

Right Care, Right Person

Purpose of Report

For direction.

Is this report confidential? No

Summary

In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety. It is expected to be adopted by all police forces by 2025.

LGA Plan Theme: Putting people first

Recommendation(s)

That the Community Wellbeing Board provide a steer to continue to guide LGA activity around Right Care, Right Person.

Contact details

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Right Care, Right Person

Background

1. Right Care, Right Person' (RCRP) is an approach developed originally by Humberside Police.
2. The aim of RCRP is for people to receive support from the right person, with the right skills, training, and experience to best meet their needs. For people experiencing mental health distress, this is often not the police. Instead, people should receive support from a mental health professional at the earliest opportunity. Its aim is to remove the focus on police being a primary responder to mental health.
3. In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA was signed by Government, the National Police Chiefs Council, the Association of Police and Crime Commissioners, the College of Policing and NHS England.
4. The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety. It is expected to be adopted by all police forces by 2025.
5. Important to note that the Police also say that RCRP applies to non-mental health welfare checks. It applies to calls to the police about:
 - 5.1. concern for the welfare of a person
 - 5.2. people who have walked out of a healthcare setting
 - 5.3. people who are absent without leave (AWOL) from mental health services
 - 5.4. medical incidents
6. As set out in the NPA, the threshold for police response to a mental health-related incident (referred to as the 'RCRP threshold') is:
 - 6.1. to investigate a crime that has occurred or is occurring; or
 - 6.2. 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.
7. Police will continue to respond where their involvement is warranted and where they have a legal duty to do so. They state that RCRP does not change the existing powers and duties, including safeguarding duties, of the police as set out in legislation.

Activity

8. The LGA, ADASS and ADCS wrote a joint letter to ministers in the summer to highlight the importance of joint working and planning its introduction locally. Ministers were supportive of that but said introduction was an independent matter for police forces.
9. Since then, we have had conversations including with the National Police Chiefs Councils and the Association of Police and Crime Commissioners and DHSC. And these have been constructive. We are members of the DHSC RCRP Oversight Group, the Children and safeguarding group attended by DfE and the Police Tactical delivery

Group.

10. We are contributing to Social Care Guidance that is being developed by DHSC, and have also provided comments to the Police on their Force Control Guidance. The NHS has shared their guidance also.
11. In January 2024, the LGA hosted a roundtable on RCRP with the NHS confederation, chaired by the LGA Chairman. This meeting was non-government focused and attended by a range of partners including the National Police Chiefs Council, representatives from Yorkshire and Humber NHS foundation Trust, the Approved Mental Health Professionals network, Association of Ambulance CEOs, Association for Police and Crime Commissioners, MIND, NHS England, Association of Directors of Childrens Services, the Royal College of Psychiatrists and the Royal College of Emergency Medicine.
12. Issues from the Roundtable included:
 - 12.1. The impact of the programme on under-18s and a call to pause the policy for under 18's.
 - 12.2. Need to understand context of resources and impact of RCRP on other services. The ambulance service has reported a marked increase in calls.
 - 12.3. Nationally need to agree RCRP approach – have a unified approach amongst partners, there is variation on its application locally. Also a consistent planned approach to implementation locally.
 - 12.4. The need to involve ICBs in discussions around implementation and resources.
 - 12.5. Introduction of '111' telephone calls and 'Mental Health' choice – this may present challenge/increased demand for a lot of organisations.
 - 12.6. Importance of funding for partners - including supporting an NHSE funding bid in the spring budget.
 - 12.7. Assessment of outcomes and evidence of impact of the policy on individuals and services was also identified as a key need.
13. Following the Roundtable, the LGA Chair and NHS Confederation, Chief Executive for Mental Health, Sean Duggan wrote three joint letters. One to the RCRP Directors Board outlining a list of issues for them to action or be aware off. Also, a letter to the National Police Chiefs Council to highlight the roundtable request to pause RCRP for under-18s and to ensure Police Forces introduce RCRP in a planned way with partners. And finally, a letter to the Chief Coroner's Office asking for any issues that may have arisen related to RCRP.
14. The Chief Coroner's Office replied in February 2024 to identify three recent cases under the 'Prevention of death' category where RCRP is mentioned as a potential issue.
15. A joint LGA CWB and CYP lead Members meeting in February 2024 discussed RCRP. Issues identified include:
 - 15.1. Triaging of cases – concerns how this is being done by call handlers. Referrals being made to services inappropriately.
 - 15.2. Need clarity on case on what situation they will respond to – such as vulnerable adult with dementia.
 - 15.3. Lack of capacity in community services to meet referrals.

15.4. Issue of top-down policy needs to be led locally.

15.5. Concerns about how policy supports under-18s and children's safeguarding duties.

LGA View

16. The LGA agrees that the needs of people experiencing mental health crisis should be addressed by the most appropriate service, and that this may not always be the Police.

