

HEALTH AND WELLBEING BOARD – 29TH FEBRUARY 2024**REPORT OF THE CHIEF CONSTABLE, LEICESTERSHIRE POLICE****RIGHT CARE, RIGHT PERSON PROGRAMME UPDATE****Purpose of report**

1. The purpose of the report is to provide the Health and Wellbeing Board with and update on the Leicestershire Police, Right Care, Right Person (RCRP) Programme.

Recommendation

2. The Board is requested to note the contents of the report.

Policy Framework and Previous Decision

3. The policy framework is set out by the [National Partnership Agreement](#) described in the background section below.

Background**Right Care, Right Person**

4. When people are in mental health crisis, they need timely access to support that meets their needs. There will always be instances when the police will need to respond, for example where there is risk of harm or crime involved, but police are becoming increasingly involved when they are not always the most appropriate agency to support the person in crisis. This impacts on the ability of the police to carry out their other duties effectively, and importantly, can result in people with mental health needs experiencing greater distress and having poorer experiences of the mental health care pathway.
5. The National Partnership Agreement sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs.
6. The introduction of the 'Right Care, Right Person' (RCRP) 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. RCRP has already been implemented in a number of local areas and can help to successfully reduce inappropriate police involvement in care and support better access to mental health specialists.

7. 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.
8. The RCRP approach provides a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:
 - i. to investigate a crime that has occurred or is occurring; or
 - ii. 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
9. Focus on safety is paramount when implementing RCRP, to ensure people in mental health crisis are not left without support. This means the approach to RCRP implementation for people with mental health needs should be planned and developed jointly through cross-agency partnerships before changes to responses are introduced. While Leicestershire Police will ultimately determine the timeframe for implementing the RCRP approach across Leicester, Leicestershire and Rutland (LLR), it should be established following engagement with health, social care and other relevant partners. Once implemented, locally developed arrangements should be monitored and reviewed over time.
10. To support local implementation of RCRP for people with mental health needs, the National Police Chiefs' Council and College of Policing are currently developing a national toolkit, covering several topics including:
 - i. decision-making in relation to the RCRP threshold for police response
 - ii. partnership working
 - iii. training requirements
 - iv. data standards and evaluation.
11. In tandem, NHS England is co-producing guidance, with multi-agency professionals and people with lived experience of mental health problems, on how to strengthen the interface between multi-agency partners within the urgent mental health pathway.
12. There will also be an evaluation of the rollout of the RCRP approach for people with mental health needs, this will happen as each phase is rolled out. Findings from this evaluation, as well as wider learning about good practice from local partnerships across the country, will be shared to support successful implementation.

Proposals/Options

13. A strategic RCRP Group has been established and is being led by the Assistant Chief Constable for Leicestershire Police. Membership includes all public sector agencies working within Leicester, Leicestershire and Rutland.

14. An initial letter was sent to partner agencies, requesting them to nominate individuals for the strategic group. The first initial strategic meeting, set out how Leicestershire Police planned to implement the RCRP model and what these areas would be. While there is a national expectation for all areas to put a programme into place, there is scope for areas to implement the changes they believe are best.
15. The clarity of the RCRP approach, is that the police do not have a legal duty (a “duty of care”) to respond to certain incidents. Legal responsibility actually sits with public sector partners whereas historically these responsibilities have been passed to the police.
16. Following the establishment of the RCRP Strategic Working Group and a Tactical Working Group was also established. The Strategic and Tactical working groups meet on a quarterly basis, the Strategic group sets the direction and priorities for the Tactical Group to complete, the Tactical Group ensures the progress of each phase as described below.
17. The Model was designed alongside partners, put into action with partners and with partners leading on 3 out of 5 areas of change.

A proposed model for partners to deliver against, aligned to the National Partnership Agreement, was discussed at the initial RCRP Strategic Group meeting, to seek approval. Whilst in principle the model was agreed, concern around timescales and specific outcomes were expressed across all agencies. In response, partners were encouraged to be involved in further meetings and workshops to iron out any issues and concerns. As a result, the following five key areas were mapped out, with agreed timeframes, and agreed by all partners:

- Concern for Welfare – Now Live
 - Police will not attend welfare concerns if there is not a crime or imminent threat to life. A gap analysis has been undertaken but essentially it is the responsibility of the agency that has the concern to ensure the welfare of an individual.
- AWOL from Mental Health Facilities (led by LPT) – Now Live
 - It is not solely the Police’s responsibility to find and identify people who go missing from Mental Health settings. Legally the agency in charge of the individual’s care has a duty of care to the individual.
- Walkout from Healthcare Settings (led by UHL) – To go live June ‘24 (Subject to change)
 - It is not solely the Police’s responsibility to find and identify people who go missing from Health care settings (eg, Hospitals, GP practices etc). Legally the agency in charge of the individual’s care has a duty of care to the individual. This will require a change in understanding of staff and other agencies who operate within the UHL environment.
- Transportation (led by EMAS) – To go live Oct ‘24 (Subject to change)

- This is not solely in relation to Mental Health. Also covers children going missing and when found. As an example, when children are reported missing, they are located and found by police, in some circumstances the individuals or organisations who have a paid duty of care for that child do not collect the child and expect the police to take them back to where they live.
 - Police use of Mental Health Act Powers – To go live Feb '25.(Subject to change)
 - In Leicestershire the Mental Health Triage Car acts as a significant partnership resource, preventing the unnecessary use of MH Act powers, to the extent where we have half the numbers of regional forces. However, there is a significant drain on resources when people arrive at the Place of Safety Assessment Unit or UHL (if there is a physical health need). A target has been set that police will not remain at the PSAU (unless it is deemed necessary) for more than 1 hour.
18. Regular updates will be given to System and Place-based partners through strategic and tactical meetings. A further update report on progress will be presented to the HWB at a future date. Tactical meetings will be used to monitor and evaluate progress and it is envisaged these will continue throughout, and if necessary after programme implementation.

Background Papers

<https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp>

Circulation under the Local Issues Alert Procedure

None

Officer to contact

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Relevant Impact Assessments

Equality Implications

19. An Equality Impact Assessment has been completed but officers are not permitted to share this at present. There is a potential that some of these changes impact on all people, but could include people suffering with Mental

Illness. However, as stated earlier, this is not just about Mental Health but about the landscape within which police forces work.

Human Rights Implications

20. The RCRP framework is based on the Human Rights Act, particularly focusing on Article 2 & 3. As such, where police have a duty to act under Article 2 & 3, they still will.

Health Implications

21. As above.

Crime and Disorder Implications and Environmental Implications

22. Could yield additional resources to Police to allow them to concentrate on preventing, detecting and dealing with crime.

Partnership Working and associated issues

23. If the programme is not implemented appropriately this could be detrimental to partnership working, however, there is a strategic group of partners and three areas of the five are being led by Partner agencies.

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