



Association of  
Police and Crime  
Commissioners



# APCC Guidance: Right Care, Right Person and the National Partnership Agreement

**Last Update:** April 2025

**This APCC guidance supports Police and Crime Commissioners to fulfil their statutory duties to hold Chief Constables to account and to work in partnership in relation to the Right Care, Right Person approach.**

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# Guidance Purpose

This guide has been produced for members of the **Association of Police and Crime Commissioners (APCC)**, to inform and support their local activities in relation to the **Right Care, Right Person (RCRP)** approach and the **National Partnership Agreement (NPA)**<sup>1</sup>, which covers the mental health elements of that approach. Although the NPA currently applies to England only, in Wales a Statement of Intent, which aims to guide how police and partners continue to work together to implement the Right Care, Right Person approach, has been developed.

This guide is not mandatory, nor should it be treated as a step-by-step approach. Instead, the guidance has been developed to reflect local autonomy and PCCs can adopt and adapt the advice and recommendations as required.

The APCC recommends the guide be considered against local resources and levels of partnership engagement. For example, local policing areas may have existing forums that already bring relevant partners together, therefore, removing the need to develop new meeting structures. Additionally, to support Welsh PCCs, the guidance reflects the devolved landscape in Wales and highlights Welsh specific partners and partnerships.

To deliver an evidence-based approach, the APCC has sought to include advice and evaluated learning from PCCs with relevant experience and has engaged with national partners including the **Home Office, National Police Chiefs' Council (NPCC), the College of Policing, NHS England and the Local Government Association**. Additionally, to ensure synergy and consistency, this resource has been developed to reflect separate guidance produced by the national partners.

**The APCC encourages feedback on all of its resources.** If you would like to share feedback on how this guidance has supported you in delivering your responsibilities or have examples you would like to be considered in updated versions of the guide, please contact the APCC (see [contact us section](#)).

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<sup>1</sup> <https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp>

# Background

The RCRP approach was developed by Humberside Police (see College of Policing Smarter Practice<sup>2</sup> for background information). The over-arching aim of RCRP is to ensure vulnerable people get the right support from the right services. Most police forces have introduced most phases of RCRP. This applies to calls for service regarding:

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- **Concern for the welfare of a person**

**Example:** Mental health services reporting that an individual had not attended their appointment the previous day and they had concerns about them.

- **People who have walked out of a healthcare setting**

**Example:** Call from emergency department of an acute hospital regarding a male who had left before being discharged with a cannula in his hand. Police were asked to locate him.

- **People who are absent without leave (AWOL) from mental health services**

**Example:** Sectioned patient had gone AWOL after section 17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.

- **Medical incidents**

**Example:** Where a member of the public requests police to attend a medical incident, or medical incidents, where police are already present. Note this will not impact police powers under the section 135 or 136 of the Mental Health Act (1983).<sup>3</sup>

- **Transportation**

**Example:** Police asked to convey patients (from acute hospital to mental health facilities). Police conveying section 136 or voluntary mental health patients to places of safety. Where police detain a patient under s.135 or s.136 of the Mental Health Act, the default mode of transport is by ambulance or other healthcare-led transport (**Note:** The Mental Health Bill is currently going through parliament which, if passed, will see the end of police custody as a place of safety<sup>4</sup>).

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<sup>2</sup> <https://www.college.police.uk/support-forces/practices/smarter-practice/right-care-right-person>

<sup>3</sup> <https://www.legislation.gov.uk/ukpga/1983/20/contents>

<sup>4</sup> [Mental Health Bill \[HL\] - Parliamentary Bills - UK Parliament](#)

## The National Partnership Agreement

The NPA (England only) was published in July 2023, and **whilst it relates to mental health, it is not intended to limit the extent that RCRP could apply in non-mental health situations**, such as concerns for welfare.

The decision to draw up an agreement on that aspect of RCRP reflected the fact that the police had consistently raised concerns about the amount of time being spent dealing with mental health issues which were more appropriately the responsibility of other agencies, and which reduced the time they could devote to their other tasks; and the quantitative data available to back this up, a view supported by the Policing Productivity Review<sup>5</sup>.

The NPA (England only) recognises that people in mental health crisis need timely access to support that is compassionate and meets their needs. The agreement explains that while there will always be cases where the police need to be involved in responding to someone in mental health crisis, for example - **where there is a real and immediate risk to life or serious harm, or where a crime or potential crime is involved** - police may not be the most appropriate agency to respond and are often unable to handover care to a more appropriate professional in a timely manner. This impacts on the ability of the police to perform their core duties effectively, and importantly, can result in people with mental health needs experiencing greater distress and having poorer experiences of the mental health care pathway.

The NPA (England only) serves as a continuing commitment from the **Home Office, Department of Health and Social Care, the National Police Chiefs' Council, College of Policing, NHS England and the Association of Police and Crime Commissioners** to end the inappropriate and avoidable involvement of police in responding to incidents involving people, including both adults and children, with mental health needs.

The NPA (England only) seeks to provide a framework for people with mental health needs to access appropriate support, and to reduce the risk of the police not being able to fulfil their duties.

It is important to note that whilst operational decisions are a responsibility for Chief Constables, PCCs are encouraged to discuss the overall aims of RCRP with them and encourage forces to examine these aims with local partners.

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<sup>5</sup> [https://assets.publishing.service.gov.uk/media/655784fa544aea00dfb2f9a/Policing\\_Productivity\\_Review.pdf](https://assets.publishing.service.gov.uk/media/655784fa544aea00dfb2f9a/Policing_Productivity_Review.pdf)

# Police and Crime Commissioners and the ‘Right Care, Right Person’ Approach

The APCC’s involvement in the development and co-signing of the NPA (England only) reflects the key role PCCs have in overseeing and supporting delivery of RCRP in their areas.

