



Right Care Right Person
Briefing paper 26th February 2024

Introduction.

The aim of this paper is to bring together the current RCRP position within Wiltshire, it aims to bring some clarity to the governance structure, the use of data and in particular what the baseline data will contain. It will also highlight the current timeline of events for the successful implementation of RCRP in Wiltshire.

Background

Earlier this year the national partnership agreement was signed by the Home Office, Health, and Police and is aimed at supporting the implementation of RCRP nationwide.

Police Force areas are at different stages within the RCRP Process and are taking slightly different approaches.

The college of Policing and the National Police Chiefs Council are overseeing the delivery of RCRP. A national working group has been created, and several supporting documents have been produced, these include: the legal overview and basis for RCRP; advice on what data to create a baseline and evaluate the scheme, policy considerations; and guidance for the senior responsible officer.

Practical operational support is also being given through the production of training materials and toolkits to support the roll out of RCRP.

Wiltshire Approach

Initially, at the national level, 4 phases of implementation were identified: 1) responding to 'Concern for Welfare' calls; 2) Dealing with those that walk out of healthcare facilities and are absent without leave from mental health establishments; 3) The transportation of patients; 4) Section 136 of the Mental Health Act and voluntary Mental health patients. This has subsequently been reduced to 3 phases, with the original phases 3 and 4 being amalgamated as Medical incidents.

In Wiltshire, following discussion at both the strategic group and the task and finish group, it has been decided to combine phases 1 and 2, and therefore there will be just 2 implementation phases in Wiltshire.

It is the current intention that Phases 1 and 2, 'Concern for Welfare' calls, and those leaving healthcare facilities will go live on the 8th April. There is no specific date given for the final stage but an indicative timescale of July 2024 is felt to be achievable.

Meeting and Oversight structure

It is important that a structured partnership approach is in place to deliver RCRP in Wiltshire and that the governance structures are appropriate to support its delivery. There are three levels of governance overseeing the implementation of RCRP:

The task and finish group is responsible for bringing together practitioners from all appropriate statutory and non-statutory partners, to deliver the operational effects of RCRP. This group now meet weekly, their main focus is that each agency has the right policies and procedures in place to support the delivery of RCRP and in particular that the Memorandum of Understanding that it is hoped that each agency will sign is appropriate, practical and supports the delivery of RCRP.

The Strategic group chaired by T/C/Supt Minty, is a further partnership group with representation across the statutory and non-statutory partners including commissioned support networks. This group oversees the work undertaken at the operational level by the task and finish group and ensures that the operational work is in line with the strategic vision for RCRP. It highlights potential strategic issues with a view to removing any barriers to the successful, partnership, delivery of RCRP.

Finally, the Executive group, chaired by DCC Dibdin, is again a partnership group with overall responsibility for the delivery of RCRP.

Memorandum Of Understanding

Wiltshire has a very strong partnership approach that means that we are in a very good position to deliver RCRP. In line with this all partners will be asked to inform and sign a memorandum of understanding. This will not be a legally binding document with significant consequence but will allow different organisations to understand what is expected of them and what they can expect from other agencies. The MOU will be critical as part of the escalation process.

The draft MOU is attached, and it is currently with the Task and Finish Group to ensure it will work at the operational level. Importantly they will also look to include complex examples of potential scenarios to ensure that practitioners are given the best support possible.

The signing of an MOU is not mandatory, it is believed that some areas of the country have not written an MOU. Although it is recognised as best practice and what the Wiltshire partnership both want and need to do, signing of the MOU cannot hold up the overall implementation of RCRP.

There will be separate MOUs for each implementation phase within Wiltshire. A copy of the MoU is appended.

RCRP Process within the Police Control room in relation to a 'Concern for Welfare Call'

To instigate the process a 'Concern for Welfare' call will be received within the Police Control room. This will either be from a partner agency or a member of the public.

