

#### Norfolk Police and Crime Panel

## Minutes of the Meeting held on 1 September 2023 at 11am at County Hall, Norwich

#### **Panel Members Present:**

Air Commodore Kevin Pellatt (Chairman) Co-opted Independent Member

Cllr Brian Long (Vice-Chair)

Cllr Sue Catchpole

Norfolk County Council

Broadland District Council

Cllr Jade Martin Great Yarmouth Borough Council
Cllr Alexandra Ware King's Lynn and West Norfolk Council

Cllr John Toye North Norfolk District Council

Cllr Graham Carpenter

Cllr Stuart Dark

Cllr Cate Oliver

Norfolk County Council

Norwich City Council

Mr Peter Hill Co-opted Independent Member

#### Officers Present:

Giles Orpen-Smellie Police and Crime Commissioner for Norfolk (PCC)
Sharon Lister Police and Crime Commissioner for Norfolk (PCC)
Director of Performance and Scrutiny, OPCCN

Nicola Ledain Committee Officer, NCC

Jill Penn Chief Finance Officer, OPCCN
Jo Martin Scrutiny Support Manager, NCC

Mark Stokes Chief Executive, OPCCN

Gavin Thompson Director of Policy and Commissioning, OPCCN Kirt Wilkinson Performance and Scrutiny Manager, OPCCN

#### 1. To receive apologies and details of any substitute members attending

- 1.1 Apologies were received from Cllr Tristan Ashby, Cllr Kieran Murphy and Cllr Beth Jones who was substituted by Cllr Cate Oliver.
- 1.2 It was also noted that Chief Constable Paul Sanford had sent his apologies.

#### 2. Election of Chairman

- 2.1 Air Commodore Kevin Pellatt was duly elected for the ensuing year.
- 2.2 In taking the Chair, Air Commodore Kevin Pellatt thanked County Councillor William Richmond for so ably chairing the Police and Crime Panel since 2017 and for his contribution to this area of scrutiny.

#### 3. Election of Vice Chair

Cllr Brian Long was duly elected for the ensuing year.

#### 4. Minutes

4.1 The minutes of the meeting held on 27 April 2023 were agreed as an accurate record and signed by the Chairman.

#### 5. Members to Declare any Interests

5.1 There were no interests declared.

## 6. To receive any items of business which the Chairman decides should be considered as a matter of urgency

6.1 There was no urgent business was discussed.

#### 7. Public Questions

7.1 No public questions were received.

#### 8. Balanced Appointment Objective

- 8.1 The Panel received the report asking it to consider whether the balanced appointment objective was being met and the continuation of independent member co-options.
- 8.2 Having considered the report, the Panel **AGREED**;
  - 1) the balanced appointment objective was being met;
  - 2) the continuation of Air Commodore Kevin Pellatt and Mr Peter Hill as co-opted independent members.

#### 9. Panel Arrangements and Rules of Procedure – Review

- 9.1 The Panel received the report setting out the Norfolk Police and Crime Panel Rules of Procedure, Panel Arrangements, and guidance for handling complaints about the conduct of the Police and Crime Commissioner.
- 9.2 The Panel:
  - 1) **ENDORSED** the Panel Arrangements (at Annex 1 of the report).
  - 2) **ENDORSED** the Rules of Procedure (at Annex 2 of the report).
  - 3) **ENDORSED** the guidance for handling complaints about the conduct of the Police and Crime Commissioner (at Annex 3 of the report) and **APPOINTED** the following members to be involved in the process:
    - Peter Hill
    - Kevin Pellatt
    - John Toye

- Brian Long
- Appointment to the fifth place would be confirmed.
- 4) **APPOINTED** the following Panel Members to the Complaints Policy Sub Panel (at Annex 4 of the report):
  - Peter Hill
  - Kevin Pellatt
  - John Toye
  - Brian Long
  - Appointment to the fifth place would be confirmed.
- 9.3 The Chairman highlighted that the next meeting of the Complaints Policy Sub Panel would be held at 10am on 7<sup>th</sup> September.

#### 10. Police, Crime and Community Safety Plan 2022-24 Performance Monitoring

- The Panel received the report which provided the fourth of the PCC's performance reports to the Panel and set out an overview of progress made against delivering on the objectives set out within the six strategic priorities (pillars) contained within the Plan.
- 10.2 The Chairman thanked the PCC for the information provided and asked the PCC to introduce the report.
- In introducing the report, the PCC highlighted that the report was a quarterly report which was due to be presented to the Panel at the cancelled July meeting, which meant that the data was slightly out of date. The PCC reported that he continued to ask the Chief Constable to focus on increasing visible policing as he believed that this was what the public wanted, and he would be carrying out a deep dive on this area at the next Public Accountability Meeting. However, the demand being currently placed on the Constabulary by the public has meant that officers were being moved away from visible policing to other priorities. Pre 2020, the Constabulary would receive 200-250 999 calls in 24 hours, however in the period May to September 2023, the number of 999 calls were routinely exceeding 600. The Constabulary were continually reviewing how to generate capacity from existing resources, but they still were the fastest 999 answering Constabulary in the Country, had the highest crime detection rates in the Country and had the lowest burglary rates in the Country.
- The Chairman thanked the PCC for his introduction. During the discussion, the following points were raised:
- 10.3.1 In addressing the recent press reports about instances within the Constabulary, the PCC explained the situation regarding the road collision and the data breach. He reported that he had spent 40 minutes on a deep dive at last Public Accountability Forum on the road collision which was available on You Tube through the OPCCN website. He explained that the Chief Constable had followed due process and therefore the news headlines suggesting cover up could be disputed. The charges against the driver had been dropped by the Crown Prosecution Service. The process was ongoing and was being conducted correctly. From the PCC's perspective, the Constabulary had carried out the correct process but it had taken time. With regards to the data breach, this had happened in the shared space

