Right Care Right Person – Humberside Police

An approach developed by Humberside Police to ensure people who call the police get the best support and service.

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3 April 2023

Key details

Purpose	Organisational
Topic	Adults at risk Contact management
Organisation	Humberside Police
Target group	Adults General public

Smarter practice

Overview

Video Transcript

Deputy Chief Constable Paul Anderson, Right Care Right Person Strategic Lead, Humberside Police

We're talking about people that are ill here. They're not bad. They're not criminals. And it's absolutely vital these people get the right care from the right people.

Chief Superintendent Tracy Bradley, Right Care, Right Person Lead, Humberside Police

I've been part of this from day one. The thing that I'm most proud about is that members of the public now receive the right care from the right agency. And for me, yes, there's been a significant demand reduction. But actually, it's always, always been about service delivery to the public and trying to improve that.

Deputy Chief Constable Paul Anderson

Right care, right person is Humberside Police's response to dealing with demand and dealing with incidents where people are in mental health crisis.

Kirsten Bingham, Approved Mental Health Professionals (AMHP) Service Lead, Humber Teaching NHS Foundation Trust

Somebody with a mental health crisis needs to be quickly seeing someone who is trained and has the knowledge and the expertise to then navigate services and make sure that they can access what that person needs in crisis and put a plan together. And so we have to be acting as quickly as possible to keep everybody involved in this safe, particularly the person at the centre of it.

Isabelle Burch, Control Room, Humberside Police

Being able to use the toolkit means that we don't use police resources that could be used for other things. This is a medical matter and whether that be the crisis team or the mental health teams or the ambulance are going to it, it means that they're the correct agents to be going.

PC Jason Kemp, Response and Patrol, Humberside Police

I think the comms are well on it. So if a job comes in, I think they do an initial assessment to see where that falls. Is there a requirement for our attendance? And if it is, is it just a supporting role with ambulance or is it something where we need to take the lead? You know, obviously someone at a bridge that’s wanting to end life. We would initially go to that, try and engage with the person and then pass them on to the appropriate service. If it's someone where they're in their own house having a mental health crisis, maybe it's not really appropriate. We can go support, but we shouldn’t really be taking the lead on that.

Chief Superintendent Tracy Bradley

And if you look at kind of national mental health surveys, you know, the lived experience of people that are mentally unwell, they do not want a police officer there. It stigmatises them. It puts them a position where their mental health actually deteriorates. So for us, it's always been about improving that service delivery.

John Thirkettle, Mental Health Operations Manager, Humberside Police

And I have to say that whilst it was challenging, our partners were really good. They joined in, really enthusiastic. They understood the principles of right care, right person: skills, training and expertise. I think another challenge was about our internal work, so getting the police officers, our police staff, so that our contact officers in control rooms, getting them to feel comfortable about making decisions, preparing them, training them, but also getting our frontline officers to understand what they need to do as well if they do go to a mental health job, a crisis job, and how they should operate.

Jonathan Evison, Humberside Police and Crime Commissioner

So to those police forces that are embarking on this, it will be a journey. It needs to be led from the top. Now it's a national programme, it's got backing from the Home Office, it's got backing from the prime minister, it’s got backing from the police minister, it's got backing from the health minister. And generally, there is an acceptance within the health service that this is the way to go because we are not giving those patients the right care and that is causing an awful lot of distress to those patients.

Deputy Chief Constable Rachel Bacon, NPCC Lead for Mental Health and Policing, South Wales Police

All of us join public service to make a difference in our communities and we should be listening to the voice of patients and of the people in their communities and what their needs are. And they were really saying to us that they didn't want to engage with policing at these moments of crisis and actually, it added to their distress and really made the whole experience worse.

So we have to find a way to listen to that and make a difference in our response. Now, of course, the police will always be there when people really need us, and if there is a threat to life or serious harm, really significant crisis, we will always attend and we will absolutely protect people. But often, the calls that we receive are not critical in that nature. They do need support and help, but not from

the police. And we can really signpost people and help them get the right service.

