

Performance and Resources Scrutiny Programme 2024

Report to: the Office of the Police, Fire and Crime Commissioner for Essex

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Author on behalf of Chief Officer:	T/DCI 76446 James Gray
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COG meeting date / date of approval (Please indicate whether paper presented to COG or not)	COG – 7th February 2024

1.0 **Purpose of Report**

This report aims to provide an update with regards to the delivery of Right Care, Right Person (RCRP) across Essex.

2.0 **Recommendations**

No recommendations, this report is for the board to note.

3.0 **Executive Summary**

This paper provides updates on the delivery of RCRP including the partnership engagement and the work ongoing to embed the RCRP principles within Essex.

4.0 **Introduction/Background**

Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

To support this the Department of Health and Social Care, NHS England, the Home Office, and the National Police Chiefs' Council (NPCC) have developed a National Partnership Agreement (NPA)¹. This sets out, that agencies work together towards reducing the inappropriate involvement of police in responding to matters that were more suited to other partner agencies, and to prevent the criminalisation of those individuals in crisis.

To support the delivery of these principles, a national RCRP project team was developed and being led by ACC Jenny Gilmer of South Wales Police. This team aims to devise national guidance to assist local forces with the implementation of RCRP.

As a part of this guidance a toolkit was developed to support forces with discussions with partners and to embed the national legal guidance within policy and procedure. The first phase of this guidance was delivered in July 2023.

In early 2023, there was significant media interest around RCRP, following the Met Commissioner's announcement that he looked to commence all four phases at once. This caused significant concerns around the implications for service users and the potential risks involved in police no longer attended these types of incidents.

Essex Police looked to adopt the RCRP approach, utilising the NPCC toolkit guidance documents, and devised a command structure with ACC Baldwin as SRO. A timeline for delivery was created and was set out as follows:

- Phase 1 – Concern for Welfare – September 2023
- Phase 2 – Mental Health, Section 135/136 – November 2023
- Phase 3 – Absent without leave – January 2024
- Phase 4 – Transportation – January 2024

Essex devised a tactical delivery plan, which oversaw delivery of these principles across the force as well as the partnership.

In October 2023, the NPCC released to forces, independent legal advice². This was provided to support forces, and to underpin changes to policy and procedure, as well as future training projects.

¹ [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115442/npa-2023-01-20.pdf)

² [Legal overview for RCRP | College of Policing](https://www.collegeofpolicing.org.uk/news/2023/10/23/legal-overview-for-rcrp)

5.0 Current Work and Performance

Partnership

Essex Police has been clear that the delivery of RCRP is very much a partnership piece, and as such have been carrying out presentations and briefings to both internal and external stakeholders.

The first presentation was carried out by the Chief Constable and ACC Baldwin to the Essex Health and Wellbeing board in September 2023. Further presentations have been completed through numerous boards to ensure a full understanding and engagement at both a tactical and strategic level.

Partners were invited to join both the strategic and tactical RCRP boards, chaired by ACC Baldwin (Strategic) and Detective Superintendent Ross (Tactical).

The purpose of the Essex RCRP Strategic Group is to provide strategic level decisions to progress and implement the RCRP Delivery Plan across Essex, alongside partner agencies, with the health and welfare of the patient at the centre of the decisions being made.

Both meetings have representatives from:

- EPUT
- CAMHS
- SET Local Authority
- AMHP Service
- Integrated Care Boards
- East of Essex Ambulance Service
- Acute Hospitals
- Social Care
- Essex Fire and Rescue Service

To support this piece further, memorandum of understandings (MOUs) have been developed which set out the roles of each agency. This is underpinned by both national guidance and legal advice. Within these documents includes an escalation process, for agencies to refer to. The MOUs are in the process of being worked through within multi-agency working groups, to ensure risks are mitigated by the appropriate agency responsible.

Essex Police has established a weekly partnership RCRP surgery from January 2024, to enable agencies to drop in and problem solve any issues relating to RCRP processes real time. A daily pacesetter meeting has been specifically developed between East of England Ambulance Service (EEAST), and Essex Police, to look through RCRP incidents and problem solve as our most common agency we engage with.

Internal Processes

Essex Police has created call scripts based on the Humberside templates, to assist call takers in the decision-making process of RCRP, underpinned by the legal framework. To ensure compliance of this, a daily data product has been devised, and a manual dip sample carried out by the Mental Health Team (MHT).

