Right Care Right Person (RCRP)

Implications for Local Authorities

Background to RCRP

- Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

- At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents

- The threshold for a police response to a mental health-related incident is
  - to investigate a crime that has occurred or is occurring; or
  - to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm

- Taken from DHSC/Home office policy paper National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk)

RCRP

- Right Care Right Person is a national programme to recalibrate Police involvement in Mental Health related calls
- Cheshire Constabulary is one of three early adopter forces and is supported by the Home Office and NPCC national team to implement and evaluate RCRP
- Developed initially in Humberside – the implementation period took 4 years
- Main areas of current activity which the police aim to change the threshold include:
  - Welfare checks
  - AWOL mental health patients
  - People who leave health facilities
  - Police use of s135 and s136
  - Police support to voluntary mental health patients

The MHA Code of Practice

- Media reports especially in the light of the approach of the London Metropolitan Police could lead to the view that the police will no longer be involved with any mental health related matter.
- This not True! The Police will continue to play a part in responding to mental health calls – what is changing is the threshold for police involvement not the fact that they continue to have an important role in responding to mental health referrals.
- This is reinforced by the MHA Code of Practice where it says:

14.47 *Everyone involved in an assessment should be alert to the need to provide support to colleagues, especially where there is a risk of the patient causing physical harm. People carrying out assessments should be aware of circumstances in which the police should be asked to provide assistance, in accordance with arrangements agreed locally with the police (see paragraph 14.48), and how to use that assistance to maximise the safety*

Police Powers Explained

The Police still have statutory responsibilities under the Mental Health Act which include:

- S135 warrant to enter, search for and remove a person who appears to be suffering from a mental disorder and take to a place of safety
- S136 power to remove a person who appears to be suffering from a mental disorder found in a public place and take to a place of safety
- S18 S137 and 138 allow a police officer to take a detained person into custody and take him to or back to a hospital.
- This power includes people subject to Guardianship to the Local Authority who have absconded from where they are required to live

Current Demand on Cheshire Police

- In 2022 the police received 75 concerns for welfare calls. This has increased by 6% since 2020
- In 2022 the police received on average 23 calls per day of a ‘missing person’. This has increased on average by 10% each year since 2020
- In 2022 the police spent 17,464 officer hours deploying to missing or absent reports across the county.
- Based on current averages per month the police expect to undertake 348 s136’s across the constabulary area
- The police spend on average 13hours with patients before they are either discharged or admitted to hospital

Concerns Reported by ADASS

- Whilst most health and social care professionals support the principles of RCRP the following concerns have been reported by AMHPs nationally
- Increased difficulty in securing police attendance for execution of s135 warrants ("You try first")
- Police declining to attend situations in which there is an element of mental health present – even where risk thresholds are met or a crime is evident.
- Control room staff in areas not implementing RCRP advising callers that this is now in force and police won't be attending mental health related incidents.
- People displaying high risk behaviours being left at s136 suites or A&E without police remaining to support
- Officers advising they have no authority to act or be present in situations where the MHA does provide this
- Reduction in safeguarding alerts, due to a lack of officers responding to concerning situations

Concerns Reported by ADASS

Leading to overall concerns about the risk of:

- people with Mental health diagnosis being excluded from receiving the same level of support as others.
- Situations in which relevant organisations are present or involved already, but concurrently police support also being needed and not provided.
- Situations that meet the threshold for police attendance but it being declined due to poor knowledge by call agents of the nuances of the law, agreements and duties or over-zealous application of the strategy
- Some LA's have reported a decrease in referrals from the police of vulnerable adults leading to them being presented at a later date where the situation has deteriorated.

Actions for the Local Authority

- Cheshire Police have stated their aim to introduce RCRP in partnership with health and local authority partners. This is a very welcome statement of intent from the police.
- Local authorities need to fully engage with the police to develop joint working agreements in relation to MHA practice.
- Jointly review working practice and policy in relation to reporting and acting on concerns for welfare – to develop alternative contingency actions
- Develop a clear escalation agreements between partners
- Develop a systematic log and review of case examples, incidents and near misses
- Establish a communication plan for ensuring awareness of policy and practice changes between health, social care and the police

Final Reflections 1

- RCRP aims to save police time so that their resources can be devoted to matters associated with crime, keeping the peace and protecting life and property.

- But this will create real resource issue where health and social care workers will need to undertake work that they previously relied on the police to undertake

- If improperly implemented there could be an enhanced risk to life and limb. This will require not only extensive consultation but also training of health and social care staff, especially at the first point of contact.

Final Reflections 2

- Cultural issues will need to be overcome to ensure appropriate compliance from both police and health and social care staff.
- Absence of police support could put health and social care staff at elevated risk if the known facts associated with the call do not convince the police that they have a legitimate role in supporting staff.
- Independent and third sector providers need also to be fully engaged in RCRP. Walk-outs in the literature on RCRP concentrates on health facilities but is equally relevant to nursing and care homes
- We still rely on A&E as a place of safety for people detained under s136. A&E is regarded as an inappropriate facility for people experiencing mental distress. An urgent mental health care centre is being developed in Chester but will not be available until 2025.
- There is no plan for a similar care centre for Cheshire East.