- **See guidance on implementing the Right Care Right Person (RCRP) initiative in your force**

Before the introduction of Right Care Right Person (RCRP), Humberside Police identified they were deployed to an average of 1,566 incidents per month about concerns for welfare, mental health incidents or missing persons.

The force was concerned that by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support. This was putting both the public and their officers at more risk. It also meant they were not responding to the public in the most effective manner.

The high level of deployments was also impacting on the force's ability to attend calls for service that did require a policing response. For example, where a crime had occurred or where there was a risk to life.

Humberside Police made the conscious decision to go back to basics and concentrate on the core policing duties, as set out by Sir Robert Peel. These still form the basis of policing in the UK today. The core duties under common law are:

- preventing and detecting crime
- keeping the King’s peace
- protecting life and property

Following this decision, Humberside Police sought legal advice to understand where duty of care responsibilities lie and where other agencies would be more appropriate to attend calls for service. This advice was used as a basis to support the development of the RCRP initiative.

About the initiative

RCRP is a programme of work that has been carried out over a three-year period. It involves partners in ambulance, mental health, acute hospitals and social services. These partnerships ensure RCRP can achieve its aim to provide the best care to the public by ensuring the most appropriate response to calls for service. This reduces stress on the police and health agencies responding to these requests.

The Humberside Police RCRP framework is made up of several products, including:

- a force control room toolkit and training packages for police staff
- various policies and memoranda of understanding for the police and partner agencies

The products support the force in improving its response to the public through responsible triaging of its calls for service.

Impact

Early internal evaluation of the initiative in Humberside Police has shown a more collaborative, informed and appropriate response to RCRP incidents.

It has also shown a large reduction in the deployment of police resources to these between January 2019 and October 2022. This has allowed the force to reallocate saved resource to specialist teams, such as missing persons.

Learning

Learning from Humberside Police's experience of implementing RCRP includes the following.

- The main barriers to overcome are internal culture (staff and officers being cautious about declining to deploy support) and partnership relationships. These require careful consideration and management.
- Effective implementation is supported by tight governance, senior officer buy-in, clear partnership working and effective systems.
- A robust legal and evidential basis for change, a shared partnership vision, adequate training and support, proper evaluation and monitoring processes, and consideration of internal culture all supported effective implementation of RCRP.

Problem

Police forces deal with a wide variety of incidents and calls for assistance. Some of these are policing matters, others are in relation to mental health, concern for welfare and social care issues.

Often, there is considerable overlap between the roles and activities of police, various parts of the NHS and other agencies. The police are often seen by the public as a ‘do all’ service.

Consequently, substantial demand is placed on police resources to deal with calls for service that may be better suited to other agencies. This demand diverts officers away from core policing functions and puts additional stress on forces.

The rise in demand was reflected in **Policing and mental health: Picking up the pieces(opens an external website in the same tab)** (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), 2018).

Types of call for service

In 2018/19, Humberside Police received an increase of 14,120 (35%) in calls for service in relation to mental health. These calls accounted for 6% of all calls for service.

Similarly, welfare calls for service equated to more than 25,000 calls per year and accounted for 11% of overall demand. The force saw an increase of 27% in these calls over two years. Handling these calls severely hampered the force's ability to respond to other crime-related calls for service.

Many of the calls for service were from other agencies who were unable to cope with demand. In 2018/19, the force received 4,577 calls from other agencies and attended 70% of them.

An analysis of the demand from other agencies identified the following types of calls for service that were being dealt with by the police.

Type of call	Example
Concern for welfare	Mental health services reporting that an individual hadn't attended their appointment the previous day and they had concerns about them.
Voluntary mental health patients	Voluntary patient taken by police to emergency department of an acute hospital after a minor self-harm episode as no ambulances free. Police were asked to remain as the individual was assessed as potentially suicidal.