For example, as elected representatives, PCCs can play a key role by providing oversight and by communicating the approach to the communities they serve, helping to build public confidence and trust in the process.

PCCs bring strategic partners together and have a proven record in successfully delivering national strategies and change locally.

There is no statutory requirement for police or partners to deliver RCRP, and its **implementation is an operational matter for Chief Constables**, however the APCC strongly encourages PCCs to discuss and scrutinise force and partner activities relating to RCRP.

## ADVICE & GUIDANCE FOR PCCS

Within this section of the guide, you will find details of how PCCs can make the best use of their statutory powers in order to progress RCRP and the NPA (Joint Statement of Intent for Wales) and help realise the benefits they can bring.

### The PCC Role and What to Consider:

The APCC strongly recommends PCCs to continue to raise RCRP and the NPA (Joint Statement of Intent for Wales) with their Chief Constable to understand what areas of demand the force will focus on, and to seek evidence and data to understand the scale of local demand.

This is important in order to understand timelines and plans for delivery and, whilst respecting the Chief Constable’s operational independence, discuss how to work together. As the NPCC and College of Policing’s guidance for Senior Responsible Officers<sup>6</sup> makes clear, **police forces should be pro-active in engaging with their PCCs and PCC engagement is a critical success factor**.

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<sup>6</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/senior-responsible-officer-sro-role>

Discussions with Chief Constables should include a focus on **police data** relating to mental health and wider demand associated with RCRP. For example, concern for welfare checks, people who are absent without leave, and medical incidents. Efforts have been made by the Home Office and NPCC to improve data accuracy to ensure mental health demand is consistently and effectively captured.

PCCs should seek assurance that forces are capturing data to evidence demand and that it complies with the national approach. Doing so will ensure data is reliable and incidents are not under-recorded. This will also provide consistency when/if comparing data with other forces. PCCs are strongly encouraged to raise the necessity of accurate data recording with Chief Constables to highlight its importance in establishing a **reliable baseline** (see for example the College of Policing's baseline document<sup>7</sup>) to compare future performance. Baselineing will also help demonstrate if and when benefits are being realised.

## Data for baselining purposes should include:

- Total demand for incidents within categories covered by RCRP, at force and local authority level.
- A breakdown of demand by incident type, for example section 135 and 136.
- Deployments and non-deployments - it will be helpful to understand which other agencies the demand has been transferred to if relevant, as well as incidents where police deployment was necessary.
- Incident deal time – a count of officer time spent dealing with an incident.
- Handover time – the NPA (England only) describes how for incidents where the police have responded, but the threshold is no longer reached, there should be a timely transfer of support to mental health or other suitable services. Local areas should work 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). A count of time taken for officers to hand over or discharge the patient to healthcare or partner agencies (one hour handover begins from a person's arrival at any appropriate health setting, including health-based places of safety or Emergency Departments, whilst detained by police under sections 135 or 136 of the Mental Health Act 1983<sup>8</sup>).

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<sup>7</sup> [Baselining and evaluation criteria | College of Policing](#)

<sup>8</sup> <https://www.legislation.gov.uk/ukpga/1983/20/contents>



- Call volume over time.
- Call origin, from the public and those from partner agencies.
- Concern for welfare/safety.
- Walk out of healthcare facilities.
- AWOL (absent without leave).
- Mental health transportation.
- Demand data relating to demographics. Although not referenced within national police guidance, focusing on this data can help understand issues relating to age, gender or disproportionality.

PCCs may also wish to consider asking forces to provide any data as to where released police time/resources will be directed to. PCCs can also encourage the force to gather tangible evidence of where RCRP has made a difference, including operational efficiencies, such as better investigations and increased proactivity.

PCCs should seek assurance from their Chief Constables for when and how activity to progress to further stages RCRP will be conducted. This should also include input from partner organisations, which is addressed separately in the [next section](#). For example, in line with College of Policing RCRP guidance, a phased approach in consultation with partners is recommended and **PCCs should seek evidence of phased plans and partner input.**

**Humberside’s Phased Delivery Plan for RCRP (which is not limited to mental health):**

**Phase One** – concern for welfare.

**Phase Two** – walk out of healthcare facilities and absent without leave from a mental health establishment.

**Phase Three** – transportation of patients.

**Phase Four** – section 136 of the Mental Health Act and voluntary mental health patients.

A phased approach can also minimise risks to delivering change, by making the scale manageable for partners, and allow time to plan for change in advance of each phase.



For example, Humberside’s phased approach provided a valuable opportunity for the PCC to monitor and evaluate impact. In addition, policing RCRP leads explained that practices and processes were documented for each RCRP phase to help partners’ awareness of their responsibilities. They said that lessons learnt from each phase can provide confidence and reassurance to partners before moving to the next phase.<sup>9</sup>

## Other factors PCCs may wish to discuss with Chief Constables that may support effective delivery of RCRP include:

- Milestones, including go-live dates for further RCRP phases, and communication of this to partners, expected benefits, risk registers, and reporting frequency. Clarifying your role and establishing a timeline for updates is key for avoiding duplication and ensuring you are fully briefed on plans, progress, barriers, and delivery.
- Assurance of how the force is taking a **data driven** approach and has closely considered **NPCC and College of Policing RCRP guidance, toolkits, and legal advice**<sup>10</sup>. Where relevant, the APCC has contributed to these resources to ensure PCC responsibilities are accurately reflected (see [appendix A](#)).
- Details of when and how changes to police response are effectively communicated internally within the force, including what will **not** change such as incidents where there is a real and immediate risk to life or duties under the Mental Health Act 1983.
- How to overcome any possible barriers to support RCRP delivery. For instance, if no plans have been put forward from health partners on increasing transportation availability, reducing handover time, or increasing s.136 provision, PCCs can be influential in supporting Chief Constables overcome these barriers. See chapter on [engaging with health and social care partners](#) for more information.

