

WHAT IS RIGHT CARE, RIGHT PERSON?



RCRP is an operational model that provides guidance on the way the **MPS responds to health related calls.**

RCRP is aimed at making sure the **right agency deals with health-related calls, instead of the police being the default first responder** where there is a concern about a person's physical or mental health.

RCRP CONTEXT



A partnership approach
to ensure the right response
by the right professional

Right Care
Right Person



Right Care, Right Person

Briefing Pack for Partner Agencies

Right Care, Right Person team, Metropolitan Police Service
September 2023

THE FOUR PILLARS OF RCRP

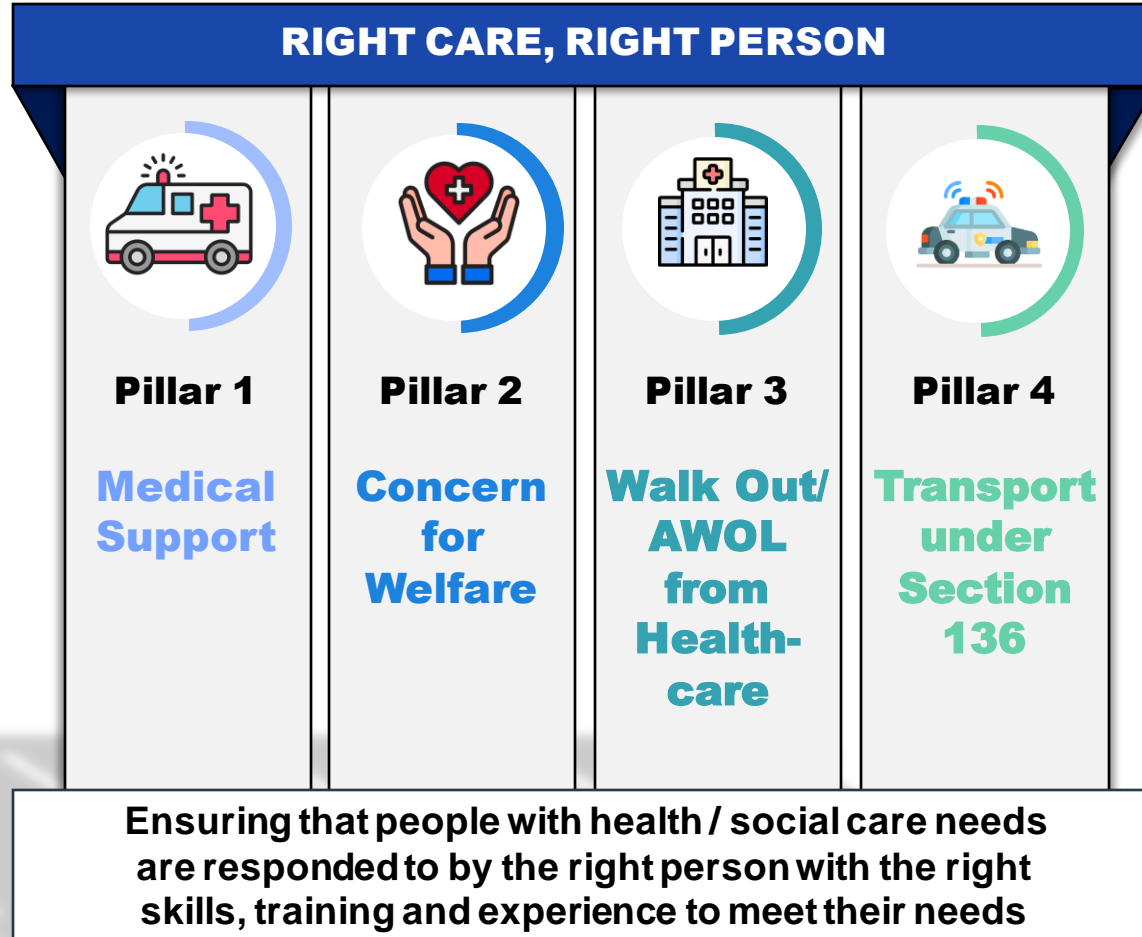
The MPS RCRP policy applies to four health-related pillars only

PILLAR 1: MEDICAL SUPPORT

When a member of the public requests medical support
Incidents in which police are already present when medical support is requested or required

PILLAR 2: CONCERN FOR WELFARE

When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual



PILLAR 3: WALK-OUT / AWOL

When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services

PILLAR 4: TRANSPORT UNDER S136

Transporting a person detained under s136 to a health based place of safety and undertaking a timely handover to a medical professional

PILLAR 1: MEDICAL SUPPORT



The MPS' RCRP policy defines Medical Support as...



