



STAFFORDSHIRE
POLICE

Briefing Document

Right Care, Right Person

Stakeholder Engagement

1. Purpose

The purpose of this document is to provide information and guidance around the stakeholder briefings, being arranged as part of the Right Care, Right Person (RCRP) engagement programme.

The document is split into several sections, covering everything from the rationale behind the introduction of RCRP, through to the timeline for implementation and the ways our service provision will change.

This brief will contain examples of calls for service, which may have been drawn on during the meeting, the detailed information relating to specific partners has been circulated separately.

Above all, it is important to emphasise that from the outset **we have chosen to do this *with* our partners, not *to* our partners.**

2. Background info

- Demand from mental health related and concern for welfare calls in Staffordshire has been rising
- Concern for welfare – Around 30,000 incidents recorded per year which is 10% of demand. Between 50,000 and 60,000 calls per year.
- Mental Health – Around 40% of all concern for welfare calls are mental health related. Around 20,000 calls per year and 12,000 incidents.
- Around 25% of our concern for welfare calls comes from partners.
- The top 4 locations for concern for welfare calls in Staffordshire are all health or care settings.

2. What is Right Care, Right Person

- 'Right Care, Right Person' is a model designed to ensure that when there are concerns for a person's welfare linked to mental health, medical or social care issues, the right person with the right skills, training and experience will respond. Similar schemes have already been successfully adopted by forces in Humberside, Lincolnshire, Hampshire and The Met.
- When agencies call us about issues which, on assessment, do not meet the threshold for police intervention under the 'Right Care, Right Person' model, we will look to signpost them to the most appropriate service to take primacy.
- This puts the individual at the very heart of our decision making and means that a police officer is often not the right person to be providing this care. In some cases, we may need to deploy alongside medical or mental health workers where those agencies need to take primacy but there is still a risk to those involved.
- RCRP will not stop us attending incidents where there is a threat to life. We have a duty to protect our communities and will continue to do so.
- This project of work has now been recognised nationally by The Home Office, DHSC, NHSE and NPCC who are engaging on the National Partnership Agreement with police and health partners and experts by experience.
- The National Partnership Agreement has been released and provides unified guidance and a framework for all police forces in England and Wales to introduce RCRP.

3. Why are we introducing Right Care, Right Person?

- In recent years, police officers have often been required to offer support to those who really require specialist medical or psychological care.
- Under 'Right Care, Right Person', we will assess the appropriateness of requests for service and consider the role and powers available to the

police. In some cases, our officers will no longer be taking on this responsibility when it is not appropriate to do so.

- Indeed, we know that police intervention can have a detrimental effect on vulnerable patients who feel they are being criminalised because of their health or social care issues. The care should be provided by the agency that can best meet the individual's needs.

4. When are we introducing Right Care, Right Person?

- Right Care, Right Person will be introduced in February 2024, in the New Year. However, we are consulting with all of our partner agencies and stakeholders to ensure that you have a role to play in shaping the policy, particularly around re-aligning roles and responsibilities.
- We will be adopting a phased approach to implementation to ensure that the introduction of RCRP is as smooth as possible.
- We are investing a significant amount of time and resource in preparing our internal policies and procedures, as well as preparing a bespoke training programme for our staff.
- The phased implementation will follow the below approximate timescale:
 - Now until Autumn 2023 – Internal and external engagement, policy and procedure development, training package development
 - Autumn 2023 – Christmas 2023 – Training rollout
 - Feb 2024 -Concern for Welfare (Phase One)
 - May 2024 - AWOL from a health facility (Phase Two)
 - August 2024 – Transportation (Phase Three)
 - November 2024 – s.136 & Voluntary MH (Phase Four)

5. Which areas will be affected by Right Care, Right Person?

The areas affected by RCRP are Concern for Welfare Calls, AWOL from a mental health facility, transportation and s.136 and voluntary mental health. Specific details about how these areas will change is below.

Phase one – Concern for welfare

Objective - Partners within Health and Social Care should conduct their own welfare checks rather than rely on the police to conduct them.

- Welfare checks should be conducted by the agency who is already engaged with the individual / family and who already owns a legal duty of care.
- Partners can alter their operating practices to ensure their staff are available to carry out their own checks / assess risk better.
- This will ensure the public are seen by the service they are engaged with; continuity is maintained and the person conducting the check is able to meet their care needs.
- Better service to the public.

Phase two – AWOL and walk out of MH facilities

Objective - AWOL mental health patients should not be routinely reported to police.

- AWOL patients should not be reported to the police as a matter of routine.
- Partners accept it is their legal duty to locate and return AWOLs, with police supporting only if there is a risk to the patient or others.
- This ensures the relationship between patient and provider is maintained and ongoing care and support is not compromised by unnecessary intervention by the officers.
- Emergency Departments at Acute Hospitals should not call police for patients who leave unexpectedly unless they are deemed to be an immediate threat to themselves or others.
- Support partners to develop comprehensive policies to support the RCRP approach, which is in line with the ethos that people are entitled to make their own decisions about whether to remain in busy Emergency Departments and should not expect a police officer to knock at their home and take them back.

Phase three – Transportation

Objective - Transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances.

- Transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances.
- This process will ensure that wherever possible the care and dignity of the person is maintained by not using police vehicles, which we know adds considerably to their stress and discomfort.

Phase four – s.136 MHA and MH patients

Objective - Police handovers at Mental Health Crisis Suites should take place within 1 hour

- There should be a timely handover from police to crisis care staff for s136 MHA detentions.
- The aim should be for all handovers to take place within 1 hour and police should only be expected to stay with the detainee in exceptional circumstances (e.g., where the detainee is violent).
- This process removes the police from the situation as quickly as possible as we know those experiencing a mental health crisis often feel additionally traumatised when police need to intervene to keep them safe.
- To introduce third party services to support the transport and transfer of s136 patients.

6. How is Staffordshire Police going to implement Right Care, Right Person? How will it affect the service we provide?

- It is important to stress that as of yet, we have made no changes to the service we provide and the way we work with our partner agencies.
- We will be implementing RCRP according to the rough timescales above and will ensure that all of our stakeholders and partner agencies are kept up to date with developments.

Next steps

We are now in the process of completing our engagement strategy, identifying nominated key individuals and delivery plans to work with you to consider the next steps.

Over the next few weeks we will be sending out monthly meeting invites to those individuals who have been nominated as key contacts. These meetings will be structured as 'Partner Tactical task to finish groups' chaired by Lisa Cope RCRP business lead and the Terms of Reference will be circulated prior to the first meeting.

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