Policy Title: Right Care, Right Person (RCRP)

Date Published/Reviewed: December 25

Business Lead: C/Supt Local Policing

CCMT sponsor: ACC – Local Policing

Thames Valley Police ensures that all policies have been assessed and comply with MoPI Guidance, and the Data Protection Act 2018. In addition this Policy has been reviewed by The Force Head of Health, Safety and Environment and has undergone an Equality Impact Assessment.

1.0 About this Policy

1.1 Rationale

Right Care, Right Person (RCRP) 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. (National Partnership Agreement July 2023).

While there are situations where it is warranted for the police to be involved, police officers do not have specialist mental health training or skills, and in some cases their involvement can be distressing and result in increased use of force and the criminalisation of mental health problems. (DRAFT: Resource to support implementation of the National Partnership Agreement (NPA): Right Care, Right Person (RCRP) December 2023).

1.2 Legislation/National Standards

The RCRP policy and any supporting guidance are required to reflect legal obligations and national policy. These include:

- Human Right Act 1998
- European Convention on Human Rights (ECHR) 1950 (Articles 2&3)
- College of Policing APP
- NPCC/ College of Policing Guidance and Toolkits
- The National Partnership Agreement July 2023

- Royal College of Emergency Medicine (RCEM) Absconding Guidance June 2020
- The multi-agency response for adults missing from health and care settings: A national framework for England (Updated August 2021)
- NPCC Advice to Police Forces on Restricted Patients under S37 and S41 Mental Health Act 1983 who Abscond (January 2023)
- Police and Criminal Evidence Act (PACE) 1984 (s17)
- Mental Health Act (MHA) 1983
- Mental Capacity Act (MCA) 2005

1.3 Intention

The RCRP policy and supporting guidance set out how Thames Valley Police will respond to calls for service from public and partners when they need to assess the appropriateness of the call and whether the police is the correct service to respond.

The policy is aimed to ensure that the individual is receiving the right care and response in their individual circumstances.

1.4 Scope

This policy applies to the Thames Valley Police response to RCRP calls and online enquiries and does not apply directly to partners. They will follow their own policy and guidance. However, RCRP is an approached agreed nationally between police and other partners, and requires effective local partnerships in order to work as intended. Thames Valley Police will therefore continue to work closely with local partners to ensure effective and integrated implementation. An information sheet setting out the approach of Thames Valley Police has been provided to all local partners and will be refreshed and updated as implementation continues.

This policy, and the RCRP approach in Thames Valley has been widened to include all age groups since 28th April 2025.

2.0 Statement of Policy

2.1 The RCRP policy covers the following key area:

- Legal responsibilities
- RCRP Contact Management Toolkit
- Access to Police Information
- Welfare Checks

- AWOL from psychiatric hospital
- Walk out from health settings
- Voluntary Attenders
- S136 handover
- Transport

2.2 Legal Responsibilities

2.2.1 The police service general duty is to:

- Keep the Peace
- Prevent and detect crime
- Save life and property

2.2.2 Careful consideration has been given to the legal basis for police action, and the extent of legal obligations on the police.

2.2.3 The legal basis for police action relating to RCRP include:

- ECHR Article 2
- ECHR Article 3
- Common Law – Duty of Care
- Prevention and detection of crime

2.2.4 **Article 2:** Protects the Right to life.

2.2.4.1 The state has a positive duty not to take life, to protect against specific threats to life and to put systems and procedures in place to protect life.

2.2.4.2 A positive obligation on the police to protect an individual whose life is at risk where:

- The police know or ought to know
- At the time (not with hindsight)
- Of a real and immediate risk
- To an actual or potential victim or victims

2.2.5 **Article 3:** Protects against inhuman or degrading treatment or punishment and torture.

2.2.5.1 Where there is not a risk to life (Article 2) but there is a risk of significant harm, and the risk is real an immediate there is likely to be a requirement on the police to act

2.2.6 **Common Law**

2.2.6.1 Generally the police are under no more duty to act at Common Law that any member of the public. However, they may create a Duty of Care, and could be liable if they act negligently.

