DORSET POLICE & CRIME PANEL – 9 OCTOBER 2024

RIGHT CARE, RIGHT PERSON

REPORT BY THE DIRECTOR OF OPERATIONS

PURPOSE

This paper provides an update on the work to implement the Right Care Right Person initiative within Dorset Police. This paper also seeks to address the following five Key Lines of Enquiry as provided by the Dorset Police and Crime Panel:

I. *What are the boundaries and criteria for police response to be withdrawn from incidents with a mental health element? For instance, if a person is presenting a danger to themselves and the public after a mental health episode, who is expected to attend?*

II. *What ground work has been done with Local Authority Mental Health leads and agencies in order to prepare? What collaboration has been happening between Dorset Police and partners? How will the PCC ensure that the force works with partners to ensure that there is no care/enforcement gap for incidents when there is a mental health element to them? Is there more that needs to be done?*

III. *Given the lack of funding around mental health, is there a budget for filling any resource gap for these incidents and who will fund it?*

IV. *What has the PCC learnt from other forces experiences and how will this impact on Dorset's strategic direction? Where is Dorset Police at in terms of roll out, and what is the likely duration for the various phases of care.*

V. *What does the PCC believe to be the most significant challenges, and how does he intend to address these (either in his own right, or working with partners)?*

1. INTRODUCTION

1.1. It is well recognised that when people are in mental health crisis, they require swift support that meets their needs. At times, this may entail the police. For instance, should that mental health crisis involve an immediate risk of serious harm or to life, or if a crime is involved.

1.2. In recent years it is become increasingly apparent that the police service is regularly involved in cases in which they are not the most appropriate agency and, having become involved, the police are often not able to handover care to an appropriate agency as quickly as would be desired. Naturally, this situation means that many people in mental health crisis have a suboptimal experience – it also impacts upon the police service's ability to undertake other key responsibilities. This situation is experienced in Dorset, as it is elsewhere, with concerns raised nationally that the police are working beyond their duty, as highlighted within the 2023 HMICFRS 'Picking Up The Pieces' report.

1.3. A national approach has been developed to address this issue: Right Care, Right Person (RCRP). RCRP aims for police forces to work with partners, including local authorities, NHS trusts, and mental health agencies, to improve care pathways to ensure that people receive the right support from the right organisation at the earliest opportunity.

1.4. The RCRP programme has already been rolled out in other force areas across the UK, following the signing of a National Partnership Agreement in July 2023. Dorset Police is working to implement RCRP via a four-phase approach. This paper seeks to provide detail about the ongoing roll-out in Dorset, the PCC's scrutiny of this work, and to address the Panel's aforementioned Key Lines of Enquiry.

2. BACKGROUND

2.1. Questions concerning police involvement with mental health incidents are nothing new. Indeed, a 2019 snapshot exercise, as outlined in the National Police Chiefs' Council (NPCC) Mental Health Strategy, determined that 5.1% of all police recorded incidents were mental health related, translating to the police attending an average of 54 mental health related incidents every hour[1]. Although this exercise has not been repeated since, it is known that in Dorset in 2023/24 there were 8,254 incidents relating to people with mental health issues[2].

2.2. As Panel members will be aware, there is clear evidence that the demands of mental ill health are growing over time in the UK. NHS data shows that the number of people in contact with secondary mental health services has increased from 1.3 million people in July 2019 to more than 1.9 million people in July 2024. An increase of 46% over the 5-year period[3]. In Dorset, this figure has increased from 15,840 to 19,415 – an increase of 23%[4].

2.3. In addition to those 'known' contacts with secondary mental health services, the NHS' Mental Health of Children and Young People survey can be used to understand long term trends in mental health. The survey is described by the NHS as the best source of data on trends in child mental health, as it utilises the same cohort of children and young people on each occasion. According to this survey, there has been an increase in the number of young people with a probable mental disorder from 1 in 8[5] in 2017 to 1 in 5[6] in 2023. An increase in mental health issues among young people is an important metric since 50% of lifetime mental health problems are established by age 14 and, 75% by age 24[7].This increase is therefore indicative of a probable longer-term increase in mental health issues among the adult population.

2.4. Prior to commencing the RCRP programme, the Force's data showed that 'concern for safety' was the highest recorded incident type, as well as the most attended incident type – with 31,013 concern for safety incidents logged between November 2022 and October 2023. The Force deployed to over 40% of such incidents, with the top deployment locations being the Royal Bournemouth General Hospital, Poole Hospital, Dorset County Hospital and St Ann's.

