

## Right Care Right Person (RCRP) Partners 10 Slide Briefing

Inspector Fergus Paterson – v. 08/11/23

# • What is Right Care Right Person

- 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.**

# • What are police duties?

- **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).**

- **Prevent and investigate crime** (including in health and social care settings and supporting victims in associated professions!)

## Operation Cavell

Working together to tackle violence and anti-social behaviour towards NHS Staff

**Devon and Cornwall Police are working to improve our responses to reports of violence and crime against NHS Staff.**



- 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.

## Right Care Right Person

### Phase 1

- Concern for Welfare (go live mid Jan 24)

**Autumn 2023**

### Phase 2

- Walk out of Health Care Facilities
- AWOL from a Mental Health Establishment

**Spring 2024**

### Phase 3

- Disengaging (1hr) from s136
- Voluntary Mental Health Patients

**Autumn 2024**

### Phase 4

- Transportation - non secure ambulance
- Transportation - secure ambulance

**Spring 2025**

- RCRP Phase 1 – Police Contact Centre Focused
  - 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.

# Right Care Right Person

**From police doing this  
non-crime work.....**



**CRISIS**





POLICE

Right Care Right Person

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

**NHS**



Department  
of Health &  
Social Care

Risk based  
Behaviour A2/A3

Suicidal Ideation  
Self Harm  
Emotional Distress  
Medical

Welfare checks



ASSOCIATION OF  
MENTAL HEALTH  
PROVIDERS



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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.