

## **Right Care, Right Person (RCRP) Frequently Asked Questions: November 2023**

### **How are we ensuring that people in a mental health crisis are safe, and able to access the help they need?**

The NHS and the Metropolitan Police Service (MPS) will continue to work together to ensure the safety of anyone who is experiencing a mental health crisis. When someone is experiencing a mental health crisis, they need to be supported by mental health specialists at the earliest opportunity, that is the outcome that we will continue to strive for together as we begin to implement Right Care, Right Person. This could be via accessing local crisis cafes, accessing a known patients Community Mental Health Team, contacting 111 or in an emergency calling 999.

### **If a frontline worker is at risk of harm or is in danger, will they still be able to get the help they need from the MPS?**

The MPS has a duty to protect both our communities and frontline colleagues in health and social care. If you, your colleague, or the public, are in danger the police will continue to attend.

### **If a health professional contacts the police because they are concerned about someone with suicidal thoughts who they have been unable to contact or who has walked out of a healthcare setting what will happen?**

Suicidal ideation is a complex and sensitive area – each case will be considered on an individual basis by the police call handlers. Call handlers will consider the background information presented to them by the health partners to decide whether this represents a real and immediate risk to life . Where there is real and immediate risk to life or harm the MPS will respond to the call. It is important that when calling for police assistance to clearly state all known risk factors in relation to the case to help police colleagues to reach the right decision.

### **What happens if someone attends an ED and leaves while still undergoing treatment, will the police still attend?**

The police will attend where there is a risk to a person of serious harm. For instance, when a person has expressed an immediate intention to take their life, if they're suffering from additional vulnerabilities such as dementia, or if staff believe that they may have been a victim of a crime such as domestic abuse.

It is important that when calling for police assistance to clearly state all known risk factors in relation to the case to help police colleagues reach the right decision.

### **What happens where a person has walked out from a health care setting, has abandoned medical care or treatment or is Absent Without Lead (AWOL) from a mental health settings?**

NHS colleagues in London have been working on a joint mental health AWOL policy that will set out the expectations of NHS staff in finding someone who has gone AWOL.

If staff have searched the facilities and grounds and have been unable to locate them, contacted known friends/family/carers and they believe that there is a significant risk of harm to that individual then the police will continue to attend.

Additionally, if a patient is detained under part three of the Mental Health Act (s37/41) who is living in a mental health setting leaves and cannot be found the police should be called. The Police will always respond when the patient is subject to Part 111 Mental Health Act 1983

### **Will the Police continue to transport patients to a Health Based Place of Safety (HBPoS)?**

The police should contact the Mental Health Clinical Advice Line (S136 Hub) prior to detaining someone under s136 of the Mental Health Act. If the advice is to detain an individual, the MHCAL will support the police to identify capacity at a HBPoS and contact the London Ambulance Service (LAS) to transport the person to a HBPoS.

If the ambulance service is not able to attend for a significant amount of time, and that delay would be detrimental to the person's health or create a risk to someone present the police will transport an individual.

### **Will the police wait with a patient if a health professional is not available at a HBPoS within an hour?**

On arrival at a HBPoS Police must remain with the person detained under the Mental Health Act, until HBPoS staff have accepted responsibility for the individual and there has been a handover between the Police and the person who is responsible for keeping the patient safe pending the MHA assessment (this should be the s136 coordinator or nominated staff member).

We know that this is in the patient's best interest, and we're committed to avoid delays, however where it is not possible to complete the handover as quickly as we would like the police do have a legal responsibility to stay with the patient.

### **Will the Police wait with a patient in an Emergency Department with someone who is detained under s136 of the Mental Health Act?**

Patient handover to an emergency department must be to the ED clinical lead or nominated staff member. However, police are not expected to remain with the patient while they wait for a mental health assessment if the ED clinical lead or nominated staff member is able to safely take responsibility for the patient.

