

Report Title **Right Care, Right Person Briefing**

Date of meeting:	7 th January 2025
Report to:	Overview and Scrutiny (Adult Social Care and Health)
Report of:	Southport Community Mental Health Team
Wards affected:	All
Exempt/confidential report:	No

Brief Summary/Purpose of Report:

The aim of this report is to provide an update regarding Right Care Right Person (RCRP).

Legal Background

RCRP is an operating model for Police and Partners to ensure that calls for service are responded to by those with the right skills and expertise to provide the best possible service.

It is 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. It is also a response to the increased demand on Police for tasks that do not necessarily require a police response.

At the centre of the RCRP approach is a new threshold for the police response to a mental health-related incident. This arises from duties under the Human Rights Act 1998 to protect individuals from harm caused by others or harm caused by the person themselves. The police owe responsibility to take all reasonable measures to assist where there is either:

- a real and immediate risk to the life of a person (European Convention on Human Rights (ECHR) Article 2)
- a real and immediate risk of that person being subject to serious harm or other inhumane treatment (ECHR Article 3)

The risks of harm where a duty can arise generally comes from the criminal acts of a third party – but not always. A duty to act would only arise if a threat included all of the following.

- For a duty to arise under Article 2 the threat must be of death. A threat of injury, even serious, is not enough to create a risk of death.
- Threats or risks that do not qualify under Article 2 may still qualify under Article 3. A duty may arise under Article 3 where there is a threat of serious injury, inhumane or degrading treatment. For example, a serious sexual assault would qualify as

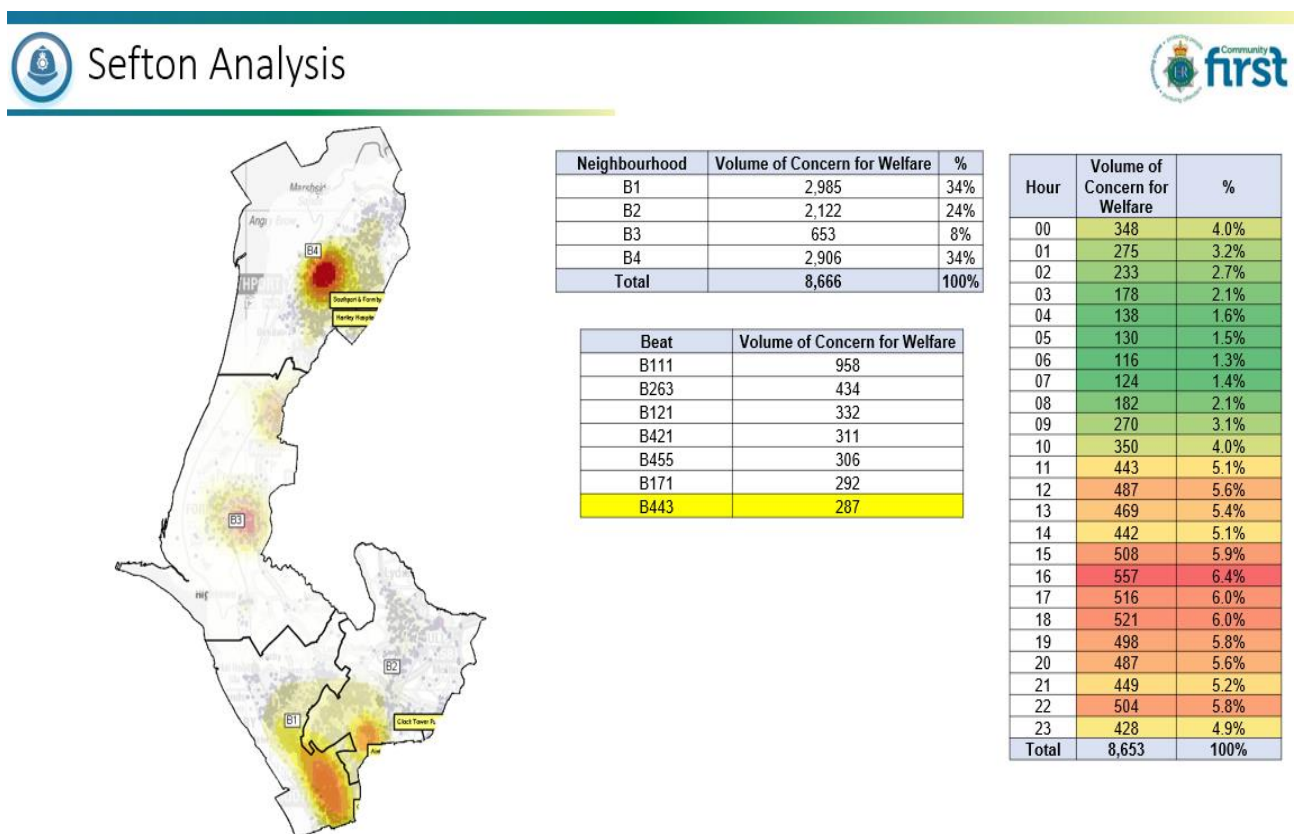
conduct breaching Article 3, even if no injury resulted from the attack.