A comprehensive in person RCRP training package was developed for all members of Contact Management Command (CMC) which commenced delivery in November 2023.

Briefing sessions have been carried out by the MHT, to all LPA Inspectors, Senior Leadership Team and the wider commands. A further e-learning package, developed by the College of Policing has also been released as of December 2023, and has been mandated that all officers and staff up to the rank of Chief Inspector (or equivalent) complete.

Champions have been identified across all commands and provided in person focus groups. These champions will have a higher volume of inputs and can provide expert advice to their teams when managing RCRP issues.

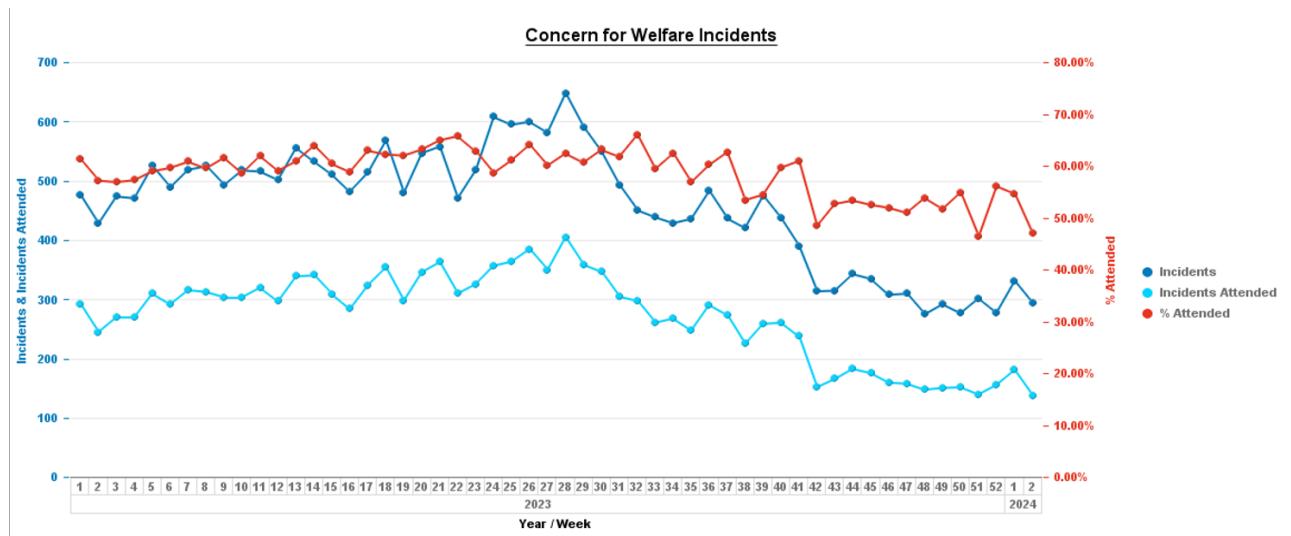
A set of new RCRP Policy and Procedures have also been created, in line with the Humberside templates, and national guidance. They have been aligned to the RCRP phases and returned from consultation in January 2024. These have also been shared with the RCRP Champions, to ensure they are easy to read for the operational officers and staff and awaiting final sign off.

Other data

The Metropolitan Police have provided a copy of their early results as a part of RCRP ([Appendix A](#)). This shows the deployment to RCRP related calls has reduced from circa 41% to 27% (a decrease of 14%) consistent with the first month.

The below demonstrates Essex Police current demand based on the results of each phase of RCRP.

5.1 Phase 1 – Concern for welfare



Since the implementation of phase 1 of RCRP in September 2023, data shows a significant decrease in both the volume of concern for welfare calls and the volume incidents actually attended.

The below table demonstrates the volume of concern for welfare calls attended in the final quarter of 2023, compared to the same time period the year before.