We know that this is in the patient's best interest, and we're committed to avoid delays, however where it is not possible to complete the handover as quickly as we would like the police do have a legal responsibility to stay with the patient.

### **What is the pilot Mental Health Clinical Advice line (s136 hub) service and how will it help people in London?**

From November 1, a new 24-hour Mental Health Clinical Advice Line, dedicated for police officers and supported by £1.1 million in investment, offers immediate guidance and support when the police respond to a situation involving someone experiencing a mental health crisis.

Police officers will be guided on the best option to support individuals, including contacting friends or family or accessing local crisis alternatives such as crisis cafes. This is expected

to reduce the number of individuals placed on a S136 order. Previously calls to 0300 number calls were routed to the local Mental Health Trusts crisis lines, however now all calls to the 0300 number will be managed by a centralised dedicated service for the capital.

**Will some communities be more affected by Right Care, Right Person?**

Police involvement may sometimes lead to worse outcomes, especially for our Black communities, which is why the NHS is committed to working with them to ensure the right people can offer the best advice and treatment if someone is experiencing a mental health crisis.

**Will children and young people be included in the roll out of RCRP?**

Yes, calls which relate to children and young people will be included in the new approach, however, the police recognise that younger patients may have specific vulnerabilities, and this will be carefully considered as part of the decision as to whether the police should be deployed.

It is important that when calling for police assistance to clearly state all known risk factors in relation to the case to help police colleagues reach the right decision.

**If someone disagrees with a decision made by a call-handler what steps can they take?** Initially the health staff member should ask to speak to the supervisor in the Met CC call handling centre. The supervisor will immediately review the decision and either uphold or overturn it. If the original decision is upheld by the Met CC supervisor and the health staff member still feels this decision is incorrect they should escalate this to their supervisor or senior manager. It is important for health colleagues to clearly convey the need for police involvement.

Additionally, during November twice daily calls will be held with the Met Police to discuss any trends or themes which are emerging during implementation.

## **Annex - Contextual Information**

### **What changes will the police be making on Nov 1 as part of RCRP?**

On November 1 police call handlers will introduce a new approach to respond to requests for support in relation to health matters. As part of that approach call handlers now check to see whether a Police response is required or whether the person's needs may be better met by a health or care professional.

Some key processes currently managed between the Police and healthcare partners will also change to reflect this emphasis including:

1. When a patient is Absent Without Leave (AWOL) from a health facility
2. When a person walks out of an Emergency Departments ("Accident and Emergency").
3. Welfare Checks
4. Health Based Place of Safety (S136) handovers
5. Transportation of people who are detained under the Mental Health Act.

### **Why was RCRP introduced?**

Right Care, Right Person is an approach which aims to ensure that the right professional sees individuals with mental health and/or broader health and social care needs.

At the centre of the Right Care, Right Person approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents. This threshold was introduced to ensure that people's needs are always met by the most appropriate agency. For the Metropolitan Police Service (MPS), this threshold will reduce the amount of time that police officers spend dealing with health incidents which has an impact on the availability of their resources.

NHS data shows that due to growing pressures over the past five years the number of people experiencing a mental health crisis who need to be taken to a place of safety by police to get immediate help, known as a section 136, has been rising steadily. London sees double the number of people under a S136 that are taken to emergency departments as first place of safety, when compared to the rest of England.

Partners across the capital agree that the Right Care, Right Person approach, along with the launch of the s136 advice hub (mental health clinical assessment line) which was launched on 30<sup>th</sup> October, are great opportunities to ensure that people experiencing mental health crisis can access the most appropriate support.

### ***Statistics shared by the Metropolitan Police Service (MPS) setting out the case for change***

During March 2023, the MPS detained 573 people under Section 136 of the Mental Health Act and many more under Section 135, the two most used powers of detention where there are concerns that someone poses a risk to themselves or others.

