west midlands police and crime commissioner

AGENDA ITEM 6

ACCOUNTABILITY AND GOVERNANCE BOARD

24th June 2025

Title: Right Care, Right Person (RCRP)
Presented by: Assistant Chief Constable Paul Drover

Overview

1. West Midlands Police (WMP) has successfully implemented all four phases of the Right Care, Right Person (RCRP) model within the timescales outlined by the government. The phased approach began in February 2024 and concluded in November 2024, with a review period extending through to March 2025.

2. Phases 1 and 2, covering 'Concern for Welfare' and 'Walkouts/AWOL from Healthcare Facilities', were launched on 5 February 2024. Notably, WMP incorporated 'Walkouts from Healthcare Facilities' into the procedural guidance for 'Concern for Welfare' rather than treating it as a standalone category. Phases 3 and 4, which focused on Mental Health Transportation and Section 136/Voluntary Mental Health Patients, were introduced on 18 November 2024, alongside a refresh of Section 135 procedures.

3. All elements are now fully implemented and are being embedded into business-as-usual processes across the force and with our partners. Corporate Development are currently working to establish a comprehensive data dashboard to allow a clear overview of performance across the four phases, though baselining elements has presented challenges.

4. Nationally accurate data related to the implementation of RCRP has been an issue, there was a recognition that such data was not being effectively recorded by any part of the system including the police. Due to this providing an accurate baseline of data has been challenging.

5. Due to the tight implementation time frames implemented we made a conscious decision to move forward knowing that evidencing outcomes would be a challenge. This is recognised by the whole system and to date we have not agreed system KPI. From a policing perspective we did introduce RCRP codes which moving forward if utilised correctly should provide more accurate data.

Performance and Impact

6. The total number of calls from the public and partners regarding what the call handler has interpreted as Concerns for Safety or Mental Health [concerns] has remained steady both before and after the implementation of each phase of RCRP.

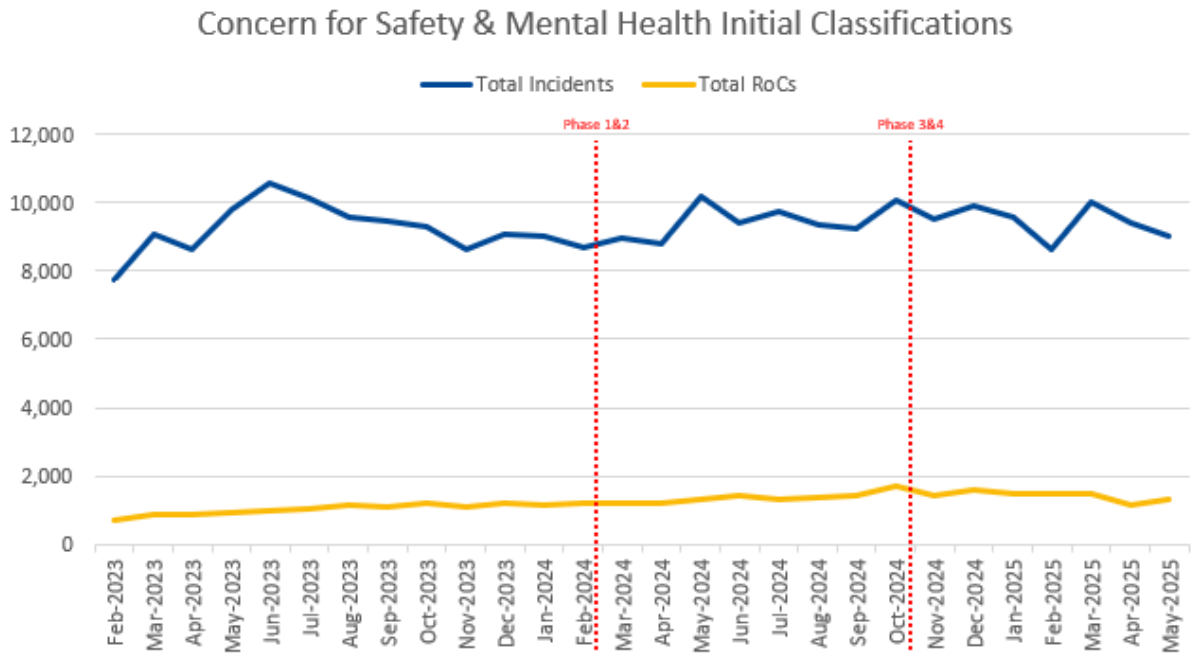


Chart 1: Concern for Safety & Mental Health initial classifications prior, during, and after RCRP implementation

7. The number of RoCs and Incidents closed under RCRP as 'Concern for Welfare' has steadily fallen since September 2024 (just before RCRP Phase 3&4 implementation) to about 100 fewer of each per month as of May 2025. This may indicate that fewer officers are attending Concerns for Welfare incidents.