Calls Attended Difference

Q4 2023	2022	2023	Difference	Percentage
October	1,310	909	401	-30.61%
November	1,277	710	567	-44.40%
December	1,362	665	697	-51.17%
Total	3,949	2,284	1665	-42.16%

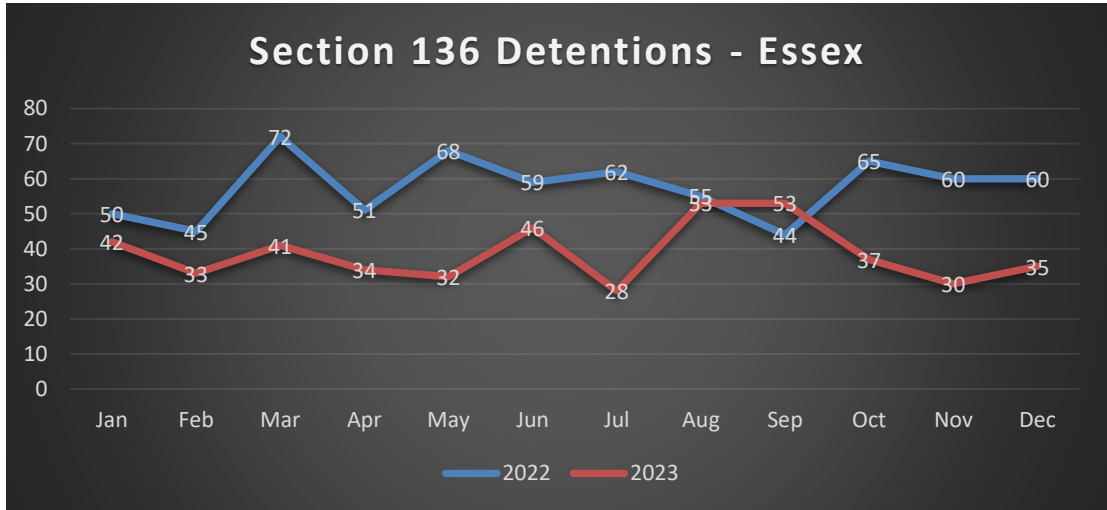
This notes there has been an overall reduction of **42.16% less calls attended**, compared to the same time period the year before. This equates to **1,665 less** incidents where officers have attended. Research was carried out to identify an estimated average time spent on concern for welfare incidents based on a 24hr dip sample. This showed that on an average day, a concern for welfare incident averaged approximately 2hrs and 45 minutes. When taking this into consideration, this would indicate that the reduction in attendance to concern for welfare calls equate to a **saving of approximately 1,526 officer hours a month**, with a non-cashable **savings estimate of £33,679 per month**.

Data from December 2022 compared to December 2023, shows that in 2022, Essex was attending 60% calls received for concern for welfare, this has **reduced by 8%** in 2023 to 52%. A dip sample of compliance around RCRP showed, that 30% of incidents were still being incorrectly deployed to. It is believed, that following the full roll out of the RCRP training across CMC, this number will significantly decrease further.

5.2 Phase 2 – Section 135/136

Section 135 Warrants	2022	2023
Volume	90	113

The above table shows there has been a **25% increase** in the volume of section 135 warrants carried out. Data indicates that the greater volume of section 135 warrants, should lead to a reduction in the volume of section 136 detentions, due to the proactive intervention of those in crisis.

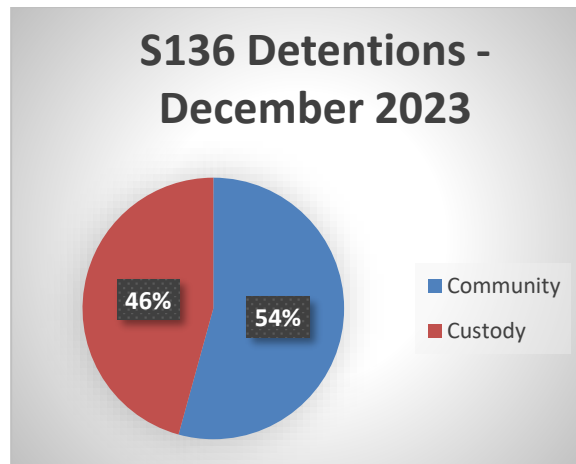


The data above, highlights a **32% reduction** volume of section 136 detentions from 2022 to 2023. This means there were **227 fewer detentions** carried out over this period. The previous conversion rate of a section 136 was 20% of detentions went on to a formal section under s2 Mental Health Act, this has improved to around 45%³. This means whilst Essex Police are detaining far fewer people, those that are detained, are being correctly identified.

