Policy requires review of the completion of Appendices A and B but not Appendix C.
3. BSMHFT Clinical Service Managers ('CSM') are not a) co-ordinating attempts to locate high risk missing patients and, b) inviting a representative from WMP to attend daily appraisal meetings to discuss the high-risk missing patient's absence as required by their missing patient policy. You were not reassured that WMP are aware this is the CSM's role or of the expectation of being invited to a 'daily appraisal' meeting.
4. You were not reassured the RCRP 'challenge' process has been effectively communicated to BSMHFT.
5. BSMHFT Missing Patient Policy purports to append the WMP missing person process but makes no mention of RCRP. You were not reassured the BSMHFT Missing Patient Policy is, therefore, up to date.
6. RCRP does not require WMP to formally indicate to BSMHFT (via a form) when the police have taken a different view about the risk category. BSMHFT will often be unaware of the different view taken by the police rendering the 'challenge' process redundant and reducing the chances of the police identifying they have overlooked key information.
7. The BSMHFT Missing Patient Policy and RCRP do not require BSMHFT to hand attending constables a copy of the risk assessment, or require attending constables, or later the Locate team, to request a copy of the risk assessment. In the event of a conflict about risk category, requiring attending constables to take early possession of the written risk assessment may lead to the police identifying they have overlooked key information and revisit their own risk category.

8. RCRP and APP do not require attending constables to have particular regard to the expertise of mental health clinicians and hesitate or be extra vigilant before rejecting their opinion on risk category. RCRP and APP appear to regard reports from mental health clinicians no differently to those from members of the public, and family and friends of the missing person.

This letter is the response on behalf of the Chief Constable of West Midlands Police. Given the issues identified within the report, in preparing this response West Midlands Police has liaised with the NPCC lead on Right Care Right Person, Chief Inspector Wayne Nash. I understand the NPCC will provide a response under separate cover.

Right Care Right Person (RCRP)

Since Mr Bari's death there have been a number of developments within WMP in relation to RCRP. RCRP was published on 26 July 2023 and has been signed by: The Minister of State for Crime, Policing and Fire; The Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy; The Mental Health Lead of the National Police Chiefs' Council; The National Mental Health Director at NHS England; The Mental Health Lead of the Association of Police and Crime Commissioners; and The CEO of the College of Policing.

RCRP is an operational model which was initially developed by Humberside Police in relation to how emergency services respond to calls involving concerns about mental health. It is focused on the interface between policing and mental health services, although there is an acceptance that the principles can be applied more broadly. RCRP is in the process of being rolled out across the UK as part of ongoing work between police forces (including WMP), health providers and the Government.

RCRP is designed to ensure that people of all ages, who have health and/or social care needs, are attended to by the right person, with the right skills, training, and experience to best meet their needs. RCRP seeks to alleviate the police being the default first responder as has been the case in most areas. RCRP has been shown to improve outcomes, reduce demand on all services, and make sure the right care is being delivered by the right person.

The RCRP model has four phases.

- i) Phase 1 relates to 'concern for welfare' calls;
- ii) Phase 2 focusses on 'AWOL' and 'walk out of health care facilities';
- iii) Phases 3 deals with transportation of patients; and
- iv) Phase 4 concerns the use of powers under sections.136 & 135 of the Mental Health Act 1983 (MHA 1983) and voluntary mental health patients.

The first two phases went live from 5 February 2024 for all partners collaborating within the West Midlands Region, including: WMP, Mental Health Trusts, Acute Trusts, Local Authorities, Integrated Care Boards, West Midlands Ambulance Service (WMAS) and West Midlands Fire Service. Phases 3 and 4 will be implemented in the Autumn of 2024.

RCRP has been identified as the best practice, leading to national agreement and work to implement the policy. It was recognised that the lines had become blurred between partner agencies over many years

resulting in untrained, and therefore inappropriate, resources attending incidents. Specifically, in relation to policing, this has led to adverse decisions in many cases.

The aspiration of the partners collaborating to deliver RCRP in the West Midlands is to ensure that public service is delivered in the way that the agreement intended, such that members of the public get the support they need from appropriately trained individuals.

Additional training has been provided to WMP Force Contact Call Handlers to ensure that the right deployment decisions are made when calls are received from members of the public or partners. This includes consideration as to whether the call relates to an Article 2 (immediate risk to life) or Article 3 (immediate threat of serious harm) issue, and where these are present to deploy a police resource only where there is a clear policing role. If there is a medical need only, with no policing role, even where Article 2 and/or Article 3 issues apply, then WMAS or mental health services may be the most appropriate agency to attend without police. A decision tree has been designed to support the correct application of the RCRP policy by call takers.