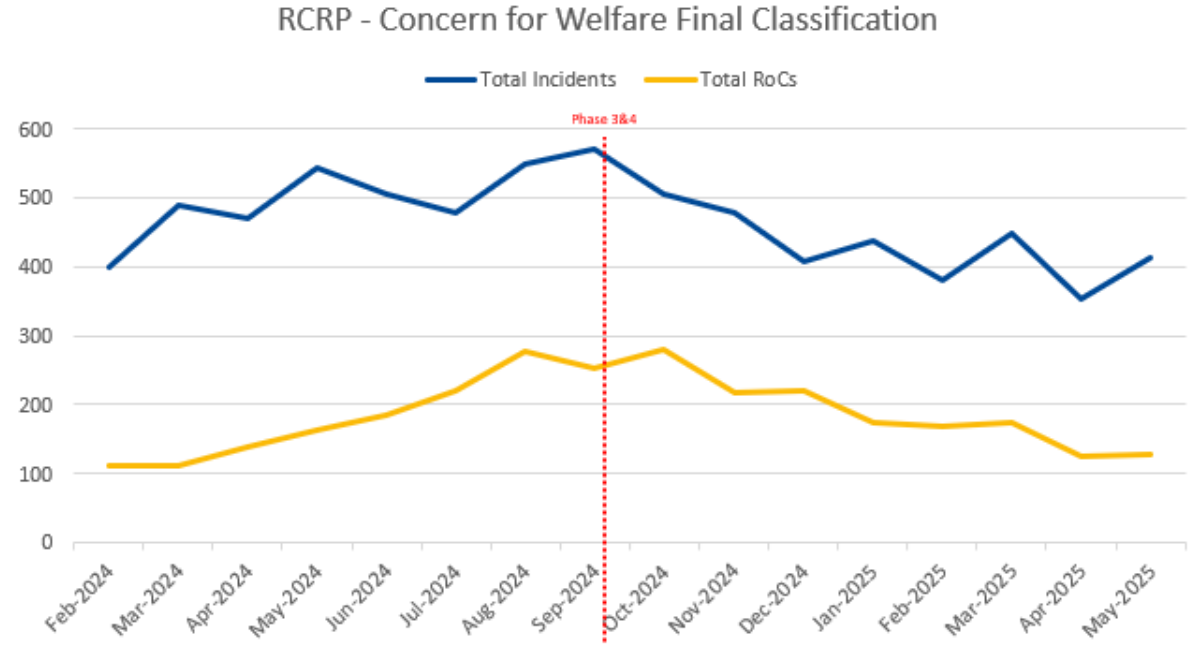


Chart 2: Concern for Welfare final classifications since the implementation of RCRP Phases 1&2

8. However, further work needs to be done to refine call handling and dispatch data due to some other conflicting final classifications of incidents. For example, since Phase 1 & 2 of RCRP, the Force has closed 65,326 incidents as 'Concern for Safety' that started as either 'Concern for Safety' or 'Mental Health'. Equally, confusing final classifications of 'will not attend' and 'will attend' may contain Incidents and RoCs that would fall under Phase 1, 2, or 3.

Concern for Safety + Mental Health Initial Classifications (Feb-24 to May-25) Final Classifications	Incidents
PSW - Concern for Safety	65,326
Admin - Advice Given	16,551
CRIME - Assault	7,971
RCRP - Concern for Welfare	5,403
CRIME - Stalking and Harassment	5,179
PSW - Suspicious Activity/Premises/Vehicle	4,972
Child Abuse- Non Crime	4,242
PSW - Domestic Incident (NON- CRIME)	4,005
RCRP - Police will not attend	3,216
CRIME - Public Order	2,584

Concern for Safety + Mental Health Initial Classifications (Feb-24 to May-25) Final Classifications	RoCs
Admin - Advice Given	11,198
Admin - Cancel/Exit/Error	4,133
RCRP - Concern for Welfare	2,455
RCRP - Police will not attend	2,062
Admin - Messages	832
RCRP - Voluntary Mental Health	565
Admin - Signposting	429
PSW - Abandoned Call	237
OOF Police generated Activity	122
RCRP - Mental health Transportation	93

Tables 1 & 2: Top 10 Incidents and Top 10 Record of Contact final classifications by volume, where the initial classification was either Concern for Safety or Mental Health

9. A steadily falling number of Incidents classified as 'AWOL' or 'Walking Out of Health Care', combined with a sharper decrease in RoCs suggests that fewer calls are being made by the public and partners, and when they are, they are more likely to have correctly identified the Police as the Most Appropriate Agency (MAA).