- For both Articles 2 and 3, the threat or risk must be real and immediate. That means the threat must be present and continuing. Threats are not defined as real and immediate if they are conditional on other events happening or are said to occur at some point in the non-immediate future.
- The threat has to be against a specific and identifiable person or group of persons. Generalised threats do not give rise to a duty.

RCRP is a national initiative but there have been differences in implementation across the country. Merseyside Police have worked collaboratively with partners including Sefton Council, Merseycare, Northwest Ambulance Service and Hospitals.

This new threshold effectively means that police are responding to less mental health related incidents than previously however the intention of RCRP is that other more appropriate services would be responding.

Merseyside data



This data shows the demands on Police prior to the introduction of RCRP.

- Merseyside Police had a total of 47,168 concern for welfare incidents in 2022/23.
- For 2022/23 there were 8,666 concerns for welfare raised with Merseyside Police within Sefton.
- 46% of welfare concerns were recorded as directly related to mental health concerns.
- Merseyside Police deployed to 67% of welfare checks requested across

Merseyside, equating to 5806 deployments within Sefton.

I have asked Merseyside Police for any data following the introduction of RCRP. We would expect it to show a decrease in both the number of calls received and the number of deployments.

Merseyside Implementation

RCRP is being implemented in 3 phases within Merseyside:

April 2024 Phase 1: Concern for Welfare/ Walkout of Healthcare facilities unexpectedly

This phase is now in place. A *RCRP Checklist and Escalation Guidance* document for Adult Social Care (ASC) staff has been implemented (see appendix 2).

A presentation to all ASC staff has been completed (see appendix 1) and will be revisited annually to ensure practice remains appropriate.

I have not been made aware of any serious incidents arising from police refusal to attend calls from ASC staff.

I am aware that MerseyCare have experienced some issues in relation to police support where there is a dispute in terms of the threshold for intervention. It was anticipated that MerseyCare would see a significant impact, particularly where police will no longer complete welfare checks or respond to patients who voluntarily leave A&E.

Merseyside Police have maintained a supportive stance towards Mental Health Act Assessments where there are risks, this is not the norm throughout the country where AMHP services report significant issues in terms of accessing police support for dangerous patients since the implementation of RCRP.

The Local Authority have implemented changes to practice where necessary, the primary one being that Careline (assistive technology) alerts are now responded to by Sefton Arc visiting in the first instance, rather than them calling the police.

Merseyside Police have feedback that the engagement from Sefton Council has been "really positive".

We have not seen an increase in MHAA referrals since April.

October 2024 Phase 2: AWOL MHA patients

Phase 2 is not expected to have much direct impact for the Local Authority. The main impact will be on MerseyCare procedures and support in terms of how they manage AWOL patients. I have continued to attend multiagency meetings.

March 2025 Phase 3: s.135/s.136 including transport and support upon arrival at the Place of Safety

Phase 3 is likely to have an impact upon patients being transported to hospital. The Ambulance waiting times are currently significantly above target and Merseyside Police were our most used conveyance option for community patients during the last 12 months.

NHSE Guidance on the implementation of RCRP was released in November 2024 (see appendix 3). This includes a recommendation for multi-agency training which is already in place across Merseyside and is attended by Sefton AMHPs.

There are regular multiagency meetings in relation to RCRP matters, this includes:

Weekly capacity and flow meeting with RCRP as a standing agenda item

6 weekly s.136 meetings with RCRP as a standing agenda item

Regular police led RCRP briefings

Monthly AMHP Lead meetings which Police attend to discuss any issues

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Appendices:

The following appendices are attached to this report:

- 1) Appendix A Presentation to frontline ASC staff
- 2) Appendix B ASC Checklist and Escalation Guidance
- 3) Appendix C NHS Guidance on implementation