To support oversight, PCCs may wish to appoint an **office SPOC (single point of contact)** to liaise directly with the force Senior Responsible Officer (a recommended role via NPCC/College of Policing guidance<sup>11</sup>). This role could hold responsibility for ensuring further RCRP changes are communicated internally across the PCC’s office. This will help ensure RCRP and the NPA (England only), and the changes they propose

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<sup>9</sup> [Evaluating the implementation of Right Care, Right Person - GOV.UK](#)

<sup>10</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit>

<sup>11</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/senior-responsible-officer-sro-role>

are understood within the office, particularly focussing on those staff with communications and engagement responsibilities who may receive questions from the public, partners, and media (see example key media messages in [appendix B](#)).

PCCs may wish to make their office SPOCs responsible for attending relevant internal and external meetings which will enable effective oversight. For example, in Cheshire, the Deputy PCC undertook this role.

## PCCs Engaging with the Public, Media and Partners – Advice and Recommendations:

The NPA (England only) is clear that **strong partnerships should be formed between police forces, health bodies, local authorities and other relevant partners, including voluntary, community and social enterprise organisations**, to identify how to implement this approach in a way that best meets the needs of the local population, and the shared aims of the agencies involved.

To aid PCCs in partnership approaches generally, the APCC has conducted a review into **PCC partnership experiences**, providing concerns, good practice, and recommendations on how these can be more effective and efficient.<sup>12</sup>

Guidance from the NPCC and College of Policing reaffirms the partnership approach, setting out stakeholder relationships, partnership protocols, and the need for locally developed joint implementation plans<sup>13</sup>. **RCRP is much less likely to be effective if it is imposed by police on partners**. HO-DHSE rapid RCRP evaluation found that communication and engagement were crucial for the police, health and social care, and the Fire and Rescue Service. Sharing information improved understanding of RCRP and partners' responsibilities, while early engagement helped partners understand each other's workload and demands.<sup>14</sup> **The APCC recommends that PCCs encourage Chief Constables to collaborate with partners throughout all phases of implementation.**

If there is a lack of support or engagement, the NPA (England only) and equivalent Welsh principles should be referenced and, if necessary, matters can be escalated to

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<sup>12</sup> [APCC FINDINGS REPORT: Towards better local partnerships systems in England and Wales - The Association of Police and Crime Commissioners](#)

<sup>13</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/policy-considerations>

<sup>14</sup> [Evaluating the implementation of Right Care, Right Person - GOV.UK](#)

gain the required support. PCCs can support escalation by engaging with strategic leads from the relevant partner agency.

**PCCs can support Chief Constables with partner engagement by using their valuable experience and statutory powers to bring partners together.** For example, see Suffolk PCC and Chief Constable's joint correspondence on RCRP<sup>15</sup>.

Early engagement with partners including **Integrated Care Boards (or regional partnership boards or Public Service Boards in Wales), local authorities and other elected officials** can prove extremely useful for all parties. For example, having discussed plans with your Chief Constable, PCCs could consider delivering joint engagement activities with partners via existing partnerships, such as Police and Crime Panels (PCPs) - see examples of discussions on RCRP between **Warwickshire PCC and the PCP**<sup>16</sup> and the then **North Yorkshire's PFCC and PFCP (now the Deputy Mayor for Policing, Fire, and Crime)**<sup>17</sup> - Community Safety Partnerships, Local Criminal Justice Boards, Health and Wellbeing Boards, or Public Service Boards in Wales. Alternatively, PCCs and Chief Constables may wish to consider the need for stand-alone partnership meetings, an approach previously adopted by the Metropolitan Police Service (MPS), which saw attendance by the **Mayor's Office for Policing and Crime (MOPAC)** where a Right Care, Right Person Partners Board<sup>18</sup> was established.

Both **Cheshire** and **Merseyside PCC** adopted similar approaches, working with their forces to deliver briefings to locally elected representatives, including MPs and local authority leaders, to discuss rollout of RCRP and answer questions. **Merseyside PCC** has also dedicated time to discuss RCRP with senior leaders from local partners including police, fire, local authorities and health and care partners at their Strategic Policing and Partnership Board<sup>19</sup>.

HO-DHSE rapid RCRP evaluation found that police, ICB and local authorities saw improved collaboration with partners since RCRP implementation. Involvement of partners led to better relationships and better decision making, resulting in partners learning more about their roles and responsibilities.<sup>20</sup>

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<sup>15</sup> <https://suffolk-pcc.gov.uk/wp-content/uploads/2023/06/Right-Care-Right-Person-Letter-9-June-2023.pdf>

<sup>16</sup> <https://democracy.warwickshire.gov.uk/mgAi.aspx?ID=10246>

<sup>17</sup> <https://edemocracy.northyorks.gov.uk/documents/s23454/Item 7 Right Care Right Person Model 2023-10-12.pdf>

<sup>18</sup> <https://www.london.gov.uk/who-we-are/what-london-assembly-does/questions-mayor/find-an-answer/implementation-right-care-right-person>

<sup>19</sup> <https://www.merseysidepcc.info/down-to-business/meetings-decisions/strategic-policing-and-partnership-board/>

<sup>20</sup> [Evaluating the implementation of Right Care, Right Person - GOV.UK](#)

