

LONDON ASSEMBLY

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Caroline Russell AM
Chair of the Police and Crime Committee

Sir Mark Rowley QPM

Commissioner of Police of the
Metropolis
Metropolitan Police Service

Martin Machray MBE

Executive Director of
Performance
NHS England (London)

Daniel Elkeles

Chief Executive Officer
London Ambulance Service

(Sent by email)

6 March 2024

Dear Sir Mark, Mr Machray, and Mr Elkeles,

I am writing to you on behalf of the London Assembly Police and Crime Committee following our meeting held on 7 February 2024 to discuss policing and mental health.

The meeting was attended by the following guests:

- Commander Kevin Southworth, Head of Public Protection, Metropolitan Police Service
- Detective Superintendent Alastair Vanner, Lead Responsible Officer – Mental Health, Metropolitan Police Service
- Daniel Elkeles, Chief Executive, London Ambulance Service
- Alison Blakely, Director of Clinical Assessment and Pathways, London Ambulance Service
- Martin Machray MBE, Executive Director of Performance, NHS England (London)
- Dr Lade Smith CBE, President, Royal College of Psychiatrists
- Dr Sarah Hughes, Chief Executive, MIND
- Lynette Charles, Chair, MIND London

The Committee used the meeting to examine the Metropolitan Police Service's (the Met's) responsibilities for and response to mental illness in London and how it works in partnership with mental health professionals. This included a particular focus on the roll-out and impact of Right

Care, Right Person (RCRP) in London. This letter shares the Committee's recommendations on how to ensure the full potential of RCRP is realised, as well as mitigating a number of risks to the successful implementation of the policy identified by the Committee.

The Committee recognises that, prior to RCRP, the police were often responding to situations involving mental illness, where an intervention by health or care services would have been more appropriate.¹ This was reflected in the broad support from our guests at the Committee's meeting for the principles underlying RCRP.² At the same time, the Committee found it informative that, when it came to the implementation of RCRP, there were differing views between guests from statutory bodies and those representing the voluntary and community sector. This indicated to us that there was scope for the delivery of RCRP to be improved.

Recognising the unique circumstances and diversity of London

RCRP is a national initiative that was initially developed in Humberside.³ The Committee is sure insights from elsewhere in England will be fruitfully applied in London. However, we also note that London is the largest city and, in many respects, the most demographically and economically diverse region in the country.⁴ Given this, the Committee is keen to understand how the diversity of London's communities has been taken into account during the planning, implementation and delivery of RCRP.

The Committee notes Dr Smith's evidence that, compared to the rest of the UK, London has a different profile in terms of the morbidity rates for certain mental illnesses, for example, much higher rates of psychotic illnesses.⁵ Given this, the Committee believes that it should be verified that new approaches arising from RCRP tested elsewhere in England will also be effective in London, rather than assuming they can be applied to London's specific context. If not done already, this verification will likely require engagement from people who have relevant lived experience from across London's different communities. Dr Smith warned that given the diversity and unique characteristics of London's population even *"if you have taken soundings from people with lived experience across the country then they will not be representative of people in London."*⁶

As you will be well aware, both the prevalence and effects of mental illness differ substantially between communities.⁷ For example, Mr Machray told the meeting that young black men are four times more likely than the rest of the population to access mental health services for the first time after being detained under s.136 Mental Health Act 1983.⁸ In light of this, there is both a risk that RCRP could have a disproportionate impact on particular communities, but also an opportunity to minimise the disparities in how often coercive responses to mental illness are applied to Londoners

¹ London Assembly, [Police and Crime Committee – transcript](#), p.2

² London Assembly, [Police and Crime Committee – transcript](#), p.5, p.10

³ College of Policing, [Right Care Right Person \(RCRP\) national guidance launched](#), 25 July 2023

⁴ Office for National Statistics, [Regional ethnic diversity](#), 22 December 2022; London Datastore, [Wealth inequality](#), 10 December 2020

⁵ London Assembly, [Police and Crime Committee – transcript](#), p.28

⁶ London Assembly, [Police and Crime Committee – transcript](#), p.28

⁷ Baker, C., & Kirk-Wade, E. (2023). [Mental health statistics: prevalence, services and funding in England](#).