2.2.6.2 A Common Law duty of care could arise when:

- A person is in police custody
- Police have given advice and that advice has been relied on
- Where the police have assumed responsibility to provide a service or assistance.

2.2.6.3 This factor is of particular relevance to call handlers. Simply taking a call will not give rise to a duty of care, but the words used may give the impression of police taking responsibility to resolve the matter.

2.2.7 Prevention and Detection of Crime

2.2.7.1 Police have duties in respect of the prevention and investigation of criminal offences. RCRP is not intended to affect the police response to reports of criminal offences.

2.3 RCRP Contact Management Toolkit

2.3.1 There is an expectation that call handlers will access the Toolkit when making decisions related to RCRP calls for service.

2.3.2 The toolkit has been created and updated to ensure that they are considering police powers and duties when deciding on the most appropriate agency for the call.

2.3.3 The toolkit contains explicit wording to prevent an assumed Duty of Care where it is not appropriate

2.3.4 An escalation process is available to callers who feel that the police have made an incorrect decision in relation to declining to respond, either at the time of call, or for retrospective review.

2.4 Access to Police Information

2.4.1 Articles 2 and 3 decisions should be based on information the police know or ought to have known. This would include information that is readily accessible on police systems.

2.4.2 It is recognised that it would be impracticable and disproportionate for call handlers to search all police information systems before making decisions. The extent of call handler' access to individual systems is outside the scope of this policy. However, the implementation of RCRP will take into account and keep under review, the extent of that access in order to ensure that RCRP decisions can be taken effectively and in an informed way. Call handlers are required to create incident records, not just enquiry screens for RCRP related calls.

2.5 Welfare Checks

2.5.1 A welfare check in the context of RCRP is a visit to a home address to see if someone is alive, breathing and conscious, manage any safeguarding risk and feedback to the caller.

2.5.2 If there is no real and immediate risk, it is unlikely that there is a requirement for police to attend a concern for welfare check.

2.5.3 Police have limited powers of entry (s17 PACE / SYED v DPP Court of Appeal 2010) and limited medical knowledge to assess whether someone is actually "well".

2.5.4 All state organisations have the same ECHR obligations, and they individually own the duty of care for their clients. If the request is due to a health concern, it is likely that medical / health professionals are better placed to respond to the request.

2.5.5 Welfare checks requested by the public will also be considered with RCRP principles. What is considered reasonable action by a member of the public to conduct a welfare check may have a lower threshold from reasonable action expected from a partner agency.

2.5.6 There may be circumstances in which police will attend, for example where there is a real and immediate risk to life / risk of serious harm in a medical context, and no other agency can respond, or where there is a request to support a partner agency from a known risk at the location of the check.

2.5.7 In circumstances where police are requested to support another agency visit, the police will act in a supporting role, the responsibility for action will remain with the partner agency.

2.5.8 If police do accept a request, a Duty of Care will be created. If the request is on behalf of a partner organisation, there must be a suitable briefing about

what action is expected by the police and what follow up plan the partner organisation has.

2.5.9 If a partner or member of the public has conducted all reasonable checks, and the person is not where they are supposed to be, they may be reported as a missing person. RCRP does not affect the missing person policy.

2.6 AWOL from psychiatric hospital

2.6.1 Psychiatric hospitals may have patients who are voluntary, or who are detained under the Mental Health Act (MHA).

2.6.2 Voluntary inpatients are able to leave when they choose unless specific staff use emergency powers to detain them. (S5(2) or S5(4) MHA)

2.6.3 A voluntary patient cannot be considered AWOL as they do not require S17 authorisation to leave, however if they have not returned and the staff are concerned, they would be expected to take reasonable steps to contact the patient and encourage their return.

2.6.4 A voluntary patient can be reported as a missing person if they are not where they are supposed to be and the hospital has conducted all reasonable enquiries to locate them. The voluntary status does not impact on the risk assessment which must be conducted on an individual basis.

2.6.5 Detained patients must be granted leave in accordance with S17 MHA in order to leave the hospital.

2.6.6 If a detained patient leaves the hospital without being granted S17 leave, or fails to comply with the conditions of that leave, they may be considered AWOL.