between Norfolk and Suffolk Constabularies and had therefore been a joint investigation with Suffolk Constabulary. As soon as the breach was discovered, the Constabularies referred themselves to the Information Commissioner's Office which they were required to do and who had been constructive in their advice how the investigation should proceed. There were 1320 people who were subject to the breach, with just over 500 of them being in Norfolk.

By the end of September everyone who had been subject to the breach would have been contacted, most of whom were victims or witnesses of crime. The PCC reported that he supported the Chief Constable in how he managed the announcement of the data breach by choosing to find out who was affected first before announcing it.

- 10.3.2 The PCC reported that after the cases of Wayne Cozens and David Carrick, the process of those police misconduct investigations which could lead to loss of earnings, had to be conducted by a Legally Qualified Chair. These cases had instigated a series of questions about Constabularies being able to dismiss Officers. This tasked the Home Office to conduct a review of those investigations. The results of that review had proposed that the powers of dismissal would be restored to Chief Constables but with a caveat in place that the Chief Constable or senior officer would be the Chair with a Legally Qualified Panelist, and one lay member also on the Panel. The PCC confirmed that the recently announced proposals were only proposals and further work needed to be done in the Autumn. If any of the proposals needed primary legislation, they could be delayed further. When the Legally Qualified Chairs were introduced in 2016, there was no protection for them if a lawsuit was filed. In November 2021, the Chairs started to refuse hearings and in the recent announcements, the issue of immunity wasn't addressed. It was hoped that those Legally Qualified Chairs would continue in the new arrangements, but the immunity needed to be addressed. The PCC reported that there was a temporary fix of PCC's being able to provide indemnity which held an excess of £350k per claim. It was usure if the claim constituted one panellist or all three panellists.
- 10.3.3 With regards to page 65, section B, the panel asked how 'Right Care, Right Person' worked in practice. The PCC explained that this started in Humberside in 2019 from a review which looked at the demand placed upon them by non-core policing activities and of this mental health care was top. The Humberside Constabulary, in starting this way of working, referred to the basic principles of policing and what type of calls they should be attending according to those principles. The Humberside Constabulary had stepped back from attending those calls relating to welfare. In the Humberside situation, it generated hundreds of officers hours, which could, in Norfolk's case, be used for visible policing. Norfolk would be one of the last forces that would introduce this. Partners had contributed to making this work in a very constructive manner, having acknowledged their duties of care in law. A huge amount of work was being done to get this right. It was hoped that it would produce hundreds more hours from Officers. The PCC offered to provide the slide pack being used by the Constabulary for local briefings, for inclusion with the minutes and for panel members to share more widely. The slides are attached to these minutes at Annex 1.
- 10.3.4 With regards to page 72 and the estates strategy, Members asked how much consultation had taken place with professional organisations and comparisons with other similar forces that had a similar expanse as Norfolk. The PCC replied that a lot of work had been carried out and there continued to be work carried out

on the strategy, and links to the future of the estates. When building new estates, they were being built for the future. Broadland Gate had been built with green features such as solar panels, electric charging points in the car park and low carbon concrete. The PCC recognised that as public sector they had a duty to have an estate which was suitable for the future green world. He also reported that they were recruiting to an Estate Specialist to generate income. The estate at the minute was solely for police use, but there could be other opportunities to share buildings or lease them out in the future. Hybrid working had also resulted in greater productivity and a reduction of carbon emissions. The Chief Executive stated that the Environmental Strategy and action plan had been discussed with the Constabulary at the Internal Governance Board and would be published soon when more information could be provided with the panel.