⁸ London Assembly, [Police and Crime Committee – transcript](#), p.14

with certain protected characteristics.⁹ The Committee believes that engagement with the communities involved is necessary both to avoid the risks and seize the opportunities presented by RCRP.

The Committee notes the Met completed an Equality Impact Assessment (EIA) for RCRP in July 2023 and that this was published following a Freedom of Information (FoI) request to the Met.^{10 11}

Recommendation 1: The Met should carry out and publish a six-month review of the rollout of Right Care, Right Person in collaboration with NHS England (London) and the London Ambulance Service. This review should:

- **Examine how the assumptions and analysis presented in the Met’s equality impact assessment of Right Care, Right Person, completed in 2023, are working in practice; and**
- **Provide a clear action plan to ensure that Right Care, Right Person is implemented and delivered in a manner that is mindful of the diversity of London and of the potential for disproportionate impacts on different communities.**

The right care not less care

The Committee is aware that RCRP is being implemented at a challenging time for public finances and that it is in part a response to the pressures on police resources. However, resources in the health and social care systems are also under significant strain. The Committee would not wish to see a situation where a burden is simply shifted from the police to the NHS or other partners. For example, the Committee was concerned to hear evidence from Dr Smith that NHS staff were having to leave their posts in A&E to call at the home addresses of missing patients before the police would look for them.¹² We were especially concerned to hear from Dr Hughes that in other parts of the country, there were welfare calls that neither the police nor ambulance service are taking responsibility for.¹³ This is a situation that must never be allowed to arise in London.

The Committee believes it is imperative that a reduction in police time spent on issues related to mental illness is not taken as sufficient grounds to deem RCRP a success. There must also be an assessment of what alternative responses are being provided, the resourcing implications of providing those responses for other agencies, and whether the outcome for patients and other members of the public is improved by the implementation of RCRP. As an example, Dr Smith suggested in our meeting that it would be important to monitor how often NHS staff are diverted from their usual work.¹⁴

The Committee appreciates and commends the close co-operation that is clearly taking place between the police and NHS colleagues, especially in London Ambulance Service. However, we note the concern expressed by Lynette Charles at the meeting that even when delivering important

⁹ London Assembly, [Police and Crime Committee – transcript](#), p.29

¹⁰ [Right Care Right Person - Equality Impact Assessment \(met.police.uk\)](#)

¹¹ [Copy of Right Care, Right Person Equality Impact Assessment | Metropolitan Police](#)

¹² London Assembly, [Police and Crime Committee – transcript](#), p.24

¹³ London Assembly, [Police and Crime Committee – transcript](#), p.17

¹⁴ London Assembly, [Police and Crime Committee – transcript](#), p.34

services, the third sector is often “*not there in these conversations*” and, therefore, charitable and statutory sector partners were not learning from each other about conditions on the ground.¹⁵ Given this, we would like reassurance that input is being sought from across the health and social care system. This should include engagement with:

- the full range of NHS services dealing with mental illness.
- local authorities.
- relevant voluntary and community organisations.

Close partnership working must also extend beyond the design of services to encompass ongoing monitoring of the success of RCRP.

Recommendation 2: We would ask all the statutory sector partners (the Met, NHS and London Ambulance Service) to write to this Committee informing it of how each organisation is engaging with the wider NHS family, local authorities, and relevant parts of the voluntary & community sector to shape the delivery of Right Care, Right Person.

Recommendation 3: The Met should develop, implement and publish a set of metrics for gauging the success of Right Care, Right Person in London that accounts for its impact on patients, public services as a whole, and the wider community by July 2024. The Committee would expect to see reports issued using these metrics on a quarterly basis.

Ongoing police engagement with mental health

The Committee heard from Dr Hughes and Dr Smith about incidents where frontline officers or staff from the Met interpreted RCRP to mean that all issues related to mental illness were now outside of the police remit. This included instances where the Met declined to investigate a violent incident at an in-patient mental health facility¹⁶ or to support the conveying of patients under s.135 of the Mental Health Act 1983¹⁷ even though in both instances, the police remain the only agency with the authority to perform these tasks. The evidence available to the Committee did not allow us to gauge how widespread such misunderstandings are within the Met. However, the Committee believes that even a very low level of such misunderstandings occurring is unacceptable.