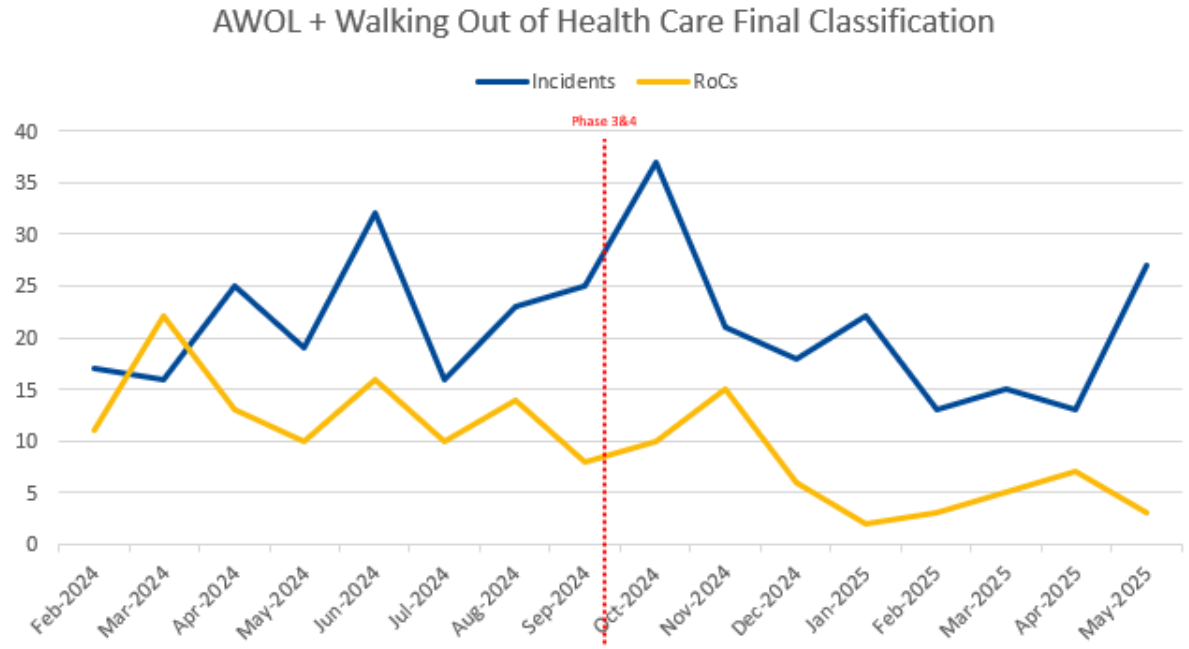


Chart 3: AWOL & Walking Out of Healthcare final classifications since the implementation of RCRP Phases 1 & 2

10. Since the implementation of RCRP Phases 3 & 4, each month the public and partners have called more frequently for assistance with mental health transportation. The proportion of calls that remain as RoCs (i.e. not converted into incidents for officers to attend) has been increasing from an average of 9% before Phase 3 & 4 to 26% after. This may indicate that callers are not correctly identifying whether police are required to assist with transport, assuming call hander decision-making is in line with the relevant RCRP principles.

