

### REPORT TEMPLATE

<b>Title of Report</b>	Police Approach - Right Care, Right Person - Implications for health and social care system		
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<b>Meeting Title</b>	Health in Hackney	<b>Meeting Date</b>	17.07.2023

### Purpose of the Report

<b>For Discussion &amp; Input</b>	<p>Health in Hackney are asked to note an approach being implemented by the Met Police from 31.08.2023 and the implications for the health and social care system, including potential financial and reputational risk.</p> <p>Hackney partners who are part of the health and care system welcome discussion and any input that facilitates a collaborative and collegiate response to improving the safety and outcomes to residents once Right Care, Right Person approach has been implemented.</p>
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### Summary

- Police Force approach titled Right Care Right Person (RCRP) being implemented 31.08.2023
- Fundamental change to when Police will be deployed, particularly around welfare concerns, mental health incidents or missing persons / absconded from hospital
- There will be instances where members of the public and/ or professionals would have expected a Police responses due to risk posed, which will no longer be triaged as Police deployed
- Potential for increase in incidents leading to harm, serious injury or risk to life due to timescales for implementation
- At a Hackney placed based level, conversations with operational and senior Police colleague are positive; however, levers at local level are limited against the london wide and Central Met Police approach

### Key Issues

<b>1</b>	Notification by Police of plans to implement RCRP given on letter dated 24.05.2023 and shared at London DASS Branch Meeting 26.05.2023. There were 13 weeks given to health and social care partners to prepare for impact of Police approach, which in Humberside was implemented over a three year period
<b>2</b>	Mitigations by health and social care to respond to RCRP have potential financial implications. There will be increased reputational risk, due to the short period afforded to health and social care partners to put in place mitigating or alternative responses and capacity for instances when Police will no longer be deployed.

## 1. Background

1.1 On the 24th of May 2023 Sir Mark Rowley QPM, the Commissioner for New Scotland Yard, wrote to health and social care partners with respect to a model titled Right Care, Right Person (RCRP). The full letter can be found [here](#). The model is being implemented by the Met Police in London from 31st of August 2023, giving a total of 13 weeks to implement a programme of change. It is of note that RCRP was a three year programme first developed and delivered in Humberside, in collaboration with partners such as ambulance, mental health, acute hospitals and social services.

## 2. Humberside Model RCRP

2.1 RCRP arose in Humberside following analysis by the 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 Forces view was that this detracted from their ability to focus on where a crime had occurred or where there was risk to life, in addition to their officers not being able to provide the most suitable intervention to the member of the public needing specialist support.

2.2 The legal advice received by the Humberside Police is set out on their [website](#), but in brief, it notes that the Police do not have a duty of care under common law to protect individuals from harm, either harm caused by themselves or others. The police duty would arise from harm from criminal acts by a third party in most cases. Consideration is given to Human Rights Act Article 2 and Article 3; however, the duty under Article 2 is there must be threat of death and for both Article 2 and 3 the threat or risk must be real and immediate.

2.3 The RCRP works by the call taker in the force control room assessing the circumstances using the RCRP toolkit, alongside existing THIVE (threat, harm, risk, investigation, vulnerability, engagement) and the national decision model (NDM). The call handler will decide if a) police response required, b) police may be required to attend, possibly with a partner or c) not a police matter. Dependent on whether call from partner agency or member of the public, will determine how the person making the report is supported to undertake next actions. For example, if call from a member of the public and they are signposted to partner agency, who is unable to offer support, the Police may take on the responsibility of a concern for welfare check in this situation. It is understood the national RCRP Toolkit was being developed and was to be available from early July 2023. It is further stated that a national team, funded by the National Police Chief's Council, will be available to support police forces to implement the toolkit between July and Dec 2023.