Requests made directly to police that relate to a person's physical or mental health



As a general rule, the **MPS will not respond** to requests for medical support as this is not a matter for police

Exceptionally, the MPS may respond to members of the public seeking medical support...

- ▶ Where there is an immediate risk to life/serious harm and no ambulance or other healthcare professional is available. This situation should only arise very rarely e.g. during an ambulance strike
- ▶ The person concerned poses a risk to the safety of others and a police response is necessary in order to prevent crime and protect the lives of others
- ▶ MPS officers encounter a member of the public who requests / needs medical support in the course of normal policing duties e.g. whilst on patrol

PARTNER EXPECTATIONS



Other agencies will generally be better placed to respond to requests for medical support, such as health or social care



As a general rule, partners are expected to respond to requests for medical support without the assistance of police



This ensures the public receives the right response by the right professional and helps to avoid inappropriate criminalisation, particularly of those in mental health crisis

PILLAR 2: CONCERN FOR WELFARE



The MPS' RCRP policy defines a welfare check as...



When a request is made for police to visit someone who is believed to be vulnerable or at risk for a wide variety of reasons



- ▶ As a general rule, the **MPS will not respond** to a concern for welfare request as it is not a matter for the police. A concern for welfare call by definition does not engage one of the core policing functions as it is essentially a request to check if someone is ok
- ▶ **Exceptionally** the MPS may attend if there is an immediate risk to life/serious harm and the MPS are the most appropriate agency to respond e.g. specialist negotiator capability is required
- ▶ Police will continue to attend incidents that relate **core policing functions, e.g. where a crime has been committed**

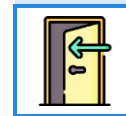
PARTNER EXPECTATIONS



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



It is recommended that partners alter their operating practices to ensure their staff are available to carry out their own checks / assess risk adequately



Police do not have power of entry for a concern for welfare check



This ensures 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

PILLAR 3: WALK OUT/AWOL FROM HEALTHCARE



The MPS' RCRP policy defines AWOL / walk-out as...



Generally relating to services provided by any healthcare setting where a patient may have attended for physical or mental health treatment



- ▶ As a general rule the **MPS will not automatically respond** to a request to locate a patient who has walked out / AWOL from health care settings
- ▶ **Exceptionally** the MPS may respond to requests if there is an immediate threat to life/serious harm (not incl. suicide ideation) and the MPS are the most appropriate agency to respond
- ▶ The MPS will respond when the patient is subject to **Part III Mental Health Act** where they are connected to criminal proceedings

PARTNER EXPECTATIONS



Health care providers are expected to fulfil their own obligations, and take all appropriate steps to locate walk out/AWOL patients for whom they have responsibility



Many Healthcare Trusts have signed a joint responsibility agreement for Walk Out / AWOL under **the Affinity Protocol** with the MPS



This ensures the relationship between patient and provider is maintained and ongoing care and support is not compromised by unnecessary intervention by the officers



PILLAR 4: PATIENT TRANSPORT AND HANDOVERS UNDER SECTION 136



The MPS' RCRP policy...

Aligns with existing agreements (Londoners Crisis Care Pathway) regarding the transport and handover of members of the public under Section 136, outlining MPS responsibilities and expectations clearly

- ▶ When officers detain a person under Section 136 Mental Health Act, **LAS must be contacted** to transport the person to a health-based place of safety
- ▶ **Officers may decide to use an MPS vehicle** to transport the person to a health facility **if officers at the scene** judge that the ambulance ETA would cause a delay to the **detriment of the person's health**, or create a **risk to anyone present**

PARTNER EXPECTATIONS



When officers make the decision to detain a person under Section 136 Mental Health Act, the LAS are expected to expedite an ambulance response and be the primary transport mode to ensure the safety of the person



At a **Mental Health facility**: a medical professional should conduct a handover with police within **one hour of police arrival** as agreed between NHS and MPS (2.26 of the Londoners Crisis Care Pathway)



At **A&E**: psychiatric liaison services should see the patient within **one hour of police arrival** allowing officers to handover and leave (3.10 Londoners Crisis Care Pathway)