2.5. In terms of Section 136 detentions under the Mental Health Act (see definition at 3.10 of this document), this represented between 3 and 5% of all mental health tagged incidents. Between September and November 2023 an average of more than 215

[1] National Police Chiefs Council, Mental Health & Policing Strategy 2022-2025 NPCC Mental health strategy p8.
[2] Introduction to Dorset Police 2024, Information Pack Demand on policing in Dorset | Dorset Police 2024 | Dorset Police p12
[3] Mental Health Services Monthly Statistics Dashboard, 4. People in contact with services Microsoft Power BI
[4] Mental Health Services Monthly Statistics Dashboard, 16. CCG/Sub ICB breakdown Microsoft Power BI
[5] Mental Health of Children and Young People in England, 2017 [PAS] - NHS England Digital
[6] Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital
[7] Mental health JSNA 2022 full report FINAL.pdf (brighton-hove.gov.uk)

hours of officer time was spent awaiting handover of mental health detainees each month.

2.6. Similar findings are present across policing and, ultimately, gave rise to the RCRP initiative, which was first piloted by Humberside Police. Humberside Police was concerned that by attending so many incidents relating to concern for welfare, mental ill health and missing people, that suitable interventions were not being provided to vulnerable members of the public and, also, that attendance was potentially putting the public and officers at more risk. For instance, listening directly to individuals who have experienced mental health crisis, it is known that police intervention can sometimes have a detrimental effect on patients who can feel they are being criminalised because of their health or social care issues.

2.7. Legal advice was sought to understand where the duty of care responsibilities lie – this advice was used as the basis to support the RCRP initiative. In summary, the legal duties to act arise on the police in the following general circumstances: where these is a real and immediate threat to life; a real and immediate threat of serious harm/torture/inhumane conduct; common law duties of care; and specific statutory duties relating to issues such as arrest, detention, and restraint.

2.8. The Humberside model led to hundreds of fewer police deployments per month and tens of thousands of hours of officer time being saved. The model was recognised as good practice by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and the programme has already been rolled out in other force areas across the UK, following the signing of the National Partnership Agreement last year.

2.9. The National Partnership Agreement – signed by the then Minister of State for Crime, Policing and Fire, the Parliamentary Under Secretary of State for Mental Health, the NPCC and Association of PCCs Mental Health Leads, the NHS England National Mental Health Director and the Chief Executive of the College of Policing – sets out a national commitment to work to end the "inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs". The approach described in the Agreement provides a framework "for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health needs" and provides detail on the local partnership work required to implement RCRP.

2.10. To support local implementation of RCRP, the NPCC and College of Policing developed a toolkit, covering topics including decision-making in relation to the threshold for police response, working in partnership, training, and monitoring. Alongside this, NHS England are co-producing guidance with experts and those with lived experience of mental health problems, on how to strengthen mental health work undertaken by multi-agency partners.

2.11. In adopting RCRP, the Force has set out and agreed the following six principles:

- Members of the public have the right to receive the right care from the right agency;
- The police should concentrate on core policing duties[8];
- Understanding the police's legal duty to attend;
- Listening to feedback from staff;
- Working in partnership; and
- Ensure staff are properly trained and supported to make the right decisions.

[8] The core purpose of policing in the UK is: preventing and detecting crime; keeping the King's peace; protecting life and property.

2.12. Since deciding to proceed with RCRP, the Force has been working closely with health and social care partners prior to the launch to ensure they have had time to make the necessary changes to their service provision and ensure that implementation plans and processes have been created.

2.13. It must be stressed that RCRP only applies to non-violent, low-risk calls, as defined by policy. The Force assesses every request for threat, harm, risk, and vulnerability and every RCRP applicable call to the police control room is assessed using the RCRP decision making toolkit. The point of RCRP is that the appropriate agency deals with calls and if there is violence or a risk to public safety, that agency will be Dorset Police. It should additionally be noted that the Force has established an operation to support healthcare workers and increase prosecutions of violent offenders.

2.14. If a call is received that does not meet the threshold for police attendance, the caller will be advised and signposted to the most appropriate agency or action. If the caller or agency disagree with that decision, that can be challenged. Should that happen, the call taker will escalate the matter and speak to the Force Command Centre supervisor who will review the circumstances. Further escalation is possible via the procedures that have been circulated to partner agencies.

Examples of Calls for Service in which Police are not Appropriate Agency

Case Study A: Dorset Police are contacted at 4pm by a social worker, who states that a safeguarding concern has been raised by the fire and rescue service. There are concerns about a 79-year-old man's ability to care for himself.