## Further suggested stakeholders PCCs and forces can engage with include:

- The public, including service users or the families of service users.
- Health, including Integrated Care Boards, general hospitals, mental health trusts, mental health hospitals, children's mental health teams, crisis teams, private mental health hospitals, Approved Mental Health Professionals, community and crisis services. For Wales, PCCs and forces may wish to consider engaging with partnership boards and Regional Crisis Care Concordat Forums.
- The Ambulance Service, or Welsh Ambulance Services NHS Trust.
- Relevant local boards such as Safeguarding Boards (adult and children).
- Providers of adult and children's social care services.
- Coroners.
- Independent Ethics Panels - for example, Cheshire's PCC and force sought the views of their local Independent Ethics Panel<sup>21</sup> on RCRP to assess any ethical dilemmas that could arise from implementation.
- Local authorities, including drug and alcohol services, and homelessness and housing departments.
- Elected representatives, including local authority representatives and MPs.
- Local charities and groups that support vulnerable people, for example those with addiction issues or experiencing homelessness, can provide input from those with lived experience, including those from ethnic minorities, to help inform considerations on how RCRP is implemented.
- National government.
- Media.
- Housing Associations.
- Fire and Rescue Services and governance leads.
- The Independent Office for Police Conduct.
- His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).
- The Care Quality Commission or Care Inspectorate Wales.

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<sup>21</sup> <https://www.cheshire-pcc.gov.uk/commissioner-and-office/transparency-and-information/independent-ethics-panel/>

- Police and Crime Panels.
- National Partnership Agreement authors or Welsh equivalents (RCRP Wales National Partnership Group).

## Engaging with health and social care partners:

When engaging with health and social care partners, PCCs and forces may wish to discuss working in partnership to understand the challenges around police involvement in supporting vulnerable people, such as those with mental health needs, using data on the number of incidents attended by the police and handover times, to inform future discussions.

PCCs may find it helpful to familiarise themselves with police and partners' duties of care. For example, local authority duties for mental health,<sup>22</sup> safeguarding children, and safeguarding vulnerable adults,<sup>23</sup> and NHS England's inclusion in the NPA (England only) and their associated guidance to support delivery.<sup>24</sup> PCCs will also be aware of the significant role that drug and alcohol misuse can play in the mental health-related demand met by policing and should consider how they can engage with local drug and addictions services on RCRP, for example via Combatting Drugs Partnerships or Substance Misuse Area Planning Boards in Wales.

This engagement can be used to understand partners' potential concerns on how RCRP has been rolled out, and can help provide reassurance that future stages of rollout will be gradual, and that plans will be developed with their input, as set out within the NPA (England only) and associated policing guidance.

For areas with multiple health partners, PCCs may want to identify allies with interest, influence and shared priorities, such as chairs or chief executives who are supportive of the changes RCRP intends to deliver. PCCs can also discuss barriers and good practice with the APCC, regionally with colleagues, or via Policing in Wales meetings or Wales Safer Communities Board for Welsh PCCs, as a way of embedding learning from other areas, and when engaging with partners that cut across more than one PCC area, such as ambulance services.

Where health partner engagement is not forthcoming, the APCC recommends PCCs first consider engaging with strategic leads such as local authority or Integrated Care

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<sup>22</sup> <https://www.local.gov.uk/publications/get-act-mental-health-act-2022#:~:text=The%20current%20existing%20responsibilities%20for,people%20moving%20out%20of%20hospitals.>

<sup>23</sup> <https://www.local.gov.uk/publications/safeguarding-roles-and-responsibilities-safeguarding-everybodys-business>

<sup>24</sup> [NHS England » Guidance on implementing the National Partnership Agreement: Right Care, Right Person](#)

Board Chief Executives (in Wales, local health boards), to encourage input to locally agreed delivery plans and escalation routes.

## Engaging with the public and media:

PCCs can use their community leadership position to proactively **engage with the public and media** to ensure narratives on the need for change are effectively communicated. This can be delivered jointly with forces and partners mirroring the approach taken to promote the NPA (England only) and to reflect how motivations for change are both police **and** health and social care focussed. Engagement should not be treated as a 'one off' opportunity. The HO-DHSE evaluation found that the public's reaction to RCRP was generally positive, though one force area noted a lack of public awareness. Challenges in direct communication were also highlighted due to varying RCRP approaches and implementation timelines.<sup>25</sup>

As implementation progresses, PCCs can work with forces to **communicate this to partners and the public**, including benefit realisation for both health and policing, and to address concerns or inaccurate reporting around RCRP. For example, PCCs can take a proactive approach in providing reassurance and effectively 'myth busting,' working with forces and partners to accurately explain the intentions of RCRP. For example, **RCRP will not stop the police attending incidents where there is a real and immediate risk to life**. Further suggestions to support effective communications include:

- Establishing an RCRP page on your website for visitors to find out further information, see **Suffolk PCC's website**<sup>26</sup> and **Surrey PCC's website**.<sup>27</sup>
- Including references within your statutory Police and Crime Plans and annual reports.
- PCCs and force representatives may also wish to deliver community meetings to help raise awareness and respond to public queries on RCRP, see example from **Suffolk Police and PCC**<sup>28</sup>.

When responding to queries from the public and partners, PCCs may want to develop key messages alongside their force and refer operational queries to policing

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<sup>25</sup> [Evaluating the implementation of Right Care, Right Person - GOV.UK](#)

<sup>26</sup> [Right Care, Right Person - New model launched to ensure vulnerable get right help - Suffolk PCC](#)

<sup>27</sup> [Right Care, Right Person | Police & Crime Commissioner Surrey](#)

<sup>28</sup> <https://www.suffolkuserforum.co.uk/support-for-vulnerable-people/>

colleagues, see College of Policing's Communications Plan Considerations guidance<sup>29</sup> for RCRP for key messages and content ideas, as well as appendix [B](#) and [C](#).

