Herefordshire Council

Title: Right Care, Right Person

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **Monday 14 September 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

To provide the committee with an update on the operation of West Mercia Police's "Right Care, Right Person' policy.

Background

1. The Health, Care and Wellbeing Scrutiny Committee received a presentation on work to implement the "Right Care, Right Person" policy at its committee meeting on 17 February 2025. At this meeting the committee recognised that although the policy was in place, its implementation was by nature complex and nuanced, particularly in a rural setting. It would therefore take time until established processes were embedded into working practices. The committee therefore requested a later update once the policy had been in operation for a longer period of time.

Meeting objectives

2. To receive an update on the operation of West Mercia Police's "Right Care, Right Person' (RCRP) policy.

3. To ensure that working relationships between West Mercia Police, Herefordshire Council, and the National Health Service are sufficiently developed to ensure the policy operates effectively.

Report information

4. 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.

5. At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:
    a. to investigate a crime that has occurred or is occurring; or

b. 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

6. The approach involves consistent use of the RCRP threshold to determine whether the police are the appropriate agency to respond at the point at which the public or other professionals report a mental health-related incident (e.g. via a call made to the police). It is important to distinguish this from the police's powers under the Mental Health Act 1983 (MHA), e.g. section 136. While the decision to attend an incident is determined by assessing that the incident meets the RCRP threshold, the decision to use powers under the Mental Health Act, is made by an officer at the scene of an incident. Partnership arrangements governing police involvement at pre-planned interventions will continue to be managed at a local level, e.g., police attendance at section 135 MHA warrants. The police will always have the discretion to deploy to incident

7. The RCRP threshold should be used in a way that is responsive to dynamic and changeable situations. For example, there may be occasions where a call handler initially judges that there is no clear and immediate risk of serious harm, but the situation escalates. As with all other types of incidents, the police will apply a continuous risk assessment approach, and respond as required to any change in risk, taking into account any information provided by local partners. Likewise, when the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to mental health or other suitable services, with local areas working towards handovers taking place within one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

8. Importantly, RCRP may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally.

Local partnership working to implement Right Care, Right Person

9. It is crucial that at the heart of planning and implementing RCRP for people with mental health needs, there is a focus on ensuring patient safety is maintained and people in mental health crisis are not left without support. This means the approach to RCRP implementation for people with mental health needs should be planned and developed jointly through cross-agency partnerships before changes to responses are introduced. While police forces will ultimately determine the timeframe for implementing the RCRP approach locally, it should be established following engagement with health, social care and other relevant partners. Once implemented, locally developed arrangements should be monitored and reviewed over time.

10. Implementation should be designed with due regard to the public sector equality duty and the NHS England Patient and Carer Race Equality Framework. In particular, implementation should help support the reduction of people from ethnic minorities in the urgent mental health pathway, who disproportionately experience restrictive interventions and are more likely to access mental health care via the criminal justice system. Consideration should also be given to ensuring that the way that each incident is risk assessed against the RCRP threshold is appropriate for individual needs, for example in relation to children and young people, older adults, people with a learning disability and people who are neurodiverse, including autistic people.

11. The signatories of this agreement intend that the cross-agency partnerships set up in each area to implement the RCRP approach for people with mental health needs work together on achieving the following:
    a. Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic

minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.

b. Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.

c. Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact.

d. Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
    i. initial response to people experiencing mental health crisis.
    ii. responding to concerns for welfare of people with mental health needs (i.e., undertaking welfare checks), where the person is already in contact with a mental health service or other service commissioned to provide mental health support.
    iii. instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
    iv. conveyance in police vehicles.

e. Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response). For example, health-led, integrated multi-agency triage of 999 calls that enables shared decision-making has been shown to be effective in reducing avoidable police deployment, use of section 136 MHA and police conveyance.

f. Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities, particularly at evenings and weekends, and when someone is detained under section 135 or 136 of the MHA. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them and impacts on police capacity to fulfil wider duties. Systems should look to reduce these delays as far as is safe to do so, working towards a timeframe of one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

g. Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.

h. Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided. Protocols should include information on how to escalate urgent issues that cannot be resolved locally and processes for identifying reoccurring issues that indicate a system change is required.

i. Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support. This includes monitoring the impact for people from ethnic minorities, and other groups with specific needs, such as children and young people, and autistic people, and taking action where inequitable impact is identified.

j. Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the Mental Health Act.

Initial implementation in West Mercia/Herefordshire

12. It is worth noting that West Mercia's approach to RCRP predates the national RCRP programme and is based on the principle of 'Most Appropriate Agency' (MAA) with the overarching objective of ensuring people receive the correct service from the agency best placed, trained and legally empowered to provide it. The policy is explicit that it was not introduced to reduce demand on policing, but rather to improve outcomes for vulnerable people by ensuring services are delivered by the agency with primary statutory responsibility.