The Committee appreciates that the changes proposed as part of RCRP are, in reality, quite specific and that at no point have any official policies or statements from senior officers said the Met will not respond to incidents where mental illness is a factor. However, the Committee is concerned that the announcement of RCRP has, naturally, focused on the areas where the police will not be responding to mental health related incidents rather than those where it still will. We believe there would be value in a strong statement from the Met Commissioner emphasising the Met’s ongoing commitment, alongside its partners, to helping Londoners with a mental illness.

More broadly, the Committee wishes to underline the importance of ensuring that the correct understanding of RCRP, including the instances when the police *are* the appropriate agency to

¹⁵ London Assembly, [Police and Crime Committee – transcript](#), p.26

¹⁶ London Assembly, [Police and Crime Committee – transcript](#), p.13

¹⁷ London Assembly, [Police and Crime Committee – transcript](#), p.6

respond, is disseminated effectively throughout the Met. We recognise the point made during our meeting on 7 February 2024 by Commander Kevin Southworth that the Met's mental health central team had visited and briefed every frontline emergency response team.¹⁸ However, given the evidence discussed above about misunderstandings of RCRP within the Met, we feel it would be wise that this is repeated at regular intervals.

The Committee would like to reiterate that, though there are cases where the police are not the appropriate agency to respond, there are many situations where because of officers' skills and the powers they hold, they are the only service that can respond appropriately. Dr Hughes told the Committee that: "...the police have saved lives over decades. There are people who have been incredibly poorly, I know many myself, where if the police had not been involved we would have lost those individuals. There is no doubt that when they are the right people, they make a hugely positive impact."¹⁹

Recommendation 4: The Met must ensure effective dissemination of the principles of Right Care, Right Person to all levels of its workforce. This should include ensuring that every frontline officer receives regular training on responding to people with mental health needs.

Recommendation 5: The Commissioner of the Metropolitan Police Service should make a statement clarifying the Met's continued commitment to protecting all Londoners, including those with mental health needs.

Mental health ambulances

The Committee appreciated the information the London Ambulance Service provided about the plans to introduce response vehicles more specifically designed for dealing with mental health emergencies than a conventional double-crewed ambulance.²⁰ However, we noted the concerns expressed by our guests from Mind and the Royal College of Psychiatrists that if these vehicles are recognisable to the general public as 'mental health ambulances', this could stigmatise patients being conveyed in them.²¹ The Committee welcomed the willingness of the London Ambulance Service to review and engage with stakeholders regarding the external appearance of these vehicles²² and recommends that the London Ambulance Service does so as a priority.

Recommendation 6: The London Ambulance Service should engage with specialist services, such as MIND and the Royal College of Psychiatrists, and those with relevant lived experience, to discuss the proposed design of the external appearance of mental health ambulances.

Finally, I would like to convey the Committee's thanks to all of the guests who participated in our meeting.

¹⁸ London Assembly, [Police and Crime Committee – transcript](#), p.3

¹⁹ London Assembly, [Police and Crime Committee – transcript](#), p.10

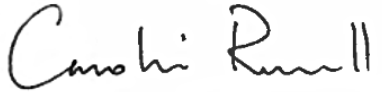
²⁰ London Assembly, [Police and Crime Committee – transcript](#), p.15

²¹ London Assembly, [Police and Crime Committee – transcript](#), pp.16-17

²² London Assembly, [Police and Crime Committee – transcript](#), p.34

We would welcome a response to this letter by Friday 10 May 2024. Please copy your reply to Janette Roker, the Committee's Senior Policy Advisor (janette.roker@london.gov.uk). Do not hesitate to contact Janette to discuss in more detail.

Yours sincerely,

A handwritten signature in black ink that reads "Caroline Russell". The signature is written in a cursive, flowing style.

Caroline Russell AM

Chair of the Police and Crime Committee

CC: Sophie Linden, Deputy Mayor for Policing and Crime;
Commander Kevin Southworth, Metropolitan Police Service;
Alison Blakely, London Ambulance Service;
Dr Lade Smith CBE, President, Royal College of Psychiatrists;
Dr Sarah Hughes, Chief Executive, MIND; and
Lynette Charles, Chair, MIND London