

Thursday 10 October 2024



Right Care, Right Person

Purpose of report:

Right Care, Right Person (RCRP) is a national Police led initiative that is an operational model developed by Humberside Police. A national partnership agreement was signed by NHS England, The Department for Health and Social Care and the National Police Chiefs Council.

Right Care Right Person is designed to change the way the emergency services respond to calls involving concerns about mental health.

This paper sets out the arrangements in place between the health and social care sectors and Surrey Police in response to the roll out of RCRP in Surrey.

Introduction:

1. Right Care, Right Person is a Police policy that is being implemented nationally. It provides a framework for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health needs.
2. RCRP was developed in Humberside following analysis by the Police force that they were being deployed to a high number of incidents that were concerned with welfare, mental health concerns or missing persons, including from hospital. The force was concerned that by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support. This was putting both the public and their officers at more risk. It also meant they were not responding to the public in the most effective manner. Humberside Police made the conscious decision to go back to basics and concentrate on the core policing duties. Originally developed by Humberside Police, this model is now being implemented across England, signifying a collaborative approach between police forces, health providers, and the Government
3. The RCRP initiative represents a transformative approach to managing emergency responses related to mental health concerns, vulnerable people, and welfare concerns. With successful deployment in several services, the initiative is for the responsibility of first response to transition from the police to the most appropriate agency, thereby optimising outcomes, alleviating the demand for

services, and ensuring the delivery of appropriate care by the designated provider.

4. The national partnership agreement was signed by NHS England, The Department for Health and Social Care and the National Police Chiefs Council. The National Toolkit was published in April 2023 and applies to the following areas:
 - Requests for Welfare Checks
 - Walk outs from Health Care Facilities
 - Absent Without Leave (AWOL) from a mental health establishment
 - Voluntary Attenders at a Healthcare facility
 - Section 136 Mental Health Act
 - Transportation of mental health patients
5. Police forces are operationally independent but are expected to work with a wide range of partner agencies to implement the principles of RCRP. Surrey Police has led the work in Surrey.
6. RCRP does not impede the police force from fulfilling its paramount duty of safeguarding individuals. In situations where there is an immediate and tangible risk to life or the potential for serious harm, be it self-harm or harm to others, police officers will continue to respond promptly, upholding their crucial role in ensuring public safety
7. RCRP considerations are only applied to calls for service relating to adults and not to calls regarding children under 18. If a call for service for an adult could be assessed under RCRP and a child is present, RCRP is not applied and there is an expectation of police deployment.
8. There has been no additional resource allocated for the implementation of RCRP locally or nationally.

Right Care Right Person' (RCRP) model
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9. The 'RCRP model is a process used alongside other nationally embedded operating models such as THRIVE (threat, harm, risk, investigation, vulnerability, engagement) and the National Decision Model (NDM). These are used to triage incoming calls into the Force Contact Centre and to decide on an appropriate course of action (such as whether to deploy police resources to the incident).
10. The Police may have legal duty to act in the following scenarios:
 - Article 2 European Convention of Human Rights (ECHR)
 - Article 3 ECHR

- Police assumed responsibility or Police created risk
 - Core policing duties to Protect Life & Property, Preserve Order, Prevent the Commission of Offences and Bring Offenders to Justice
 - Protect other Emergency Services from identified risk.
11. If there is a real and immediate threat to life the Police will not apply the RCRP toolkit and will deploy as normal practice.
 12. RCRP works by the call taker in the force control room assessing the circumstances using the RCRP toolkit, alongside existing tools THRIVE and the national decision model to triage calls. The call handler ensures that reasonable steps are taken to obtain information or check information to which they had access. Once they have applied the toolkits the call handler will decide whether the police should attend the call for service or whether another agency is better trained, equipped, and experienced to do so.
 13. If the referrer is not happy with the decision, they are able to appeal or escalate the matter immediately and this will be dealt with whilst the caller is still on the line in fast time. If a non-deployment is challenged, the agreed Police and agency escalation process is activated. A well-defined escalation process has also been established for both the Ambulance Emergency Operations Centre (EOC) and frontline operational colleagues. This activity aims to minimise communication delays in cases where an incident is identified as unsuitable for an ambulance response or necessitates a joint operational intervention. The objective is to establish a streamlined and efficient protocol for incident handovers, ensuring timely and effective coordination.