- 10.3.5 With regards to page 70 of the agenda and the positive outturn of £3.142million and the slippage in contracts of ICT and vehicles, the Panel asked what the implications next year of that slippage and what were the mitigations taking place around it. The PCC confirmed that there had been supply chain issues with a vehicle order as wiring looms for Western Europe were manufactured in Ukraine which was currently delayed by the war with Russia. The PCC reported that he authorised 30 replacement vehicles just after his arrival which had yet to all be delivered. The slippage was the delay of that order. The slippage of the ICT contracts was due to large Home Office contracts which had been delayed, and the funding was put aside for when the projects come to fruition.
- 10.3.6 Within the OPCCN and the Constabulary, the Panel asked if there was information released about what could be expected when drivers or individuals were stopped by the Constabulary. Members referred to videos on social media which were unofficial and often not from the point of view of the Police. The PCC reported that there was a line between an individual's freedom and obstructing the Police. Officers would often have other priorities whilst they were being filmed and dealing with the instances needing their attention. More work needed to be done with the carriers of social media about the content that existed online and removing content when asked to do so.
- 10.3.7 The Panel commended the OPCCN for the depth of the report. With regards to page 77 in relation to objective 3, the PCC explained that the data was relatively new and emerging. Prior to that, the Constabulary wasn't measuring the extent of its engagement. Work was continually being carried out with various individual communities though the Independent Advisory Group, which recently marked Stephen Lawrence Day.
- 10.3.8 In relation to page 83, Members of the Panel expressed, through personal experience, that Operation Bodyguard had been successful in preventing scams and increasing awareness of the various types of frauds that existed. Members asked if there was more that could be done in Norfolk. The PCC agreed that this was a huge area and it was something that warranted a national approach and a national campaign. It was hoped that this would happen, but it was taking a while. The PCC encouraged victims to report as much as possible. The Director of Policy and Commissioning explained that Operation Bodyguard was developed in the west of the county. It assessed vulnerability to fraud and scams by taking data from a range of agencies to detect those that could be targeted and pro-actively helped them. It had been successful in retrieving large sums of money and was continuing under the Norfolk Against Scams Partnership. He explained that the

Norfolk Countywide Community Safety Partnership had fraud as a priority with a proposal to have a focused response regarding fraud.

- 10.3.9 The PCC confirmed that he was confident that the Chief Constable was effectively communicating and signposting callers within the 999 and 101 system. The PCC reported that 80% of 101 calls were not about policing and he would like to see more work done on this area. The Panel heard that a new initiative of a video system where a caller was offered a video interview was working well and it was going to be rolled out for more crime types.
- 10.3.10 The Panel asked what was being done on 24<sup>th</sup> September to commemorate National Police Memorial Day which recognised those Officers who had lost their lives serving. The PCC acknowledged that the Chief Constable would be attending the national service and he would communicate any event that was being held at Wymondham HQ if anyone wished to attend. The PCC would also provide the details of any local events should any Panel Member wish to attend
- 10.3.11 At this point in the meeting, the Panel took a short break.
- 10.3.12 Members referred to page 95 of the report and the trends in road safety. The data in the report was the overarching strategic data. The Constabulary's data was primarily concerned with speed enforcement but when considering road safety as a whole, other agencies such as Highways would also be consulted. With regards to the income increase from the fines, road safety was not used to fund other policing. Road safety was funded by using the money from the cameras and other fines issued on the roads.

  The panel commented that it would be helpful for future reports to identify how commercial vehicle activity impacted the Killed or Seriously Injured figures and whether this was greater on general road users or vulnerable road users, as it would help panel members inform their local communities. He also suggested that it would be helpful to include Fatal 4 TORs for the previous 12 months, as it would help to establish whether enforcement activity was having an effect.
- 10.3.13 The panel praised the SNAP meetings which were acknowledged to be a valuable asset and it was disappointing to see that they weren't well attended in some parts of the county. The Chief Constable was reviewing the meetings to see what could be done to help attendance.
- Having considered the PCC's summary of progress towards delivering the six strategic priorities, the Panel **NOTED** the report.

## 11. Police and Crime Commissioner (PCC) for Norfolk's 2024/25 budget consultation

- 11.1 The Panel received the report outlining how the Office of the Police and Crime Commissioner (OPCCN) proposed consulting on the Commissioner's proposals and publishing the results.
- The Chairman thanked the PCC for the information provided and asked the PCC to introduce the report.

- 11.2.1 In introducing the report, the PCC highlighted that in usual circumstances this report would have been brought to the Panel earlier for their consideration. Setting the precept was about balancing the police's needs for money against the public's willingness to provide more money. In the current financial year, the PCC reported that 54% of the budget came from the Treasury via the Home Office grant, with the remaining 46% coming from Norfolk households and therefore the precept was a core part of the police budget. Early indications revealed that there would be a funding gap to address and there would be a need to identify how that gap would be addressed. In representing the public's views, the public needed to be asked their view, meaning the consultation would start on Monday 4th September and would last for 12 weeks. In the PCC's first year in office, he had waited for the relevant announcements from the Governments before starting the consultation which led to a very short consultation at the wrong time of year over Christmas, the second year had planned to go out in September, but with the political turbulence this was delayed until January 2023 and a 2-week consultation. Neither provided the right circumstances for effective discussion. This consultation would be in person and with a public engagement process. The PCC reported that he was keen to get the views of the silent majority. He was aware of the financial pressures that currently existed. When the consultation started, he wouldn't have the firm facts and therefore would be asked the public which of the six pillars in the Police and Crime Plan were the most important to them.
- 11.3 The Chairman thanked the PCC for his introduction. During the discussion, the following points were raised:
- 11.4 The PCC reported that the information of the locations to engage would be put on the website and through various organisations such as Parish Councils. There would be organised events which would be advertised later.
- The Panel **NOTED** the information provided and **COMMENDED** the commended the 12-week length of the consultation and the approach to focus on the six pillars was a unique one, and hopefully one which would give some useful insights.

