Merton Council
Health and Wellbeing Board
27 June 2023
Supplementary agenda

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Committee: Health and Wellbeing Board

Date: 27.06.23

Agenda item:

Wards: All

Subject: Right Care, Right Person.

Lead officer: John Morgan

Lead member: Councillor McCabe

Forward Plan reference number:

Contact officer: Jennifer Lewis-Anthony – Associate Director Mental Health

Graham Terry, Interim Assistant Director, Adult Social Care.

Recommendations:

1) The HWBB notes the contents of this report
2) The HWBB decide if it wishes to write a response to the letter from the Commissioner of the Metropolitan police, Sir Mark Rowley to call for a delay to the proposed introduction of the new model of policing, Right Care, Right Person (RCRP), set for August 2023, to allow time to work in partnership with Local Authorities, NHS England, and other stakeholders to introduce the RCRP model in a manageable and planned way.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides details of a letter from the Commissioner of the Metropolitan police, Sir Mark Rowley received on the 24th of May 2023 to outline a proposed new model, Right Care, Right Person (RCRP) being introduced by the police. The report highlights some key implications for Local Authorities, Health and other stakeholders.

2. BACKGROUND

2. The letter from Sir Mark Rowley (see appendix 1) was sent to London Local Authorities, Mental Health Trusts and professional bodies. It states the Metropolitan police's intention to introduce the model, Right Care, Right Person (RCRP) in London by 31.08.23.

2.1 The model was first used in Humberside in 2019 (see appendix 2) and Police report that it has proven hugely successful in improving outcomes, reducing demand on all services, and ensuring that the right care is being delivered by the right person. The issue giving rise to the initiative, is a concern, expressed by police for some years, that too much of their time, and resources is used on mental health related matters. They argue there is currently a failure, by Health and Social Care services to meet psychiatric need, as police officers are

involved in certain psychiatric crisis, where they are not appropriately qualified.

The other point being made, is the response fails Londoners, by taking large amounts of officer time away from preventing and solving crime. Police collected data highlights:

- Officers across all forces are spending just under one million hours a year with mental health patients in hospitals waiting for assessment.
- There is also a high volume of calls for support, when mental health patients, in health facilities voluntarily waiting for treatment, walk out before being seen, and are reported as missing.
- In London, from the point of detention (under Section 136 of the Mental Health Act1983(07) (MHA), Police wait time to transfer the patient into medical care takes on average 14.2 hours in A&E and 8.5 hours at a Health-Based Place of Safety.

3. DETAILS

The RCRP response model, began in Humberside where it was introduced in 4 stages carried out over a three-year period involving partners in ambulance, mental health, acute hospitals and social services.

The RCRP model in Humberside 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 and it was considered an imperative that: health and social care partners understood and appreciated the need for change to reduce demand on officers when 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).

The basis for the Police response followed legal advice, which suggested that the police do not generally owe a Duty of Care, under common law, to protect individuals from harm.
Police can owe duties under the Human Rights act 1988, to protect individuals from harm caused by others or harm caused by the person themself.

- A real and immediate risk to the life of a person (European Convention on Human Rights (ECHR), Article 2. Right to Life. For a duty to arise, under Article 2 the threat must be of death. A threat of injury, even serious, is not enough to create a duty.
- A duty may arise under Article 3, protection from inhumane or degrading treatment.

For both Articles 2 and 3, the threat or risk must be real and immediate. That means the threat must be present and continuing.

In the new system the Call Handler will be trained interpret ECHR, to identify from the information given, what level of police response is required i.e.:

- Police need to attend. – carry out system check
- Police may be required to attend, possibly with partners –carry out system check and refer for supervisor decision.
- 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.

Implications Requests to the police, that may be affected include:

- Welfare Checks, patients who leave Health facilities in an unplanned manner
- Police being asked to transport patients and waits to handover patients to Health Colleagues who are Voluntary or under Section 136 MHA in the Place of Safety.
- Requests for Police attendance to execute Warrants under section 135.
- Requests for police attendance at Mental Health Act assessment – (to prevent a Breach of the Peace) The Met Police letter is not specific in this regard.

4. ALTERNATIVE OPTIONS

All partner agencies are sympathetic to the police perspective and have expressed a willingness to work in partnership on the many concerns expressed in this report.

The Metropolitan Police are suggesting an unworkable timeframe for its introduction on the 31.8.23. RCRP was introduced over a three year period in Humberside and its research clearly identified that it requires partnership working to implement, which is yet to take place in London. The Metropolitan Police, appear to be unilaterally introducing the proposal.

In comparision, Humberside is a small and well-defined area with a population of less than a million people. London is a city of 32 boroughs, 9 mental health trusts and many A&E departments, with a population over 9 million people as well as those that commute to and visit the city everyday. The RCRP model, may be impacted by the context of London and the features that make it different to Humberside.

NHS England highlighted recent initiatives introduced, or in the pipeline, that should have a positive impact on these issues that the RCRP seeks to address and if working in partnership could complement it as follows:

1. Upcoming Improvements to the operational effectiveness of the dedicated 0300 number: which should be accessed by the Police, when considering detention under Section 136. Both NHS England and the local Mental Health Trust, report the current underuse of this service by the Police.

