

Right Care
Right Person



Right Care, Right Person

Chief Superintendent Emma Garside



Home Office
BUILDING A SAFE, JUST
AND TOLERANT SOCIETY



Department
of Health &
Social Care

NHS
England



What is Right Care Right Person ?

- ▶ National partnership agreement between National Police Chiefs Council (NPCC), Home Office, Department of Health and Social Care, NHS England
- ▶ Partnership agreement signed July 2023
- ▶ Aim of RCRP is to ensure an appropriate response from the appropriate agency is given to incidents where there are concerns for welfare linked to mental health, medical or social care issues.
- ▶ Primary driver: right person with the right skills, training and expertise responds.
- ▶ Police are often the default first responder despite the fact we are often not the appropriately trained or skilled service provider
- ▶ People in need feeling stigmatised or criminalised by police involvement

What is Right Care Right Person?

- ▶ Developed in Humberside in 2019 following the HMICFRS report “Picking Up the Pieces” which identified the excess police time and resource dealing with Mental Health.
- ▶ NPCC and College of Policing have worked with Humberside to develop this into a national protocol. National Partnership Agreement and guidance toolkits agreed and developed to support implementation on a local basis.
- ▶ Right Care Right Person is NOT about demand reduction, however this may be an outcome of ensuring that the police are not inappropriately used in health incidents.
- ▶ Free up police capacity to service demand that only the police can deal with.

RCRP Principles



- ▶ To ensure health calls for service are responded to by those with the right skills and expertise to provide the best possible service

- ▶ **Police will continue to respond where:**
 - ❑ Clear policing purpose
 - ❑ Immediate threat to life
 - ❑ Immediate threat of serious injury

- ▶ **Legal Responsibilities**
 - ❑ Real and Immediate threat to life - Article 2 ECHR
 - ❑ Real and Immediate threat of serious harm / torture / inhumane treatment - Article 3 ECHR
 - ❑ Common Law duties of care
 - ❑ Statutory duties

RCRP Model

Health Calls for Service	Police will not automatically respond to a call for assistance if it is assessed that the Health partner should be in a position to manage the situation.
Welfare Checks	Police will not automatically conduct a welfare check on behalf of another organisation. If there is no police power that is required and it is “just” a concern, it is unlikely that police will deploy.
AWOL patients from psychiatric hospitals	S18 MHA gives hospital staff and others the same power to return a patient as a constable. The hospital will be expected to manage their patient and take all reasonable steps to return them without resorting to police in most circumstances
Walk out from health facilities (e.g A&E)	The facility has a duty of care to their patient and will be expected to undertake all reasonable enquiries to locate their patient if that is necessary. Unless there is an Article 2/3 issue, it is unlikely to be a matter for the police.
Police Use of S136	Work is underway to explore health based triage and Mental Health Ambulances. Consideration being given to real alternatives to S136
Voluntary Attenders	Partnership work is required to improve practice in this area. Police need to ensure that any Duty of Care that has been assumed by the police is properly discharged. (If we have taken someone voluntarily to A&E then we have an assumed Duty of Care)

RCRP in Thames Valley

- ▶ Early evaluation force - supported by the Home Office along with Cambridgeshire & Cheshire)
- ▶ Chief Constable sign off April 2023
- ▶ Phased roll out from May 2023
- ▶ TVP Management Group - Led by T/Chief Supt Emma Garside
- ▶ TVP invested 10 specialist mental health officers (One to still be recruited in West Berks)
- ▶ Bi-weekly national RCRP governance which TVP attend
- ▶ COP released 3 toolkits to support Forces (Communications, SRO guidance and Baselining and Evaluation) We await publication of toolkits on Policy, Operational guidance and training.
- ▶ Contact Management has already received training on the toolkit and have started to use the guidance to decide on deployment. Under continuous review based on feedback from partners.

RCRP in Thames Valley

- ▶ Three areas of RCRP adopted:
 1. Concern for safety (welfare checks)
 2. AWOL from psychiatric hospitals
 3. Walk outs from healthcare settings

- ▶ Three areas not adopted - no start date set
 1. Section 136
 2. Voluntary mental health patients
 3. Transportation / conveyance

- ▶ Not applicable to children in TVP currently

Call Handler Toolkit



CONTACT MANAGEMENT

Right Care, Right Person & Requests for Assistance

Start

What are you dealing with?

Concern for Safety

Mental Health

Missing Person

This toolkit is to aid your decision making, it may not cover all scenarios. If you are unsure, please discuss the incident with your supervisor.

Medical Matter Start Again

(Partners)

- We should be attending if there is an Immediate threat to life, life saving opportunity immediate risk of Harm or a weapon being used or threatened
- If this is a medical risk only, then Ambulance are the most appropriate resource
 - Can they deal alone?
 - If the Police are required what is the requirement? Do the Police have a specific power to be used?
 - Consider directing the caller to redial 999 and ask for Ambulance
- Cannula Removal – If someone has left the hospital with a cannula then this should be treated as a medical matter and referred to the Ambulance Service.
- If there are warnings at an address, what are they? Who do they relate to? How old are they? Can an approach be made to confirm or preclude any threat.

Threats of Suicide

Location Unconfirmed

Mental Capacity Act

Police Required

Maybe Required

Not Required

Someone in Mental Health Crisis Start Again

(partner)

- We should be attending if there is an Immediate threat to life, life saving opportunity immediate risk of harm or a weapon being used or threatened
- If someone is in Crisis we need to ensure that this person is getting the best help from the most appropriate agency.
- Is the person in distress in their own home? If so, we have no powers under the Mental Health Act or the Mental Capacity Act
- Has the person requesting assistance sought assistance from Crisis Teams or an Approved Mental Health Professional (AMHP)?
- Callers should be directed to suitable partner agencies such as GP, Crisis Team or NHS 111

Mental Capacity Act

S.135 & Voluntary Assessments

S.136 Requests from A&E

Useful Contact Details & Resources

Police Required

Maybe Required

Not Required

RCRP in Thames Valley - Strategic engagement

- ▶ Chief Constable meeting with Mental Health Chief Executives (April 2023)
- ▶ TVP meeting with Milton Keynes executive (Health and Local Authority)
- ▶ Police and Crime Commissioner Strategic Management Board (June 2023)
- ▶ Mental Health Strategic Partnership meeting (June 2023)
- ▶ Local Authority Community Safety Managers (July 2023)
- ▶ Letter and briefing pack to all partners (July 2023)
- ▶ TVP and NHS England meeting to discuss next steps (July 2023)
- ▶ SCAS and Fire and Rescue (July 2023)
- ▶ Local Authority Chief Execs and Directors of Adult Social Care (July 2023)
- ▶ ICB Chief Execs (August 2023)
- ▶ Safeguarding independent chairs (Sept 2023)
- ▶ Independent Office of Police Complaints (IOPC)
- ▶ Thames Valley Coroners

Next Steps - Thames Valley?



- ▶ Proposal for a Strategic Management Board for RCRP (Police / NHS England co-chair)
- ▶ Formalise stakeholder engagement across all partners - strategic and operational
- ▶ Introduce feedback loop / formal review processes with partners
- ▶ LPA Commanders briefed for local engagement and monitoring
- ▶ Home Office evaluation