Type of call	Example
Walk out of health care facilities	Call from emergency department of an acute hospital regarding a male who had left before being discharged with a cannular in his hand. Police were asked to locate him.
Mental Health Act s136	Section 136 of the Mental Health Act used to detain someone in crisis. Police attend the 136 suite but couldn't handover to clinicians as no one free to accept. Police remained for 12 hours.
AWOL (absent without leave)	Sectioned patient had gone AWOL after s17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.
Transportation	Police asked to convey patients (from acute hospital to mental health facilities). Police conveying s136 or voluntary mental health patients to places of safety.

Need for dedicated mental health resource

Funding for mental health locally meant that staffing of crisis suites did not provide for dedicated 24/7 resource. Police officers were found to be responding to incidents that should have been dealt with by dedicated mental health teams. This led to the following further issues.

- Once deployed to mental health incidents, officers were struggling to disengage and were spending a significant amount of time dealing with mental health incidents. An audit was conducted, which showed that Humberside Police spent 205 police hours dealing with just nine incidents.
- Police officers and police staff were making decisions with limited understanding of the complexities of mental health. Police officers were being sent to incidents where they had no

powers and limited training (such as mental health calls). This was creating a significant risk to all involved. Those with the right skills were better placed to ensure a problem didn't escalate into a crisis.
- Health and social care partners were routinely using the police service to manage clients where welfare checks were required. This passed legal responsibility for that task to the police and left them with the ongoing duty if it could not be achieved quickly or easily.
- Health calls for service, including mental health, were most often not people in crisis and immediate danger. Often they were people suffering from emotional distress or thinking of harming themselves.

Response

Humberside Police wished to clarify how to deal with the various calls received by the force control room. They wanted to do this responsibly yet efficiently to both:

- best support the public
- reduce demand on police time and free resources for other policing activities

Legal advice

Humberside Police reviewed other force operating models and sought legal counsel. This helped to establish exactly when the police owe a duty of care to the public and to draft a police attendance policy.

Forces seeking to replicate RCRP are advised to seek their own counsel or use guidance in our **RCRP national toolkit**.

Humberside's final RCRP product

The final product resulting from Humberside Police's consultation process is RCRP.

RCRP required an agreement between health and social care partners and the police. This was to ensure that those with the right skills, training and experience respond to the call for service.

It was imperative that:

- health and social care partners understood and appreciated the need for change to reduce demand on officers
- officers were not accepting and attending calls that should be carried out by skilled health and social care professionals

RCRP is a process used alongside other nationally embedded operating models such as **THRIVE (threat, harm, risk, investigation, vulnerability, engagement)** and the **national decision model (NDM)**.

It's used to triage incoming calls in the force control room and decide on an appropriate course of action (such as whether to deploy police resource to the incident).

Multi-agency group

In July 2019, a multi-agency task and finish group was created. This was attended by senior executive and managerial representatives from:

- local authorities
- mental health providers
- acute hospital trusts
- clinical commissioning groups (CCGs)
- third sector charities and organisations
- ambulance trusts

Guidance

Humberside's RCRP guidance includes:

- a concern for welfare policy document
- a reviewed missing persons policy document
- a no checks policy document
- a police and ambulance memorandum of understanding (MOU)
- a pathway MOU
- a toolkit for force control room staff
- tactical advisor training
- force control room RCRP call taker and dispatch training

Force control room staff toolkit

The force control room toolkit provides support and guidance for all police staff when dealing with calls for service about mental health, concerns for welfare and missing persons.

Once in the toolkit, staff follow a flowchart answering questions about the nature of the call. They are directed to the appropriate information, policy and guidance.