The Call Taker will create a log to record the details of the concern for safety.

All Call takers will be trained in the use of a specific RCRP decision making toolkit to support them in their decision making. This is a nationally developed decision-making tool that has been made available to the call takers in Wiltshire and ensures that any obligations under Article 2 and 3 of ECHR are met.

Based on the outcome of the decision-making process the call taker will decide whether to deploy a police resource or not.

If the decision is not to deploy a resource, this will be recorded on the log and the caller will be advised to call back if further information comes to light that changes the level of threat and risk, and if appropriate they will be suitably sign posted to partner agency or commissioned service.

If the police call taker is still not clear as to whether they should deploy a police unit or not, they will firstly make any further enquiries that are immediately available to them before escalating the decision making through their line management and ultimately to the Force Incident Manager.

In all cases of RCRP calls for service, a log will be raised with an RCRP incident type and as per usual protocol THRIVE applied. THRIVE is a nationally established way of assessing Threat Harm and Risk.

Call takers will endorse the log to confirm the toolkit was used in making the decision.

Children

One significant area where an Executive decision is required is on whether the principles of RCRP relate to children. It is understood that the Department for Education has recently called for a pause in the implementation of RCRP. The national RCRP tactical board reviewed the request and have indicated that this is a decision for local areas. This approach is supported by the College of Policing.

If RCRP is to include children, there are already increased safeguarding measures built into the decision-making process. All RCRP calls for service will have Article 2 and 3 (ECHR) thresholds applied, when these are not met the next question asked will be “Does the incident involve children?” if this is a yes, a further threshold is applied as to whether the child is at risk of “significant harm”. Section 31(9) of the Children Act 1989 defines significant harm as “The ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill treatment of another”. It is only following this assessment that a decision under RCRP will be made.

It is recognised that even with increased thresholds for decision making the decision on whether to include children within RCRP is for the Executive Board to make.

Escalation Process

In the event of a disagreement between agencies in relation to any RCRP decision making there will be two methods of escalation.

The first will be an immediate escalation to the Force Incident Manager within Policing and the Duty Officer of the relevant partner agency.

The second method will be through the task and finish group. This group will meet daily following the implementation of RCRP and will remain in place for as long as is necessary.

The group will discuss any disagreements or any concerns that have been raised with a view to understanding any themes and addressing the root causes of any disagreements.

Any significant themes or issues can be raised to the Strategic board and subsequently the Executive as required.

Case Monitoring

To ensure that RCRP is achieving its stated outcomes and that any threat, harm, or risk to the community is not increased, there must be a mechanism for monitoring all those cases that are subject to the RCRP process.

To achieve this, the Wiltshire Police, STORM command and control system has been amended to create tags specifically for RCRP. This will allow detailed analysis of the work to take place. Ensuring that decisions can be reviewed over time.

The use of the STORM system gives an accurate, time and date stamped, record of every decision.

Floor Walking provision

To support the decision-making process and to ensure that the case monitoring processes are working appropriately, subject matter experts will be on duty within the control room for the key hours, every day, from the go live date until such point that they are no longer necessary. Their specific role will be to support call takers, identify any process gaps, and to feed directly into the task and finish group.

Data

To fully evaluate the implementation of RCRP, the accurate collation of data will be key. Wiltshire Police have significantly adapted the STORM system to ensure that appropriate tags are in place so that a retrospective data analysis can take place.

The aim is to identify sets of data that can be used as a benchmarking. This will include:

- RCRP Concern for Welfare
- RCRP Concern for Welfare (Child)
- RCRP Concern for Welfare (Partner Agency)
- RCRP AWOL

- RCRP Walk out of Healthcare
- RCRP S135
- RCRP S136
- RCRP Medical incident

This data is currently not available due to the RCRP tagging. Operators will need to specifically identify RCRP cases through the decision making tool outlined above. This will not happen until full training has been rolled out and the Force are confident that all staff are competent in its use.