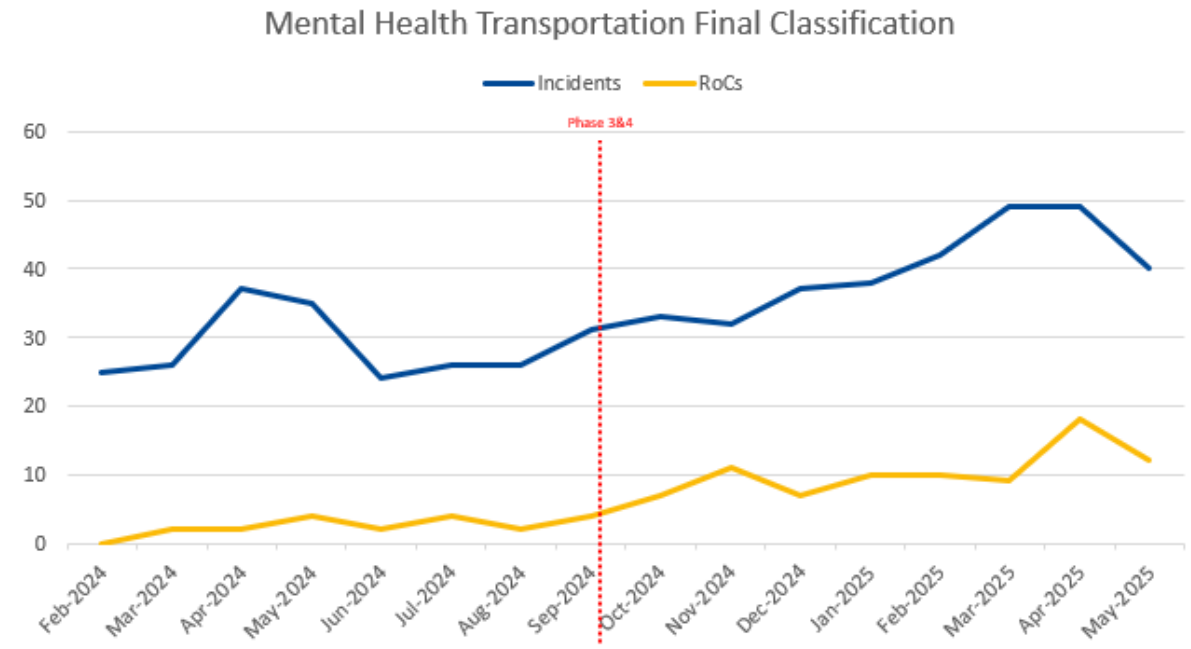


Chart 4: Mental Health Transportation final classifications since the implementation of Phases 3 & 4

11. Whilst the total numbers of s136 detentions made by officers has not reduced, the amount of time spent with detainees significantly reduced with the introduction of Phase 4 of RCRP from an average of around 10.5hrs to around 6.5hrs. As a partnership, we remain committed to bringing the hand over period to within an hour in line with the national guidance. We anticipated that it would take some time for this to be achieved, but we are happy with the progress so far. There are still occasions when officers have failed to call the 24/7 helpline prior to detaining under s136 MHA (when safe and appropriate to do so). This could avoid detention powers being used, resulting in less demand in the system. Ongoing communications are in place to embed the new process further within WMP as this will bring capacity in the system to allow more efficient handovers and bring the time closer to one hour.

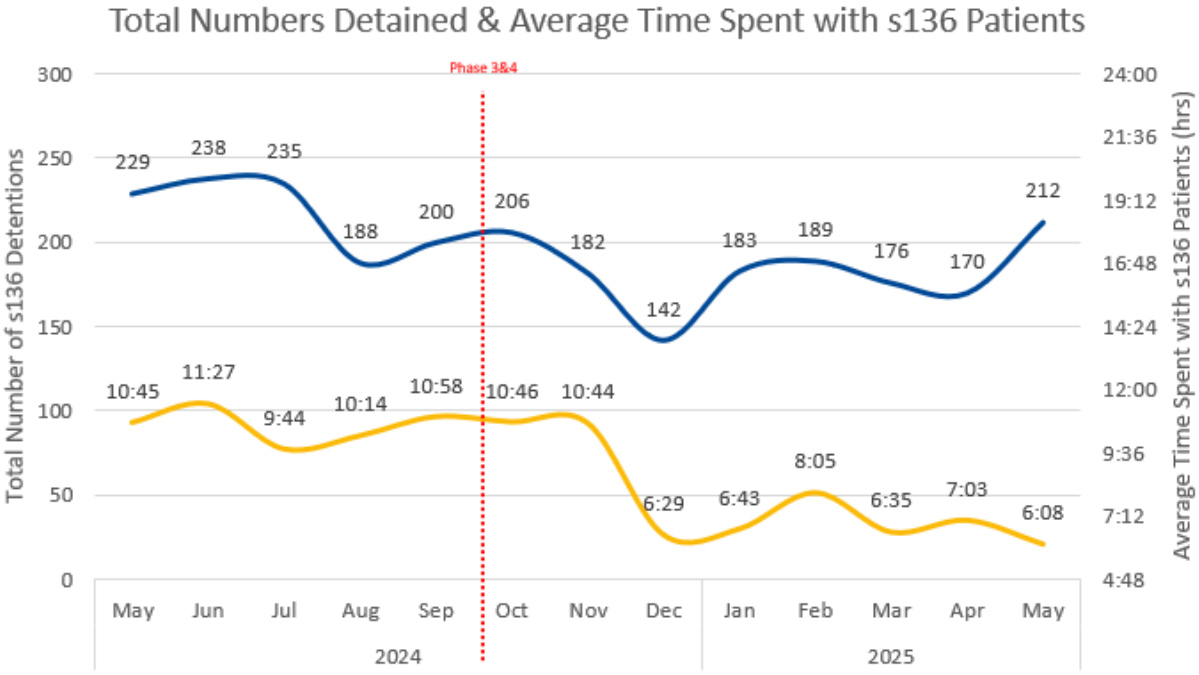
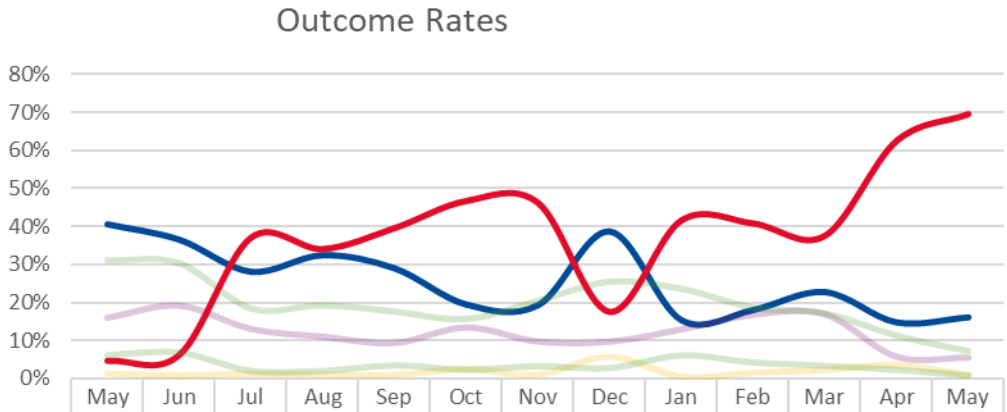