Areas covered in the force control room toolkit include:

- definitions
- police powers
- immediate risk to life
- child at risk of significant harm
- THRIVE and RE-THRIVE
- vulnerability
- medical emergency
- police core responsibilities
- Human Rights Act
- suicidal ideation
- private or public place
- acute behavioural disturbance
- concern for welfare
- call handling protocol
- missing person
- missing person checklist
- deprivation of liberty safeguards
- welfare check on children
- community treatment order

RCRP logic model

Problem	• Lack of clarity on which incidents should be attended by which agency. • Lack of clarity on the duty of care assigned to the police service. • Increasingly large proportion of police resource used to attend health and welfare related incidents. • Inefficient allocation of resourcing, resulting in loss of police core function hours. • Inappropriate service offered to the public who may be better supported by other agencies with more specialist training and subject matter expertise.
Response	• Legal advice and guidance on the responsibilities of the police service in relation to mental health-related incidents. • Process flowchart and force control room toolkit to support decision making and triage of calls. • Policies regarding concerns for welfare, walking out of healthcare facilities and missing persons. • Training offer for force control room staff and officers. • MOUs for police and partner agencies.

Outputs	• Reduction in number of RCRP calls for service attended by police. • Increase in data sharing between police and other (health) agencies. • Increase in police resource available for other crime- and vulnerability-related calls for service.
Outcomes	• Reduction in cases of inappropriate attendance at mental health-related incidents by police. • Improved multi-agency and partnership responses to mental health-related incidents. • Improved service provided to the public who are better able to access subject matter expert and appropriate support. • Improved relationships between police and public with a greater sense of legitimacy.

Implementation

How RCRP works in Humberside

RCRP is predicated on the right service providing support to people who call the police seeking a welfare check or for a mental health matter.

The role of the call taker in the force control room is to:

- assess the circumstances using the force control room toolkit, THRIVE and the NDM
- decide whether the police should attend the call for service or whether another agency is better trained, equipped and experienced to do so

Options available to the call taker

The current options available to the call taker under RCRP following an assessment of the circumstances are as follows.

1. A police response required – log with system checks and staff deployed. (The police will take on responsibility for dealing with this call – a ‘yes’ response to the caller.)
2. Police may be required to attend, possibly with partners – system check and supervisor decision. (Further enquiries are required by the police. These will include system checks and consultation with other agencies to assess which partner has the right skills and experience to respond – a ‘maybe’ response to the caller.)
3. Not a police matter – no checks required, log closed, no deployment. (The request does not fall within the core roles of policing and no Article 2 or 3 Human Rights Act exists – a ‘no’ response to the caller.)

Threshold tests for police intervention

The force control room toolkit flowchart ensures that all calls for service are subject to the following threshold tests for police intervention.

- Is there a real and immediate risk to life or serious harm to an identified person?
- 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?

Guidance and a process map are available to support staff in identifying those calls that clearly meet the threshold for police intervention. They also highlight specialised processes depending on who the caller is – for example, a private individual or a partner agency.

As much information as possible should be gathered about incidents. This should all be logged regardless of whether the call is resourced or not.

A full check of police information systems should also always be conducted where it seems likely that the police will attend the incident. This will ensure the risk level is correct and will help ascertain levels of vulnerability. This should be done in conjunction with standard THRIVE procedure.

Where the call for a welfare check comes from a partner agency and the threshold for police attendance is not met, the partner agency must be notified. They must also be advised to call back immediately if more information become available, or the situation changes in a way that requires the police to re-evaluate their decision.

Calls from members of the public

When the call comes from a member of the public, the police will first:

- establish all the facts from the caller, so far as possible
- consider if another partner agency is better placed to give support and assistance

If so, the caller will be signposted to that partner agency and given sufficient information and contact details to do so themselves.

Due to circumstances beyond their control, the caller may be unable to gain support from a partner agency or do their own concern for welfare check. The police may take on the responsibility of a concern for welfare check in this situation. Whether the police do take this responsibility depends on the facts known at the time.

Where the call regards a welfare check on children and young people, logs will be created in the force control room. Where an immediate response is not required, these will be passed to the MASH team for their attention and consideration with partners.

Phases of the RCRP programme

Humberside Police implemented RCRP in four phases.

Phase	Go-live date	Activities
Phase one	May 2020	• Concern for welfare.