#### 12. Information Bulletin – questions arising to the PCC

- The Panel received the report summarising both the decisions taken by the Police and Crime Commissioner for Norfolk (PCC) and the range of his activity since the last Panel meeting.
- With regards to the attendance to Conservative party meetings reported in the activities list, the panel asked the PCC if they needed to be reported to the Panel. The PCC replied that he wanted to be as transparent as possible. As they were Conservative meetings, he did not claim expenses, unless it was a meeting of all Police and Crime Commissioners.
- 12.3 With reference to the PCC Decision Notice 2023/05, the Panel asked for more detail regarding the contract of the health care provider of those in custody which was reported in the agenda as having been extended. In particular, there was no mention of the quality of service of that contractor and if that was that considered before extending the contract and could it be included in the decision document. The Chief Finance Officer explained that it was a decision made by the

Constabulary and further explanation would be given in writing after the meeting. The written response is attached to these minutes at **Annex 2**.

12.4 The Panel **NOTED** the report.

#### 13. Norfolk Police and Crime Panel Funding

- 13.1 The Panel received the report reviewing the Norfolk Police and Crime Panel's expenditure for 2022-2023 and setting out the expected 2022-23 grant allocation and expected expenditure for 2023-2024.
- The Chair reiterated the value of belonging to the Eastern Region Network with the next meeting being held on 19<sup>th</sup> September 2023.
- 13.3 Having considered the report, the Panel:
  - 1. **NOTED** the 2022-23 expenditure;
  - 2. NOTED the 2023-24 grant allocation; and
  - 3. **NOTED** the areas of expenditure during 2023-24.

#### 14. Work Programme

- 14.1 The Panel received the work programme for the period October 2023 to July 2024.
- 14.2 The PCC reported that there was going to be a Norfolk and Suffolk Collaboration Panel meeting taking place on 4<sup>th</sup> October 2023.
- 14.3 It was hoped that the visit to the Constabulary's new training facilities at Hethersett could be re-convened.
- 14.5 The Panel **AGREED** the work programme.

Meeting ended at 1.52pm.

#### Air Commodore Kevin Pellatt, Chairman, Norfolk Police and Crime Panel



If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

## RIGHT CARE, RIGHT PERSON

# OVERVIEW FOR MASH PARTNERS

**OCTOBER 2023** 





## National Partnership Agreement - July 2023

- Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally
- 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.
- 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.
- Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
  - initial response to people experiencing mental health crisis.
  - 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.
  - 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).
  - conveyance in police vehicles.
- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services.

## WHAT IS RIGHT CARE, RIGHT PERSON (RCRP)?

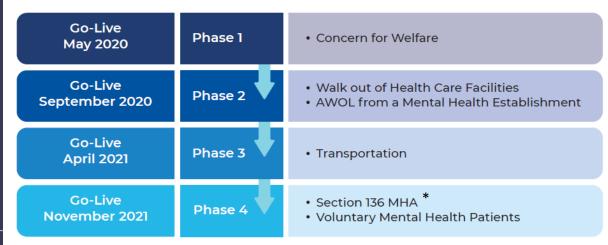
## Right Care, Right Person is about ensuring the right response by the right professional

Humberside Police, the police force where RCRP originated, commenced the Right Care, Right Person programme in 2019. They used a phased approach working with partners to highlight the type of calls police would still attend, would no longer attend or may attend depending on other factors.

Humberside Police engaged with partners to prepare for each phase and the impact on police no longer deploying to certain requests

## Humberside Police's programme plan

The Right Care, Right Person programme commenced in 2019 and was originally split into 4 Phases, which have now all gone live:



<sup>\*</sup> This part of phase 4 is specifically around the activity/processes in place once police have detained a person



## RCRP Strategy: Police Principles



## Principle 1:

Members of the public have the right to receive the "Right Care from the Right Agency"

## **Principle 2:**

The Police should concentrate on crime

## **Principle 3:**

Understanding the Police's Legal Duty to Attend

## **Principle 4:**

Listening to feedback from our staff

## **Principle 5:**

Partnership Working

## **Principle 6:**

Ensuring staff feel properly trained and supported to make the right decisions

## **Principle 7:**

Evidence Based Evaluation

## **Principle 8:**

Sharing of Good Practice

## RCRP Strategy: Objectives

## Objective 1

Health & Social Care increase ability to conduct own welfare checks in respect to their duty of care where no role for police.

## Objective 2

Mental health Absent without leave patients to be managed and returned by MH staff unless primary / statutory duty for police

## Objective 3

Acute Hospital A&E /
Ward to meet any
duty of care to
patients who
unexpectedly leave
from A&E / ward.

## Objective 4

Transportation for physical & mental health patients will not be carried out by the police unless exceptional circumstances

## Objective 5

Police handovers at Mental health Crisis Suites or cafes should take place within one hour

## **Objective 6**

Reduce time spent in police cell at investigation centres following MH assessment / provision of right care & supervision

## Objective 7

Members of the Public should know which agency to contact in relation to mental ill health and social care matters.

## Objective 8

Identify and assess other areas where Right Care, Right Peron can be used.

