

Right Care, Right Person

What is the Right Care, Right Person initiative?

Right Care, Right Person (RCRP) is an operating model we, as the police, and you, as our partners, can use to ensure the right organisation with the right skills are able to respond and provide support to individuals involved in health, psychological and welfare related situations.

The overarching principle of this model is to ensure we can better protect vulnerable members of our communities and provide them with the specialist help they need.

Specifically, RCRP will focus on incidents relating to concerns for welfare, individuals who walk out of healthcare facilities and the management of mental health incidents. Policies explaining our policing approach to these areas will be created and they will be introduced in a phased way, as below:

Phase	Go live
Phase 1: Concerns for welfare	20 March 2023
Phase 2: Walk outs from healthcare facilities	24 July 2023
Phase 3: Management of mental health incidents	October 23 (estimated)

What incidents will police respond to?

As per our policing principles and the Human Rights Act, we will respond to all incidents where there is an immediate, real and substantial threat to life or risk of significant and serious harm.

RCRP ensures this remains at the forefront of how we respond to calls for service and underpins how we will assess incidents related to each of the different phases. Some of examples of this are below:

Phase	Example incidents
Phase 1: Concerns for welfare	A request for a welfare check on a person who is suffering from a mental health episode and is currently causing substantial damage to the house/ making other family members scared for their safety. The domestic abuse / criminal damage element would be dealt with by the police, however the welfare check only extends to the police being able to check that someone is alive, conscious and breathing. Officers do not have any medical training and no powers to deal with anything other than the criminal elements.
Phase 2: Walk outs from healthcare facilities	A request from the hospital regarding a patient who has left A&E and is at immediate risk of death or significant harm if not located. The details of why that person is at immediate risk need to be conveyed.
Phase 3: Management of mental health incidents	Where a S2 or S3 Mental Health patient is AWOL and there is an immediate risk to life or significant risk of harm to themselves or others, police will attend. We have powers under S18 of the MHA to return sectioned patients, but we do not have a power of entry without a S135 warrant.

What incidents won't police respond to?

Utilising the RCRP model, incidents will be assessed against articles 2 and 3 of the European Convention on Human Rights (ECHR), to determine if it is appropriate for police to respond and if we have the best skills to effectively support and protect members of the public from harm.

Article 2 ECHR: "Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is approved by law."

There are two main aims to the convention right, namely;

- A prohibition on the state from taking a life and
- A positive duty placed upon the state to protect life

Article 3 ECHR: "No one shall be subjected to torture or inhuman or degrading treatment or punishment."

Conduct qualifying under Article 3 may include being subjected to serious violence/serious injury for example being the victim of sexual offending.

Some examples of incidents we won't respond to for each area are below:

Phase	Example incidents
Phase 1: Concerns for welfare	Report from a member of the public that they have not seen or heard from their relative for a number of weeks. The behaviour is not out of character and they are asking police to visit their home address to check their welfare. Police do not have any powers to enter the home address to conduct a welfare check unless there is information to suggest that there is an immediate risk to life. This is not a police matter.
Phase 2: Walk outs from healthcare facilities	Report from hospital of a person leaving before treatment who has been waiting a number of hours, where there is no information to suggest an immediate risk to life or significant harm, police do not have any powers to return them to hospital for treatment. This is not a police matter.
Phase 3: Management of mental health incidents	Request from mental health services requesting a voluntary patient is returned for treatment. Police do not have any powers to return them to hospital. This is not a police matter.

Is there an escalation process?

All incidents will be reviewed on a case by case basis to assess risk, threat and harm and determine if it is right for the RCRP principles to be applied.

If an incident is graded as appropriate for RCRP, we will apply the principles of this model and clearly communicate this.

We do however have a process whereby an incident can be escalated at the time to Team Leaders and FIM, particularly if the caller insists upon police attendance, or if an incident is graded 'maybe' for attendance. Furthermore, we also have an escalation process via the tactical and strategic working groups to ensure all incidents are responded to appropriately.



South Yorkshire
POLICE