Safeguarding and ‘right Care; Right Person’

Presented by
Fiona Bateman, BSAB Indep. Chair

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Welcome to our monthly Lunch and Learn session

Webinar house keeping

- Please put all microphones on **MUTE**
- If you would like to ask a question, please use the **CHAT** function
- **RESPECT** the stories you hear and protect the identity of adults at risk through **CONFIDENTIALITY**
- Take care of your own **WELLBEING** throughout this session

How to report concerns in Barnet

Social care direct at Barnet council are the point of first contact

- **Tel 020 8359 5000 text (SMS) 07506 693707 email** socialcaredirect@barnet.Gov.Uk

Police community safety unit or in an **emergency 999**

- Tel **020 8200 1212** email sxmailbox-tib@met.Pnn.Police.Uk

What happens after you report abuse: https://www.Barnet.Gov.Uk/sites/default/files/assets/citizenportal/documents/adultsocialcare/whathappensafteryoureportabusebookletmay12.Pdf

- Your concern should always be taken seriously and acknowledged. Usually, the adult at risk will be consulted and you should always be told if the concern will be investigated.
- If you haven't had this- it is ok to ask again!

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Enablers to good safegaurding practice

- Understanding the legal duties to refer for multi-agency enquiry and protection plan, even without consent, where there is a persistent/ high risk or wider risk to the public.
- Access to independent advocacy or IDVA support for the adult at risk to enable a trusted relationship to develop. Advocacy should be available in a timely manner and clear guidance on how/ when to refer.
- Understanding the roles and responsibilities other partner agencies may have to support information gathering and the delivery of protection plans, including civil litigation processes for debt recovery and restitution.
- Being open to challenge regarding assumptions of a person's capacity to recognise risk or to protect themselves from harm arising from abuse, exploitation or neglect.
- Adopting trauma informed, safe enquiry principles and an expectation that all significant concerns will be discussed at a face-to-face meeting with the adult at risk. Trauma informed practice/services are increasingly available, but there is also a lot of guidance online.

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THE FOUR PILLARS OF RCRP

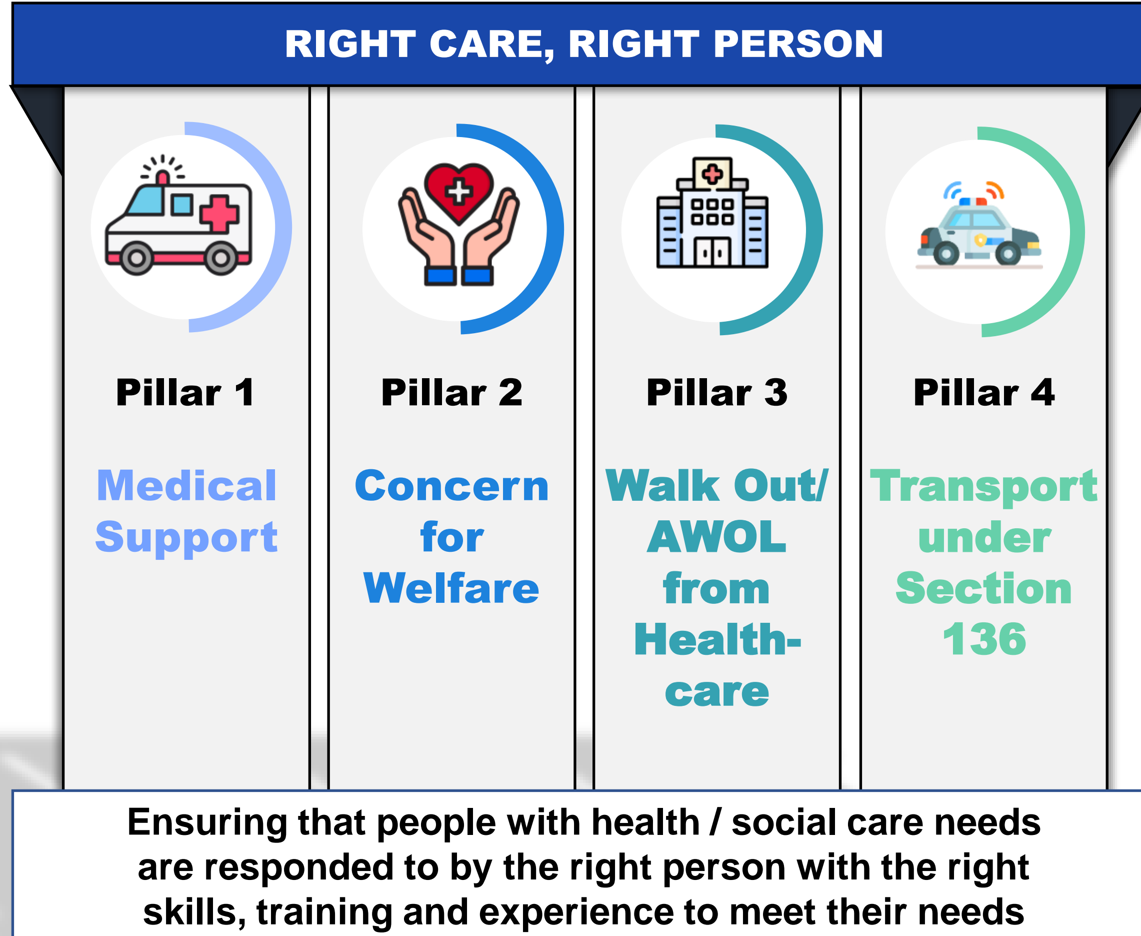
The MPS RCRP policy applies to four health-related pillars only