## Change in Assessment

Decisions more closely aligned to actual duty of care and duty / responsibilities under common law, ECHR and statutory legislation.

Reducing long standing practice of 'assumption of duty of care' where policing has volunteered / agreed to take on a duty of care from another agency.



## Police decision making options:

Attend

Decline

• Consider – request further information and detail / assess against duty of care and legal responsibilities:- Attend or Decline.



## Method of contact and Norfolk's triage tool

• Humberside developed a triage tool for their control room for Right Care Right Person and Norfolk will be doing the same. The tool supports the call handlers in making consistent decisions aligned with the police's duty to act.

 All Right Care Right Person related incidents need to go through the CCR so the tool can be used to determine attendance

 All requests for police attendance to go through the new Single Online Home platform in the CCR (will be live before January 2024)



## NORFOLK

## Concern for welfare – current situation

- 1 in 6 calls (over 27k calls) received by Norfolk Constabulary in 2022 were for concern for welfare. Concern for welfare includes concern for safety calls and calls with a mental health or suicide marker.
- Over 17k emergency or priority attendance calls in 2022 were for concern for welfare. This equates to 1 in 5 of all police attended calls or an average of 49 calls a day from health, social care and members of the public.



## **CONCERN FOR WELFARE FOR COUNTY**

#### **OFFICIAL**

Temporal data for CFW

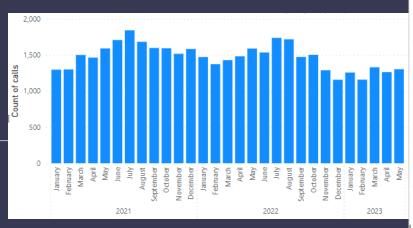
Calls for calendar year 2022

## Peak demand for CFW calls:

- Mon-Fri 1500-1700hrs
- Fri, Sat and Mon evenings

Count of call	Police attendance	% Attend
27301	17757	65%
<b>27301</b>	<b>17757</b>	<b>65%</b>

Volume of attended calls



#### Calls received by police

Day	1	2	3	4	5	6	7
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0	123	157	133	153	150	202	201
1	120	115	99	81	112	170	141
2	79	89	74	96	82	120	122
3	64	68	66	65	85	92	94
4	55	52	58	52	65	83	83
5	41	39	58	50	63	70	75
6	52	57	49	47	50	52	57
7	56	70	63	79	73	63	79
8	110	75	98	90	101	73	75
9	124	141	142	146	144	136	110
10	162	208	155	161	183	132	126
11	202	186	203	179	200	145	138
12	220	168	155	191	182	150	132
13	208	214	198	212	224	168	158
14	210	225	186	220	240	193	169
15	269	244	241	212	240	199	180
16	248	264	272	272	298	195	206
17	245	242	265	254	266	211	196
18	236	241	217	237	246	218	210
19	253	225	239	220	204	240	205
20	246	211	231	220	234	244	203
21	241	219	224	231	282	262	216
22	239	226	217	233	249	257	211
23	180	183	193	193	226	251	157
Total	3983	3919	3836	3894	4199	3926	3544

#### Calls police attended

Day	1	2	3	4	5	6	7
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0	82	104	89	97	105	145	132
1	86	76	69	58	69	124	95
2	55	62	54	57	53	80	79
3	45	48	38	47	62	67	65
4	29	35	36	31	43	53	61
5	30	27	37	27	42	48	49
6	27	34	28	33	39	31	37
7	31	41	43	46	40	39	50
8	75	49	61	58	62	47	50
9	73	95	91	85	97	84	75
10	97	118	104	108	122	76	70
11	124	114	137	132	129	96	92
12	138	101	98	119	120	96	88
13	121	145	131	137	139	116	96
14	131	158	127	133	142	124	130
15	170	152	151	129	161	130	119
16	155	162	178	181	190	120	136
17	156	145	170	156	161	129	132
18	146	158	127	147	157	141	142
19	170	152	150	151	144	161	142
20	156	141	152	161	153	155	134
21	164	140	150	153	181	178	134
22	148	151	141	164	171	177	125
23	120	127	132	125	163	160	109
Total	2529	2535	2494	2535	2745	2577	2342

## NATIONAL LANDSCAPE

- National Partnership Agreement signed by ministers of police, health and social care in July 2023.
- RCRP tactical board set up by the National Police Chief's Council to assist forces with policy and toolkits for consistency of implementation across the country.
- Suffolk went live with the concern for welfare workstream on 1st October.



## **Hospitals**

Type of Incident	Summary of Incident	Did Police attend/deal with the situation?	Time spent dealing (HH:MM:SS)	Under RCRP would Police attend?
Concern for Safety	Reporting missing patient. Left ward between 1400-1500hrs but not reported until early hours on the following day. Attempts to contact but no check of home address. Police pushed back to NNUH to check home address.	Yes	00:41:00	No This does not – on its own – equate to a real and immediate risk to life or of serious injury. Not a 'missing person'.
Concern for Safety	NNUH reporting that patient with Deprivation of Liberty Safeguards DoLS in place has left ward and gone home with a cannular in his arm and is withdrawing from alcohol. They want police to return the patient. No immediate risk to life. No attempts to retrieve patient by hospital or ambulance. Advised to call Ambulance in first instance as medical matter.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury. There is no police power to detain and return a DoLS patient. Not a 'missing person'.