The College of Policing's Smarter Practice guide contains helpful information on the benefits of RCRP which were realised in Humberside, which PCCs may wish to consider using within their communications.<sup>30</sup> The College website also provides a legal overview of RCRP<sup>31</sup> that can support your outputs or responses and save force time and expense in procuring separate legal advice.

## Case Study of PCCs Working with Police and Partners – Cheshire

Prior to implementation, in Cheshire, the PCC and force sought the views of their joint Independent Ethics Panel<sup>32</sup> to test potential ethical dilemmas that may arise from the implementation of RCRP.

Scenario planning took place between the force and partners. This approach, which used real life case studies, helped to assess partner views on what constitutes a police deployment and highlighted the need for partners to review their operating procedures and resources, as well as guiding the force's operating procedures.

This approach could be used prior to the next phases of RCRP in your local areas.

## Case Study of PCCs Working with Police and Partners – Surrey

In Surrey, early partnership activities focussed on engagement with established governance structures and forums that bring police and partners together, including the Independent Mental Health Network and the Surrey Mental Health System Committee, which PCC staff attend. Through this Committee and its sub-groups, Surrey Police have continued to work closely with health colleagues on issues relating

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<sup>29</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/communications-plan-considerations>

<sup>30</sup> <https://www.college.police.uk/support-forces/practices/smarter-practice/right-care-right-person-humberside-police>

<sup>31</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/legal-overview-rcrp>

<sup>32</sup> <https://www.cheshire-pcc.gov.uk/commissioner-and-office/transparency-and-information/independent-ethics-panel/>



to mental health demand providing valuable forums whilst they embarked on the first stages of RCRP.

The Force's mental health lead has presented to various local groups, including those with lived experience and independent members, such as the Surrey Adults Matter Steering Board, and the Independent Advisory Group to help raise awareness of RCRP and gather important feedback.

## **Case Study of PCCs Working with Police and Partners – Dyfed Powys**

Dyfed-Powys OPCC participate in a monthly RCRP catch up with partners, including police, health boards, local authorities, and voluntary sector agencies across the force area. Shortly after Dyfed-Powys Police embarked on the initial stages of RCRP, the forum was implemented daily. Since RCRP became more embedded as 'business as usual', these forums now take place monthly.

Currently, the monthly forums are an opportunity to discuss specific cases, give examples of good practice, share learning and escalate any issues. Through these sessions, strong relationships have been built, fostering an environment where partners feel confident in reaching out for support between meetings where necessary.

## **Case Study of PCCs Working with Police and Partners – West Yorkshire**

To support the work of policing and partners, the Deputy Mayor for Policing and Crime has placed RCRP at the centre of her Criminal Justice and Mental Health Forum<sup>33</sup>. This forum started in April 2023 and meets bi-monthly, bringing together representatives from NHS Trusts, NHS Acute Care Trusts, Integrated Care Board, Ambulance Service, Community, Voluntary & Social Enterprise, West Yorkshire Police and local authorities.

The forum has supported effective communication between partners by providing an opportunity to establish who the Senior Responsible Officers are for each member organisation in respect of RCRP. Additionally, the forum has facilitated valuable training exercises to increase understanding of the legal responsibilities of each

<sup>33</sup> <https://www.westyorks-ca.gov.uk/policing-and-crime/partnership-working/>

organisation, and jointly developed an ‘if asked’ statement and key messages which are available to partners if/when they are approached for comment by the media, ensuring communications are aligned and consistent.

VSOs have also been offered to review local policy and procedures on RCRP at their meeting of the VCSE infrastructure organisations which ensures that they are engaged with local rollout and are able to feed into the local decision-making processes.

## **Case Study of PCCs working with Partners – South Yorkshire**

South Yorkshire’s Mayoral Combined Authority (SYMCA Policing & Reform Directorate) is represented on South Yorkshire’s RCRP Strategic Working Group. This quarterly meeting is attended by key stakeholders including Local Authorities, Safeguarding Board representatives, health colleagues including Yorkshire Ambulance Service, hospitals and others.

The Strategic Working Group focuses on ensuring that all partners have a robust and effective understanding of RCRP and its potential impact on health, police, and individuals experiencing a mental health crisis. The Working Group presents an opportunity to highlight and discuss any emerging themes or issues, both national and local, and plans to address them. It also supports SYMCA Policing & Reform Directorate in developing their strategic understanding of demand in collaboration with partner agencies and enables communication between partner agencies to better inform policies, procedures and practices.

## **Case Study of PCCs Working with Police and Partners - Hampshire and the Isle of Wight**

It was identified that police and ambulance staff may underuse available mental health support services and attempt to deal with incidents which would be better attended by mental health experts.

To address this, in 2024 Hampshire and the Isle of Wight’s PCC commissioned a pilot for a 12-month Mental Health Deployment Coordinator. This police staff role works alongside the police and ambulance control rooms and 111 Mental Health Triage Nurses.

The Mental Health Deployment Coordinator (MHDC) ensures attendance by the appropriate agency, seeking early advice from the 24/7 Mental Health Triage Service and working directly with the ambulance control room to make best use of Mental Health Rapid Response Vehicles.

They coordinate and book Secure Ambulances and ensure that unused resources relocate to areas of potential demand with a view to releasing police resources promptly if the Secure Ambulance is required. They have an enhanced understanding of the Mental Capacity Act 2005<sup>34</sup> and the Mental Health Act 1983<sup>35</sup>, and the limitations of these powers to prevent their unlawful and excessive use. They upskill and embed knowledge and process into the police control room, improving service delivery time, and ensure that there is not a vacuum of skills in this area when the pilot concludes.

