South Eastern Health and Social Care Trust

Paper No. SET/73/26	
Trust Board: 27 May 2026	
Public Agenda Item 8.5	

Title of Paper: Implementation of Right Care, Right Person (RCRP)		
~~For Decision~~ ~~Requires majority decision prior to implementation or action.~~	**For Discussion** Requires consideration and debate.	**~~For Noting~~** ~~Contains information Members should be made aware.~~

1.0 Executive Summary

Right Care, Right Person (RCRP) is a UK-wide initiative designed to ensure that individuals experiencing health or social care crises—particularly mental health crises—are supported by the most appropriate agency rather than defaulting to police involvement. The Police Service of Northern Ireland (PSNI) will begin implementing RCRP in 2026 aligned to strategic priorities and due to resource pressures.

While RCRP aims to reduce inappropriate police attendance and improve outcomes for service users, its successful implementation in Northern Ireland faces substantial challenges. Unlike other UK regions, no additional funding has been provided to health and social care services to absorb the increased operational demand. Given the already significant pressures on NI ambulance, mental health, hospital and community services, there is a high likelihood of service gaps and increased risk without careful, phased implementation and strong cross-agency coordination.

Background

- RCRP was piloted in England in 2023 to ensure police only attend incidents where there is a clear policing need (e.g., crime, violence, immediate risk to life).
- PSNI has articulated the following strategic drivers:
  - police attendance at non-crime, health-related incidents is outside core mandate
  - involvement is often inappropriate, stigmatising, and risks over-criminalisation
  - resourcing pressures require tighter focus on policing functions
  - evidence from England shows significant reduction in police time spent on mental health events.

- National evaluation of RCRP (Home Office/DHSC, 2024) found:
  - Police time spent on mental health incidents has reduced.
  - Implementation challenges are significant due to limited health and social care capacity.
  - Key risks include service gaps, increased risk to vulnerable individuals, and concerns from ambulance and fire services regarding inappropriate call diversion.

In England, substantial additional investment was in place prior to the implementation of RCRP (£150m capital for urgent mental health care infrastructure, and £2.3b for mental health services). **Northern Ireland will receive no comparable funding.**

- RCRP has the potential to impact not only mental health services, but all acute hospital and community services and in particular – Emergency Departments, hospital wards, domiciliary care services and residential children's homes.

Northern Ireland Context

PSNI recognise there will always be situations where the police need to be involved, for example, Section 32 of the Police (NI) Act 2000 sets out the general functions of the police to include:

- the protection of life and property;
- to preserve order;
- to prevent the commission of offences; and where an offence has been committed, to take measures to bring the offender to justice.

However, there will also be occasions when the police will need to respond to other matters, for example where there is a real and immediate risk to life or serious harm. Details of how this will work in practice will be the subject of a number of Memoranda of Understanding between PSNI and the relevant HSC agencies.

NI has the **highest prevalence of mental ill-health** in the UK, with significantly higher adult and child incidence than England:

- 19–20% of adults experiencing mental illness
- 1 in 8 children with a probable mental health condition
- prevalence 25% higher than England.

Mental health funding in NI sits 5.7–7% of its health budget in mental health, compared to 10–13% in England and Scotland. The Public Accounts Committee (2025) has recommended increasing this to 10–11% (equivalent to £80–£190m additional per year). **Emergency Departments** frequently over capacity

Northern Ireland Ambulance Service under acute pressure

Staffing challenges in respect Approved Social Workers and psychiatry for timely Mental Health (NI) Order 1986 assessments

Multiple **safeguarding pressures** in both adult and children's services.

Department of Health (DOH) and Strategic Planning and Performance Group (SPPG) have been explicit that **no additional capital or revenue funding** will accompany RCRP. The DOH issued a letter to Trust Chief Executives on 29th January 2026 which stated that they fully acknowledge and share the concerns that HSC organisations and staff have about the introduction of RCRP. It is accepted that the health and social care experience elsewhere in the UK has highlighted risks and extra burden on services and DOH recognise the significant

pressures on all aspects of health and social care provision in NI and accept the likelihood that RCRP implementation will exacerbate those pressures particularly in the absence of the additional funding for implementation that was provided elsewhere in the UK. The letter noted the DOH will support HSC organisations in their planning for change, including the management of risk and decisions about the deployment of resources.

RCRP Governance Structures

A comprehensive, multi-tier governance framework is being established:

Strategic Level

- **RCRP Strategic Group:** Jointly chaired by DOH and DOJ.

Operational Level

- **RCRP Silver Operational Group:** Co-chaired by DOH and PSNI.
- Supported by **10 subgroups** covering interagency working, walkouts, restraint, acute care, places of safety, ASW and medical assessments, data/outcomes, MCA issues, and training.

Local & Regional Trust Structures

- **Locality Governance Groups** established in each Trust, jointly chaired by senior PSNI and HSC representatives.
- **Regional Governance Group** to coordinate cross-Trust practice, escalate risks, and share learning.

Phased Implementation Plan

RCRP will be introduced in stages to mitigate risk:

- Phase 1: Concern for welfare calls – including access to the individual and welfare checks.
- Phase 2: Walkouts and missing from healthcare facilities – including health capacity to prevent walkouts and follow up if they occur
- Phase 3: Conveyancing in relation to physical health care situations
- Phase 4: Mental Health Order (MHO) Article 130 and voluntary assessments/handover – including MHO Codes of Practice, places of safety, medical and Approved Social Worker capacity to undertake assessments

Each phase presents its own operational and clinical risks, particularly in the absence of new resources.

2.0 Key Issues

- Limited capacity in mental health, community care, social care and crisis services.
- Lack of supporting infrastructure e.g. 111 Mental Health Crisis line equivalency, dedicated places of safety outside of Emergency Departments, services commissioned from community and voluntary sector to support vulnerable individuals.
- Whole-life approach being adopted for RCRP by PSNI (variance across England if under-18 years included in RCRP).
- Potential impact on risk management for vulnerable children and young people in residential care.
- Minimal involvement of primary care to date.
- NI Ambulance Service concerns they become the de facto “operational safety net.”
- Significant risk of increased demand without corresponding resources – ED departments/mental health services
- Staff safety concerns regarding incident response without police presence.
- Potential for increased operational risk during implementation.
- Citizen engagement.

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

Trusts must continue to meet legal duties relating to patient assessment, safeguarding, crisis intervention, and Mental Health Order processes. RCRP does not alter these duties but may intensify operational pressures.

4.0 Impact on Safety, Quality and Experience (SQE)

Potential Operational Impact and Risks

- Increased service demand.
- Need for enhanced staff training and safety protocols.
- Resource reallocation away from other priority areas.
- Increased interface with PSNI to resolve disputes or unclear thresholds.
- The need to strengthen crisis response structures and out-of-hours capacity in the absence of new investment.
- The need to enhance relationships with NIAS and PSNI at locality level.

5.0 Key Risks and Proposals to Mitigate

RCRP represents a significant system change with clear benefits, in principle reducing inappropriate police involvement and promoting health-led responses. However, in Northern Ireland the absence of additional funding, combined with high levels of mental ill-health and already underfunded services, creates substantial risks.
Strong oversight, proactive Trust engagement in governance structures, and early planning for workforce, safety, and operational impact are essential to ensure as safe as possible implementation.

All Trusts have taken legal advice in relation to their statutory duties and a letter is being prepared that will be sent to SPPG & DOH on behalf of all Trust CEx.

Lead Director: **Rachel Gibbs, Director of Mental Health Learning Disability, Psychological Services and Healthcare in Prison**

Date: **21 May 2026**