13. West Mercia Police's Most Appropriate Agency (MAA) policy is founded on the principle that individuals should receive the right support from the agency with the most appropriate statutory responsibility, professional expertise, and legal powers to meet their needs. The policy was not introduced to reduce demand on policing but to improve outcomes for vulnerable people and ensure that police resources remain available for those incidents involving a clear policing purpose.

14. All requests for service are assessed through a structured triage process considering two key questions: 'Is there a statutory policing role?' and 'Are we the most appropriate agency?'

15. The policy also places significant emphasis on joint decision-making through safeguarding arrangements, rather than simply declining requests. Where cases require multi-agency involvement, the policy promotes structured partnership decision-making through Multi-Agency Safeguarding Hubs (MASH) and strategy meetings, enabling agencies to jointly assess risk, agree ownership and coordinate responses around the needs of the individual.

16. Whilst the policy provides a clear framework for determining agency responsibility, operational discretion remains available. Where circumstances require, senior police commanders retain authority to approve attendance even where a policing purpose is not immediately apparent.

17. A central principle of the policy is that vulnerable individuals should be supported by practitioners who possess the specialist skills, qualifications, information, and statutory powers necessary to assess and manage their needs effectively.

18. The governance section within the policy is largely the original 2023 implementation governance, comprising a bi-monthly review panel chaired by the Head of Public Contact and thematic reporting through partnership structures. However, this has since matured and strengthened since implementation.

19. Mercia Police's approach has been delivered through its Most Appropriate Agency (MAA) policy since 2023. The policy is based on ensuring that people receive the right support from the agency best placed to meet their needs, with all requests for service assessed against two key questions: whether there is a statutory policing role and whether the police are the most appropriate agency to respond. The approach places a strong emphasis on safeguarding, partnership working and multi-agency decision making through established safeguarding arrangements, ensuring vulnerable people receive support from those with the appropriate expertise, powers and statutory responsibilities whilst maintaining police availability for core policing functions.

Scrutiny of RCRP/MAA by the Health, Care and Wellbeing Scrutiny Committee

20. At its meeting on 17 February 2025, the committee heard from West Mercia Police about the proposed governance of RCRP. This would consist of an overarching Strategic Steering group and an operational tactical scrutiny board.

21. The Strategic Steering Group would:

    a. agree escalation processes
    b. determine and oversee local scrutiny processes
    c. monitor delivery and address issues
    d. collaboratively identify and address gaps in service provision and
    e. develop a range of RCRP examples: including where it is police, other agencies or more nuanced, to aid debate

22. The tactical scrutiny board would be operationally focused, seeking to:

    a. discuss and highlight RCRP cases
    b. follow escalation processes
    c. highlight learning and any concerns in service for escalation
    d. identify and escalate gaps in service provision
    e. identify common trends and requirement for MOU
    f. monitor delivery and address issues and
    g. report back to the Strategic Steering Group

23. The committee raised a publicly-held concern, that RCRP’s primary motive was to reduce demands for policing. West Mercia Police assured the committee that the police will still have an involvement in mental health and concern for welfare cases where it is needed.

24. In response to a question about what challenges may arise in the alignment of priorities and capabilities between partners under RCRP, it was noted that challenges in Herefordshire, as well as nationally, may include limited mental health resources, for example. Where there are gaps in service provision, collaboration with third-sector partners for lower-level interventions could prevent requests being escalated to the police and other front-line services.

25. In addition, it was noted that prevention plays a critical role in enhancing the effectiveness of RCRP by reducing the need for escalation and ensuring that individuals receive appropriate support before their situations potentially deteriorate into crises requiring police or emergency intervention. Such an upstream approach helps support the principles of RCRP by ensuring the 'right care' by the 'right person' at the earliest stage possible.

Current governance in West Mercia/Herefordshire

26. Strategic leadership is provided by the Superintendent First Contact, who acts as the Force Strategic Lead and maintains direct links with both the Adult Protection and Child Protection governance boards, ensuring that RCRP considerations are embedded within wider safeguarding arrangements. Strategic oversight is further strengthened through representation at the Deputy Police and Crime Commissioner chaired RCRP Strategic Steering Group, bringing together key partners to review performance, risks, opportunities, and system-wide issues

27. At a tactical level, two Chief Inspectors provide local leadership across the force area, with one lead responsible for Shropshire and Telford and the other for Herefordshire and Worcestershire. Both tactical leads are integrated into their respective local multi-agency partnership structures, ensuring effective local governance, stakeholder engagement, and problem-solving.

28. Coordination between local, regional, and strategic arrangements is facilitated through the RCRP Coordinator, a Chief Inspector who is connected to regional partnership forums and provides a structured reporting pathway into the Strategic Lead, ensuring alignment of priorities, consistent governance, and effective oversight across all levels of the programme.

29. This structure ensures clear accountability, strong safeguarding oversight, effective partnership engagement, and a consistent mechanism for escalating operational learning through case studies, performance issues, and strategic risks across the organisation and its partner agencies.

Consultees

30. None

Appendices

Appendix 1: West Mercia Police Situation Report "Right Care Right Place/Most Appropriate Agency

Background papers and resources

None identified.