Current data on 'Concern for Welfare Calls' is attached to this document in Appendix B. This data covers all the Concern for Welfare data above, but cannot be easily broken down into the relevant, specific, RCRP sections.

Policy Revision

RCRP is a new process for Wiltshire Police and will need to be supported by the amendment of policies that directly impact on how we respond to calls for service. This policy amendment is happening with two new policies being reviewed. These are a 'Concern for Welfare' policy and a 'Walking out of Healthcare' policy. With both being directly relevant to the first implementation phase in Wiltshire.

Equality Impact Assessment

A full Equality Impact Assessment has been undertaken and can be shared appropriately on request.

Timeline of Activity Undertaken

This timeline shows the work undertaken so far, and the workstreams still to be completed:

Sept 2023

- Legal advice reviewed

Oct 2023

- New mental health qualifiers established
- Initial face to face RCRP input with CCC staff
- Initial tactical board – Supt Minty

Nov 2023

- April 8th agreed as live date with partners

Dec 2023

- Draft policies and Equality Impact Assessment
 - EIA with Equality and Diversity department
 - Task and finish group established – Insp Tippetts
- Jan 2024
- Policies sent for internal consultation
 - Decision making toolkit in development
 - Comms strategy established – Clare Woods
- Feb 2024
- Inputs to County/Swindon/PPD DLTs
 - Decision making toolkit complete and fit for purpose
 - College learn package to made available for all front line staff
 - Commence Face to face training for CCC staff – Insp Tippetts
 - 1st draft MOU circulated to T and F group
 - T and F group meeting increased to weekly
- March 2024
- Policies to be signed off
 - MOU to be agreed
 - Press release confirming start date
- April 2024
- Go live 8th April
 - Floor walkers in CCC review at 2 weeks
 - T and F group to meet daily review at 2 weeks
- May 2024
- Draft policy for medical incidents
 - Draft MOU for medical incidents
 - Develop Webley handover
- July 2024
- Comms for front line staff/CCC
 - Go live RCRP medical incidents

Conclusion

The aim of this briefing paper was to give an overview of the current position for the delivery of RCRP. There are several ongoing work streams that should demonstrate how RCRP will work, the governance of the project, the process and data capture, along with how any issues will be dealt with. Further updates will be provided as the project continues to develop.

Monthly 'Concern for Safety Logs'

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total Logs	693	770	701	707	763	762	688	767	705	653	646	668
Logs Attended	500	533	468	476	564	500	489	570	499	427	432	456

January 2024 broken down.

Total Logs =	668		
Attended =	456	Per day =	15
Immediate response=	97		
Priority Response=	269		
Scheduled Response=	64		
No Deployment (Actual Attendance)	25		
Priority ASB	1		
(Total not including immediate)			
Total =	359	Per Day =	11.5

Immediate Response : An incident that is taking place and in which there is , or is likely to be a risk of:

- * Danger to Life
- * Use, or immediate threat of violence
- * Serious Injury
- * Serious Damage.

Police will still attend these

Priority Response : An incident that does not merit an immediate response, but where a resource deployment should be made on a priority basis, either because of:

- * the potential impact on the individual or the community.
- * the likelihood of reoccurrence or escalation.
- * the serial nature of the offence.
- * the vulnerability of the victim.

Police still likely to attend a significant number of these logs

Scheduled Response : Where a caller is assessed as a vulnerable victim, because of ASB or a concern for safety, and an immediate or priority attendance is not essential, but a response is required due to the vulnerability of the caller (in line with the Three Strands of Vulnerability).

Police unlikely to attend

January Location Data

The below numbers related to the logs attended that were not an immediate response

Location	Jan- Total	No. Per Day
Swindon	131	4
Trowbridge Hub	92	3
Salisbury Hub	74	2
Chippenham Hub	36	1
Devizes Hub	26	1

Memorandum of Understanding

Right Care Right Person

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1. Introduction

This Memorandum of Understanding (MOU) has been developed to implement the Right Care Right Person (RCRP) initiative within the Wiltshire Police force area which includes both unitary authorities, Wiltshire County Council and Swindon Borough Council.