They have monitored custody lists for people who may require assessment or detention under the Mental Health Act 1983, ensuring assessments are either able to be completed within the PACE clock (Police and Criminal Evidence Act 1984<sup>36</sup>), or vulnerable people are removed from custody and into a hospital environment as soon as possible. It is envisaged that this will avoid PACE breaches in most cases.

Initial findings from the MHDC have been positive. For instance, a female patient was missing and AWOL from a psychiatric unit, and the unit were originally reluctant to visit the female's address, however following an escalation process between the MHDC and the hospital, the hospital attended the patient's address and ensured they were returned to the unit. The escalation process took time, which the police control room originally would not have the capacity to undertake.

## Case Study of PCCs Working with Police and Partners – Durham

Durham OPCC have worked with the force in supporting the preparation for RCRP rollout by meeting with and consulting key stakeholders and partner agencies, including NHS England, the North East Ambulance Service, Social Services and Local Authorities as well as charities from across the county.

<sup>34</sup> <https://www.legislation.gov.uk/ukpga/2005/9/contents>

<sup>35</sup> <https://www.legislation.gov.uk/ukpga/1983/20/contents>

<sup>36</sup> <https://www.legislation.gov.uk/ukpga/1984/60/contents>

Since RCRP has been rolled out in Durham, the PCC has provided continued involvement and support to improve the services available in the force area. This engagement continues with weekly police-led Gold Group meetings, which the OPCC attends alongside key partners. Comments from partners have identified that Durham Constabulary have worked in a collaborative way to bring in RCRP which has benefited the whole system by “working with” rather than “doing to”.

## Case Study of PCCs Working with Police and Partners – Avon and Somerset

Avon and Somerset OPCC co-commission the [Integrated Access Partnership](#) (IAP) alongside Integrated Care Board commissioners, as well as Avon Fire Services. The IAP offers a system wide approach, which aims to provide the right response to an individuals’ mental health need when they need it. The model includes a Mental Health Specialist Service Desk (called Emergency Services Triage), which offers both remote and face-to-face mental health triage by specialist clinicians. IAP also includes dedicated mental health response vehicles, and an Emergency Service Professional Line to provide practical and clinical advice and options to front-line emergency officers when attending a mental health incident.

The Emergency Services Triage has played a central role in co-ordinating effective emergency service response to mental health incidents. The Specialist Service Desk, based in the South West Ambulance Call Centre, is staffed by a team of mental health nurses alongside 4-5 police officers who provide a ‘link role.’ After RCRP was implemented in Avon and Somerset in June 2024, initial findings show an estimated 20-30% reduction of police mental health related deployments, and a slight reduction in s.136 being used is starting to be observed.

The OPCC provide just over £130,000 annually to the IAP. However, it is estimated that for every £1 spent on the Police Officer ‘link role’, £3 is saved.

## OVERSIGHT – WHAT PCCS CAN DO

The APCC recommends PCCs continue momentum in providing effective accountability through ongoing roles in key meetings, and seeking continued assurances through their scrutiny functions that the process is working and is achieving the desired aims of reduction in officer demand and better outcomes for vulnerable people.

Opportunities to deliver accountability include:

- **Seeking regular updates from the Chief Constable or the Senior Responsible Officer, including updates and evidence of partnership engagement and co-operation including briefings delivered and input on phased delivery plans**

See example of evidence from Dyfed Powys Police<sup>37</sup> who wrote to partners in advance of RCRP implementation to convey the need for partnership input. To provide accountability and transparency, PCCs may wish to dedicate their formal holding to account/performance meeting, or part of it, to scrutinise force activity, or work with internal audit leads as part of their assurance responsibilities.

- **Seeking evidence of monitoring and evaluation by requesting updates on data at agreed stages and comparing this with baseline data (see section titled [The PCC Role and What to Consider](#)), and updates on how saved time or resources are being reinvested into policing and any benefits.**

For example, the proportion of non-crime mental health incidents to which police were deployed in Humberside fell by 16%, an average of more than 500 fewer deployments per month, saving in excess of 1,100 officer hours each month<sup>38</sup>. As a result, Humberside police were able to repurpose resources towards patrols and attending burglaries. Suffolk's PCC also receives RCRP data from the force, which in January 2025 revealed RCRP has provided an average monthly saving of 1,132 officer hours a month. These hours are redirected to improve the force's arrival times for call outs and has also helped improved control room 101 call performance.

There may also be additional benefits separate to RCRP arising from your force's partnership engagement that PCCs can encourage, including enhanced partnership work.

- **PCCs should be sighted on any incidents that may be related to RCRP, such as case reviews and coroner investigations.**

PCCs should consider either joint responses with their forces and partners to serious incidents attributed to RCRP, or consistent messages (see appendices [B](#) and [C](#)). These may form part of scenario planning with your force and local partners.

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<sup>37</sup> <https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/mental-health-legislation-committee-mhlc/mhlc-18-december-2023/item-14-right-care-right-person/>

<sup>38</sup> <https://www.gov.uk/government/publications/policing-productivity-review/policing-productivity-review-accessible>

## Case Study Holding to Account - West Yorkshire's Deputy Mayor for Policing and Crime

West Yorkshire's Mayor/Deputy Mayor for Policing and Crime holds regular Community Outcomes Meetings<sup>39</sup> with the Chief Constable. These meetings focus on important policing and community safety issues which are of a high public interest and minutes and reports are published online. The Deputy Mayor has prioritised RCRP at these meetings and sought assurance from West Yorkshire Police on timings, training and what contingencies are in place should partners not be able to respond to demand.