Chart 5: Numbers of s136 detentions and average time spent per detention by month

12. Outcome data sharing with health partners remains inconsistent, work is ongoing to improve the consistency and completeness of shared information in order to effectively assess the use of s136

MHA powers. This is important as we know that there has previously been a low conversion rate to section or treatment following arrest, which is indicative of risk averse decision making. The use of the 24/7 helpline provides officers the information needed to support the arrest decision and ultimately the conversion rate should be higher in terms of those arrested needing treatment.



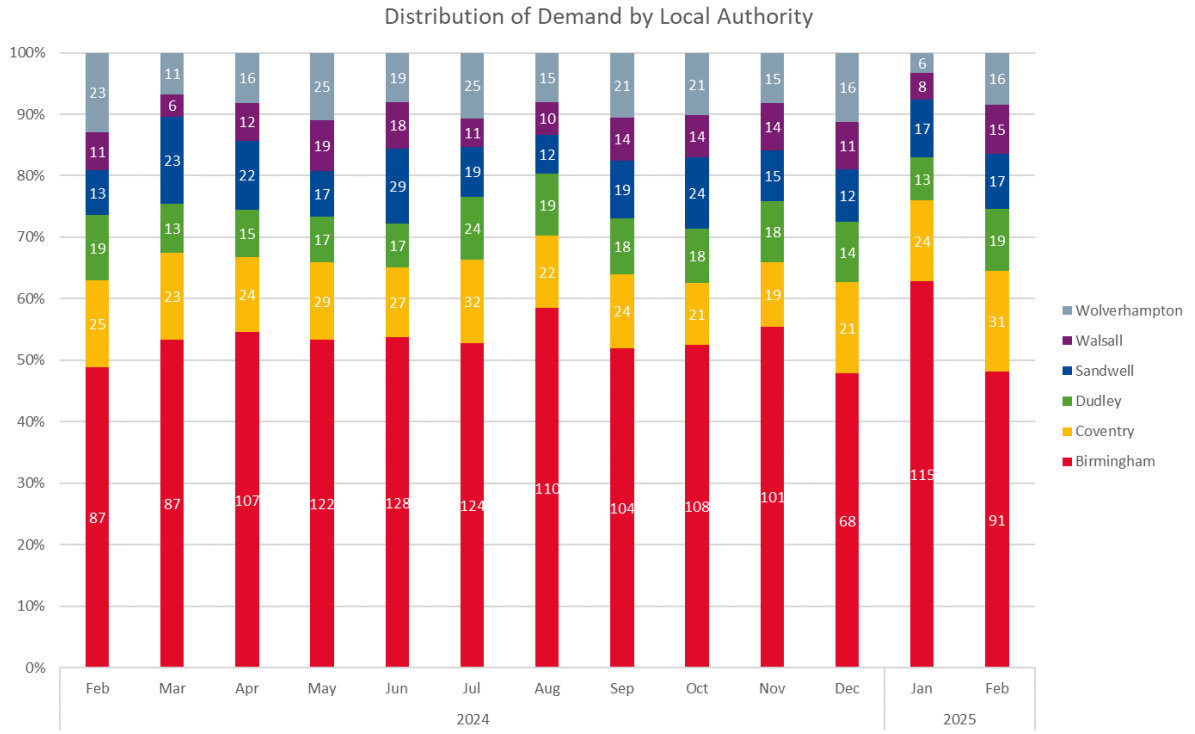
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	2024								2025				
Discharged	41%	37%	28%	32%	29%	19%	19%	39%	15%	18%	23%	15%	16%
Home Treatment	16%	19%	13%	11%	10%	14%	10%	10%	13%	17%	17%	6%	6%
S2	31%	30%	18%	19%	18%	16%	20%	25%	23%	19%	17%	11%	7%
S3	1%	1%	1%	1%	1%	2%	1%	6%	1%	2%	2%	4%	1%
Unknown	5%	6%	37%	34%	40%	47%	46%	18%	42%	41%	38%	62%	69%
Voluntary Admission	6%	7%	2%	2%	4%	2%	3%	3%	6%	4%	3%	2%	1%

Chart 6: Outcome rates by month. N.B. due to the significantly high 'unknown' outcomes, it is not possible to interpret this data effectively.