As an MOU it is not a legally binding document, but it formalises expectations around calls for service relating to RCRP, how Wiltshire Police will respond and in the event of any disagreement a clear escalation process.

2. Background

RCRP was initiated by Humberside Police in 2019 and was 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. The aim is that when someone needs assistance from a professional practitioner, they get the right help from the right person.

Following a reduction in demand which allowed Humberside to focus more on core Policing responsibilities this was recognised by the College of Policing (CoP) as best practice. A national partnership agreement was made in 2023 by Government ministers, partnership leads and the CoP. As a result, RCRP is being implemented across all 43 force areas with national guidance available from the CoP.

RCRP sets out a set of principles which is underpinned by legal advice

The phases of RCRP are;

1. Concern for Welfare
2. AWOL from mental health facilities and persons leaving health establishments unexpectedly
3. Medical incidents

3. Scope

Not all aspects of this MOU will apply to all partner agencies however the ethos of RCRP is constant across all phases. The intention is for a more consistent decision-making process that will support locally agreed partnership arrangements between health, social care and Wiltshire Police.

4. Principles

Where a call for service has been received by Wiltshire Police and there is no policing purpose, legal power, or duty to attend. Police control room staff will undertake an assessment as to who is the appropriate agency and provide the appropriate advice to the caller. This may include signposting to another agency e.g. advising to call for an ambulance or it maybe the caller taker offer to do so on behalf of the caller dependant on the circumstances. The aim will be to get it right first time

The threshold for Police intervention will be;

- There is an **immediate risk** to life or serious harm to an identified person.
- Immediate harm – it is obvious to the police that there is a risk to life presently, at this moment or in the immediate future, or has already occurred.
- Serious harm – there is a risk of significant harm to the person concerned, this can be physical harm, serious neglect issues, significant mental health symptoms; all of which would amount to the suffering of potential significant injuries or psychological harm

It should be noted that distinctions will be made between calls received from partners agencies with statutory obligations and those from members of the public as they may not be in a position to carry out a welfare check themselves for example.

There will also be a distinction made between calls relating to adults and those relating to children in order to take into account the additional safeguarding responsibilities for vulnerable children

All calls for service which are deemed as RCRP will be assessed using a tool kit and receive one of the following decisions in response;

- **Yes** police will attend
- **No** police will not attend at this time should further information be made available this position could change
- **Maybe** police will attend subject to further background checks or consultation with a supervisor.

A yes may mean Police attending in support of another agency in order to execute their given obligations in regard to prevention and detection of crime, keep the king's peace and common law police powers. Other factors may take priority over this e.g. the need for medical intervention, mental health act assessment and therefore not assuming duty of care. All RCRP calls for service will be logged, and a clear rationale recorded by the call taker which will also be communicated to the caller with the following thresholds being applied.

- Is there a real and immediate risk to life or serious harm to an identified person/persons?
- Is it a medical emergency?
- Is a child at risk of significant harm?

- Is the person suspected to have a mental health problem?
- Has a crime been committed?
- Is this a missing person report?

5. Concern for Welfare

The following are all terms used to describe a request to ensure the safety and wellbeing of an individual.

- Safe and well check
- Welfare check
- Concern for safety

For Wiltshire Police to undertake such a check there must be a real and immediate risk to life or serious harm to an identified person or persons. Should the incident be a medical matter which would include a mental health crisis it may be more appropriate for an ambulance crew to attend as the lead agency. In this case police control room staff will contact SWAST control room and pass all relevant information. Although police have S136 powers it may not always be appropriate for Police to attend particularly if the patient is in a dwelling. Should there be a clear identified threat or risk to the attending ambulance crew or other persons at the address once the incident has been attended and assessed police will also attend until this risk is mitigated. Any requirement to force entry for medical taskings should initially be tasked via Fire and Rescue as per existing protocols.