PILLAR 1:
MEDICAL SUPPORT

When a member of the public requests medical support Incidents in which police are already present when medical support is requested or required

PILLAR 2:
CONCERN FOR WELFARE

When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual



PILLAR 3:
WALK-OUT / AWOL

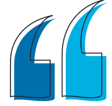
When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services

PILLAR 4:
TRANSPORT UNDER S136

Transporting a person detained under s136 to a health based place of safety and undertaking a timely handover to a medical professional

PILLAR 1: MEDICAL SUPPORT

The MPS' RCRP policy defines Medical Support as...



Requests made directly to police that relate to a person's physical or mental health

- As a general rule, the **MPS will not respond** to requests for medical support as this is not a matter for police

Exceptionally, the MPS may respond to members of the public seeking medical support…

- Where there is an immediate risk to life/serious harm and no ambulance or other healthcare professional is available. This situation should only arise very rarely e.g. during an ambulance strike
- The person concerned poses a risk to the safety of others and a police response is necessary in order to prevent crime and protect the lives of others
- MPS officers encounter a member of the public who requests / needs medical support in the course of normal policing duties e.g. whilst on patrol

PARTNER EXPECTATIONS

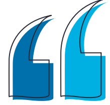
Other agencies will generally be better placed to respond to requests for medical support, such as health or social care

As a general rule, partners are expected to respond to requests for medical support without the assistance of police

This ensures the public receives the right response by the right professional and helps to avoid inappropriate criminalisation, particularly of those in mental health crisis

PILLAR 2: CONCERN FOR WELFARE

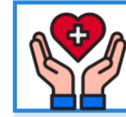
The MPS' RCRP policy defines a welfare check as...



When a request is made for police to visit someone who is believed to be vulnerable or at risk for a wide variety of reasons

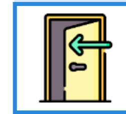
- As a general rule, the **MPS will not respond** to a concern for welfare request as it is not a matter for the police. A concern for welfare call by definition does not engage one of the core policing functions as it is essentially a request to check if someone is ok
- **Exceptionally** the MPS may attend if there is an immediate risk to life/serious harm and the MPS are the most appropriate agency to respond e.g. specialist negotiator capability is required
- Police will continue to attend incidents that relate **core policing functions, e.g. where a crime has been committed**

PARTNER EXPECTATIONS



Welfare checks should be conducted by the agency who is already engaged with the individual / family and who already owns a legal duty of care

It is recommended that partners alter their operating practices to ensure their staff are available to carry out their own checks / assess risk adequately



Police do not have power of entry for a concern for welfare check

This ensures the public are seen by the service they are engaged with; continuity is maintained and the person conducting the check is able to meet their care needs

PILLAR 3: WALK OUT/AWOL FROM HEALTHCARE

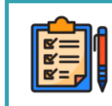
The MPS' RCRP policy defines AWOL / walk-out as...