13. Data collection between partners and Police does differ; the bi-monthly Strategic RCRP Collaboration Meeting is working towards a shared data dashboard across the whole system.

Section 136 Mental Health Act

14. Officers are now able to use a 24-hour MH service line which allows them to speak directly with a MH professional when considering the use of their s136 powers. The below table shows the numbers of section 136 arrests per local authority area.



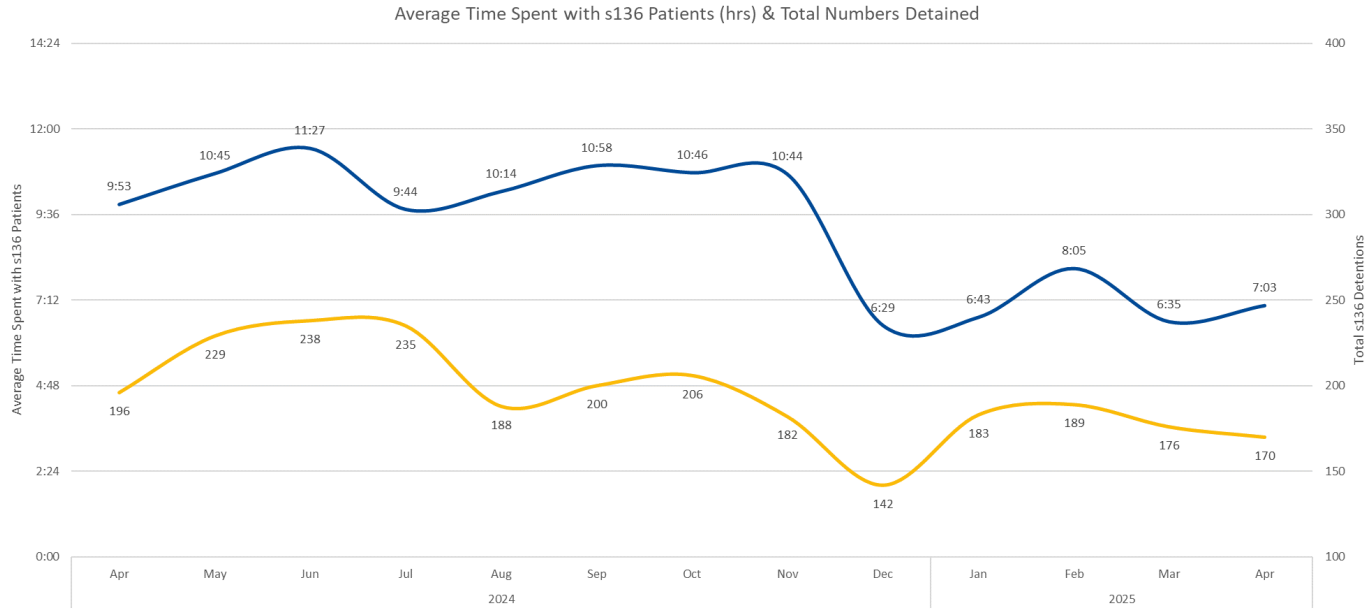
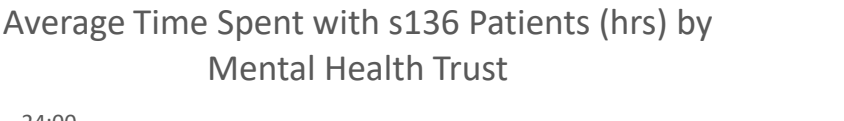


Figure 5 – Use of s136 powers per LA

15. Since the implementation of the final phases of RCRP, there has been a notable reduction in the time officers spend with Section 136 patients, decreasing from an average of 10 hours in October 2024 to 6.6 hours by March 2025. This is a 34% reduction which if maintained will save the police service the equivalent of £1,020,000 per annum if using the none profit formula. If we continue to drive the 1 hour handover this will be the equivalent of just under £3,000,000 per annum.