## 3. Implications for Health and Social Care

3.1 The most immediate implication for health and social care arises from a 13 week window prior to implementation. There is limited detail at this stage as to concrete actions expected of health and social care partners to respond to changes in demand and risk from instances where members of the public or organisations would have called the Police previously, but would not now be deployed. It is believed this may relate to:

- I. Concern for welfare i.e. person not seen for a period of time
- II. Walkout of healthcare facility i.e. A&E
- III. Person in mental health crisis who may be threatening self harm
- IV. Person who may be deemed as missing, dependent on level of immediate risk i.e. resident with dementia
- V. Call regarding welfare check on children and young people

3.2 The immediate risk around failure of deployment relate to the risk of harm or injury that may result for a resident, for example but not limited to: where a person takes they own life following call to Police; failure to

locate a person who has been flagged as missing; failure to provide care or immediate support to a person where there was concern with respect to welfare. These may pose additional risks in relation to the reputation of the Council, a partner or the Police, particularly in those cases that come to the attention of the Coroner or via a Safeguarding Adults Review / Serious Case Review or similar process.

3.3 There may be financial implications arising from the need to respond to the change in Police deployment; learning from Humberside suggests they may include but not be limited to:

- I. Costs associated with additional dedicated staff in local crisis suites
- II. Costs associated to local authorities, ICBs and health providers around funding of demand for resources to meet Mental Health Act s136 detentions.
- III. Impact on the LAS, where in the Humberside model ambulances were required for all health-related movements, leading to increased provision of ambulances. It has not been set out the view of the London Ambulance Service as to how they would meet this increased demand.
- IV. Increase in actions by local authority or provider staff to trace residents where there is concern with respect to welfare or location.

3.4 Emergency Departments or other wards may no longer call the Police if a patient leaves unexpectedly, hence additional policies and actions may need to be undertaken within the health trust to manage and respond to these.

3.5 Mental health patients who are sectioned and leave will not as routine be expected to be reported to the Police, unless there is an identified risk to self or others. The very nature of a person being sectioned suggests there would be risk to self and others, hence further clarification is needed on this point by the Police and in what instances they would deem their deployment necessary.

3.6 It is currently unclear the approach to be taken in relation to children and young people, though noted there could be an adoption of a different threshold of 'significant harm' as set out in the Children Act 2004 s31(9), that is stated as being arguably lower than that in Human Rights Act Article 2 and 3

#### **4. Actions taken**

4.1 In Hackney a Partnership group has been set up and running since early June 2023. This includes representation from place based health partners, mental health trust, colleagues in Children and Families Services, public health and wider colleagues who may be impacted (i.e. Emergency Planning and those supporting the night time economy). A collective view of the impact and risks from the local partnership has helped to inform the areas where the immediate response and focus needs to be given. This has been agreed as four key areas, with leads across the partnership as follows:

- I. Mental Health and Crisis Pathways - Lead from East London NHS Foundation Trust but working across NEL partnership
- II. Children and Young People - Lead in LBH Children and Families Service
- III. Missing from Hospital - Lead from Homerton NHS Foundation Trust
- IV. Welfare and Missing in Community - Lead from LBH Adult Social Care and ELFT

4.2 Conversations have been held at the local level between system partners and the Borough Commander. Within the NEL ICB a meeting was held of health leads and the borough commanders for the NEL area. For Hackney, these conversations were held between the borough commander and Group Directors for both adults and children. Conversations held were understood to be positive, with a focus on how we can work

together to implement this approach with a unified understanding of system pressures and a focus on achieving better outcomes for residents.

4.3 The City & Hackney Safeguarding Adults Board have also held conversations with respect to the RCRP, including at the Executive Meeting on 04.07.2023. Police colleagues here were able to set out the areas believed to be impacted, which included concerns for welfare, missing from or walking out of health care facilities, transportation purposes and handover of those in mental health crisis.

4.4 In these discussions local police leaders have also been realistic that implementation of changes will take some time to implement across the Met, therefore the 'go live' date of end August may shift. There are briefings planned in mid-July which will have further detail on this.

## **5. Next Steps**

5.1 The MPS is setting up a partner delivery group, including health services and local government. A Chief Executive, DASS and DCS have been asked to sit on the group to ensure that the voice of London local government is represented, and representation has now been confirmed from three authorities to cover these roles.

5.2 The Hackney Partnership Group continues to meet on a weekly basis and to help unblock system challenges and make decisions arising through the four subgroups as set out in 4.1.