Generally relating to services provided by any healthcare setting where a patient may have attended for physical or mental health treatment

- As a general rule the **MPS will not automatically respond** to a request to locate a patient who has walked out / AWOL from health care settings
- **Exceptionally** the MPS may respond to requests if there is an immediate threat to life/serious harm (not incl. suicide ideation) and the MPS are the most appropriate agency to respond
- The MPS will respond when the patient is subject to **Part III Mental Health Act** where they are connected to criminal proceedings

PARTNER EXPECTATIONS

Health care providers are expected to fulfil their own obligations, and take all appropriate steps to locate walk out/AWOL patients for whom they have responsibility



Many Healthcare Trusts have signed a joint responsibility agreement for Walk Out / AWOL under **the Affinity Protocol** with the MPS

This ensures the relationship between patient and provider is maintained and ongoing care and support is not compromised by unnecessary intervention by the officers

PILLAR 4: PATIENT TRANSPORT AND HANDOVERS UNDER SECTION 136

The MPS' RCRP policy...

Aligns with existing agreements (Londoners Crisis Care Pathway) regarding the transport and handover of members of the public under Section 136, outlining MPS responsibilities and expectations clearly

- When officers detain a person under Section 136 Mental Health Act, **LAS must be contacted** to transport the person to a health-based place of safety

- **Officers may decide to use an MPS vehicle** to transport the person to a health facility **if officers at the scene** judge that the ambulance ETA would cause a delay to the **detriment of the person's health**, or create a **risk to anyone present**

PARTNER EXPECTATIONS

When officers make the decision to detain a person under Section 136 Mental Health Act, the LAS are expected to expedite an ambulance response and be the primary transport mode to ensure the safety of the person

At a **Mental Health facility**: a medical professional should conduct a handover with police within **one hour of police arrival** as agreed between NHS and MPS (2.26 of the Londoners Crisis Care Pathway)

At **A&E:** psychiatric liaison services should see the patient within **one hour of police arrival** allowing officers to handover and leave (3.10 Londoners Crisis Care Pathway)

Approach to implementation

- Implementation is being overseen by the Joint Mental Health & Policing Group (JMHPG).
- The JMHPG includes people from health, social care and policing organisations across London who are committed to working in partnership and have established formal governance that will ensure they develop, implement and monitor this programme safely and effectively in the months and years ahead.
- Sub-groups are working on a new AWOL policy and work will soon start with stakeholders to agree an approach for how welfare check policies can be audited. There will also be coordinated staff briefings and training packages

RCRP: Go live is 01.11.23

- MPS are training their call handlers this week, there will also be broadcasts to support partner agencies
- Last week London leads for health and social care wrote to MPS raising concerns that partners remain unclear how decisions will be made and highlighting that '*having a coherent, rapid and reactive escalation process will reduce the severity of any impact*' and asking for an '*agreed method for capturing learning and a regular review so that any fixes or policy changes can be discussed and agreed by the partnership. This learning needs to:*
  - *capture the outcomes for residents, both positive and negative from the implementation;*
  - *follow trends in call numbers and types and partner agency demand changes; and*
  - *track any incidence where the policy implementation is referenced in a safeguarding or serious case review.'*
- We understand we should shortly receive vignettes and case studies as well as FAQs describing how police may respond in certain situations.
- Regionally London SAB and the Office of London's Health and Care Partnership will be monitoring implementation to pro-actively mitigate risks or escalate regionally and nationally if that isn't possible.

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Discussion

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Are partners (particularly within operational teams) aware of these changes and making adjustments to their practices to safeguard adults at risk?

Do you have relevant contact details for specialist teams (e.g. Mental Health Crisis teams, housing/ neighbourhood support)?

Do you have mechanisms to collate data on escalations of risk linked to implementation of the policy?