16. As a partnership we remain committed to bringing the hand over period to within an hour in line with the national guidance. We anticipated that it would take some time for this to be achieved, but we are happy with the progress so far. There are still occasions when officers have failed to call the 24/7 helpline prior to arresting under s. 136 MHA (when safe and appropriate to do so). This could avoid arrest powers being used, resulting in less demand in the system. Ongoing communications

are in place to embed the new process further within WMP as this will bring capacity in the system to allow more efficient handovers and bring the time closer to one hour.

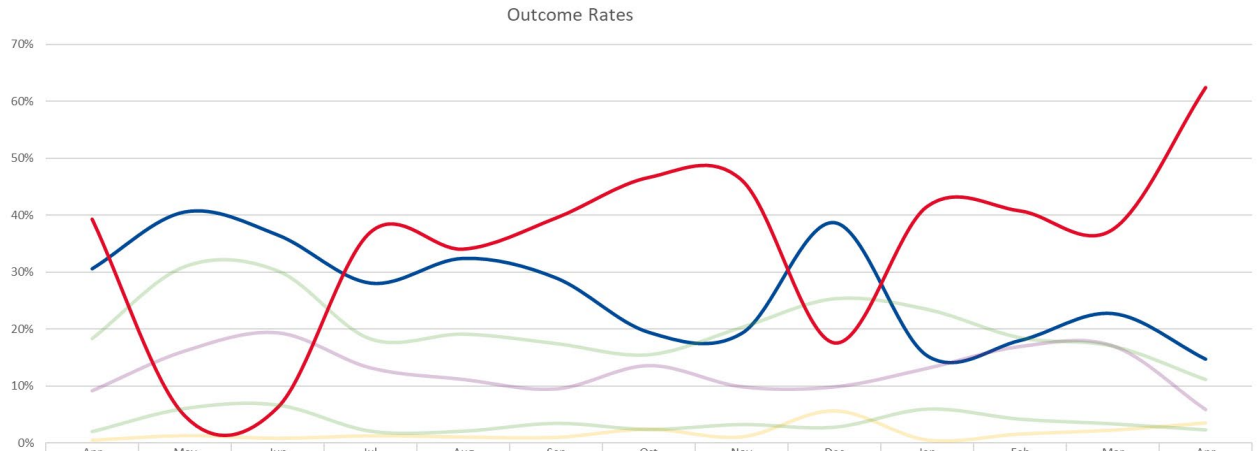


	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Black Country	10:17	8:07	9:29	9:54	8:29	9:22	9:40	9:45	10:49	7:16	6:53	8:10	6:39
BSOL	20:42	11:13	12:24	13:12	11:25	11:07	12:21	11:32	12:19	6:43	8:14	11:41	8:20
Coventry	4:47	7:34	7:55	8:50	6:54	8:31	9:04	9:45	5:16	3:49	1:25	1:29	2:41
Unknown	15:11	17:09	13:22	12:15	20:31	8:55	12:55	13:56	5:46	3:58	3:37	5:37	4:38

Figure 5 – Average time with patient under s136 by MH Trust

17. Outcome data sharing with health partners remains inconsistent, work is ongoing to improve the consistency and completeness of shared information in order to effectively assess the use of s136 MHA powers.

18. This is important as we know that there has previously been a low conversion rate to section or treatment following arrest, which is indicative of risk averse decision making. The use of the 24/7 helpline provides officers the information needed to support the arrest decision and ultimately the conversion rate should be higher in terms of those arrested needing treatment.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
					2024							2025	
Discharged	31%	41%	37%	28%	32%	29%	19%	19%	39%	15%	18%	23%	15%
Home Treatment	9%	16%	19%	13%	11%	10%	14%	10%	10%	13%	17%	17%	6%
S2	18%	31%	30%	18%	19%	18%	16%	20%	25%	23%	19%	17%	11%
S3	1%	1%	1%	1%	1%	1%	2%	1%	6%	1%	2%	2%	4%
Unknown	39%	5%	6%	37%	34%	40%	47%	46%	18%	42%	41%	38%	62%
Voluntary Admission	2%	6%	7%	2%	2%	4%	2%	3%	3%	6%	4%	3%	2%

19. Data collection between partners and Police does differ, the bi-monthly Strategic RCRP Collaboration Meeting is working towards a shared data dashboard across the whole system.

Decision-Making and Learning:

20. The below are some examples of Police decision making where learning has resulted;

21. At Reaside, a secure forensic mental health unit, staff requested police assistance for an internal patient transfer known to be high-risk. Initially, WMP declined citing policy against attending 'just in

case'. Despite later advice from a Supervisor supporting attendance, deployment was delayed and staff were injured. The incident is now being reviewed to inform future policy decisions. In a further AWOL case, officers failed to return a patient to a healthcare facility after being incorrectly advised that there was no available bed. Guidance has since been updated to ensure Officers understand their responsibilities in such scenarios. In another case, WMAS reported a violent patient where police attendance was incorrectly declined. Feedback was provided to Force Contact Centre staff, reinforcing decision-making protocols where criminal offences are involved.