## Social services

Type of Incident	Summary of Incident	Did Police attend/deal with situation	Time spent dealing (HH:MM:SS)	Would police attend under RCRP?
Concern for Safety	Children's Services attended an address and have concerns for baby. Neighbours report hearing shouting and screaming and baby then went quiet, male heard to say baby has a mark on the head.	Yes		Yes Potential for a real and immediate risk to life or of serious injury to a child.
Concern for Safety	Concern for vulnerable female, tried contacting and visited home address but not home. History of drug abuse. Seen 5 days ago and mental state considered okay. Previously tried to OD but nothing to suggest current concern other than unable to make contact. Local units advise similar circs reported several weeks ago and had gone to stay with friend and doesn't like flat. Not recorded as missing.	Yes	5:40:09	No This does not – on its own – equate to a real and immediate risk to life or of serious injury. Not a 'missing person'.
Concern for Safety	Caller concerned for a staff member who has failed to turn up for work and when contacted sounded incoherent and stated they wanted to die. Female had confirmed she was at home. Caller wanted to report her as missing. Police call Ambulance who arrive before police and took primacy. Caller has duty of care to staff member.	Yes	0:48:00	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	Caller requesting welfare check. They are supporting someone who is trying to source funding for electricity and food. Informant received text message stating "goodbye". Male was spoken to by caller. He was angry at the system and hung up on caller. Caller advised that police not attending and they have a duty of care to carry out a welfare check. They advised they would get the swift team to deal and would call back if unable to gain access.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.



## **NSFT**

Type of Incident	Summary of Incident	Did police attend/deal with situation?	Time spent dealing (HH:MM:SS)	Under RCRP would police attend?
Missing Person	Caller reporting that S3 patient has failed to return from unescorted leave. They believe he will be at his Girlfriends. They have not tried visiting the location stating "they don't do this". There is no immediate threat to life. Police have no powers to detain someone inside an address, a S135 warrant would be required.	Yes	2:07:00	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Missing Person	Reporting informal patient missing after failing to return from leave. She left the ward on and provided the address of a friend where she was going. There was a delay in reporting to police. When asked why they hadn't reported earlier, stated they were supposed to but forgot. Police have no powers with informal patients or inside addresses. No checks completed by hospital staff of address.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Mental III Health	CRHT requesting a welfare check of male discharged from MH Hospital on 19/04/23. CRHT have attended but he refuses to answer the door and barricaded himself in the address on 21/04/23. They are unable to make contact and are concerned about MH, so requesting welfare check. No immediate risk to life identified. Advised to ring Ambo and EDT. No police powers inside address. <b>CRHT require S135</b> warrant.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	CRHT have received telephone call from service user who was upset on phone and said they couldn't cope. They ended the call abruptly but no suggestion of immediate risk to life. Ambulance called as service user at home address. <b>No police powers.</b>	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	Hellesdon wishing to report informal patient missing. She went out and was supposed to return 15 mins later but failed to return. No attempts made to check home address. <b>No police powers as female is an informal patient.</b>	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	CMHT has received a message from CRHT stating that a patient called them last night as she wanted to kill herself. CRHT were satisfied that she could keep herself safe overnight. Caller has tried ringing patient but no response. Patient is believed to be at home. No immediate threat identified. CMHT/CRHT have not been to the address. <b>No police powers inside address.</b>	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Missing	Reporting that a voluntary patient has failed to return from leave. He is of NFA and has failed to answer mobile. Whilst on phone, male has returned. Police have no powers to return a voluntary patient.	Yes	00:34:00	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.

## <u>GPs</u>

Type of Incident	Summary of Incident	Did police attend/deal	Time spent dealing (HH:MM:SS)	Under RCRP would police attend?
Concern for Safety	Requesting welfare check on patient who told MH Team 2 days earlier that she had a suicide plan. MH team are unable to make contact and have contacted GP as a result. Officer calls mobile and speaks with female who was surprised by call and states she is okay and has numbers to call if she feels suicidal.	Yes	00:34:00	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	GP advised that Social Services have asked them to do a welfare check on a patient who has relapsed with alcohol use. Efforts have been made to contact by phone without success. GP worried she may have hurt herself but no immediate information to suggest this. Whilst trying to get further information from EDT, Police call patient. She is having a Hypo linked to her diabetes. Police call Ambulance on her behalf.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	GP has received an email from police MH Team regarding concerns for patient who is feeling suicidal. Police last saw two weeks ago. GP has been trying to make contact ever since but has not attended the address. CCR advise this is for GP to attend and call Amb if required. <b>Police have no powers in the address.</b>	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.