The social worker has spoken with the man on the phone but has not been able to arrange a face-to-face meeting with him. Dorset Police are asked to carry out a welfare check on the man and email the result to the social worker is due to finish for the day at 5pm.

Case Study B: A patient has been granted leave in the morning and was expected to return by 1.30pm. Having failed to return, the hospital has called the patient who has told them that he is now in the pub. Staff state that they are not insured to collect him from the pub and so report him to the police as a missing person.

Case Study C: Dorset Police are contacted by a children's charity in relation to the welfare of children in the Weymouth area. An email to the charity has alleged that the children are being left unsupervised, that they have poor hygiene and poor dental hygiene and that they are living on takeaways. The person contacting them also suggests that the mother has addiction issues. Police are requested to carry out a welfare check on the children.

3. Progress to Date

Governance

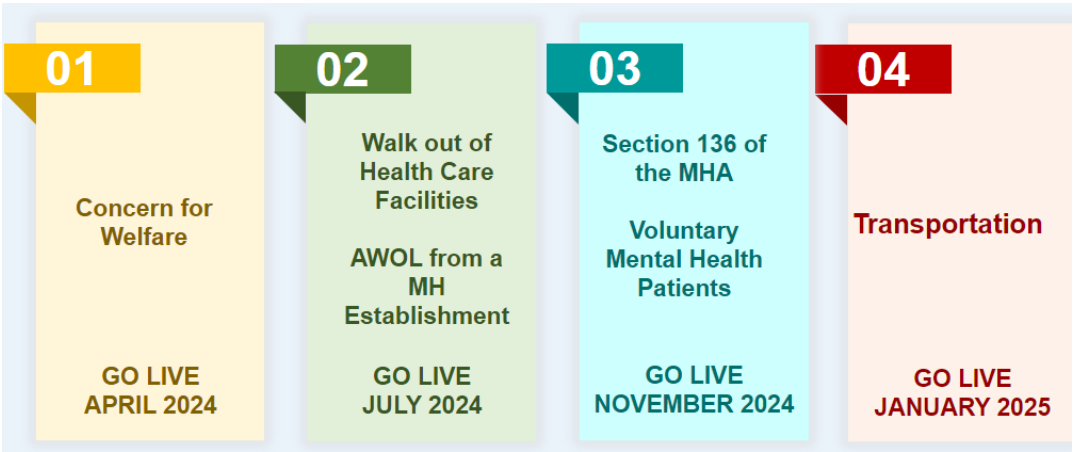
3.1. The governance relating to RCRP has been developed in line with best practice – recognising that a strategic partnership approach is required and that regular, candid, reviews must be undertaken post implementation. To this end, the delivery structure is underpinned by key strategic partnerships, including the Integrated Care Board, a System Executive Group – chaired by an Assistant Chief Constable and comprising senior leaders in all relevant agencies – and a Steering Group. A RCRP Operational Project Board is supported by a variety of sub-groups and meetings. For each phase,

post go-live, regular review group meetings are established to assess the impact of the changes.

3.2. The PCC is represented by the Director of Operations at the RCRP Operational Project Board, with issues escalated as required to both the Continuous Improvement Board (attended by the OPCC Chief Executive and Director of Operations) and the Joint Leadership Board. The OPCC is fully sighted on the delivery and training plans, project updates and performance data as a result of these arrangements.

Phased Implementation

3.3. Dorset Police has opted to implement RCRP via a four-phase approach, as set out in the following diagram.



3.4. The first phase, relating to concern for welfare calls, went live on 22 April 2024. This relates to the calls that officers are asked to attend because another agency cannot, even though the officers do not have the right training to be able to provide the specialist expertise and support people really need. In these circumstances, partners in health or social care are best placed to offer help and support to people in crisis.

3.5. Following go live, daily partnership meetings were held for a fortnight to assess the impact of these changes – no incidents were raised through the escalation process.

3.6. The second phase relates to those incidents when someone has walked out of a health care setting, such as from a mental health establishment or emergency department, and the police are called to locate them. This phase went live on 1 July 2024.

3.7. Under RCRP, the partnership agreement is that Dorset Police should not be routinely called to locate patients who leave unexpectedly from the emergency department of acute hospitals and mental health patients should not be routinely reported to the police, unless there is a real and immediate risk to life. The RCRP agreement also sets out that mental health patients who have left a mental health establishment or not returned to a mental health establishment should not be reported to the police as a matter of routine.