The average time spent on a section 136 detention has reduced from **12hrs to 6hrs**. This indicates there was **2724 officer hours⁴ saved** which a **non-cashable saving estimated to be £60,118.68** throughout 2023.

³ Data obtained from local authorities.

⁴ Each section 136 detention requires two officers. Based on the average officer hours spent, against the volume of detentions reduced by.



Data in December 2023 shows that 46% of those detained under section 136 came from police custody. Primarily those that are detained under s136 from police custody are following a mental health assessment and a recommendation to detain under section 2 of the mental health act⁵. Due to the lack of bed availability across the county, and the conclusion of the PACE period, those individuals will go on to be detained under section 136 to ensure they are suitably safeguarded under an appropriate policing power and taken to a place of safety such as a hospital.

This has been discussed nationally and many forces agree this to be best practice, due to the alternative measure which breaches legislation where continuing to detain those individuals within police custody will go beyond that PACE period.

A draft custody escalation process has been devised to help support escalating these matters earlier, similar to the s136 escalation process devised.

6.0 **Implications (Issues)**

To ensure a successful delivery of RCRP, it requires the full engagement of both internal and external partners. This requires a change in culture of how agencies and members of the public understand when to call the police and when they will respond, or which agency is the best to respond.

There has been a delay in the response and prioritisation from some agencies in relation to engagement, such as highlighting the risks and unintended consequences as a result of RCRP and police withdrawing attendance at some incidents. The result of this could have a knock-on effect on the level of service received to those in crisis or those who need further mental health support.

Work is ongoing with EEAST, following the identification that their internal policy conflicts with legislation in relation to the Mental Capacity Act (MCA)⁶. The MCA is clear that this is an any person power where certain criteria are met and allows the application of restraint under specific circumstances. EEAST policy is clear that no restraint may be used in any circumstances, and as such, their policy is to contact police. This is not in keeping with RCRP and police response will be not to attend

⁵ [Mental Health Act 1983 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁶ [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://legislation.gov.uk)

unless the criteria are met under A2 and A3 Human Rights Act. This is currently being worked through the governance groups to reduce the risk associated with this gap in service.

Whilst Essex Police has seen a reduction in the time spent on a section 136 detention, down to 6hrs, this is not where the force aims for this to be. National guidance advises forces to aim for handovers of a section 136 detention to take no longer than 1hr. To support this, EPUT need to bring in clinical support and estate to take over S136 patients when they are taken into a Health Based Place of Safety (HBPoS) for assessment. This will release pressures on A&E as well. Plans are underway to present this to the Strategy Implementation Group (SIG) and Integrated Care Boards (ICB) in phase aligned papers.

Data accuracy is also key within the delivery of RCRP. Measures continue to be explored with the Contact Management Command (CMC) around the use of qualifiers and headers in STORM. This is to ensure a more accurate data collection, especially around AWOL and transportation as at present this requires the human element to apply these qualifiers.

Transportation - Expectation that Health will need to change working agreements with the ambulance service over transportation of MH patients or look at additional commissioning to fill this gap.

Concern for welfare - Gap in who attends MH when it is not at crisis level. A clear pathway for all agencies over who is responsible. For example: contact AMHP for an assessment or Crisis line. NPA is clear that the ambulance service is responsible for crisis and non-urgent is community health.

6.1 Links to Police and Crime Plan Priorities

RCRP has been designed to enable officers and staff to be freed up to focus on other policing priorities. This includes delivering against the priorities identified within the Police and Crime Plan, namely:

- Further investment in crime prevention
- Reducing drug driven violence
- Protecting vulnerable people and breaking the cycle of domestic abuse
- Reducing violence against women and girls
- Improving support for victims of crime
- Increasing collaboration
- Supporting our officers and staff
- Increasing our collaboration

6.2 Demand

Phase 1 – Concern for welfare

See section [5.1 around phase 1 \(Concern for Welfare\)](#).

A baseline of data was taken from July 2023. The below provides a reflection from this baseline in comparison to last month.

	Jul-23	Dec-23	% Change
Calls Attended	1599	665	-58.41%

This shows a **reduction in calls attended since baseline of 58.41%**. This would equate to **934 fewer calls attended**.

