

**RIGHT CARE RIGHT PERSON- Guidance for agencies**

**RCRP Police threshold:**

The National Partnership Agreement [National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp) states that at the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:

* to investigate a crime that has occurred or is occurring; or
* to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm

**CONCERN FOR WELFARE AND MISSING- WHEN TO INVOLVE THE POLICE (See partner agency flow chart)**

Police Definitions:

**Missing** – Whereabouts cannot be established, and above threshold is met.

CONSIDERATIONS

* Police can only return a missing person to a place if legal powers are in place to allow this.
* Responsibility will remain with reporting agency to try and locate person and continue with reasonable enquires.
* Police Call takers will ask agencies to describe the “critical concern” and confirm a supervisor/manager has agreed that the person needs to be reported to police.
* Where a client is thought to be particularly vulnerable and at risk of going missing the multi-agency care/safety planning should include police Missing coordinator and use of Winnie Protocol.
* Timely and accurate communication of risk factors between agencies remains crucial, in communicating the risk and throughout enquiry.
* It is a requirement of all agencies to take all reasonable steps to prevent persons in their care from going missing or walking away from health care.

**Welfare check** – Location is known or suspected, and above threshold is met.

CONSIDERATIONS

* Where the real and immediate risk to life/serious harm threshold is not met the duty of care to the patient/client remains with your agency.
* Police only have legal powers to force entry to an address where serious bodily injuries or risk to life are apprehended.
* Fire service have legal power to force entry for medical emergencies and an agreement is in place for ambulance to request FRS for support.
* Agencies must have a plan of what will occur following check and ensure they are planning follow up.
* In circumstances where the partner agency considers there is a significant risk of harm it may be appropriate to request to deploy jointly with another agency. (See below section)
* Timely and accurate communication of risk factors between agencies remains crucial, in communicating the risk and throughout enquiry.

**CALL FROM PUBLIC (see public flowchart)**

Where a call for service comes to Police from a member of the public but does not meet the RCRP threshold the call takers will work through flowchart and consider if any other legal duties and roles for Police. If not, the call will be directed to relevant agency:

**Physical health concerns** Concern where someone is injured, collapsed, physically unwell and needs medical care will be directed to dial 111 or 999 for medical emergency– for appropriate triage by this service.

**Mental health concerns**:

* Mental health support worker in police control room will support in triage and direction of these calls to correct service (in place from Jan 2024) – which may be via 111 – press 2 for mental health (available from April 2024), crisis teams single point of access, local charities, social care. (
* If the call relates to someone who is mentally unwell and needs an assessment of their mental health due to presentation, crisis, suicidality, bizarre behaviour this should be directed to CNTW Crisis teams.

[Crisis Resolution and Home Treatment Team - Newcastle and Gateshead - CNTW116 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/services/crisis-resolution-home-treatment-service-newcastle-gateshead/)

[Crisis Resolution and Home Treatment Team - Northumberland and North Tyneside - CNTW118 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/services/crisis-resolution-home-treatment-team-northumberland-north-tyneside/)

[Crisis Resolution and Home Treatment Team - South Tyneside - CNTW117 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/services/crisis-resolution-home-treatment-team-south-tyneside/)

[Crisis Resolution and Home Treatment Team - Sunderland - CNTW114 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/services/crisis-resolution-home-treatment-team-sunderland/)

**Children and Adult Safeguarding.** Prevention of harm to children and vulnerable adults is the collective role of the three statutory safeguarding partners, Local authorities, health and police. Plans relating to safeguarding checks for children and vulnerable adults should be discussed and agreed in a multi-agency arena. Police should be asked to attend a welfare safeguarding check as a single agency only in emergency situations.

**DEALING WITH HIGH RISK PATIENTS/LOCATIONS**

Police may support partner agencies who are deploying to individuals or locations where there is a high risk assessed (ie based on current information there is an immediate and significant risk of harm to the partner agency from the patient/location) that cannot be managed or mitigated in any other way.

In these circumstances the police should be requested to support the partner agency only and there should be clear plan on Police role, remit, and plan for them to withdraw from the situation at earliest possible opportunity. The police should attend in support of the other agency rather than lead agency in these situations.

Clear articulation of the risks should be provided to police control room and why the risks cannot be managed or mitigated without police.