Governance Structure

14. RCRP is Police led with multi-agency partnership representation by the following:
 - 5 Acute Hospitals
 - Surrey and Borders Partnership NHS Foundation Trust
 - South East Coast Ambulance Service (SECAmb)
 - Surrey Fire & Rescue Service
 - Surrey County Council Adults, Wellbeing and Health Partnerships
 - Surrey County Council Children's Services
 - Third Sector / Voluntary Community, Faith & Social & Enterprise (VCSE)
 - Primary Care
 - Surrey Heartlands and Frimley Health Integrated Care Boards

The partnership operates through bronze, silver and gold structures originally set up by Surrey Police and attended by partner agencies.

15. The Gold Strategic Board is chaired by the Senior Responsible Officer T/ACC and the co-chaired with the chair of Surrey Heartlands ICB. Its role is to oversee the implementation of Right Care, Right Person in the county of Surrey. The

Quarterly Gold Strategic Meetings have been in place since 22nd September 2023.

16. The Silver Tactical group is chaired by a Superintendent from Surrey Police and meets fortnightly. This group is responsible for the planning and implementation of the core strands of RCRP within Surrey. This meeting looks at the risks, capacity issues and readiness for RCRP. This meeting has been in place since 12th October 2023.
17. The fortnightly Bronze incident review meeting is operationally focussed and meets to review case studies and scenarios to understand any capacity and capability gaps and risks. This is attended by all partner agencies and issues are fed into the Silver Tactical meetings. This has been in place since 12th December 2023.
18. The governance structure remains in place to support the implementation of Phase 2 and monitor data and impact from Phase 1. Cases continue to be reviewed at the Bronze meeting and discussed at the Silver Tactical meetings.
19. At the National RCRP meeting, it was clarified that there are no current agreed national data requirements from each force regarding RCRP implementation. The national team agreed to scope out the national requirements for a Post-Implementation Review. In Surrey there is a review process managed in bronze and silver meetings – and there are plans for a 6 month post-implementation review to be undertaken.

Implementation

20. The implementation of the 6 strands RCRP is divided over two phases in Surrey.
21. Phase 1 went live on 22nd April 2024 for the following areas:
 - Welfare:
 - These are calls where a general concern is raised about a person and the police have been asked to check on them.
 - Absent Without Leave (AWOL) from a Mental Health Establishment:
 - A patient has been detained under the Mental Health Act leaves a mental health facility without proper authorisation of permission. This could be absencing self without leave, failing to return from leave or absencing themselves from a place they are required to reside.
 - Walkouts of Health Care Facilities, including abandoning medical care or treatment:
 - This relates to people who have walked out of any healthcare setting. This may include general hospitals, emergency departments (ED), GP surgeries,

community services, and mental health services, when not held under a power for physical or mental health related issues.

22. To support partners Surrey Police:

- Shared their RCRP Policy, call handler scripts, escalation flowcharts, procedures and the Police Equality Impact Assessment with the partners.
- Held a training session for partners based on the training for internal police call handlers. This enabled partners to develop their own guidance and training for staff ensuring consistency in the approach.
- Developed a communication strategy which included input from partner communications teams.
- Led a readiness assessment at the Silver Tactical Board for Phase 1 prior to the go live date.

23. Phase 2: this work is currently in progress and comprises 2 main areas of focus:

24. The first area is Section 136 Mental Health Act (and associated transport provision). This is a power allowing police to detain someone to a place of safety, excluding when the person is in a private dwelling, if they appear to be in mental health crisis and are in immediate need of care or control. There is a multi-Agency group in place reviewing all policies and the practice. The focus of this work currently is to optimise our abilities to work together within current resources. An important part of this work is a multi-Agency (SABP/SECamb and Surrey Police) review of s136 detentions (including body worn camera footage) to look at how we can support people in a mental health crisis as effectively as possible.