It is anticipated that before any welfare check is made initial inquiries will have been made by the caller such as;

- Phone call to subject
- Physical visit to address of subject
- Check for signs of life
- Inquiries with neighbours
- Checks with known family members or associates
- Is the concern sufficient for Police S17 PACE powers to be used, entry to save life and limb.

NB this list is not exhaustive.

6. AWOL from Mental Health facilities/Walk out of Health Care Establishments

AWOL from Mental Health Facilities

Patients who are detained under the Mental Health Act who are permitted S2 leave and are late returning are deemed as being AWOL. In the first instance this should not mean that they are reported to the Police as missing or a welfare concern. This is in line with the current Joint Protocol for the Management of Missing Persons and Absent without Leave. Wiltshire Police will only attend if there is a real and immediate risk to life or harm to an identified person or persons.

Prior to any response the following initial inquiries should be conducted;

- Phone call to subject
- Search of immediate area
- Check of home address
- Check of address subject was visiting or known to visit
- Checks with known family members or associates
- Compliance to medication regime

NB this list is not exhaustive

Patients who are detained and have absconded without permitted leave do not fall within the parameters of RCRP or this MOU.

Walk out of Healthcare Establishments

Patients who leave hospital unexpectedly can sometimes present a risk to themselves or others but should not routinely be reported as a missing person. When assessing the potential risks, it can be useful to consider the circumstances under which the patient left the hospital:

- Left without being seen – The patient left before assessment by a decision-making clinician.
- Left before treatment – The patient was assessed by a decision-making clinician but left before treatment was administered.
- Absconded – The patient left hospital without the knowledge of clinical staff, and there is a risk of harm to the patient or others.

When a patient leaves the hospital unexpectedly, the hospital has a duty of care for that patient. The hospital is therefore responsible for conducting reasonable enquiries to establish the whereabouts of the patient to try and persuade them to return to hospital for treatment, if necessary.

Police should only be contacted

- There exists a real and substantial risk to the patient if they are not brought back to the hospital for medical assessment and/or treatment **and**
- The risk is such that action needs to be taken with urgency **and**
- Efforts to contact the patient by telephone have failed **and**
- Reasonable inquiries to ascertain the patient's whereabouts are being carried out, including:
 - Contacting next of kin

- Searching the immediate area
- Checking CCTV to confirm the patient has left the immediate area and, if so, their direction of travel
- Checking the persons home address
- If the person has capacity and does not want to return, there is no power under MCA 2005 to return the patient.

It is not always in the best interests of the patient for uniformed police officers to attend their home to try and persuade them to return to hospital for medical treatment or a mental health assessment. Police have no power to enter or return a patient with capacity to a medical premise. Powers under the Mental Capacity Act are applied when the patient requires lifesaving treatment, and any intervention should be in the least restrictive way this is an any person power. A person's liberty can only be deprived in urgent circumstances to provide life sustaining intervention or to prevent a serious deterioration in their condition.

Ambulance staff and mental health professionals have the appropriate skills, training, and experience to treat and advise the patient. The police only need to be involved at the home address if they are requested to support other health professionals due to presenting risks.

7. Escalation

Public services have competing and different demands upon them, which can lead to operational delays. However, each Agency will make every attempt to manage their own responsibilities appropriately to ensure that personnel and resources can be made available to respond to new calls from the public.

Where any Agency is unable to respond in a timely manner then an agreed escalation process will be followed to ensure effective contact at management level to resolve the matter expeditiously. To reflect the urgent nature of this issue, the escalation process must be executed in accordance with the specific operational demand - this must take precedence over any formal escalation process.

This will be achieved, in the first instance, by contact being made between the relevant parties Duty Officers.