



Right Care, Right Person
Birmingham
Heath & Wellbeing Board
Briefing
18th July 2023

West Midlands
POLICE





What is RCRP

RCRP – Right Care Right Person

Is an operating model for police and partners, to ensure HEALTH & CONCERN For WELFARE CALLS for service are responded to by those with the right skills and expertise to provide the best possible service.



Aims and Objectives

This policy would assist officers and staff to make operational decisions when responding to calls for service involving requests to carry out welfare checks on members of the public.

The overall aim of this policy is to ensure that West Midlands Police as respond in respect of Concern for Welfare calls are proportionate and comply with our legal duties of the core policing principles of:-

- Common Law Policing Powers
- Prevention and Investigation of crime
 - To keep the Kings Peace

However WMP must also ensure it complies with our legal duty under

- Article 2 ECHR Right to Life & Article 3 ECHR Real & Immediate Risk of a person being subject to serious harm or other inhuman treatment

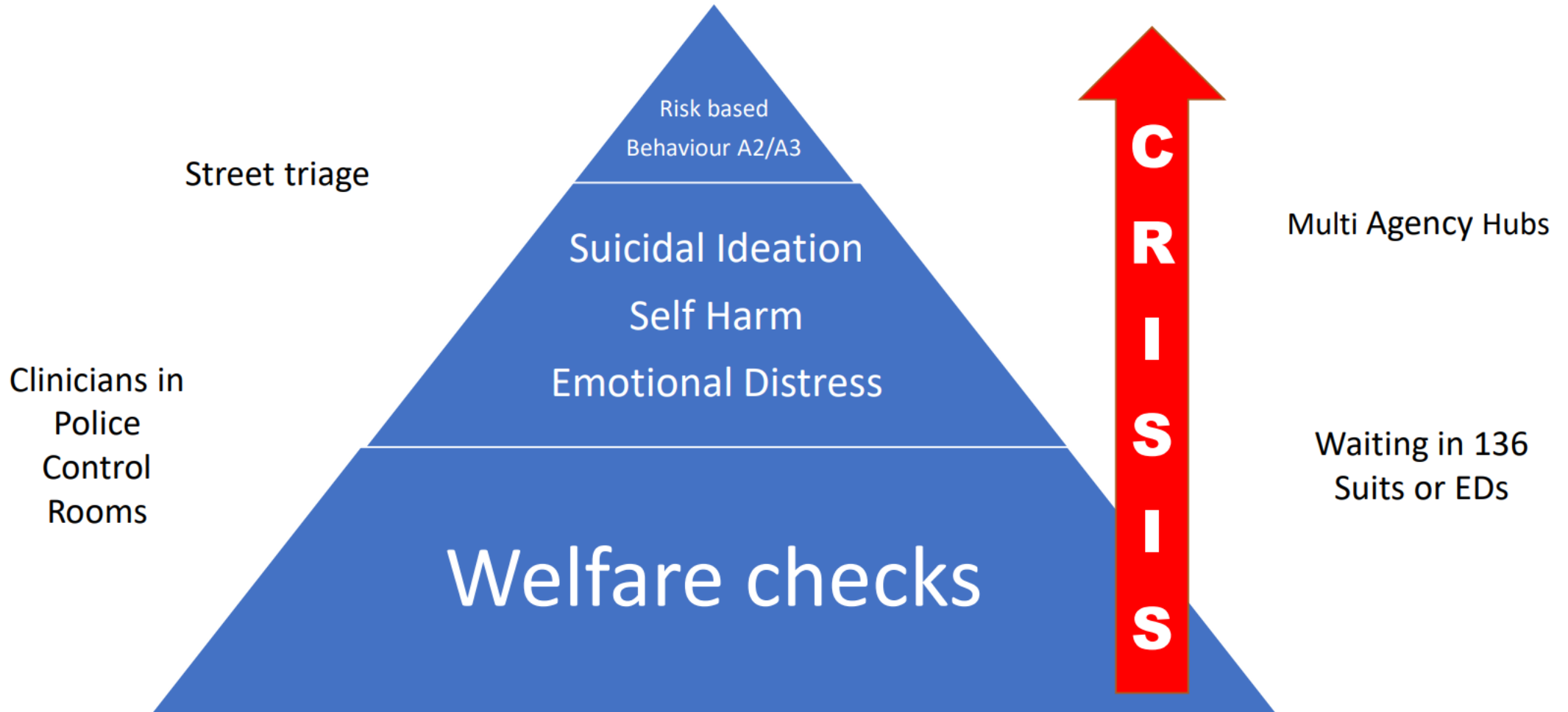
Applicable to Partner and Public calls Concern for Safety/Welfare, Missing and MH requests for service



Why implement RCRP

- Lack of clarity on which incidents should be attended by which agency.
- Inappropriate service offered to the public who may be better supported by other agencies with more specialist training and subject matter expertise.
- 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.

What currently happens in Policing





WMP Case Examples

P1 IMMEDIATE RESPONSE

17 year old sister has self harmed at care home and staff did not call ambo. Have not allowed her out today even though is permitted. Victim is 17 year old female with mental health issues.

P2 PRIORITY RESPONSE

Caller is stranded in Birmingham, he does not have any way of getting home or anyway to call for help

P3 PRIORITY INVESTIGATION

I'm living in support accommodation and I am moving out, there is a male inside the accommodation shouting saying to come and kick my door in.