25. Although outside of the direct scope of RCRP there is also some complementary work looking at people who frequently come to the attention of emergency services or Emergency Departments who have mental health needs.

26. The second area is a safe handover process for voluntary attendees (mental health). This is creating an agreed process if Surrey Police are taking a person to a hospital for medical treatment or a mental health assessment when they are not detained under any legal section or under arrest

27. A policy and procedure has been created for voluntary attendees which will be incorporated into Surrey Police's RCRP Policy. This primarily relates to acute hospitals but can be used in other healthcare settings – and is due to launch in September 2024.

28. SECAmb has maintained a strong collaborative approach to working with partners, particularly the Police and ensured attendance at key meetings across the three systems. This high level of engagement will be maintained until all phases of RCRP have been fully implemented and the programme transitions to 'business as usual'
29. SECAmb put in place a Trust wide communications plan to ensure all staff are aware of the changes in Police practice and the escalation process, where needed was fully socialised. Additionally, the Trust has continued to roll out Face to Face 'Conflict Resolution Training' (CRT) for all frontline staff to support in the ability to evaluate threat and then apply appropriate safety measures, including how to communicate with highly emotional, mentally impaired, and deliberately difficult individuals. The training also includes breakaway techniques.
30. End-to-end reviews have been conducted for cases where the appropriate responding agency was not initially identified, potentially leaving a vulnerable person without the care they needed. Although these instances have been minimal, the lessons learned have been shared

Integrated Care Boards (ICB) Planning and Preparedness

31. Surrey Heartlands ICB has, together with partners, held additional meetings outside of the Bronze, Silver, Structure with the Police regarding meeting existing demand.
32. The ICB hold stakeholder meetings to gain a broader perspective on the RCRP work. These include sessions with other systems so that we can learn from their experiences and responses to RCRP. The ICB further plans to use the existing (but reformulated) Crisis Care Concordat meetings to support crisis and urgent care planning strategically.
33. The ICB has reviewed its UEC pathway and is monitoring demand through the Single Point of Access (SPA) and added that to our risk log. Demand has increased but it is currently believed this is being principally driven not by RCRP but by the introduction of Option 2 for Mental Health in 111 calls. The ICB have supported the ongoing work between Surrey Police, SECAmb and SABP to make increased use of the professionals telephone line into the SABP SPA. This has helped Agencies to work together and provide effective support to people in a mental health crisis in line with the RCRP principles.
34. The ICB are reviewing the models of the Safe Havens, funding Safe Harbours (which are mobilising now) and together, with partners (including Police), are facilitating comms and engagement around these alternatives to Emergency Departments to ensure they are understood and used by the Police. The ICB is also developing in year investment proposals to reduce bed demand and provide

resilience in the system, primarily by targeting high intensity users and extending an existing service to increase its capacity and scope. The ICB is currently testing the case for additional non-blue-light Mental Health Response Vehicles (MHRVs).

Adults, Wellbeing and Health Partnerships Planning and Preparedness

35. To support Surrey Police and partners with the implementation of RCRP adult social care staff attend all levels of governance meetings alongside Public Health and Surrey Fire and Rescue colleagues.
36. An internal task and finish group was set up and met to develop staff guidance and awareness sessions for staff. This group included mental health staff, children's services, SFRS, Public Health, SCC Legal team, Communications team and the Information and Advice team.
37. The SCC task and finish group met with the SABP internal working group to share risks and guidance and further meetings were held with health colleagues ensure that all risks are understood and mitigated.
38. Pre-go live six RCRP awareness sessions were held with attendance from approximately 1000 staff members. A guidance document for staff is in place for all staff, this includes the escalation process both in and out of hours. There is also a dedicated email address for staff in case of any specific RCRP queries.
39. A risk assessment has been completed and shared with the Corporate Resilience Group and Corporate Leadership Team and an Equality Impact Assessment has also been completed and published.