Phase	Go-live date	Activities
Phase two	September 2020	• Walkout of healthcare facilities. • AWOL from a mental health establishment.
Phase three	April 2021	• Transportation.
Phase four	November 2021	• Section 136 of the Mental Health Act. • Voluntary mental health patients.

Activities

Phase one – concern for welfare

- Concern for welfare policy developed, making the new process transparent for all.
- Training delivered to all control room operatives, frontline patrol officers and control room supervisors.
- Tactical advisors and floor walkers in place, with the intent of providing intensive, live-time support for staff and intervention.
- Interactive toolkit developed for control room staff to aid decision-making.
- Escalation policy developed.
- Internal communications strategy and plan developed, to assist in embedding procedural changes and create the cultural change required.
- Partnership engagement plan developed, including stakeholder analysis.
- Significant legal advice commissioned.
- MOU developed with ambulance service – providing clarity of roles and responsibilities for attendance at health-related calls for service (which police may have attended previously).
- Extensive partnership engagement – influencing using a sound evidence base.

- Multi-agency workshop where partners were asked to assess whether they felt police should have been involved. Of the 48 mental health logs chosen at random, partners deemed that in 58% of occasions there was no role for police.

Phase two – AWOL and walk out of healthcare facilities

- Multi-agency policies developed.
- Legal advice obtained.
- New handover forms developed and agreed.

Phase three – Mental Health Act s136 and voluntary mental health patients

- Medical support policy developed to provide clarity on roles and responsibilities for medical matters.
- New handover form developed.
- Multi-agency MOU created.

Phase four – transportation

- MOU created

Legal and ethical considerations

Central to RCRP is the assurance that all policies and guidelines on practice:

1. give clear guidance to officers and staff who use them
2. are reasonably comprehensive
3. are consistent with legal obligations
4. promote the best interests of the force and the public it serves

Extensive advice was given to Humberside Police on how RCRP fits with existing legal requirements on the police – including the duty of care on police in various circumstances and how this might vary with vulnerable callers (including children and young people).

Consideration was also given as to whether to conduct police system checks on calls where police did not have an obvious duty to respond. This took into account existing force operating models, Independent Office for Police Conduct (IOPC) investigations and law. The decision was made not

to conduct intelligence checks where the decision was clearly a 'no', but to do so when the decision was 'yes' or 'maybe'.

Equality, diversity and inclusion

An equality impact assessment should be conducted by forces to ascertain whether the policy will disproportionately impact on any specific group within the community.

Children

The Humberside RCRP policy treats children as vulnerable. This vulnerability should form part of the assessment of any real and immediate risk under Articles 2 and 3 of the ECHR.

The policy may also adopt a different threshold of 'significant harm' (such as that enshrined in the Children Act 2004 s31(9)) that is arguably lower than that in Articles 2 and 3.

When children are involved, there is also an obligation to consider the best interests of the child. (This could involve making referrals to other agencies such as social services, even when there is deemed to be no immediate risk and thus no duty of care on the police.)

Enablers of implementation

Humberside Police is clear that several factors supported the successful implementation of RCRP. These included the following.

- Governance structure – the development of tight governance, providing staff with clear guidance regarding parameters, information sharing and briefing expectations with statutory partners. Humberside Police also embedded legal advice in every step of RCRP initiative. This supported buy-in when staff were anxious about not meeting their duty of care.
- Senior officer buy-in – having a chief officer lead who believed in RCRP and was prepared to drive it. Chief officer conversations are pivotal for gaining buy-in from other agencies and forming good partner relationships.
- Partnership working – RCRP benefits from close and effective partnerships with other agencies. Well-defined boundaries were created via MOUs, which also ensure all parties are updated about any intelligence that will be useful to them.
- Systems – Humberside Police and partner agencies already benefit from the use of standardised risk and need rating tools that are now employed alongside RCRP.

Barriers to implementation

The force also faced difficulties while designing and implementing RCRP and has since reflected on key learning to support future forces attempting to replicate it.