P1 IMMEDIATE RESPONSE

Ambo have a mental health patient, threatening suicide, wants to take a overdose and jump in front of a train. Ambo are there, and he is not answering the door. This patient is under a home treatment team and does have an appointment for the morning for a medical review. Ambo asking for access

P2 PRIORITY RESPONSE

Hospital requesting police do a safe and well check on a patient with capacity who left A&E but requires follow-up treatment (no immediate threat to life).

Log initially put on and sent to the RADs for P2 police officer attendance – intercepted by Duty Inspector and cancelled



Other Types of Call 1

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.
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



Other Types of Call 2

Type of call	Example
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



Expected Impacts

- Reduction in number of RCRP calls for service attended by police.
- Increase in data sharing between police and other agencies including health
- Increase in police resource available for other crime- and vulnerability-related calls for service.



Expected Impacts

- Reduction in cases of inappropriate attendance at mental health-related & other health related incidents by police.
- Improved multi-agency and partnership responses to mental health & other vulnerability 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.

Following RCRP implementation

Right skills, training, expertise and experience



Department of Health & Social Care





WMP Analysis

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Implementation

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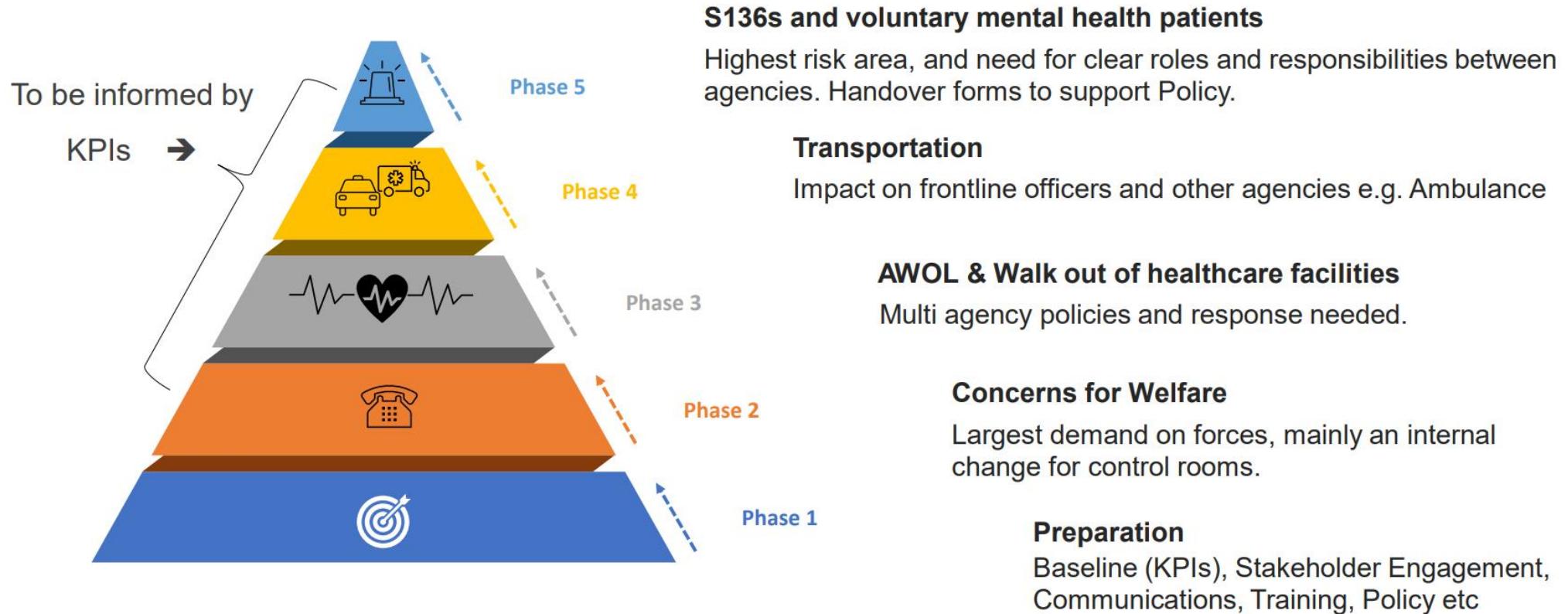




RCRP WMP Workstream Owners

- **Policy & Project Lead** Chief Superintendent Kim Madill
- **Legal Advice** Sabrina Robinson – Principal Lawyer
- **Referral Pathways** DCI Allan Green – PPU
- **Process Mapping** – Insp Simon Guilfoyle
- **System/Vulnerability Hub** Supt Erica Field - Force Contact
- **Training Development** Natalie Stokes – L&D
- **Mental Health Response** Supt Chris Mallet/Insp Stephen Taylor
- **Equality Analysis** Sgt Greg Richards — D&I Team

Journey to RCRP





Key Concern – Prevention of Vulnerability Vacuum

Vulnerability Vacuum

Vulnerabilities driver for public service interventions due to unmet need = potential escalation

Potential to increase individual risks

Referral pathway options – Partnership Vulnerability Officer

Social Prescribing model – costs and responsibility

DY Model CVS - NHS funded and referrals (6 key workers, £440k/year support 1000 people, 2 key workers for high risk £144k/year support 50 people)

WV Model CVS – NHS Funded. Options to refer police demand already being developed