

Right Care Right Person



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Right Care Right Person (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. 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 new 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*

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“Whilst it remains imperative that the police continue to identify risk (THRIVE) the focus will now be on the most appropriate agency to respond to the risk. Even though a risk is identified it does not necessarily mean it is a police risk“

- Initially developed in Humberside
- Specific areas of practice addressed gradually in a phased way over a period of years.
- Planning via local Crisis Care Concordat with key partners (building on existing networks).
- Reporting high levels of success for the police in relation to hours saved and arrest records.
- Implementation varies across the country – Merseyside Police have worked collaboratively. Other areas less so....

Legal Considerations

European Convention on Human Rights / Human Rights Act (1998)

- **Article 2** – “Right to Life” - The duty on the state not to take life and protect against specific threats to life.
- **Article 3** - “No one shall be subjected to torture or to inhuman or degrading treatment or punishment.”

The police assume a ‘Duty of Care’ by agreeing to undertake a positive act. *Sherratt v Chief Constable of Greater Manchester Police* – A well intentioned call handler assumed responsibility for the incident on behalf of the police and therefore, a duty of care

- **Do the police have a legal power of entry?**
- **What are we asking the police to do?**

Decision-Making Guide

- **Decision-Making Toolkit Considerations**

- Is there an immediate risk to life / serious harm?
- Is there a 'present and continuing' risk to any other person, other than the subject?
- Is a crime suspected of being committed?
- Are the police required to provide a physical restraint to save life?
- Is the location of the individual known? – Have reasonable enquiries been made to establish the whereabouts?
- Who is reporting the concern? Member of the Public/Partner Agency
- Is the subject under 18-years. Is there an immediate safeguarding risk to prevent significant harm?

RCRP Impact on Children

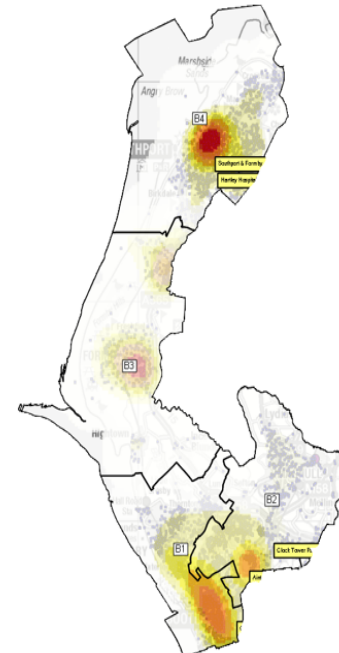
- NPA – “ Consideration should also be given to ensuring that the way each incident is risk assessed against the RCRP threshold is appropriate for individual needs, for example, in relation to children and young people”
- Local Authority Child Safeguarding Boards and Alder Hey Hospital received bespoke briefings to provide reassurance.
- The paradox of involving children in RCRP provides greater opportunities for immediate safeguarding to be addressed, considering the PPO available to police, using the lower threshold of 'Significant Harm' as opposed to 'immediate risk to life'

The picture in Sefton

- 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.



Sefton Analysis



Neighbourhood	Volume of Concern for Welfare	%
B1	2,985	34%
B2	2,122	24%
B3	653	8%
B4	2,906	34%
Total	8,666	100%

Beat	Volume of Concern for Welfare
B111	958
B263	434
B121	332
B421	311
B455	306
B171	292
B443	287

Hour	Volume of Concern for Welfare	%
00	348	4.0%
01	275	3.2%
02	233	2.7%
03	178	2.1%
04	138	1.6%
05	130	1.5%
06	116	1.3%
07	124	1.4%
08	182	2.1%
09	270	3.1%
10	350	4.0%
11	443	5.1%
12	487	5.6%
13	469	5.4%
14	442	5.1%
15	508	5.9%
16	557	6.4%
17	516	6.0%
18	521	6.0%
19	498	5.8%
20	487	5.6%
21	449	5.2%
22	504	5.8%
23	428	4.9%
Total	8,653	100%