- Internal culture – the force recognised a particular barrier to implementing RCRP was officers and staff who were cautious about declining to deploy support. The force prioritised clear and consistent communications, training, and support packages to reassure and upskill staff. This was seen to increase confidence and capability when making difficult decisions as to whether to deploy or refer calls.
- Partnership relations – another significant difficulty overcome by the force was the management of partnership relationships. An example of this was when mental health providers – despite agreeing with the principles of RCRP – pushed back against the programme. This was due to their lack of capacity and a perception that this would increase demand on their services. The force ensured they had both a clear shared vision with their partners (in this instance, providing the best possible service to the public) and a robust evidence base to support decision making. These two factors enabled the force to navigate more difficult periods of implementation and resulted in a stronger and more transparent relationship with relevant agencies.

Outcomes and impact

Internal evaluation has highlighted the following positive outcomes for police and partners.

- An average of 540 fewer police deployments per month.
- 1,441 officer hours saved on average per month.
- 46,114 officer hours saved between May 2020 and December 2022.
- Reduction in the proportion of RCRP incidents deployed to, from 78% in Jan 2019 to 25% in May 2022.

This has allowed for the redeployment of resources. For example, the specialist Locate team – which provides dedicated resource to the management of missing persons – has since been established as a result of the released capacity on patrol. An evaluation is showing positive results.

Phase one – concern for welfare

Welfare check requests from partners are now rare. In managing the change, partners have altered their operating practices to ensure staff are available to carry out their own checks. This ensures the public are seen by the service they are engaged with, and continuity is maintained.

This has had the additional benefit of the welfare check acting to meet other care needs subsequently identified by the attending specialist. This greatly enhances the service provided to the community.

Phase two

AWOL

Sectioned mental health patients who have gone AWOL are no longer reported as a matter of routine, with partners accepting their legal duty to locate and return these individuals. This ensures:

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

Police support is still available if needed, such as if there is an identified risk to self or others.

Walk out of a healthcare facility

Emergency departments (EDs) at acute hospitals no longer call the force where patients leave unexpectedly, unless they are deemed to be an immediate threat to themselves or others.

EDs have developed comprehensive policies to support the RCRP approach. This supports the long-standing ethos that people are entitled to make their own decisions about whether to remain in busy ED’s, waiting for many hours.

Phase three – Mental Health Act s136 and voluntary mental health patients

Conversations with chief executives of health providers, local authorities and CCGs have ensured that all three mental health providers within the force area now have 24/7 dedicated resource for Mental Health Act s136 detentions.

This has allowed a more timely handover from police to crisis care staff, reducing additional trauma caused to individuals by prolonged police intervention and freeing up officer resource.

Phase four – transportation

The RCRP task and finish group process has identified the scale of the problem for transportation. There is now an agreement that an ambulance will be requested for all health-related movements.

Where an ambulance is not available, officers in Humberside are required to seek authority from their supervisor to use a police vehicle instead.

This process has increased the provision of ambulances. It also ensures that the care and dignity of the individual is prioritised, with the increased stress and discomfort caused by use of police transportation avoided where possible.

Clarity of roles and responsibilities

The MOUs developed as part of RCRP provide greater clarity for staff from all relevant agencies over their legal duties and responsibilities. This has altered the crisis pathway significantly. Each partner now provides performance data to support ongoing monitoring of the efficacy of these changes. A suite of key performance indicators (KPIs) has been developed to measure performance and this is monitored monthly at the task and finish group. There is a clear escalation process in place for disputes or for occasions where service level agreements are not met.

Increased capacity in mental health services

Local mental health providers involved in RCRP have since received funding for additional 24/7 dedicated staff for local crisis suites. This means they can now deliver an improved service.

Learning and recommendations

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Resources

Support for forces – RCRP national toolkit

We've developed a national RCRP toolkit, alongside the National Police Chiefs' Council (NPCC). This supports forces in England and Wales to implement RCRP successfully and consistently.

- Use the RCRP national toolkit

A national team, funded by the NPCC, is also available to support forces to implement the toolkit between July and December 2023.

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