Surrey & Borders Partnership Trust (SABPT) Planning & Preparedness

40. SABP have had a diverse range of participants in the bronze, silver and gold meetings. The Consultant nurse for Crisis Care has supported case reviews and system learning for a number of Agencies. Existing meetings were also used to enhance the SABP interface with Surrey Police. Arrangements were also made to use an existing internal SABP email to monitor any impact from the launch of RCRP by Surrey Police.
41. SABP developed internal guidelines (following the information helpfully shared by Surrey Police) and these are available to all staff on the website. These have

also been shared with other partners within Surrey Heartlands and Frimley Health to aid the formulation of their own internal guidance.

42. Awareness sessions were held online to talk about RCRP and the Surrey approach and detail the SABP Guidelines. Presentations also took place within key meetings to ensure SABP were prepared for the launch of Phase 1.

Data

1. Data provided by Surrey Police has highlighted in the first 13 weeks of phases one and two, there were 4,233 RCRP related calls. Of these 1,562 did not meet the criteria for a police response (1440 welfare, 26 AWOL, 96 walkout). The 37% police non-deployments has remained consistent across the initial phases and phases three and four will also be going live in September.
2. Non-deployments redirected to SECamb (direct calls from police) for weeks 1-13 totalled 495, representing 30% of the non-deployments. Thus far, this has not proven to represent a noticeably increase in police activity being redirected to ambulance and the escalation process followed has proven supportive in providing discussion where alternate agency attendances are warranted. For those where advice was given to the caller to contact an alternative service including ambulance the total is 135.
3. The monthly Association of Ambulance Chief Executives meeting brings together ambulance service representation from across the United Kingdom to discuss the implementation of RCRP. Feedback is given by each representative. All services have indicated difficulty in measuring the impact of RCRP on their service. This is primarily due to an overall increase in activity prior to and post the respective police forces implementing some or all the phases of RCRP.
4. London Ambulance Service has been able to evidence an increase in welfare calls but acknowledges the difficulty in fully attributing this to RCRP due to the multiple routes into their service. SECamb is monitoring the increase in 'Concern for Welfare' call activity (excluding redirected activity from police) and preliminary analysis concurs with several other ambulance services who have also noted an increase in these types of calls, coinciding with the implementation of phase one (welfare). Further analysis is required to fully understand the SECamb increase noted and identify the associated drivers.
5. SECamb continues to monitor calls from the police which fall under RCRP and to date there are not concerns that the police are referring inappropriately, and a sampling of the incidents received showed appropriate referral for an ambulance response. Monthly reviews of DATIX (an online system for all staff to report any incidents and risks) relating to RCRP have been conducted and only a small number of cases have been noted. A recurring theme is that when crews encounter a patient with a 'history marker' for mental health concerns including

violence or aggression, they are anticipating a police presence prior to making contact with the patient. Police are not responding as this is a perceived risk and not an actual event. However, police have assured the Trust that if a crew are experiencing violence or aggression then they will respond.

Conclusions:

6. There has been a strong partnership approach to supporting the Police implementation RCRP. The Police report that there has been a low level of escalations which could indicate a good level of understanding of RCRP through training and guidance.

The demand on mental health services remains high, at this stage it is not possible to identify if the implementation of RCRP has increased this pressure on partners.

7. The partnership will continue to monitor and review Phase 1.
8. The implementation of Phase 2 is underway and may present more challenges around the use of S136 of the mental health act.
9. It is understood that there was investment in Humberside as part of their initial work. Although the Humberside principles translated into the national RCRP initiative there has been no national funding for RCRP implementation. The lack of dedicated resource means that some potential improvements discussed in Surrey cannot be progressed.

Recommendations:

10. Each organisation to ensure that a mandatory training programme staff is in place for all relevant staff.
11. Records of attendance should be kept and monitored to ensure all relevant staff have undertaken the training.

Next steps:

Identify future actions and dates.

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Sources/background papers

[List of all documents used in compiling the report, for example previous reports/minutes, letters, legislation, etc.]