In non-emergency situations (such as a pre-planned mental health assessment) other powers and tactical approaches may be more appropriate. (Obtaining s.135 warrant, liaising with Street Triage team etc)

When requesting police support for joint attendance the JOINT RISK ASSESSMENT MATRIX (RCEM) should be used- See Appendix below

**UNDERSTANDING POLICE LEGAL POWERS WHEN ATTENDING MENTAL HEALTH AND WELFARE INCIDENTS (none crime related)**

* **Power of Entry**- Police officers have a power to force entry where there is a requirement to “save life or limb” – a general concern for someone’s welfare is not sufficient to justify a forced entry. “Save life or limb” means that serious bodily injuries must be apprehended - seeSyed v DPP[2010] EWHC 81 Admin.
* **Mental health act- S.136.** Police officers can detain a person in a place which is **not their dwelling** when they are suspected to be suffering from a mental disorder and are in immediate need of care and control
* **Mental health act- s.135(1)**. Warrant authorising police to enter any premise to remove a person to a place of safety with a view to making an assessment under the mental health act for potential admission to hospital. Multi-agency response required. AHMP coordinates.
* **Mental health act**- **135(2)** – Warrant authorising power of entry to re detain a patient who is AWOL, or liable to be detained (CTO recall).
* **Mental health act- s.18.** Police powers to return a person detained under mental health act back to the hospital they are detained. This return should be undertaken jointly with the relevant trust except when a patient is deemed to be particularly vulnerable or dangerous. Staff working for the relevant hospital authority (trust) the person is detained under have same powers as police .
* **Mental capacity act 2005 -** The MCA gives a legal basis for providing care and treatment for people aged 16 years and over who lack the mental capacity to give their consent to such care and treatment. Police officers may need to make immediate decisions that relate to containing, controlling and potentially restraining an individual who lacks the capacity to make the decision in question for themself, while awaiting further input or direction from a health or social care professional.For policing the MCA is most likely to be necessary in emergency situations when officers are faced with someone lacking mental capacity, whose life may be at risk or who may suffer harm if action is not taken. For example: people attempting suicide, victims of serious assaults, casualties of major incidents and individuals with serious injuries who decline medical aid.

The Mental Capacity Act is not agency specific and use of MCA powers can be applied by any agency, ([Mental capacity | College of Policing](https://www.college.police.uk/app/mental-health/mental-capacity))

When a Deprivation of Liberty (DoL) authorisation is in place this can authorise the use of reasonable force to bring back an individual to a placement they have left, this may include the use of appropriate restraint if required.  As the individual has already had a determination of lacking capacity, the powers of return are embedded within s5 & 6 of the MCA. These powers can be used by any professional or care provider.

* **S.46 Children Act 1989**– Where a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm he may remove a child to a suitable location and keep him there.

**MISSING AND WELFARE CHECK ESCALATION PROCEDURES**

FAST TIME- For urgent cases where an immediate response is required

* Stage 1 - Front Line practitioner should escalate to their manager and ask them to contact the Control room Team Leader for risk review
* Stage 2- If manager and Team Leader cannot agree on the police response this should be escalated to our CPM (Comms performance manager -Chief Inspector to have a discussion with on call director/ Senior Manager
* Stage 3- Police on call Silver (Supt) to discuss with on call Strategic Lead

To contact the Control room Team Leaders/CPM for escalation \*\*only for management use\*\*

NORTH (Covering Northumberland, North Tyneside, Newcastle) – 0191 437 3444

SOUTH (Covering Gateshead, South Tyneside and Sunderland) – 0191 437 3555

These telephone numbers are only to be used by management for urgent escalation. They are an essential line between our other emergency services and need to be kept free as much as possible.

SLOW TIME- For review to debrief  during office hours

* Stage 1 - To escalate an incident which is not urgent please email into the RCRP Escalation Mailbox. [rightcarerightpersonescalationmailbox@northumbria.police.uk](mailto:rightcarerightpersonescalationmailbox@northumbria.police.uk)

In order to review an incident, the police will need a Police reference number (called the Storm reference number) or the time/date of report and personal details of the individual involved.

Once reviewed an email response will be provided.

Each agency should have a lead rep for RCRP. Incidents can be discussed with the lead. Themes should be collated for escalation with RCRP Police Lead.

Working together and debriefing incidents jointly is encouraged to ensure learning for all.

* Stage 2- If not satisfied with police response the incident can be escalated into Our adult safeguarding partnerships through your Safeguarding leads (MASH/ Strategic MSET/ Safeguarding adult partnerships)

In addition, There is an Operational Mental health Police and Partners meeting which takes place for North/Central/Southern which Police and CNTW attend- this is a useful forum for Acute Hospitals, NEAS and Social care to come together and debrief incidents relating to RCRP. Please email Andre, Claire (Safer Care) [Claire.Andre@cntw.nhs.uk](mailto:Claire.Andre@cntw.nhs.uk) for invite

**JOINT RISK ASSESSMENT DOCUMENT** (APPENDIX 3)

[A\_Brief\_Guide\_to\_Section\_136\_for\_Emergency\_Departments\_Dec\_2017.pdf (rcem.ac.uk)](https://rcem.ac.uk/wp-content/uploads/2021/10/A_Brief_Guide_to_Section_136_for_Emergency_Departments_Dec_2017.pdf)