A comparison of the last quarter of 2022, against the last quarter of 2023, shows:

- An overall reduction of **42.16% fewer calls attended**.
- This equates to **1,665 fewer incidents** where officers have attended.
- Approximately **1,526 officer hours saved** a month,
- Non-cashable savings estimate of **£33,679 per month**.

Phase 2 – Mental Health (S135/S136)

See section [5.2 detailing phase 2 \(Mental Health\)](#) for a full overview of demand. A baseline of data analysis showed that in 2022 the average volume of section 136 detentions carried out a month was 57.5, and time spent on average was around 12hrs.

S136 Detentions	2022	2023
Average per month	57.5	38.6

That means:

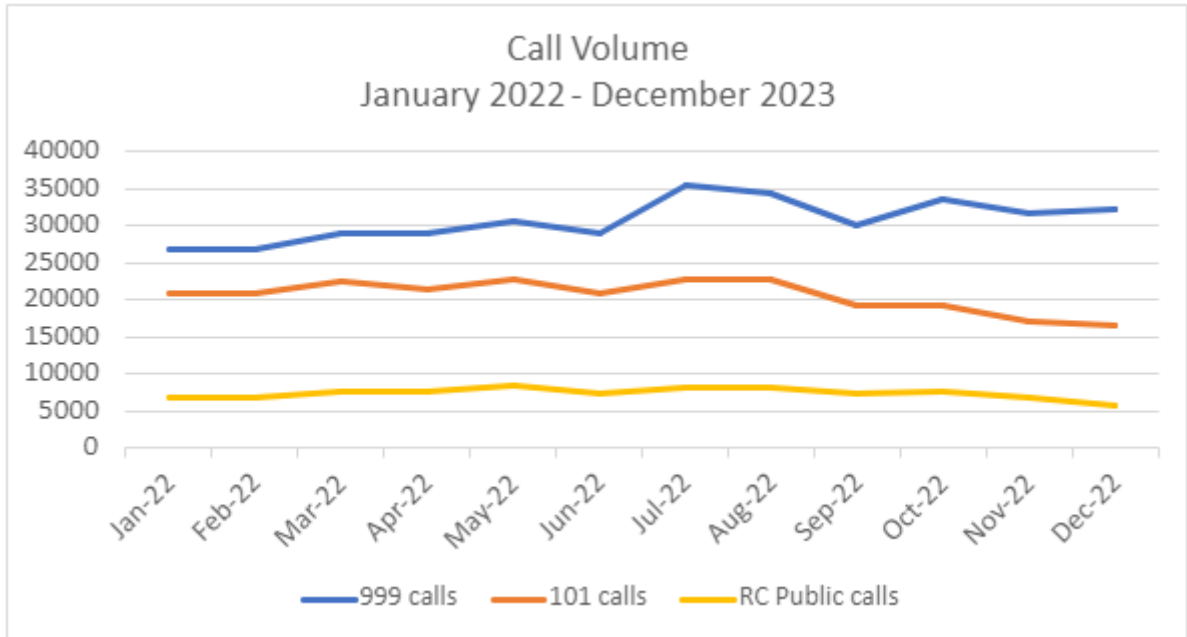
- On average **19 fewer** section 136 detentions a month, each requiring 2 officers.
- **228 officer hours** saved per month.
- An estimated non-cashable **saving of £5031.96** per month.
- **32% reduction** in the volume of s136 detentions.
- One of the lowest counties per head of population for s136 detentions.
- A reduction in time waiting for handover of detention from 12hrs to 6hrs. With an aim to reduce further to 1hr.
- An annual saving of **2724 officer hours saved**.
- A non-cashable saving of **£60,118.68 throughout 2023**.

Absent without leave and transportation can't be measured at present due to the call headers not being changed yet.

