

Right Care Right Person (RCRP) Partners 10 Slide Briefing

Inspector Fergus Paterson – v. 08/11/23



- An agreed approach for the public to get the most appropriate care and support from the person with the best skills, knowledge and training – literally helping communities get the Right Care from the Right Person.
- A National Partnership Agreement to do this has been signed by NHS(E), DHSC, Home Office, National Police Chiefs Council (NPCC) and College of Policing (CoP).
- Police must focus on carrying out our duties. Police will apply a structured decision process before taking a role in non-crime care (health care, mental health care and social care) situations.



- Prevent and investigate crime (including in health and social care settings and supporting victims in associated professions!)
- Keep the King's Peace (prevent riot, affray, violence and fear of violence to a person or damage to their property in their presence again including in health and social care settings!).
- Save life (Article 2 ECHR) and prevent serious harm and suffering (Article 3). ALWAYS true when the risk comes from a crime or when a person is under police control or a police duty of care (detained, restrained, Covert Human Intelligence Source [CHIS] etc).





















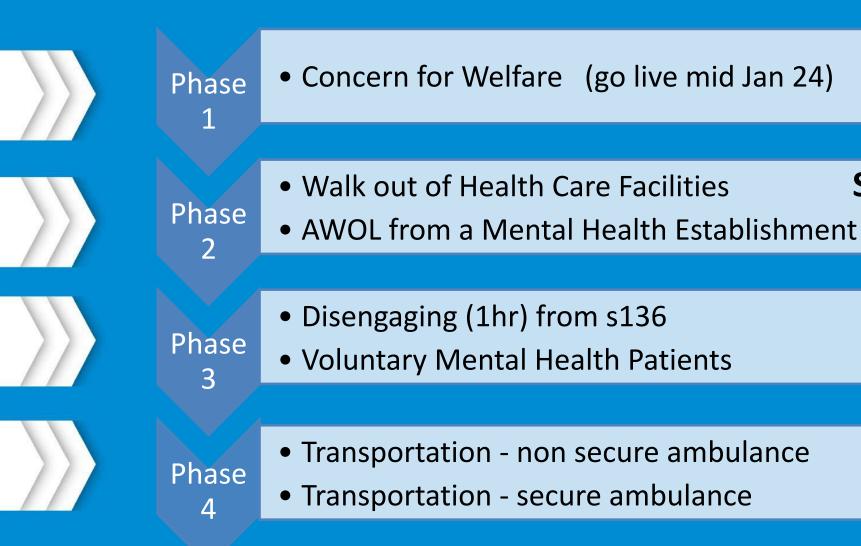
- A structured decision process for police involvement, or not, in non-crime incidents will be used based on these principles:
 - Police may choose to assist but do not have to when there is an Article 2 or 3
 risk and a more appropriate agency could/should provide treatment or care
 and has better trained people.
 - Police do have a "shared" article 2 or 3 duty, as a state agency, for article 2 or 3 risks when the more appropriate state agency is unable to discharge their duty.

The article 2 or 3 risks must be real and immediate.

Police may but do not have to, and probably shouldn't, take on a "duty of care" for safeguarding, welfare or health (including mental health) situations that do not reach article 2 or 3 (not at immediate risk of death or very serious harm).

A "toolkit" app has been created for call handlers to apply these principles.





Autumn 2023

Spring 2024

Autumn 2024

Spring 2025





- NPCC national legal advice CoP RCRP guidance
 Force Medical Support Policy & Concern for Welfare Policy
 Force Contact Centre RCRP "Toolkit"
- Some jobs will not be accepted by the call handler when the Toolkit is followed - outcomes of No, Yes, Maybe, Escalate.
- IF the Toolkit conclusion is "Yes" and we accept a call as a police job, the whole of Devon and Cornwall Police is then legally committed to discharge our assumed duty of care.



Risk based
Behaviour A2/A3

Suicidal Ideation
Self Harm
Emotional Distress
Medical

Welfare checks

To partners with the right skills, training, expertise and experience doing this......





Department of Health & Social Care

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What RCRP is not about!

- Not about crimes in health & social care settings! Police breach of the peace, crime and article 2 & 3 duties (police) apply equally on hospital wards, in A&E, care homes, mental health care facilities, the back of ambulances, GP waiting rooms etc......
- Not a reason for police to avoid recording, investigating, or interviewing mentally ill
 patients when a crime is reported
 - Not a reason to get into debates with partners during an incident about what they should be doing police must carry out our policing duties and will apply thresholds to none-crime care incidents. It is a decision for partners whether they wish to get their own legal advice on their responsibilities and risk management policies.