## **Housing**

Type of Incident	Summary of Incident	Did Police attend/deal with incident	Time spent dealing (HH:MM:SS)	Under RCRP would police attend?
Concern for Safety	Housing reporting concerns for male in MH crisis, shouting and howling like a wolf from inside premises. Caller has attended and can hear furniture being moved in front of door. Called CRHT who advised police matter. They are trying to arrange a MH assessment. Police call Ambulance. Police have no powers inside the address - would require a \$135 warrant organised by MH services/EDT.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Mental III Health	Housing provider requesting welfare check on tenant. She contacted housing as she had lost her keys. An emergency locksmith was arranged. Upon attendance tenant is clearly in MH crisis and her Grandfather was trying to keep her in the address. She has made previous suicide attempts but her intentions are unknown today. Caller advised this is a medical matter. Advised to contact CRHT.	No		No This does not – on its own – equate to a real and immediate risk to life or of serious injury.

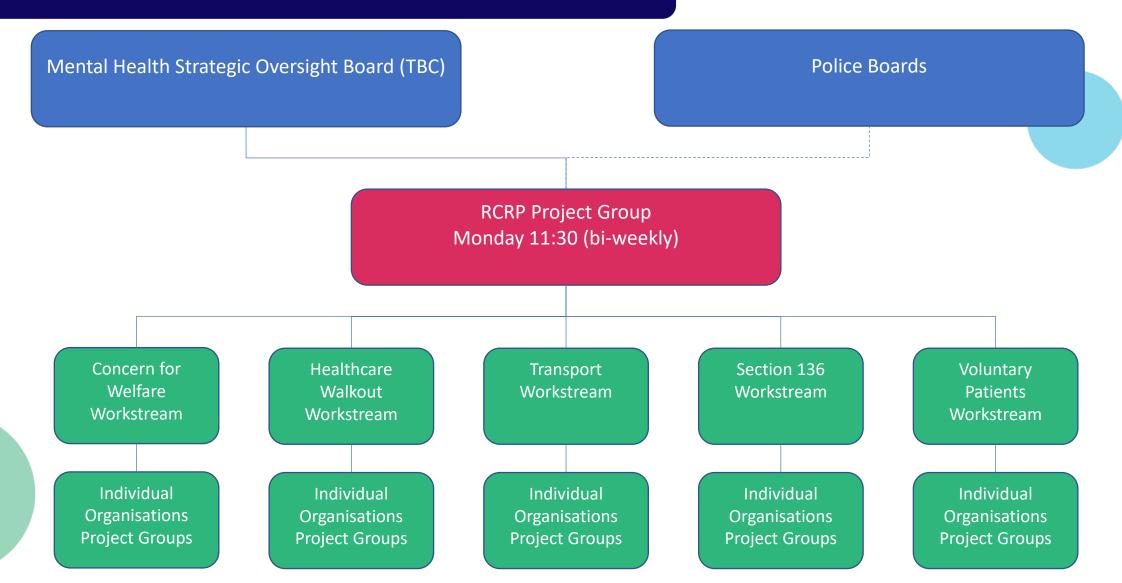


## Member of the public

Type of Incident	Summary of Incident	Did police attend/deal with incident	Time spent dealing (HH:MM:SS)	Under RCRP would police attend?
Concern for Safety	Female on the flyover climbing over barrier	Yes	41:41:00	Yes Risk of a real and immediate risk to life or of serious injury.
Concern for Safety	Caller advising that she is suicidal, has a knife and intends to take her own life.	Yes	10:11:00	Yes Risk of a real and immediate risk to life or of serious injury.
Mental III Health	Reporting that his sister is having a MH episode and is refusing to leave the address. No domestic. No threats or concerns of violence. Female is laying on the bed refusing to leave. CRHT were already on route to females address. Diverted to alternative address. Police did not attend.	No	1:15:52	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	Caller stating they have taken an overdose. Police phone Ambulance. No police attendance.	No	0:27:31	No This does not – on its own – equate to a real and immediate risk to life or of serious injury.
Concern for Safety	Parent calls in to report that they tried to admit Daughter to Hellesdon today but have an appointment tomorrow. She is trying to run in front of traffic. Parents are dragging her out of the way.	Yes	10:15:00	Yes Risk of a real and immediate risk to life or of serious injury.

## **RCRP Project Structure**







## **RCRP Programme**

RCRP Project Delivery and Governance (Workstreams)

Programmes are include in the Mental Health portfolio, these are designed to deliver local strategic and national transformation ambition

RCRP Programme Delivery Groups Reporting to RCRP Assurance Group						
Project Workstream	Focus/aims	SRO	Chair Co-chair			
RCRP Assurance Group (Overarching)	<ul> <li>To provide assurance and project oversight to the project workstreams.</li> <li>To coordinate the 5 workstreams to ensure they align effectively.</li> </ul>	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: Mark Payne, ICB Co-Chair: Nick Davison, Police			
(1) Concern for Welfare	To develop a system response and plan to respond to concern for welfare calls which would previously have been handled by the police.	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: John Heritage, ICB Co-Chair: Jeremy Bell, ICB			
(2) Walkout of Healthcare Facilities	<ul> <li>To develop a system response and plan to respond to people walking out of healthcare facilities which would previously have been handled by the police.</li> </ul>	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: Kim Goodby, NNUH Co-Chair: Gemma Lawrence, NSFT			
(3) Transportation	To develop a system response and plan to respond to patient transport requests which would previously have been handled by the police.	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: Peter Spears, ICB Co-Chair: John Heritage, ICB			
(4) Section 136 (Existing MH UEC Workstream)	To develop a system response to effectively manage Section 136 response and handovers.	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: Joanne Walmsley, Norfolk Police Co-Chair: Saru Mutema, NSFT			
(5) Voluntary Patients	<ul> <li>To develop a system response and plan to respond to voluntary patients in inpatient settings which would previously have been handled by the police.</li> </ul>	Mark Payne, Head of Mental Health, N&W ICB ACC Nick Davison, Norfolk Police	Chair: Andy Mack, NSFT Co-Chair: Lucy Frost , NSFT			