Wider Demand

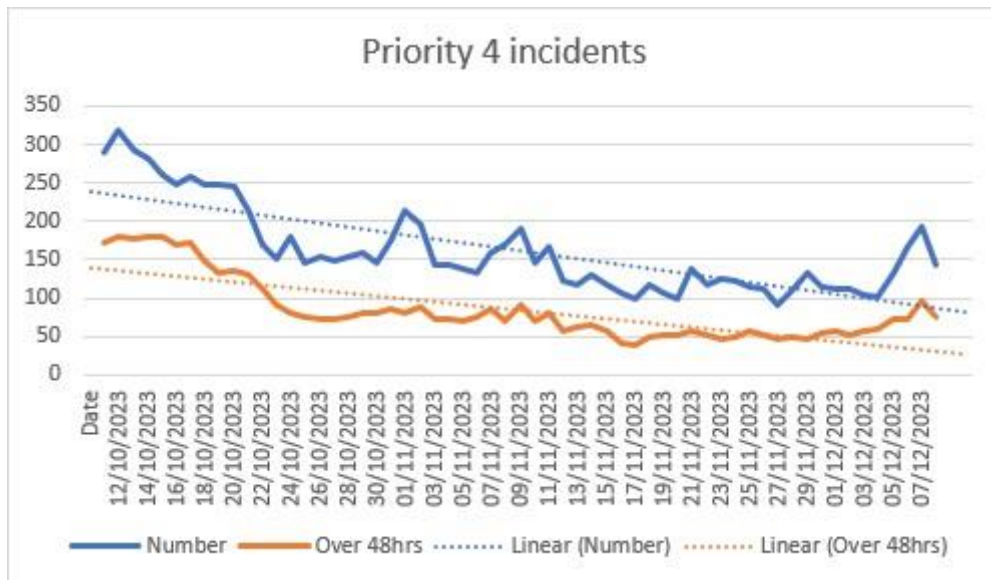
Since the implementation and drive of RCRP, this has seen a significant improvement on the volume of open calls into the police, maintaining at some of the lowest open lists seen.

The below data demonstrates the volume of calls received to police:



Whilst the volume of calls has continued to grow, the volume of open incidents has reduced since December 2023 now sitting between 200 -400 daily, having historically been over 800+.

This has also had a significant impact on both the P3 (Priority) and P4 (Scheduled) graded incidents, reducing both the overall volume of calls requested for attendance, and those that are awaiting attendance over 48hrs.



This shows that the drive of RCRP enables officers and staff to respond to calls, including crime, far quicker, which should have a natural knock-on effect on improving public confidence.

6.3 Risks/Mitigation

The Responsibility Matrix ([Appendix B](#)) has assisted in identifying the current system wide gaps, risks and mitigations from each agencies perspective.

An additional risk here is subverting the process, for example where Missing Persons are incorrectly recorded as concern for welfare, or the header is changed locally without FCR approval. An example of this would be where a missing person is changed to a concern for welfare, where the threshold is not met. This can have wider implications both internally, and externally, including how we respond to incidents.

There is a risk in public confidence due to the withdrawal in police services.

There are also risks as a consequence of those implications(issues) as noted in [section 6.0 above](#).

6.4 Equality and/or Human Rights Implications

There are no protected characteristics adversely affected by this report. Whilst there are no specific equality and/or human rights implications identified, any actions which take place in relation to this report will take account of such matters, ensuring compliance with relevant legislation and the force Diversity, Equality and Inclusion Strategy.

6.5 Health and Safety Implications

There are no health and safety risks identified as a consequence of this report.

7.0 Consultation/Engagement

- Rebecca Lawrence – Senior Performance Analyst – Continuous Improvement and Analytics.
- Detective Superintendent Alastair Vanner – LRO Mental Health – Metropolitan Police.
- Contact Management Command
- Essex Partnership University Trust (EPUT)
- Essex County Council (ECC)
- East of England Ambulance Service (EEAST)
- Thurrock Council
- Southend City Council
- Children and Adolescent Mental Health Service (CAMHS)
- Essex Fire and Rescue Service
- Mid and South Essex Integrated Care Board
- Hertfordshire and West Essex Integrated Care Board
- Suffolk and Northeast Essex Integrated Care Board
- NHS England
- Basildon General Hospital
- Colchester General Hospital

- Broomfield Hospital
- Princess Alexandra Hospital
- Southend General Hospital

8.0 Actions for Improvement

There are no outstanding HMICFRS improvement plans or Areas for Improvement (AFIs) relating to Right Care, Right Person.

9.0 Future Work/Development and Expected Outcome

Phase 3 and Phase 4 of RCRP is due to go live from January 2024. This will see the embedding of the AWOL and Transportation procedures and processes within Essex.

The aim of these process changes, looks to reduce demand in both areas, allowing for a tighter focus on delivering the core policing responsibilities.