17. However, there are some **areas of concern** for the LGA. These include:

17.1. **How it is working in practice.** There are risks that the police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff. We have heard examples where the police have refused to attend a situation, where it appears RCRP should not have applied, and this has led to a negative outcome.

17.2. We have heard reports in some areas of confusion about which agency is responsible to respond to an individual situation. Also, of difficulty of providing an alternative service response for people who are assessed as not meeting the threshold for police attendance. And cases where referral has been made by police to local services that might not be appropriate.

17.3. More information on its impact in practice would be helpful. The LGA and ADASS are collating some practice examples and DHSC are planning an evaluation and possible metrics to measure impact.

17.4. **Childrens safeguarding.** Children and Under-18s are currently included as coming under RCRP Policy. However, the LGA, ADASS (Association of Directors of Adult Social Services) and ADCS (Association of Directors of Childrens Services) have highlighted safeguarding concerns for younger children living in a household with an adult in crisis and for older children who themselves maybe in crisis, particularly children in care or 16- and 17-year-olds transitioning to independence.

17.5. The LGA have written to the National Police Chiefs Council to ask if they would consider to pause RCRP applying to under 18s, whilst the RCRP Children and Young People safeguarding working group explores how it applies and clarifies it links with statutory duties.

17.6. **Partnership.** We are concerned that some Police forces are introducing the approach without having agreed a process with local partners and understood the implications for councils, Councils, health services and the Police have statutory responsibilities to people experiencing mental health crisis and in relation to safeguarding.

17.7. RCRP needs to be implemented in partnership in a managed way to allow partners to plan for its introduction and minimise the risk to members of the community. Successful Implementation requires strong multi arrangements, good communication and agreed processes across partners - including clear escalation processes where there is a dispute.

17.8. **Resources of local authorities to implement need to be mapped.** No resourcing was given to local authorities of other partners to implement RCRP. We have heard of areas where the ICB has provided resources to help implement RCRP. The LGA have made a case to DLUHC for RCRP as a new burden, but we

need clearer evidence of costs.

Implications for Wales

18. RCRP does apply to Wales. However, as in England, the speed of implementation and collaboration will vary according to Police Forces. The need for partnership between agencies will also apply. The LGA is speaking with the Welsh LGA to share lessons learnt.

Financial Implications

19. There will likely be financial implications for councils, but no formal impact assessment has been undertaken. However, LGA have raised the policy with DULHC as a potential new burden and are awaiting the results of the DHSC survey that addressed resources.

20. Potential areas of additional resource pressures could be establishing new governance structures, workforce, commissioning of alternative community services and collecting data.

Equalities implications

21. RCRP presents an opportunity to ensure that people in mental health crisis or distress receive an appropriate response. Many of these people are vulnerable and at high risk. There are also significant existing health inequalities for people from black, minority and ethnic communities within mental health system. Local understanding of the impact of the policy on different communities and individuals is essential.

Next steps

22. Officers will use any steer provided by members to continue to guide LGA activity around Right Care, Right Person.

Appendix one

What is 'Right care, Right Person' National Partnership Agreement?

- 'Right Care, Right Person' (RCRP) is an approach developed originally by Humberside Police.
- The aim of RCRP is to improve outcomes and the experience for people who need mental health support, improve accessibility to suitable places of safety, and to act as a catalyst for removing the focus on police being a primary responder to mental health.
- In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA was signed by Government, the National Police Chiefs Council, the Association of Police and Crime Commissioners the College of Policing and NHS England.
- It is expected to be adopted by all police forces at various times. The Metropolitan police introduced the policy in November 2023.
- The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety.
- The aim of RCRP is for people to receive support from the right person, with the right skills, training and experience to best meet their needs. For people experiencing mental health distress, this is often not the police. Instead, people should receive support from a mental health professional at the earliest opportunity.
- As set out in the NPA, the threshold for police response to a mental health-related incident (referred to as the 'RCRP threshold') is:
 - a. to investigate a crime that has occurred or is occurring; or
 - b. 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
- The police will continue to respond where their involvement is warranted and where they have a legal duty to do so. RCRP does not change the existing powers and duties, including safeguarding duties, of the police as set out in legislation.
- For local systems to work together to implement RCRP for mental health, the NPA sets out a series of mental health related areas where local systems are encouraged to work together to reduce inappropriate police involvement, at a pace that maintains safety. These areas are:
 - a. Welfare checks for someone experiencing mental health distress
 - b. Walkouts of someone experiencing mental health distress from health and care settings
 - c. Initial response to someone experiencing mental health distress
 - d. Conveyance of someone in mental health distress
 - e. Handovers, where someone is in mental health distress, from the police to health and social care partners