A national training package developed by the College of Policing covering RCRP has been made mandatory for front line officers who are likely to be dispatched to these types of calls to ensure that they also understand the decision-making process. This package was deemed mandatory in the spring of 2024 and the current completion rate of those colleagues required to do so sits at 90%.

A. Escalation

HM Coroner was made aware of an escalation process that has also been put in place for our partner agencies during the inquest, should partners be concerned that a WMP colleague has not made the correct decision. The telephone number for contacting the most senior WMP officer on duty in the Force Contact Department has been shared (see Exhibit 1 below). This number allows partners to speak to the WMP Force Duty Manager directly, who will immediately seek a review of the decisions made.

I am aware that the issue of escalation was discussed during the inquest and colleagues from BSMHFT were not aware of this process. I have since contacted the strategic lead for BSMHFT who is part of the Partnership Strategic Collaboration Board implemented to deliver the RCRP approach in the region. I was reassured that the escalation process had been circulated at go live in February 2024 and that it had also been recirculated as a result of this report.

The escalation process was also discussed again at our most recent Strategic Collaboration Meeting in June 2024 with a reminder to all partners to ensure it was circulated widely amongst their organisations.

B. Risk Assessment and Management

The WMP Locate Team sits within the Public Protection Unit (PPU) and their role is to lead missing person investigations after the initial attendance of officers. Within the PPU there is an intervention and response team who engage with external stakeholders including mental health trusts. This team can escalate issues to the mental health trust for example in relation to a specific missing person investigation. As noted within the PFD report the BSMHFT policy provides for WMP to be invited to 'daily appraisal' meetings although this is not something WMP were aware of previously or routinely invited to attend. Should a request be made for WMP to attend a BSMHFT daily meeting for a high-risk missing person we would support

BSMHFT and send an appropriate staff member, as required. The WMP missing persons policy will be updated to reflect this.

The PFD Report also addresses the issue of difference between the WMP and BSMHFT risk categories. BSMHFT does not have access to WMP systems or to the COMPACT log which is used to record a missing person investigation so could not use this to formally indicate a difference in opinion. However, the WMP missing persons policy will be updated to remind all officers, when attending such calls to identify the mental health trust's risk category and to recognise the importance of clinician's expertise in determining the risk assessment. Officers will be reminded that they must consider risk from the stakeholder/partner perspective and obtain the rationale of the treating clinician where there is a difference. This should then be recorded on COMPACT and fed back to WMP supervisors and shared with the reporting partner agency. The WMP student training programme and input with regard to missing persons will also be updated to reflect the importance of this conversation, giving due weight to a clinician's risk assessment and rationale and recording this so the challenge process can be enacted, if appropriate.

WMP recognise the importance that the BSMHFT risk assessment is shared with officers (referred to as 'Appendix C' in the PFD report) and that attending constables know to request this. Whilst officers will be reminded, within the policy update, to request a copy of the risk assessment and to take possession of it they will also be given an email address to provide to BSMHFT. BSMHFT will be asked to provide the risk assessment (Appendix C) electronically to this email address. The risk assessment will be received into the central Locate Team inbox ensuring a hard copy document is not misplaced and enabling timely supervisory review, if required. The Locate Team inbox is only monitored until 10pm. Therefore, for overnight issues the Duty Sergeant will be asked to monitor the inbox and to escalate any issues through supervision where appropriate.

The WMP missing person policy will also be updated to reflect the need to update the reporting authority or family member should a missing person investigation be closed.

The WMP Missing Person Policy is distinct to the WMP RCRP policy, but it is recognised that they must compliment each other as some RCRP initial reports will become missing person enquiries. This is written into the RCRP person policy stating

'This policy is to be read & exercised in line with any other relevant WMP Policy e.g. Missing Persons/Mental Health etc'

And

'It is often the case that Concern For Welfare reports become missing person enquiries once initial actions have been completed. Cases involving missing persons are subject to specific policies which will be followed when taking the original call. Link to [Missing Persons Policy](#).'

The process for updating the missing person policy, as referenced above, has commenced. However, given the changes this will require a full policy review. Therefore, it is likely to take 8 weeks from commencement to completion. A further update, together with the revised policy, will be provided to HM Coroner once completed.

A Vulnerability Desk has also been created within Force Contact which operates in line with the RCRP policy allowing call handlers and operational colleagues the ability to escalate complex concerns to this

team of subject matter experts consisting of Mental Health Tactical Advisors, Missing from Home experts and Supervisors.

If WMP can be of further assistance in relation to this matter, please do not hesitate to contact me.