In London, it takes on average 14.2 hours in an [Emergency Department](#) and 8.5 hours at a health-based place of safety from the police arriving with a patient to medical staff taking over their care.

Additional statistics cited by the police suggest that 78% of people detained under section 136 will go on to be discharged home following assessment, leading them to suggest that mental health is being over-policed in London.

### **When will police still attend a mental health-related incident?**

The threshold for a police response to any incident reported to the MPS will be:

- to investigate a crime that has occurred or is occurring; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

### **How did the NHS in London prepare for RCRP implementation?**

Over the last five months we have been working with healthcare providers and the MPS to understand the changes that are being implemented and ensure that we continue to ensure that the people of London receive the care that they need.

Our teams have met several times a month and have worked together to prepare for the launch of RCRP, but we accept that this joint work will need to continue over the coming weeks and months as we observe and react to the changes and opportunities that RCRP has brought to the way we work.

In the run up to rolling out RCRP we've made sure that we have clearly communicated the changes and requirements to acute and mental health providers in the following areas:

- Welfare checks
- Inpatients who leave healthcare facilities (AWOLs)
- Patients who have walked out of Emergency Departments before they have been treated.

### **How does RCRP work in the broader context of work that partners are doing?**

In July organisations across London signed the '[mental health crisis care concordat](#)' – which aims to provide better access, experience and outcomes for people using mental health services in London.

The agreement, between health organisations and London Councils as well as the Metropolitan Police and the London Mayor's office, outlines a vision that all Londoners experiencing a mental health crisis, have equal access to timely help which is best suited to their needs.

It has been developed with 'experts by experience', Black, Asian and minority ethnic communities, carers, the police and voluntary sector organisations. It sets out a path for keeping people safe, free from harm and able to access the care they need in the right place at the right time.

This includes:

- Preventing mental health crises by supporting people to live well in their communities;
- Ensuring access to timely and appropriate crisis support for those who need it; with the launch of the s136 service, a centralised hub where officers can access patient crisis care plans to ensure that they are directed to the service in which they are already being treated, or they can be sign-posted to the nearest available mental health crisis suite where a team of clinicians can support them to get the help they need.
- Building on the success of the mental health joint response cars, which have been operating seven days a week across the capital for two years; London Ambulance Trust is currently focussing on purchasing more vehicles which will be introduced in the capital in Spring 2024
- Introducing NHS 111 First for Mental Health, which will be launched nationally in April 2024, and will provide support for people experiencing a mental health crisis and ensure people have help to access the best care for them.

### **What impact will these changes have on the NHS?**

Teams across local councils, NHS London and the MPS are working hard to understand and mitigate the impact that these changes may have.

As part of those mitigations two areas have been identified which will need time to bed in:

- ***Patient transport to a Health Based Place of Safety:*** ideally this will be undertaken by mental health professionals from the Ambulance Service – however, police will continue to transport patients if no vehicle or personnel are available for an extended amount of time, and the person may be at risk if they are not transported.
- ***One-hour S136 patient handovers at a HBPOS/ Place of Safety (POS):*** The NHS in London support the MPS ambition for one-hour patient handover targets and is committed to doing all they can to ensure that a patient is accepted by a healthcare professional. However, this may not always be possible, and it is the legal responsibility of the police to remain with the person until the handover is made

### **Will the launch of RCRP put additional pressure on the NHS?**

Health services are already experiencing unprecedented levels of demands in the capital in line with the rest of the England. For example, across the country mental health referrals are up nearly 40 per cent on pre-pandemic levels and London has seen huge shifts in the number of people needing help to support their mental health. Post-pandemic, people waiting to be seen following a referral into community health services in the capital has risen by 131 per cent, and mental health beds are now occupied at 99 per cent.

Through the Joint Mental Health and Policing Group (JMHPG) and the daily MPS pace setter (“GRIP”) calls we will continually review impact data and work with partners to ensure that Londoners receive the care they should.