2.6.7 The hospital retains the duty of care and responsibility to locate and return their patient.

2.6.8 Police may be required in the following circumstances:

- Execution of a S135(2) warrant
- If the patient is reported as a missing person
- If the person is dangerous
- If the patient is especially vulnerable
- If the patient is detained under Part III of the MHA (Restricted patient)

2.6.9 Once the hospital has conducted all reasonable enquiries to locate and return their patient and they are not where they are supposed to be, they may be reported as a missing person. RCRP does not affect the missing person policy.

2.7 Walk Out from Health Settings

2.7.1 Adults (16 yrs or over) who attend health care settings (e.g. GP surgery, A&E, community services) will be deemed to have capacity to make decisions in relation to their care and treatment unless they have been assessed to lack capacity to make the appropriate decision.

2.7.2 If an adult with capacity makes a decision to leave a health care setting it is not likely to be a police matter. Unless there is a real and immediate risk to life, it will be a matter for the health service to resolve.

2.7.3 If there is a real and immediate risk to life or of significant harm (Article 2/3), it is likely that a health professional is more appropriate however, circumstances might dictate that police support is required. The hospital retain the duty of care for the patient, but may be supported by police to locate them.

2.7.4 The police will not have any power to return a patient who does not wish to unless they are under arrest, detained under S136 or deemed not to have capacity to make a decision and, if use of force is necessary, lifesaving intervention is required. (MCA)

2.7.5 If a child (under 16 yrs) leaves a health care setting unaccompanied, or where there is sufficient risk of significant harm to consider responsibilities under the Children's Act, there may be a safeguarding risk that would support police action.

2.7.6 Once the setting has conducted all reasonable enquiries, and the person is not where they are supposed to be, they may be reported as a missing person. RCRP does not affect the missing person policy.

2.8 Voluntary Attenders

2.8.1 A voluntary attender is someone who is seeking support for their mental health, but has not been admitted to hospital as an in-patient.

2.8.2 A voluntary attenders must have capacity to make the decision to seek support, and be willing to wait to receive that support. If someone is not

engaging, with erratic behaviour, it is unlikely that they will be a true voluntary attender and other options will have to be considered.

2.8.3 In Oxfordshire, Milton Keynes and Berkshire, voluntary attenders can be taken to the Emergency department to wait to be seen by psychiatry liaison services. A handover document must be completed with the receiving hospital nurse.

2.8.4 In Buckinghamshire, voluntary attenders can be seen by the Crisis Teams, with arrangements being made through The Whiteleaf Centre. A handover document must be completed and shared with the receiving team.

2.9 Section 136 Handovers

2.9.1 When a person detained under s136 is taken to a commissioned place of safety (HBPOS) there is an expectation that the handover to health staff will be completed within 1 hour.

2.9.2 If the risk the person is presenting is too high for the staff to manage alone, police may be required to remain until such time as staff can take over.

2.9.3 If a person detained under s136 is taken to ED, currently health staff are not able to take responsibility, however this is an expectation of the NPA and will be reviewed as progress with RCRP is made.

2.10 Transport

2.10.1 The current commissioned service for S136/136 transport is with South Central Ambulance Service.

2.10.2 There are no plans for this to be changed within the Thames Valley at this time.

3 Human Rights Articles Engaged

Article 2: Right to life

Article 3: Right not to be subjected to inhuman or degrading treatment, punishment or torture.

4 Health and Safety at Work

This policy should be read in conjunction with the Force Health and Safety Manual. Individual needs will be risk assessed on a case by case basis.

5 Communications, Challenges and Representations

5.1 Communication

This policy will be published on TVP intranet and internet.

5.2 Challenges and representation

Any challenges or representations in respect of the contents of this Policy document should be directed to:

ACC Local Policing
Thames Valley Police
Headquarters South
Oxford Road
Kidlington
Oxon
OX5 2NX

6 Review Date

31/12/2026

7 Related Guidance

- Missing People
- Mental Health
- Call Handlers Toolkit

8 Freedom of information

Suitable for publication.

9 Government Security Classification Policy

Official

10 Relevant Supporting information

- College of Policing information regarding RCRP
- NPCC Risk Principles
- NHS RCRP Guidance (draft)
- TVP / SCAS / Fire Service SLA