3.8. Again, the overarching aim of this agreement is to ensure the public are seen by the service that they are engaged with; continuity is maintained and the person conducting the check is able to meet their care needs. For mental health patients, this ensures the relationship between the patient and provider is maintained and ongoing care and support is not compromised by unnecessary intervention by the officers. Dorset Police is adopting the National Missing Person Framework in relation to RCRP, which details clearly when police intervention in these scenarios is appropriate, as set out below:

- If a patient has left a hospital or care setting and there is critical concern for the patient's or public's safety, this is to be classed as a missing person and a police response is required. In such a scenario it is likely that the individual will be classed as a high-risk missing person. When the level of critical concern is reached all agencies share a responsibility under Article 2 and Article 3[9] of the Human Rights Act 1998 to work together.

- If the threshold of critical concern is not reached, it is the responsibility of the hospital to arrange to have the home address checked as part of its legal duty of care. In this scenario, the police do not need to be informed and should not take on this task.

3.9. Following go live, the Force has again ensured that daily partnership meetings are held to assess the impact of these changes.

3.10. Phase 3, Section 136 of the Mental Health Act and Voluntary Mental Health Patients, is due to go live in November 2024. While this work is ongoing at the time of writing, the general principle is that Section 136 of the Mental Health Act should only be used as a last resort when all other options have been considered. Before a police officer uses this power there is a legal requirement for them to consult with a mental health professional.

Section 136 of the Mental Health Act

The RCRP threshold is used to determine whether the police are the appropriate agency to respond at the point at which the public or other professionals report a mental health-related incident. It is, though, important to distinguish the RCRP approach from the police's powers under the Mental Health Act 1983. While the decision to attend an incident is determined via assessment of the RCRP threshold, the decision to use police powers, is made by an officer at the scene of an incident.

Section 136 is the part of the Act that gives the police powers to take an individual to a 'place of safety' if they think a person in a public place has a mental disorder and needs immediate "care or control".

[9] Right to life and Prohibition of Torture – Human Rights Act 1998 (legislation.gov.uk)

Under the legislation a place of safety might include the home of the individual or that of someone they know, or a healthcare setting. A police station can only be used as a place of safety if a person's behaviour poses an imminent risk of serious injury or death to the individual or another person – and must not used for anyone under the age of 18. Since the Crisis Care Concordat came into place in 2014 and new rules came into effect in 2017[10], there has been a significant reduction in the use of police custody as a place of safety.

Before the police use their emergency powers they must seek the advice of a health professional, such as a registered medical practitioner, a registered nurse, approved mental health practitioner, occupational therapist or paramedic.

3.11. One of the aims of this phase is that police handovers at health-based places of safety (HBPoS) should happen within an hour and officers should only be expected to stay with the detainee in exceptional circumstances – for instance, where the detainee is violent. This arrangement removes the police from the situation as quickly as possible as it is understood that those experiencing a mental health crisis often feel additionally traumatised when police need to intervene to keep them safe.

3.12. In Dorset the process that has been developed with partners is that officers should first seek mental health professional advice by utilising the Connection service. Connection is an NHS round-the-clock helpline for people of all ages, anywhere in Dorset, who are experiencing mental health problems and need support. It is run by Dorset Healthcare.

3.13. The Connection staff are experienced clinicians who can support officers in considering the possible options, using their clinical expertise and the records available to them. The options that they provide may include seeking alternative mental health support at the Retreat or a Community Front Room, direct telephone support to the person concerned, follow up face to face assessment with Connection or another NHS mental health service, and consideration for the use of a HBPoS under Section 136. The team are co-located at St Ann's Hospital with the Clinical Site Managers (CSMs), and so if police decide to use powers under Section 136, they can liaise with CSMs on the use of the HBPoS on site.

3.14. The mental health professional will discuss the case with the officer and may also speak to the patient concerned. A record of the advice will be logged on official systems and there will be a recording of the conversation.

3.15. The fourth and final phase of the RCRP rollout in Dorset aims to ensure that transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances.

3.16. The aim of this phase is to ensure, that wherever possible, the care and dignity of the person is maintained by not using police vehicles, which can add considerably to their stress and discomfort. It is anticipated this phase will go live in January 2025.

4. EFFECTIVENESS

4.1. Naturally, with two phases of RCRP yet to be implemented, the full effects cannot be determined. However, there is clear evidence that the new working practices are embedding well and that superior outcomes are being delivered.

[10] New rules restricting the use of police cells as places of safety come into effect - GOV.UK (www.gov.uk)

4.2. Although there is a natural link that can be draw between RCRP and police calls for service, the data following the implementation of phase one supports the view that the chief focus was on individuals receiving the best care, not driving down demand. Prior to go live, the Force deployment rates to concern for welfare incidents was between 40 and 45% - during the first seven days after go live, the deployment rate was 40.15 per cent.