The Criminal Justice & Mental Health forum members fed into the West Yorkshire Police Escalation Protocol in cases where there is disagreement about whether the police response threshold is met, or where it is not clear. This process is used in real time and involves police control room supervisors. It is clear that an understanding by all agencies and VCSE organisations of the National Decision Model, used in policing, is key to more consistent decision making in this respect. The Mayor's Criminal Justice and Mental Health forum is empowered to review case studies brought by partners or through police and other agency complaints processes.

## Case Study Holding to Account – MOPAC

Prior to implementation, MOPAC held fortnightly meetings with MPS's lead responsible officers as the force worked with partners to prepare to implement RCRP. This allowed the Deputy Mayor for Policing and Crime to hold MPS to account for the operational changes, engagement with partners and impact on Londoners. RCRP also featured on a number of separate meeting agendas with the Assistant Commissioner.

As implementation has progressed, MOPAC continue to deliver oversight of RCRP by joining daily grip calls with a range of partners. These calls provide valuable opportunities to raise emerging issues associated with RCRP and allow for detailed oversight of implementation and any risks arising.

At Police and Crime Committee meetings, where the work of MOPAC and MPS is scrutinised, the London Assembly dedicated time to focus on Policing and Mental

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<sup>39</sup> [West Yorkshire Combined Authority- Community Outcome Meeting](#)

Health and Neurodiversity, which included RCRP<sup>40</sup>. The Committee explored issues relating to the MPS's responsibilities and response to mental health; the roll-out and impact of RCRP; and how MPS worked in partnership with mental health professionals, with police, NHS and ambulance service representatives invited. This approach supported transparency with members of the public able to observe the meeting and increased accountability by providing scrutiny of delivery.

## Example requests for PCCs to raise with their Chief Constables:

- Evidence of jointly developed plans with partners and partnership engagement, including phases and thresholds for police and partners.
- Evidence of demand and baselining.
- Evidence of impact assessment, including an equality impact assessment
- Has the College of Policing guidance been considered and followed?
- What measures are in place to safeguard children and young people - is national guidance being followed? For example, forces should ensure that there is no negative impact on police statutory responsibilities and should engage with local child safeguarding services - PCCs are encouraged to seek evidence of this both prior to implementation and during it.
- What measures has the force taken to ensure control room staff are trained prior to rollout and supported throughout implementation, noting College of Policing Force Control Room Implementation guidance<sup>41</sup> which provides details on calls about children and decision making. For example, has College of Policing RCRP e-learning and any additional training been completed; can call handlers access a decision-making toolkit/flowchart to assist their decisions on RCRP calls; and, where the force has decided to apply RCRP to children, does this support include guidance for calls relating to children, or where a child is present? (**Note:** forces should also be aware of key principles based guidance regarding the application of RCRP in relation to children and young people, which has been developed in

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<sup>40</sup> <https://www.london.gov.uk/about-us/londonassembly/meetings/documents/g7415/Public%20reports%20pack%20Wednesday%2007-Feb-2024%2010.00%20Police%20and%20Crime%20Committee.pdf?T=10>

<sup>41</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/force-control-room-implementation-guidance#bf3c48a3-0bf1-48c9-abf3-22edada1e1bd>



conjunction with the Local Government Association and the Association of Directors of Children’s Services.)<sup>42</sup>

- Will control room staff make referrals or signpost callers to more appropriate services? If so, are these services aware of the planned changes, and are pathways established to enable this? Seek evidence of partner agency input and agreement for calls that will be signposted to other services.
- What measures are in place to conduct risk assessments at the point of arrest to identify vulnerability, including mental health needs, and how are officers trained in this area?
- How will the force deliver multi-agency governance to oversee delivery of RCRP?
- The NPA (England only) asks local areas to develop their own escalation protocols for situations including: significant system delays that result in people being inappropriately detained 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. The new Mental Health Bill 2025 will, if passed, require that cells are never used in this way<sup>43</sup>); 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**, as well as processes for identifying reoccurring issues that suggest a system change is required. PCCs should ask forces if this has been considered and adopted and, where it has, how many cases have been escalated and what the outcomes were?
- What resources have been released, or efficiencies realised, as a result of RCRP implementation and how are they being used?
- For further examples of ways in which PCCs can effectively hold Chief Constables to account, please see the **APCC’s PCC Accountability Framework**<sup>44</sup>.

Once implementation is underway and phases are completed, PCCs are encouraged to discuss and review success with their Chief Constables and partners. These discussions will provide an opportunity to consider remaining challenges, and any further changes required, including continued levels of support or an extension of time to support delivery.

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<sup>42</sup> [Implementation principles for incidents involving children | College of Policing](#) and [Right Care Right Person for children – implementation principles](#)

<sup>43</sup> [Mental Health Bill \[HL\] - Parliamentary Bills - UK Parliament](#)

<sup>44</sup> [PCC Accountability Framework - The Association of Police and Crime Commissioners](#)

PCCs can also play a key role by effectively relaying progress and change to their communities and partners. This can be delivered via PCC annual reports or as part of regular community engagement activities. Baselines of performance will be important here to demonstrate progress, as will partner feedback.

Once all phases are completed, scrutiny should continue to ensure the RCRP principles remain in place across policing and partners.

## APPENDICES

### APPENDIX A: Additional Resources for PCCs

[Right Care, Right Person gov.uk page](#)

[The National Partnership Agreement \(England\) and associated guidance](#)

[The Policing Productivity Review](#)

[College of Policing Smarter Practice - RCRP Humberside Police](#)

[College of Policing Toolkit](#) – including Senior Responsible Officer Role; Legal Overview of RCRP; Baseline and Evaluation Criteria; Communications Plan Considerations; Policy Considerations; Force Control Room Implementation guidance (includes children specific guidance); and E-learning.

