

# Right Care Right Person (RCRP) Staffordshire Approach

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The overarching principle of the RCRP model is to ensure we can better protect vulnerable members of our communities and provide them with the specialist help they need.

- Phase 1 of RCRP in Staffordshire will be launched in Feb 24 and will focus on reports relating to concerns for welfare and walk-outs of health care facilities
- Phase 2 of RCRP will launch in May 24 and will focus on AWOL and walk out of MH facilities.
- Phase 3 will launch in August 24 and will focus on transportation.
- Phase 4 will launch in November 24 and will focus on S.136/management of mental health incidents.

**The Police will continue to respond to all incidents where there is an immediate, real and substantial threat to life or risk of significant and serious harm. All incidents will be reviewed on a case by case basis to assess risk, threat and harm and determine if it is right for the RCRP principles to be applied.**



Home Office



Department of Health & Social Care





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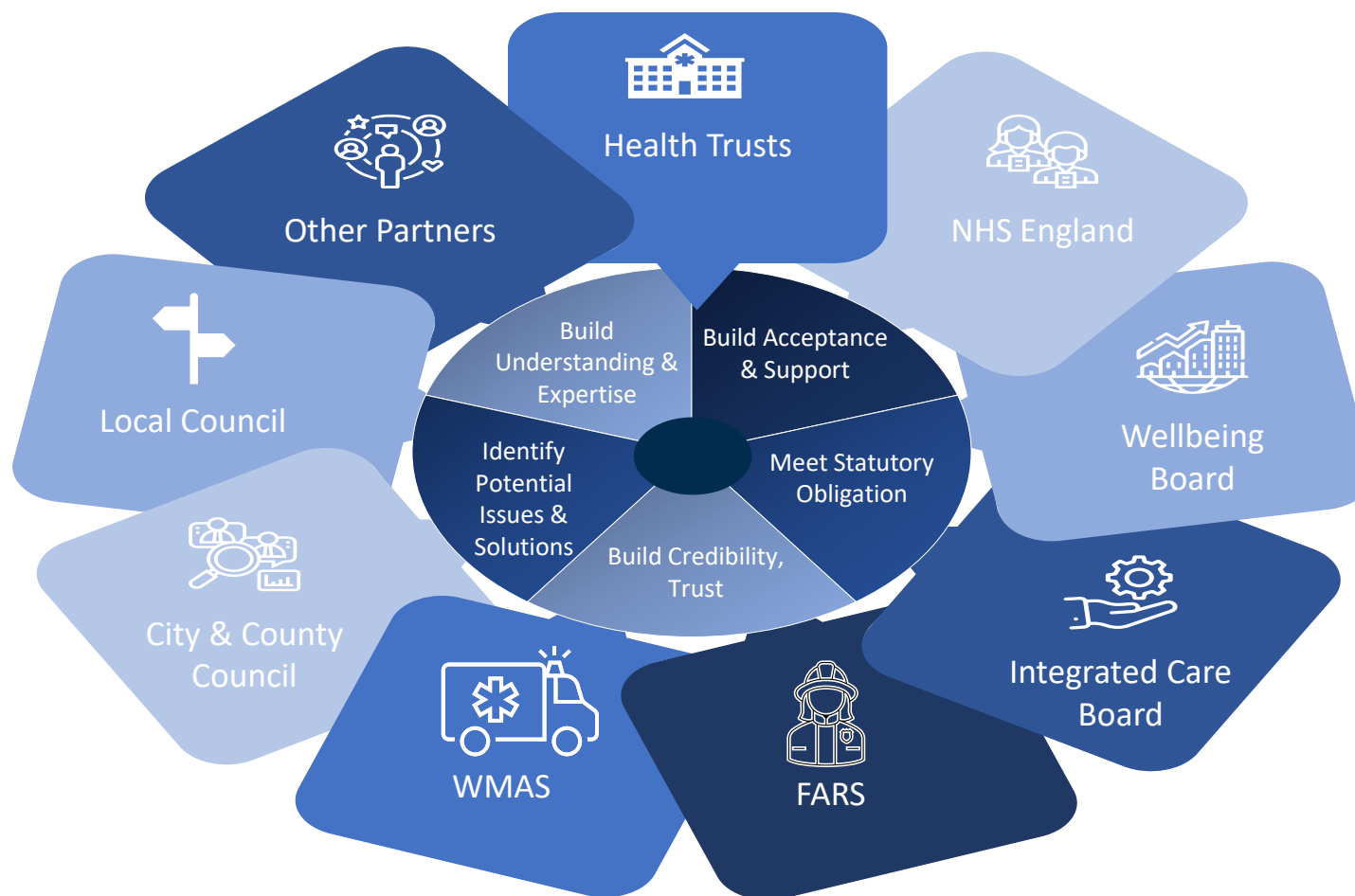
- SP launched the implementation of RCRP in July 23 through a number of multi-stakeholder engagement events, noting that implementation will be phased and in partnership with system colleagues. These events were well attended by Local Authority, health and social care partners from across the ICF as well as third sector organisations.
- SP have and will continue to attend numerous partnership meetings across the ICF to update on RCRP including, the MHLDA portfolio day on the 6<sup>th</sup> October where community MH transformation and portfolio strategic plans were discussed.
- SP have established a multi-agency partnership group with representatives from across local authorities, health, social care, VCSE etc. to work through the implications of the implementation and share learning.
- SP have also established a single point of contact for stakeholders to communicate issues or concerns regarding RCRP.
- The tactical group is multi-agency, meeting monthly and enables communication between partner agencies to better inform policies, procedures and practices at a tactical and operational level. The group will also undertake proportionate 'lessons learnt' exercises to review and improve the quality of service and address cases or concerns that system partners have experienced. This learning will then be fed back into the force control room and into other partner agencies as required.
- The SP SRO has oversight of the work of the tactical group and will focus on ensuring that all partners have a robust and effective understanding of RCRP, its potential impact and aiding in informing the planning process of the further role out.