22. Case by case reviews do take place where partners have raised concerns about Police decision making. In most instances, the concerns have arisen from differing information being recorded between Health and Police systems. While there is no evidence of significant harm resulting from such decisions, learning has been fed back.

Escalation Due to Lack of Care:

23. WMP do experience MH calls where services have not seen the patient regularly, families then ring the MH crisis team due to the patient deteriorating and as they have no bed to officially detain them. Often MH specialists advise the family to call the Police and there is then an expectation that WMP will respond.

24. Other examples of lack of care escalations into Police include; a patient without capacity who absconded from a surgical unit. Police called, with no process or enquiries completed by MH service. The patient returned to the ward of their own accord. A patient absconded from A and E due to wait/lack of care, Police called, resourcing used and able to locate the patient at their home address. A male escaped from the MH suite at Dorothy Pattison hospital, Walsall. He escaped by kicking the air lock doors and a staff member let him out

25. There is a long-standing challenge in ensuring timely medical care for individuals in crisis, particularly where demand pressures on medical services may lead to delays leading to individuals going 'AWOL'. While the RCRP outlines that initial investigations should be undertaken by medical services, individuals often present as 'high risk' on the THRIVE assessment due to factors such as substance use or mental health crisis. In such cases, if WMP does not respond proportionately once the risk is identified, there is potential for diminished public confidence.

Improved Outcomes:

26. Overall, there is clear evidence that RCRP implementation is beginning to deliver improved outcomes. Officer time spent with patients under Section 136 has reduced significantly, and collaborative work with partners continues to refine data sharing and response effectiveness. The bi-monthly Strategic RCRP Collaboration Meeting provides a platform to review performance and pursue a shared system-wide data dashboard, ensuring a unified approach across agencies.

27. West Midlands Police remains committed to embedding the principles of RCRP into routine practice while maintaining close collaboration with partners to ensure that individuals receive the most appropriate care from the right professionals.

Future Work:

28. West Midlands Police entered the implementation of Right Care, Right Person (RCRP) from a strong position of preparedness. This readiness was underpinned by several years of strategic collaboration with key partners this ensured a joined-up, sustainable delivery partnership focussing on those who need help.

29. A robust project management approach, led by Corporate Development, was adopted early in the process. Dedicated project management resources enabled a structured, multi-faceted delivery plan, which supported smooth implementation. As a result, the force experienced minimal disruption, and where issues did arise, they were resolved through collaborative working and joint problem-solving.

30. Although we have come along way there is still work to do to ensure that RCRP is imbedded for example, further work is required to ensure we have agreed KPIs and data sharing agreements.

Partner Engagement and Strategic Alignment:

31. Our partners have been, and continue to be, fully engaged in delivering the RCRP model in line with national guidance. Strategic collaboration mechanisms are well established, and operational-level engagement has been equally strong. Workshops to define pathways, responsibilities, and service level agreements have been well-attended and constructive, demonstrating the collective commitment to getting this right for our communities.

32. The partnership's achievements to date represent significant progress toward national objectives, and all stakeholders remain committed to further advancing this work.

33. We have had agreement from the system to transition the RCRP strategic group to a broader Mental health Strategic group. The consideration of a permanent multiagency team being established would move this project forward and in the future support the imbedding or foreseeable legislation changes.

Financial Implications and Risk Management:

34. While the RCRP approach has resulted in reduced inappropriate demand on policing, it has also highlighted a number of financial considerations. Although cost savings and efficiency gains are already being realised, particularly as evidenced by Black Country ICB reporting significant efficiencies following full implementation.

35. The evolving NHS landscape introduces new financial and organisational risks. One key risk currently identified is the impact of NHS restructures and future funding arrangements, particularly within Integrated Care Boards (ICBs). This has been formally recorded on the force risk register and is subject to ongoing monitoring. While uncertainties remain regarding how future expectations on ICBs will be met, there is confidence that existing commitments to RCRP will be maintained. Encouragingly, early indications suggests that the shift away from police-led responses is already yielding tangible benefits across systems.

Preparedness for the Future:

36. Looking ahead, the focus will be on further embedding RCRP within business-as-usual operations, continuing to strengthen partnership governance, and maintaining an agile response to any future changes in demand or policy. The force is committed to continuous evaluation, with performance data and feedback loops guiding improvements. Assurance processes are being developed to support long-term oversight and transparency.

37. In conclusion, West Midlands Police and our partners are well placed to sustain and build upon the foundations already laid. Our shared commitment to delivering the right care, by the right person, at the right time remains central to our collective mission to protect the public and improve outcomes for vulnerable individuals across the region.