[College of Policing Authorised Professional Practice on Mental Health](#)

[College of Policing Authorised Professional Practice on AWOL patients](#)

[College of Policing Authorised Professional Practice on missing persons](#)

[College of Policing Implementation Principles for Incidents Involving Children](#)

[NHS England RCRP Guidance](#)

[Home Office- Department for Health and Social Care: RCRP Rapid Process Evaluation](#)

[University of York, Exploring Health and Social Care perspectives on the implementation of 'Right Care, Right Person' under the National Partnership Agreement](#)

[National Statistics on Detentions under the Mental Health Act 1983 \(year ending March 2024\)](#)

[Mental Health Act 1983](#)

[Mental Health Bill \(introduced in the House of Lords on 6<sup>th</sup> November 2024\)](#)

[Children Act 2004](#)

[The multi-agency response for adults missing from health and care settings: A national framework for England](#)

[Independent Office for Police Conduct – RCRP position statement](#)

## APPENDIX B: Example Media Key Messages

- RCRP is focused on giving the most appropriate and beneficial care to all members of our communities.
- The police are not always the right agency to respond to incidents. There are circumstances where our partners in health or social care are best placed to offer help and support to vulnerable people.
- RCRP will **not** stop the police attending incidents where there is a threat to life. Police forces have a duty to protect our communities and they will continue to do so.
- Police forces are working with health and social care providers to determine how they can best work together under RCRP principles to ensure the resources are in place to provide the best response to incidents involving people with a health or social care need. It is not a police resource/ cost saving exercise in isolation. The national police guidance toolkit provides guidance on working with partners in a collaborative approach to implementing RCRP.
- Locally, Police and Crime Commissioners and police forces are working in partnership with health and social care agencies on the planning and implementation of RCRP.
- The police will always have the discretion to deploy and the National Partnership Agreement does not impede the operational independence of police chiefs.
- In England, since April 2024, the NHS 111 number has provided a single, universal point of access for members of the public to call if they require urgent and emergency mental health care<sup>45</sup>. The NHS 111 number is one option of support

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<sup>45</sup> <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/adult-mental-health-services/#:~:text=By%202023%2F24%2C%20NHS%20111,in%20acute%20mental%20health%20pathways.>

for people experiencing a mental health crisis, with others including accessing a crisis café or alternative provision, calling a voluntary, community sector helpline such as Samaritans, attending at Accident and Emergency or health-based place of safety, requesting an ambulance or going to a GP. The police will remain an option where there is a risk to life or serious harm.

- The statistics taken from the HO-DHSE rapid RCRP evaluation, calculating the estimated hours saved per month across five force areas based on data both prior and post RCRP implementation. Officer time spent on incidents was calculated by comparing pre- and post-implementation data, then multiplying the difference by the average incident time. The average time saved per month was calculated in seconds, then reported in hours for ease, with all cases showing a reduction in time spent:
  - Essex Police saved an estimated 4,840 officer hours per month,
  - Metropolitan Police Service has saved an estimated 18,910 officer hours per month,
  - Northamptonshire Police have saved an estimated 1,030 officer hours per month,
  - South Yorkshire Police have saved an estimated 3,390 officer hours per month,
  - Thames Valley Police have saved an estimated 2,490 hours per month.<sup>46</sup>
- If all forces in England realised time savings similar to those reported by Humberside Police, this could save around one million hours of police officer time per year. Note that this figure is an estimate using local population figures as a proxy for potential mental health demand to calculate the overall officer hours saved for England, assuming the number of Humberside officer hours saved (1,441 per month) was achieved elsewhere.<sup>47</sup>
- There were 31,213 detentions under s136 of the Mental Health Act 1983, a decrease of 10% from 2022/23.<sup>48</sup>
- Humberside’s internal evaluation highlighted the following positive outcomes for police:
  - An average of 540 fewer police deployments per month,

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<sup>46</sup> [Evaluating the implementation of Right Care, Right Person - GOV.UK](#)

<sup>47</sup> <https://www.college.police.uk/guidance/right-care-right-person-toolkit/communications-plan-considerations>. See also, [Policing Productivity Review](#)

<sup>48</sup> [Police powers and procedures: Stop and search, arrests and mental health detentions, England and Wales, year ending 31 March 2024 - GOV.UK](#)

- 1,441 officer hours saved on average per month,
- 46,114 officer hours saved between May 2020 and December 2022,
- A reduction in the proportion of health and social care incidents deployed to, from 78% in January 2019 to 25% in May 2022.<sup>49</sup>

## APPENDIX C: Examples of Media Content on Right Care, Right Person

- College of Policing (includes Humberside PCC) video ‘How the right care, right person scheme works at Humberside Police.’<sup>50</sup>
- Surrey PCC Vlog ‘Commissioner discusses the Right Care, Right Person scheme.’<sup>51</sup>
- Wiltshire and Swindon’s PCC press release informing the public on RCRP rollout as well as providing updates on the next phases ‘Next phase of Right Care Right Person set to roll out in Wiltshire’<sup>52</sup>
- Dorset press release highlighting positive impacts of RCRP and next stages of implementation, ‘Police move to attend fewer care calls ‘successful.’<sup>53</sup>

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<sup>49</sup> <https://www.college.police.uk/support-forces/practices/smarter-practice/right-care-right-person>

<sup>50</sup> <https://www.youtube.com/watch?v=-hnfyDD03ds>

<sup>51</sup> <https://www.youtube.com/watch?v=srM3kXlOL5Y>

<sup>52</sup> [Right Care Right Person to be rolled out in the Wiltshire Police area](#) and [Next phase of Right Care Right Person set to roll out in Wiltshire](#)

<sup>53</sup> [Dorset Police move to attend fewer care calls 'successful' - BBC News](#)

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The APCC provides support to Police and Crime Commissioners and policing governance bodies in England and Wales.