Examples of RCRP in action following Phase One implementation

Case study A: A 999 call was received from a social worker reporting concerns about the welfare of four children living at an address. They had received third party information that the children weren't being looked after. Social services stated that they were unable to carry out a check themselves as they had previously been refused entry. The social worker said they were due to leave work for the evening and asked for the out-of-hours team to be updated with the result overnight.

Using the RCRP tool kit, the Force established that there wasn't an immediate risk and that a multi-agency response would be best for the children concerned. The matter was referred to social services and Dorset Police offered to support a social worker if they intended to visit. Social services declined the offer of police support, and the matter was taken to a multi-agency strategy meeting the following morning. This outcome ensured that the correct professionals evaluated the available information and worked together in a trauma informed way rather than sending police patrol officers overnight.

Case study B: A call was received from a family intervention worker who had been allocated a new family the previous week. The caller requested for officers to carry out a welfare check as out-of-hours social services said they had no capacity to do it.

The RCRP tool kit was used and it established that there was not a requirement for police officers to deploy immediately and the matter was referred to social services to arrange a multi-agency approach.

Case study C: The Force received an email from an adult social care employee just before 8pm, stating they had been trying to contact their client with no success. It was reported the person had missed a GP appointment during the previous month and so it was requested that officers carry out an urgent welfare visit. The RCRP tool kit was used, and it was established that the police threshold for attendance had not been met and the welfare check was referred back to the requesting organisation.

4.3. Nevertheless, it is also true that the Force does expect that there will be fewer deployments because of these changes. Indeed, the Force has forecast that by implementing the first two phases Dorset Police may save as much as 2500 officer hours across a 12-month period.

5. PCC SCRUTINY

5.1. The PCC is clear that those experiencing a mental health crisis should receive support from the appropriate agency and has made a commitment to support the RCRP initiative within the refreshed Police and Crime Plan. Equally, the Plan contains a priority to Make Every Penny Count for Dorset and includes a specific commitment to ensure the Force plays its role in emerging national work to further drive efficiency and productivity within policing. RCRP is very much an example of national work that meets this criteria.

5.2. As outlined at sections 3.1 and 3.2, the PCC and his Office attend relevant Force boards so that progress can be understood and monitored. Project updates and overall

performance are examined at these boards and key updates are provided to the Joint Leadership Board for further discussion and scrutiny as needed.

5.3. It is clear to the PCC, as it has been to Dorset Police, that the roll-out of RCRP needs to be carefully undertaken alongside partner agencies to ensure that there is time to transition to the new arrangements. Indeed, the PCC is acutely aware of the concern raised by the Local Government Association in July 2023[11] that police forces might introduce RCRP without having agreed a process with local partners and understood the subsequent implications. This is a key piece of learning from other areas and has directly influenced the phased approach period by Dorset Police.

5.4. Although RCRP practice will, rightly, be reviewed by practitioners, the PCC will also continue to have insight on the quality of service being provided. For instance, the PCC's Use of Police Powers and Standards scrutiny panel periodically considers cases and data that involves police attendance relating to mental ill health, both from a use of force and public contact perspective. This includes the viewing of relevant Body Worn Video footage. Further scrutiny also occurs due to the PCC being the review body for most Dorset Police complaints. Alongside Force and partnership performance updates, these processes will help the PCC to understand the impact of the changes in Dorset.

6. NEXT STEPS AND CHALLENGES

6.1. Dorset Police is working to ensure that RCRP is delivered in partnership in Dorset and is on track to implement the four-phase approach by early 2025. Naturally, each stage will be kept under review, but the current indications are that the roll-out is progressing successfully.

6.2. As with all complex change, it is to be expected that some processes may take some time to be made as effective and efficient as possible and – no doubt – as the RCRP is implemented nationally, it is likely that the training and best practice will evolve according. This, again, will need to be kept under review.

6.3. It is also possible that funding issues within the health and social services sectors may from time-to-time impact upon the service being provided to those suffering mental health crisis. The PCC, however, is clear that Dorset Police must focus on core policing duties and that the comparatively modest resources available to the Force and OPCC should not be used to address service gaps that fall outside of his remit. That said, he unambiguously supports the need for effective treatment to be provided and will continue to make the case for more investment in prevention and diversion activity.

6.4. The PCC and his Office will continue to monitor the implementation of RCRP and will update to the Panel as key milestones are met.

7. RECOMMENDATION

7.1. Members are asked to note the report.

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[11] Right Care, Right Person: Policing and mental health and welfare checks | Local Government Association