Training

The official RCRP College of Policing (CoP) training was released in December 2023. This has been mandated for all officers and staff, up to and including the rank of Chief Inspector (or equivalent). This simple training product provides an understanding of the RCRP process, and what types of incidents police should be, and shouldn't be accepting.

The Essex Police Mental Health Team (MHT) continues to deliver a two hour, in person training session to all members of Contact Management Command (CMC), including supervisors. Dates have now been booked up to the end of March through the Resource Management Unit (RMU), to capture as many officers and staff as possible within this area, which looks to provide them the grounding, guidance and legal backing linked to RCRP.

Training is ongoing to carry out in person training for all LPA Inspectors and Sergeants.

Further training of the force's RCRP Champions will also commence, complemented with a who's who flowchart, to support them when required for escalation.

Data

Further exploration is ongoing with CMC to explore how we can autonomise the capturing of the RCRP qualifying codes to enable effective measurement for the RCRP dashboard. These are really important as they support the accurate tracking of the RCRP phases within STORM and allow for a truer understanding of demand. Consideration is also ongoing with the development of RCRP call headers, which will mitigate the need for qualifying codes, whilst continuing to capture this data, and support with the embedding of culture within the force. This will also assist with the identified risk as noted above, in preventing a subversion of the process. By limiting the access to changing these headers to the FCR, and setting out a clear process of

recording, this will both assist in data collection, and ensure as tight focus around setting the culture of RCRP.

Essex Police is working in collaboration with Kent to release a S136 app. This app will digitise the data capture when detaining individuals under section 135 or s136 of the mental health act. Historically this was recorded on a 17-page word document, which led to issues around data accuracy. This digital form will allow for ease of capture, with mandated sections, to ensure we are fulfilling this appropriately. This also enables improved data accuracy y and autonomises the tracking of s136 detentions which are currently manually reviewed daily by the MHT. This will allow for the creation of a live time dashboard which can be fed into the new RCRP A4E product making the data readily available to all.

Both the A4E product and MH app are due to release in February 2024. This will allow for the better identification of themes and trends.

Essex Police is working with data analyst links and KPIs across agencies. This is to assist measuring the shift in calls for service, and the shift/benefits internally as well. The benefits realisation team has been commissioned to assist in capturing these results, such as, are we arresting more people? Solving more crime? Etc.

Policy and Procedure (In line with legal advice)

As noted above, the NPCC legal advice has made clear the roles and responsibilities of the police against each of the four phases of RCRP. These have been created and returned from consultation in January 2024. The aim is for these to be signed off and presented to the RCRP Strategic Group for authorisation and ratification in February 2024.