## **SUMMARY**

• The Right Care, Right Person model seeks to ensures the right agency deals with the matter. Currently, in a number of situations, the police are attending incidents but are not the right agency to deal with the issues facing them.

- The Home Office have finalised a National Agreement between the police, NHS England and the Department of Health & Social Care to incorporate the Right Care, Right Person operating model.
- Norfolk Constabulary, working together with partners, aims to start implementation of Right Care, Right Person in January 2024.



# LEGAL FRAMEWORK & & POLICE RESPONSIBILITY



## Core Duties of the Police

The police have core operational duties which include:

- Protecting life and property
- Preserving order
- Preventing the commission of offences
- Bringing offenders to justice

## APP - Risk

## **Approved Professional Practice (APP) – Police Service**

The police service is not responsible for all forms of risk.

The police should not assume, directly or indirectly, responsibility for all forms of risks.

They may have no legal right or power to do so and could compromise their reputation by exceeding their role.

Other agencies may have more appropriate skills (for example, in risk assessment), resources (for example, ability to provide long-term interventions) and legal powers.

## APP – Mental Health

## Responses by the most appropriate agency

In general, when there is no reason to suspect that a crime has been, or is likely to be committed, responses to the needs of people with mental ill health and vulnerabilities should be provided by appropriately commissioned health and social care services. The police have a duty to prevent and investigate crime, however, they also provide an emergency response to intervene and protect life and property from harm.

Both the <u>Independent Commission into Mental Health Policing</u> and the <u>Mental Health Crisis Care Concordat</u> suggest that the inappropriate use of police officers, vehicles and custody facilities are not in the best interest of a person with mental ill health, disabilities or vulnerabilities when they most urgently need mental healthcare and support services.

## Legal duties on the police to act

- A real and immediate threat to life: Duty under Article 2 ECHR
- A real and immediate threat of really serious harm/ torture/ inhumane or other conduct within Article 3 ECHR
- Common law duties of care
- Specific statutory duties

## DUTIES UNDER ARTICLE 2 ECHR

- The duty to protect against specific threats to life
- A positive duty to protect against a risk will arise where:
  - The police know or ought to know
  - Of a real and immediate risk to life or serious injury
  - To a person or group of persons
  - Even if that person (or group of persons) is not specifically identified
- The risk must be one of death and that risk must be real and immediate.

## **DUTIES UNDER COMMON LAW**

• The police do not owe a private duty of care in common law towards individual members of the public to protect them from harm.

• Where the police do not act, it is unlikely that they will have breached the duty of care.

- Exception to this:
  - Assumptions of Care

# DUTIES UNDER COMMON LAW: Assumption of Care

- The police may assume a duty of care (that it, is not obliged to do so) when, e.g.:-
- The police are called by a hospital and informed that a person has absconded whilst awaiting medical treatment. The police then inform the hospital that they will take responsibility for looking for that person.
- Where the police voluntarily act as the agency co-ordinating the search effort or handing of information about the hospital absconder.
- The police may take the view that they will attend an incident even where there is a risk to a person that is short of the level required to give a duty under Article 2 or 3. This is an operational decision for the police and can not be imposed by another.

## **DUTIES ON ALL AGENCIES**

 Other agencies including the NHS face similar duties to those owed by the police.

• E.g. Hospitals owe a duty of care under ECHR and common law to persons within its control and care even if those persons abscond.

Assessment of medical risk is for the NHS (or the Ambulance Service).

#### **Police and Crime Panel**

#### Minutes of the meeting held on Friday 1 September 2023

#### 12. Information Bulletin – questions arising to the PCC

12.3 Written response from the PCC with further clarification regarding the PCC Decision Notice 2023/05.

"As covered in the original report, the custody healthcare contract commenced in April 2019 for four years ending 31<sup>st</sup> March 2023, but with the option to extend for 3 further 1-year extensions. The marketplace is very limited and therefore decisions on whether to trigger the first 1-year extension or not had to be weighed up in terms of continuity of service versus performance. As this is also an arrangement that involves 5 forces there needed to be agreement across a large collaborative group.

The 5 forces, with the support of 7 Force Commercial Services have been working with the supplier to manage performance challenges as they have arisen through the first 4 years of the contract. While there have been some performance challenges, the decision was taken to extend for one year in order to provide continuity of care in a critical service for a further 12 months. This then also provided the time to commence the tender process for a new contract that is currently in progress with the new contract expected to be in place for the 1st April 2024."