Yours sincerely

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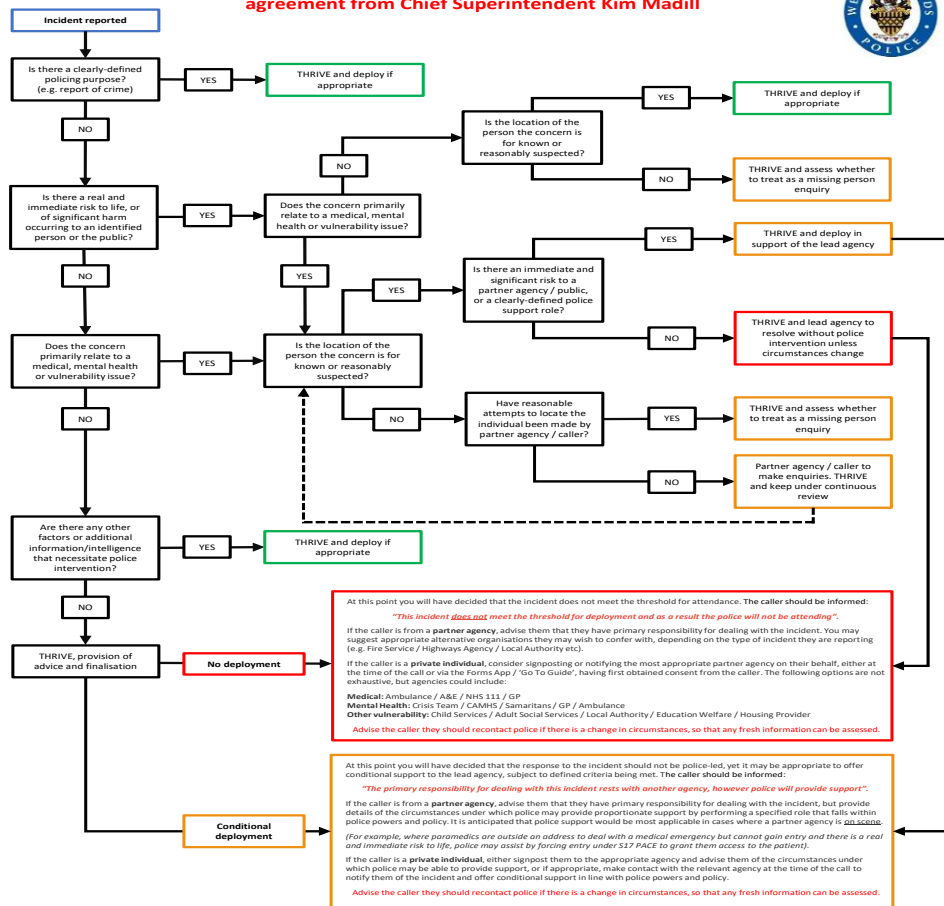
Chief Superintendent 
Right Care, Right Person Lead
West Midlands Police

EXHIBIT 1

Right Care, Right Person: Deployment Flowchart

***Shared with strategic partner leads present on 24/1/24 as reassurance and not for distribution beyond those individual persons present without prior agreement from Chief Superintendent Kim Madill**



The above process is not exhaustive and should be used as a template for guidance. The call handler should continuously assess all relevant information and apply the correct grading based on the risk identified. It is essential that checks of WMP systems are conducted to identify any other relevant information / intelligence to inform decision-making. Particular care should be given to incidents involving children and vulnerable people. In all cases, rationale for the decisions made should be documented, using THRIVE where appropriate.

EXHIBIT 2



Right Care, Right Person

Escalation Point of Contact for Partner Agencies to

West Midlands Police

If any partner has a concern that the RCRP policy and partnership agreement has been incorrectly applied in particular where they believe there is a Is there a real and immediate risk to life, or real and immediate risk of significant harm occurring to an identified person or the public this escalation process will apply 24/7 from 2200hrs on 9th February 2024.

- Operational colleagues in the organisation with the concern should escalate the issue expeditiously through their own internal processes
- If the senior manager then believes that this then needs immediate escalation to a senior West Midlands Police leader as the original decision does not align with the RCRP agreed approach they should call the Force Duty Manager on the below number

0844 589 6674

The Force Duty Managers are Chief Inspectors based in West Midlands Police Force Contact Centre.

They are trained in RCRP and aware of this escalation process.

Action to be taken

On receipt of the call they will ensure the original decision is reviewed and where required appropriate action initiated.

They will share the detail of the escalation with the below colleagues for further discussion with partners and to ensure that the nature of the incident is understood and any appropriate action take to prevent similar escalations

SRO for RCRP [REDACTED]
SME for Mental Health – [REDACTED]
MH Coordinator – [REDACTED]