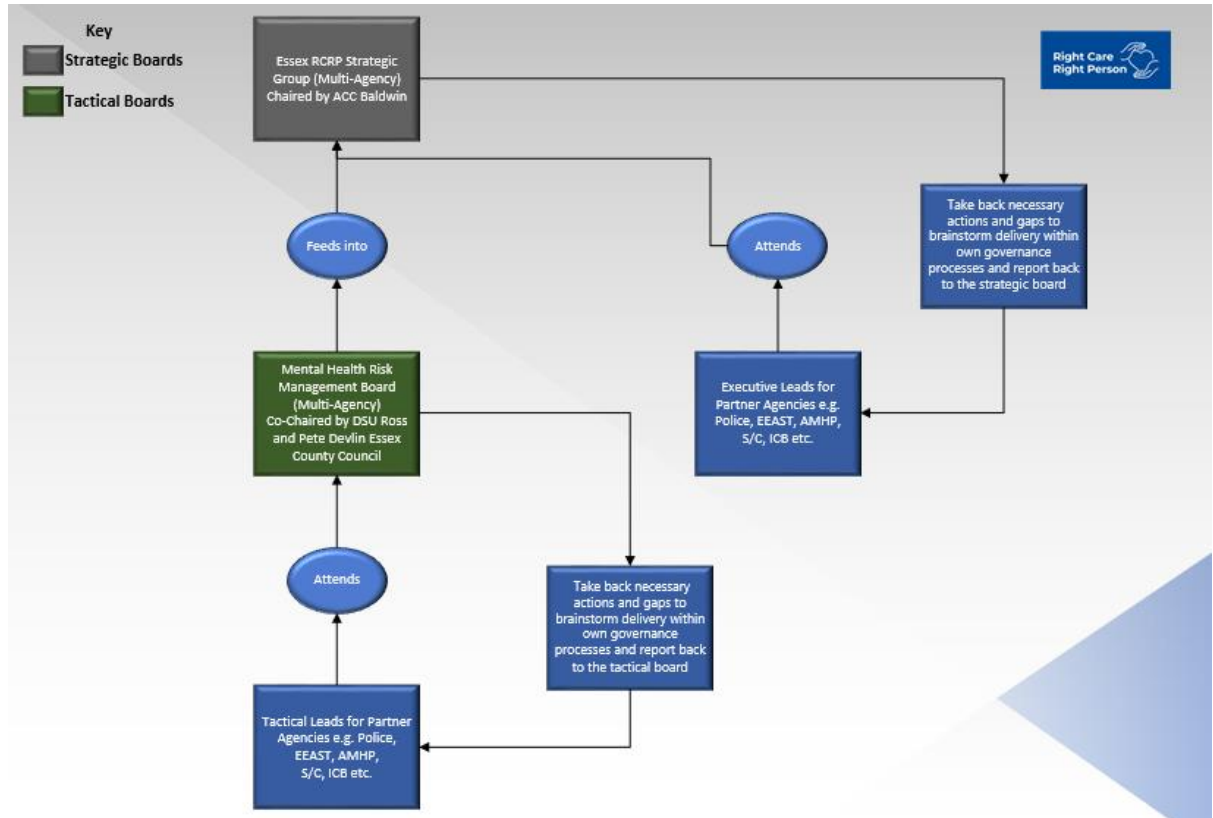
Governance, Compliance and Dip Sampling

Nationally ACC Jenny Gilmer remains the NPCC lead for the delivery of RCRP and provides fortnightly tactical board updates.

Internally the governance structure remains:

- SRO – ACC Kevin Baldwin
- Tactical Lead – DSU Natalia Ross
- Operational Lead – T/DCI James Gray

The multi-agency governance structure is provided below:



The MHT provide guidance and are setting up a RCRP help line for CMC to contact should they have any concerns around certain incidents live time.

The MHT have continued to dip sample concern for welfare and section 136 incidents daily, providing individual feedback and these are then later fed into the daily gold call. The team will look to commence handover of responsibility for these compliance checks to CMC by February/March 2024.

The MHT will continue to report in daily to Gold, any s136 detentions ongoing, or within the last 24hrs, to ensure a senior level oversight, and any identified learning opportunities.

Work is underway to identify an autonomous process with IT to monitor this compliance and feed this into the RCRP PAU product (later A4E).

Memorandum of Understanding (MOU)

Essex Police have developed MOUs with agencies, underpinned by the national legal advice. These look to set out and agree the responsibility of each agency, as well as how to escalate when not being carried out. The MOUs will be referred into working groups to ensure they are fit for purpose and to include 'lived experiences' for service user contributions.

Agencies include:

- Acute hospitals
- Mental health units

- Children and Adolescent Mental Health Services (CAMHS)
- Social Care (Adults and Childrens)
- Essex Fire and Rescue Service
- East of England Ambulance Service (EEAST)
- Approved Mental Health Professional (AMHP) Services
- Essex Partnership University Trust (EPUT)

Partnership

Essex Police continues to engage with the partnership at both a strategic and tactical level through the relevant boards.

Essex will look to further push for phased working groups, which to date, have seen low partnership engagement. Both chairs of the tactical board (DSU Ross, and Pete Devlin, Essex County Council), will be writing to leads to ensure their engagement.

To support this further a RCRP ISA has been drafted and shared with partners, with an aim to embed a partnership dashboard. This will allow for the better understanding of demand across the system and allow for the identification of any themes of trends.

Under the RCRP Tactical Group a responsibility matrix has been developed identifying under the phases what calls police will no longer attend. Completion of the responsibility matrix is to assist partners with assessing the right agency to take responsibility and filling the gap through their own governance processes. Several agencies have yet to provide their updates, as such Essex will look to provide papers to the heads of ICBs with the current responses and identified gaps. This will assist in the identification of a system wide response to manage this.

Appendix

Appendix A – Metropolitan Police RCRP Data



RCRP Data- Dec
2023.pptx

Appendix B – Essex Responsibility Matrix (Draft)



Responsibility Matrix
Essex.xlsx