Date of Meeting 14th December 2023	ITEM: 6
For consideration at Thurrock Health & Wellbeing Board	
Report Title: Right Care Right Person	
Wards and communities affected: All	**Key Decision:** Not applicable – for discussion
Report of: Assistant Chief Constable Kevin Baldwin / Detective Superintendent Natalia Ross	
Accountable Director: Chief Constable of Essex Ben-Julian Harington	
This report is Exempt due to operational police processes	

Executive Summary

This report provides an update around the ongoing work and proposed timeline in the delivery of the Right Care Right Person (RCRP) principles in partnership with Essex agencies.

1. Recommendation(s)

1.1 All agencies to consider how they support and implement the RCRP program both as individual organisations and as multi-agency partners.

1.2 All agencies to consider appointing strategic and tactical leads for program development across the system to support the RCRP recommendations.

2. Introduction and Background and Proposal

2.1 RCRP 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 expertise to best meet their needs.

2.2 At the centre of the RCRP approach is guidance to assist police in making decisions about when it is appropriate for them to respond to incidents. This guidance supports the purpose of Police (save life, prevent & detect crime, and
maintenance of the Kings Peace) and is further supported by legislation and cases tested in the Courts. In general terms the threshold will usually mean:

- 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.

2.3 The approach involves consistent use of the RCRP guidance to determine whether the police are the most appropriate agency to respond at the point at which the public or other professionals report an incident (e.g., via a call made to the police). While the decision to attend an incident is determined by assessing that the incident meets the RCRP threshold, the decision to use powers is made by an officer at the scene of an incident. Partnership arrangements governing police involvement at pre-planned interventions will continue to be managed at a local level, e.g., police attendance at section 135 MHA warrants.

2.4 The RCRP guidance should be used in a way that is responsive to dynamic and changeable situations. For example, there may be occasions where a call handler initially judges that there is no clear and immediate risk of serious harm, but the situation escalates. As with all other types of incidents, the police will apply a continuous risk assessment approach, and respond as required to any change in risk, considering any information provided by local partners. Likewise, when the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to the most appropriate agency, with local areas working towards timely handovers.

2.5 Importantly, RCRP may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally. These services, which have a role in ensuring people access the right support, are separate from and can co-exist alongside the use of the RCRP approach.

2.6 The College of Policing has developed a national toolkit, covering topics including decision-making in relation to the RCRP guidance for police response, partnership working, training requirements, and data standards and evaluation. In tandem, NHS (National Health Service) England are coproducing guidance with multi-agency professionals and people with lived experience.

2.7 Cross-agency partnerships should be established to implement the RCRP approach for people with mental health needs and 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.
- Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
- initial response to people experiencing mental health crisis.
- responding to concerns for welfare of people (i.e., undertaking welfare checks)
- instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
- conveyance in police vehicles.
- Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response).
- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them. Systems should look to reduce these delays as far as is safe to do so
- Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.
- Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided.
- Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support.
- Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the Mental Health Act.

2.8 This presentation outlines Essex Police multi-agency governance process for the implementation of RCRP. It sets out the rationale for implementation, the current Essex wide context from a policing perspective and proposals to take forward RCRP as a partnership.

3. Issues, Options and Analysis of Options

3.1 None at present

4. Reasons for Recommendation

4.1 This is part of a National Home Office Agreement and has been tasked to be implemented.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This has been presented to various partnerships and boards throughout Essex.

6. Impact on corporate policies, priorities, performance and community impact

6.1 This is likely to have some impact on policies and procedures which will need to be reviewed by the respective agencies.

7. Implications

7.1 Financial

This may have financial or resource implications for system partners to Consider.

7.2 Legal

Extensive legal advice is available alongside the College of Policing RCRP Toolkit

7.3 Diversity and Equality

Local equality Impact assessment to be completed jointly with partner agencies.

All information regarding Community Equality Impact Assessments can be found here: https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/

7.4 **Other implications** (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

National Partnership Agreement: Right Care, Right Person (RCRP)

Right Care Right Person toolkit | College of Policing

9. Appendices to the report

Report Author:

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