2. Upcoming launch of a dedicated centralised Section 136 (MHA) hub, which will provide timely expert advice, early intervention/diversion and coordination from senior clinical practitioners to frontline police officers

   The Mental Health Crisis Alternatives map provides frontline Police Officers access to crisis alternatives across the capital.

3. The Blue Light protocol which sets out how blue light services can access mental health advice before deciding to remove a person to a place of safety, has been refreshed setting out expected responsiveness timelines and roles and responsibilities of each agency.

4. A review of liaison & diversion provision across all metropolitan police custody suites in addition the Southwest London Integrated Care Board, are engaged in significant partnership work on these issues and the Southwest London St, Georges Mental Health Trust is responding by reviewing practice around police involvement in AWOL and Welfare checks. Current policies cover this and set out where police support may be required, but the Trust will be working through local interfaces with police colleagues to refresh training and remind staff of appropriate practice in these processes.

5. CONSULTATION UNDERTAKEN OR PROPOSED

Partner agencies and stakeholders are seeking engagement and an opportunity to develop a shared understanding and approach to Police involvement in Mental Health incidents, a focus on service protocols and joint ways of working to implement the RCRP model.

The London Adult Directors of Social Care in their response to Sir Mark Rowley's letter further point out the need for Consultation with Partners and point out that without plans and clearly understood protocols, this change of policy and the proposed timescale is likely to have an adverse impact on vulnerable people experiencing a mental health crisis. It also does not allow sufficient time for Local Authorities or NHS partners to learn the lessons from Humberside or put in place alternative arrangements.

Other partner agencies that have all sent similar responses to Sir Mark Rowley include the Approved Mental Health Practitioners (AMHP) Lead Networks for London and Nationally, The Directors of Social Services, NHS England and the Strategic Lead for the Health, Wellbeing & Care at London Councils.

Meanwhile, following the letter, there are anecdotal examples from AMHPs in neighbouring boroughs that requests for police presence at Mental Health Assessments, where there is known risk, are already being refused ahead of the new RCRP model being introduced. These examples are shared with the Police.

6. TIMETABLE

The Metropilitan Police intend to intorduce the new model of RCRP from the 31st August 2023.

7. FINANCIAL, RESOURCES AND PROPERTY IMPLICATIONS

Local Authorities and health teams will need to re-examine protocols for seeking police assistance for Welfare Checks. There may be financial implications especially where visits carried out by Health and Social Care teams need to be repeated and are outside office hours or at weekends.

It could require an increase in spending on Community Mental Health services, to reduce reliance on the police in times of acute crisis, and to build resilience in community services.

Acute General Hospitals may need to reallocate resources and perhaps make physical changes to their estate, to address people leaving Health facilities before being medically clear.

Police are sometimes asked to attend disturbance on Wards, likewise this will require alternative resources. There may be a role for additional Security Staff on Acute and Psychiatric Hospital sites.

Police withdrawing or reducing the time spent in A&E or in the Health Based Place of safety are likely to require new resources for an alternative,

8. LEGAL AND STATUTORY IMPLICATIONS

The police are being guided by legal advice that indicates where they have a Duty under Human Rights legislation. Police Call Handlers will use this to decide whether to deploy Officers.

Agencies tend to request Police presence, under the Police and Criminal Evidence Act (PACE), to Prevent a Breach of the Peace or Save life and Limb. The letter from the Metropolitan Police Commissioner does not refer to duties under PACE, which raises questions about their intentions in fulfilling these duties.

There is anecdotal information, of the Police refusing or querying the need to the attend a property, to executive a Warrant under Section 135, MHA. This a legal Duty. Warrants are granted by a Magistrates after considering evidence from an AMHP, about an individual not being under proper care and control. Refusing to respond to this Duty is a possible risk to Users, Carers and Professionals including AMHPs and Dr's involved in an assessment.

It is often it is the authority of the Police presence at a Mental Health Act Assessment that secures cooperation from the person being assessed. Their presence has at other times resulted in some people responding in a negative way. Overall the value, that police presence adds, is likely to be lost in the implementation of RCRP.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The current situation, following Sir Mark Rowley's letter is unclear for Partners and Police officers, on the ground. AMHP Leads from neighbouring boroughs reported that the police are already beginning to refuse to attend Mental Health Act Assessments even where there is a known history of significant risk, and the individual is living in an environment where he poses risk to others with Care and Support needs, which is a potential Breach of their Human Rights.

Also, whilst Police response might be consistent with interpretation of Article 2 and 3; it negates the fact that past risk is a good indication of future risk. So by adopting a

narrow view the possibility of Preventative work and averting serious incidents is reduced.

A. CRIME AND DISORDER IMPLICATIONS

B. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Risks and safety implications are included in the body of this report.

C. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

1) Letter from the Commissioner of the Metropolitan police, Sir Mark Rowley received on the 24th of May 2023

2) Right Care Right Person – Humberside Police

GLOSSARY

	Section under Mental Health Act	**Brief Explanation**
	MHA or MHA 83(07)	Mental Health Act 1983 (2007) amended
	AMHP	Approved Mental Health Act Professionals (AMHP)– Additionally and specially qualified, to undertake legal Duties under the Mental Health Act. In relation to assessment under the act.
	Right Care, Right Person (RCRP)	Police Initiative, proposed for London, where control receiving calls into the police will base response on new set of criteria**.**
	Section 135 warrant	135 (1) Police **power to remove a person from a dwelling** if it is considered a person has a mental disorder and that they may be in need of care and attention. With the agreement of the person, they can be assessed at the dwelling or removed to the place of safety for the assessment to take place there. 135 **(**2) warrant is to provide police officers the power of entry to private premises for the purpose of searching for or removing a patient who is liable to be taken and returned hospital or any other place of safety
	Section 136	If Police see a person in a place where the public has access, presenting as in need of 'care or control'. They can remove to a place of safety They cannot use in person's home. Or if in someone else's home. But places where it does apply have been expanded
	136 Suite	Designated area where those detained on Section 136 MHA 83, are taken by police and assessed by mental Health staff
	Health Based Place od Safety	Provision within in the hospital to assess those appearing to be in mental health crisis Following changes in the law in 2007, there was a steer away from Police Stations being seen as. Place of Safety. Health based facilities are the preferred destination
	AWOL	Absent With Out Leave. A detained patient who leaves a setting in an unplanned way would be said to be AWOL

D. BACKGROUND PAPERS

METROPOLITAN POLICE

Sir Mark Rowley QPM
Commissioner
New Scotland Yard
Victoria Embankment
London
SW1A 2JL

To: Health and Social Care Partners

24 May 2023

Dear Partners,

Right Care, Right Person

I am writing to follow up on Assistant Commissioner Matt Twist's input to the London Health Board chaired by the Mayor on 26th April 2023. I am hugely supportive of the proposals for the London Mental Health Concordat outlined by Sir Norman Lamb. This is a positive step and I welcome the intention and the vigour with which it is being progressed.

I have previously referenced the Right Care, Right Person (RCRP) model that started in Humberside. It has proven hugely successful in improving outcomes, reducing demand on all services, and most importantly ensuring that the right care is being delivered by the right person. I am grateful to colleagues in the College of Policing, the National Police Chiefs' Council (NPCC) and health services who have been working to create a National Partnership Agreement, which will be signed off shortly. You will have seen the recent public support from the Home Secretary and the Health Secretary for implementing the RCRP model nationally.

Impact on Londoners

It is important to stress the urgency of needing to implement RCRP in London. Every day that we permit the status quo to remain, we are collectively failing patients and are not setting officers up to succeed. In fact, we are failing Londoners twice. We are failing them first by sending police officers, not medical professionals, to those in mental health crisis, and expecting them to do their best in circumstances where they are not the right people to be dealing with the patient. We are failing Londoners a second time by taking large amounts of officer time away from preventing and solving crime as well as dealing properly with victims, in order to fill gaps for others.

Based on national findings from the recent NPCC Productivity Review, we know police officers across all forces are spending just under one million hours a year with mental health patients in hospitals waiting for assessment. This time could have been spent conducting the initial attendance at 500,000 domestic abuse incidents or 600,000 burglaries.

In London, from the point of detention it takes on average 14.2 hours in A&E and 8.5 hours at a health-based place of safety for police to hand the patient into medical care. There were 573 Section 136 detentions in March and many more Section 135 cases, as well as calls for support when mental health patients who are voluntarily waiting for treatment walk out and are then reported missing. This accounts for well over ten thousand hours of officer time a month spent dealing with what is principally a health matter.

To illustrate further the pressing need for reform, on April 28/29th the Met received the highest number of 999 calls we have ever taken (9,292 calls). Only 30% of these calls were classed as crime related, further demonstrating the need to divert people to other services to ensure they get the right care and outcome to their issue. In this context, the extent to which we are collectively failing Londoners and inappropriately placing demand on policing is very stark.

METROPOLITAN POLICE

Next steps

I have asked my team that the Met introduce RCRP this summer, and withdraw from health related calls by no later than 31 August. I appreciate this may be challenging but, for the reasons I have set out above, the status quo is untenable.

We, alongside NPCC colleagues, have been meeting with many of you over the course of this year to discuss mental health and RCRP. However, I am clear that we must now collectively come together to focus on how we will implement RCRP and deliver the changes necessary to better serve Londoners. As such, I have asked Assistant Commissioner Matt Twist to establish a new RCRP External Partner Delivery group where we update and discuss on our plans to implement RCRP. We will be in touch regarding a specific date for the first meeting, but I would ask that you come to that first meeting able to discuss how your organisation will be ready to respond to RCRP by 31 August.

My urgency does not speak to a lack of compassion for those in mental health crisis, quite the opposite. Given the consensus around the new Mental Health Concordat, I am sure we share the same goal: for Londoners to receive an effective and compassionate response by the right professional at the right time. I look forward to working with you to achieve this.

yours,

Sir Mark Rowley QPM
Commissioner

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