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## RCRP Partnership landscape

**Right Care  
Right Person**

The logo for "Right Care Right Person", featuring a stylized white heart shape formed by two hands, one above and one below.



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## Key Actions for Mental Health



The National Partnership Agreement, published in July 2023, sets out the following actions for RCRP and Mental Health:

1. Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.
2. Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.
3. Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact.
4. Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
  - initial response to people experiencing mental health crisis.
  - responding to concerns for welfare of people with mental health needs (i.e., undertaking welfare checks), where the person is already in contact with a mental health service or other service commissioned to provide mental health support.
  - instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
  - conveyance in police vehicles.



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## Key Actions for Mental Health



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5. Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response). For example, health-led, integrated multi-agency triage of 999 calls that enables shared decision-making has been shown to be effective in reducing avoidable police deployment, use of section 136 MHA and police conveyance.

6. Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities, particularly at evenings and weekends, and when someone is detained under section 135 or 136 of the MHA. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them and impacts on police capacity to fulfil wider duties. Systems should look to reduce these delays as far as is safe to do so, working towards a timeframe of one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

7. Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.



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## Key Actions for Mental Health



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8. Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided. Protocols should include information on how to escalate urgent issues that cannot be resolved locally and processes for identifying reoccurring issues that indicate a system change is required.

9. Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support. This includes monitoring the impact for people from ethnic minorities, and other groups with specific needs, such as children and young people, and autistic people, and taking action where inequitable impact is identified.

10. Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the [Mental Health Act](#).



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## Next Steps

# Staffordshire Temperature Check Responsibilities Matrix



It is important that we understand, from local authorities, health and social care partners, the current likelihood of being able to meet the 10 recommendations so this can be discussed in partnership ahead of, and throughout the phased approach of the initiative going live.

To help the system understand the current position of health and social care partners against the 10 recommendations we will be requesting a temperature check exercise is undertaken asking organisations to rate themselves using a Red, Amber, Green (RAG) assessment - Red meaning: Actions routinely not in place, Amber meaning: Actions in place some but not all of the time and Green meaning: Action in place.

Colleagues will be asked to provide commentary, where possible, to support their rating. The temperature check will be shared with colleagues in each place, acute provider, mental health provider, primary care and local authority to ensure a rounded view of readiness is obtained.

## Why a Responsibility Matrix

- Improve understanding across Integrated Care Systems of RCRP
- Improve understanding of potential impact of changes to policing
- Identifies – what's happening now, what will change, is there a gap?
- Escalation to Executive Officers across partnerships – solutions
- Transparency of roles and responsibilities v 4 phases of RCRP
- Enables difficult conversations using a tool as a guide
- Identification of service gaps/changes required to existing services
- Identification of risks and mitigation



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## Lessons learnt so far



**Getting the right representation at RCRP meetings** - Ensuring all organisations are represented at the right level at the Partnership Tactical Meetings is critical for positively moving forwards.

**Making use of the briefing documentation provided** – Make sure to use agreed briefing documentation to ensure consistent messaging/understanding from the top to the front line.

**Have a single point of contact for RCRP** – SP have established an RCRP email address to manage communications/concerns/queries, this provides consistency.

**Get the messaging right** - Reassure people that RCRP is not the Police withdrawing from protecting vulnerable people. It is a national programme supported by the College of Policing Home Office, NPCC and Policing Minister and the Department of Health and Social Care (DHSC).

**Create a feedback loop** – Collect information and then share the learning from this.

**Foster a learning and sharing culture** – The SP Tactical Group is established to share specific examples where partners may feel the wrong decision has been made, for these to be reviewed and learning shared - this initiative is a learning process and we want to get it right.

**Invest in mental health services and lobby for further funding** – Ensure the system focusses on delivery of the NHS Long Term Plan ambitions and meets the Mental Health Investment Standard, plus additional growth, and lobby jointly with partners (i.e. SP) for additional investment.



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## Key Contacts



### **Staffordshire Police**

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