

POLICE, FIRE AND CRIME PANEL REPORT

Meeting Date	12 th October 2023
Report Title	Right Care Right Person Update

Information should be accessible for all. If you require this information in a different language or format, please contact the Office of the Police, Fire and Crime Commissioner at info@northyorkshire-pfcc.gov.uk.

1. Overview

- 1.1. Right Care, Right Person (RCRP) commenced in Humberside around three years ago. It was commended to Chief Constables' Council in 2021 time which is when North Yorkshire Police (NYP) began scoping it. NYP adopted the approach in January 2023.
- 1.2. The purpose is to ensure that those who find themselves in need of assistance from public service get the correct help, from the correct professional, with the right training, at the right time.
- 1.3. This means services reviewing attendance at certain incidents, supported by legal advice.

2. The Process

- 2.1. The Force Control Room (FCR) is the first point of call for the Right Care, Right Person (RCRP) process. However, there may be times when contacts within partner agencies directly contact officers if they feel that they have not received the response they expect from the FCR to obtain police attendance.
- 2.2. A decision-making toolkit is used to identify the calls for service that:
 - Meet the threshold for police attendance under Concern for Welfare incident type and seek to resource these under THRIVE (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) assessment principals.
 - Meet the threshold for police attendance, but not under Concern for Welfare incident type and NYP would seek to resource these.
 - Do not meet the police threshold for attendance and will be marked as non-attendance and closed.
 - Where NYP feel unsure and want to conduct further enquiries (police systems checks or liaise with a partner agency) to help in deciding.

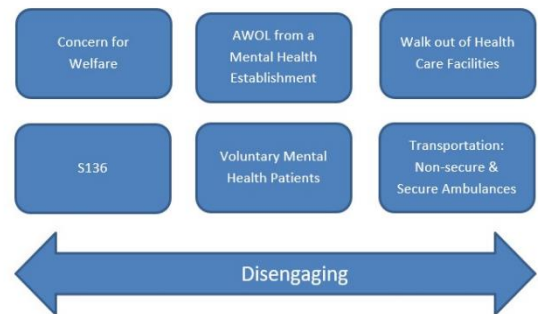
2.3. The objective is to get it right first time and the purpose of such guidance and specific flow chart process allows the FCR to determine the specific concerns raised and to ensure that the concern is of a significant gravity to ensure that police officers are acting within their police powers.

2.4. The 'Right Care, Right Person' model aims to ensure that when there are concerns for a person then the right person with the right skills, training and experience will respond.

2.5. From the 31st of January 2023 the threshold for police intervention in concerns for welfare cases was divided into three categories:

- Immediate risk – to life or serious harm to an identified person.
- Immediate harm – it is obvious to the police that there is a risk to life presently, at this moment or in the immediate future or has already occurred.
- Serious harm – there is a risk of significant harm to the person concerned, this can be physical harm, serious neglect issues, significant mental health symptoms, all of which would amount to the suffering of potential significant injuries or psychological harm.

2.6. It is important that vulnerable people are given the right support when they need it, but the skills and support they often need are not those of a police officer.



3. THRIVE

3.1. THRIVE is the Threat Harm Risk Investigation Vulnerability Engagement. Taken as a whole, the THRIVE level is measured as Low, Medium, or High, and is determined by considering the Harm and the Risk associated with an incident which gives you the Threat level. 'Threat' is a risk assessment of the likelihood of something happening or getting worse, rather than an actual verbal or physical threat towards someone.

3.2. Police will attend any incident where there is an apparent immediate threat to life or risk of serious harm. All incidents are assessed using THRIVE and should police attendance be considered appropriate then a resource will be allocated. If there is a disagreement with professionals about any decision to resource, there is an escalation process within the procedures. This means that call handlers should seek the advice a Deployment Manager, or Force Incident Manager in the event of being unsure as to the appropriate response grading to give an incident.

4. RCRP Forum

4.1. When the RCRP working group was established in September 2022, it was a direct lift of the communication strategy adopted in Humberside as such this meant that the third sector was not involved. It is clear what immense value that the third sector provides and upon reflection they should have been engaged with within the original workshops. However, they are now fully involved in the RCRP Forum, which was developed from the initial working group, and has over 90 invitees. These include an extremely useful spread of professional and third sector providers along with NYP, OPFCC, TEWV, Acute Hospitals, Local Authorities, YAS, and the ICB.

5. Welfare Concerns about Vulnerable Adults

- 5.1. 'Welfare checks' where there is no evidence of any crime, immediate threat to life or a medical emergency does not fall under a duty to act by the Police or Ambulance service. This issue is being escalated through the International Crime Bureau via the RCRP Forum and Panel which meets monthly and is attended by a member of the OFCC commissioning team.

6. OPFCC Activity

- 6.1. The initial roll out of RCRP focussed on the police even though the impact would be felt wider. It was fully designed on the roll out in Humberside. However, in NYP it was owned by the Partnership Hub which has received praise from College of Policing. The analysis conducted within North Yorkshire identified that the majority of 'Concern for Welfare' calls were from Health providers. As the project has progressed and welfare calls have been declined by NYP this has come to the attention of the Third Sector. I acknowledge that the timescale of the launch did not sufficiently enable health providers and others to plan to have alternative provision to undertake welfare checks. Some have had to use Community Support Officers or Mountain Rescue services to fill that gap. However, it is widely acknowledged that it is a health commissioning gap and not a police commissioning gap.
- 6.2. The Commissioning and Partnerships team within my office have made contact with all commissioned providers, mostly third sector organisations, from NYP to clarify the RCRP expectations moving forward.
- 6.3. The Mental Health Triage team, which I fund, play a pivotal role in re-directing RCRP cases identified by FCR to appropriate services. Monitoring of this process with the Triage team is being improved as part of the Service Level Agreement with Tees Esk and Wear Valley. The Multi-Agency Panel is working well and is flagging up the importance of callers being specific in terms of the risk to life that is presented, in order that NYP can respond appropriately. This is to mitigate against miscommunication which results in non-police attendance.
- 6.4. I will continue to monitor, hold to account and challenge where necessary to ensure that people do get the Right Care and Right Person every time.