North West Ambulance Service

The role of an emergency ambulance service is to triage, treat and, where appropriate, convey patients to a healthcare facility, so that they can receive care for a health need. This means that NWAS can provide the following services and support to patients with an urgent mental health need, or other concern for welfare:

- Facilitate access to mental health support via 111, either by telephone or online, by directing callers to the appropriate local mental health crisis team.
- Callers dialling 999 are triaged using the NHS Pathways tool. If an ambulance is required, this will be dispatched, for example if there is an immediate physical and mental health need that requires an emergency response. This can include a confirmed physical health issue, or mental health need with a co-associated physical need, such as an overdose or attempted hanging, that requires an emergency response.
- 7 mental health response vehicles (MHRVs). They will be used to assess patients who have had a mental health telephone triage that suggests that they require a face-to-face assessment from a mental health practitioner, during the operational hours to be agreed with local commissioners.

Communication

- **Guidance for staff re responses to welfare concerns**
- **External messages circulated to ensure that members of the public know what to expect from the police.**
- **Information sent to commissioned providers**
- **Regular meetings with partners with a forum to raise issues**
- **Local Authority leads meet regularly**

- **Merseycare crisis support: [Help in a crisis \(merseycare.nhs.uk\)](https://merseycare.nhs.uk)**

Phase 2 & Phase 3

- **Phase 2 - AWOL (October 2024)**
- **Phase 3 - S135/136 MHA and conveyance (March 2025)**

- **Considerations around the observational support provision in line with the National Partnership Agreement (Police to handover observational support after 1-hour).**

- **Observational Support to be provided even where there may be RAVE Factors present.**

- **Considerations regarding to the training that staff are provided (control and restraint), suitability of location and resource management.**

- **Common sense approach will be applied to individuals who are extremely violent.**

Scenario 1

Police receive a call that Derek has left his nursing home in the last 10-minutes.

Derek is 83-years of age and in good physical health but has suffered with dementia in recent years.

Derek has walked out of the home last month and was found at Liverpool South Parkway, wanting to purchase a train ticket to Manchester to see his brother (who sadly died 15-years ago).

Derek is described as 6 feet tall, medium build, short grey hair and glasses. Derek does have a mobile phone with him, cash and credit cards and is dressed in white shirt, blue tie and grey trousers.

Derek does not have any local family and the NOK lives in Aberdeen.

Scenario 2

A postman calls saying that he has not seen the 88-year-old male that lives in an address on his round for several days. The mail is piling up, the curtains are closed and his car is parked on the driveway.

The Postman would ordinarily speak to him as he is a very chatty man. The Postman knows that the 88-year-old male lives on his own and appeared in good physical health the last time he saw him.

Scenario 3

A social worker reports that a service user they support called earlier this morning, saying he was having a mental health breakdown. He has cancelled a planned appointment today.

The social worker states that they are busy and do not have any staff available to conduct a welfare check.

The informant believes the male is still at his home address as the landline is being answered and immediately put down.

Scenario 4

A Social Worker has attended a female's address as it was reported that she was hoarding large amounts of rubbish inside bin bags at the address.

The Social Worker enters the property with the permission of the occupier and as she is about to start the hoarding assessment when the female discloses that she has taken all 12 of her pregabalin tablets (1000mg), as she would "rather die than have to live elsewhere".

The female is not known to the social worker who cannot assess if her presentation is out of the ordinary or not.

The ambulance service have been contacted and have graded this as a Category 2, with an ETA of 90-mins.

The Social Worker believes this requires a faster response.

Scenario 5

Paul who is 55-years has been living on his own for the last 6 years since his wife has passed away.

Recently, he has recontacted his bereavement counsellor, Sandy, confessing his undying love for her. Paul has e-mailed over the weekend, requesting Sandy goes on a date with him.

Paul has delusional thoughts and now believes that Sandy killed his wife so they could be together. Paul's children believe their dad is suffering with his mental health as he has stopped all communication with them, which is completely out of character and is living as a recluse. They are concerned that he may harm himself if he believes Sandy is rejecting him.

Social Services have also been contacted by Paul's children with the concerns. Social Services request that the police attend and speak to Paul to assess what is happening.