STAFFORDSHIRE POLICE

Closure Report

The primary objective of a project closure report is to provide a complete picture of the successes and lessons learnt of the workstream/work package/project. The project closure report should include all important project information that would help the reader to clearly understand what was accomplished & delivered during the workstream/work package/project.

Project/Workstream Title:	Right Care, Right Person	Project/Workstream Ref No:	
Project Sponsor:	ACC Stuart Ellison		
Leading Command:	Force Contact and Operations		
Business Lead when commenced:	June 2023	Current Business Lead:	[redacted]
Project / Work Package Lead:	[redacted]		
Project Manager (if applicable)			
Start Date:	June 2023	End Date:	March 2025

Overview:

Right Care Right Person (RCRP) aims to ensure vulnerable individuals receive the most appropriate care or intervention for their specific needs from the right professional, rather than relying solely on police intervention. RCRP applies to calls for service about:

- concern for the welfare of a person
- people who have walked out of a healthcare setting
- people who are absent without leave (AWOL) from mental health facilities
- medical incidents/support

RCRP has been a project of work that has been implemented and delivered over the last 12 months. It has involved partners in ambulance, mental health, acute hospitals and social services. These partnerships have ensured RCRP has achieved its aim to provide the best care to the public by ensuring the most appropriate response to calls for service. A full business case has been completed detailing the project background and implementation.

RCRP in Staffordshire was planned to be introduced via 4 phases over this 12-month period, beginning in Spring 2023. The phased implementation followed the below timescale:

- June 2023 until Autumn 2023 – Internal and external engagement, policy and procedure development, training package development, setting up governance structure to include tactical task to finish groups

- Autumn 2023 – Early 2023 – Training rollout
- Feb 2024 -Concern for Welfare and AWOL/walkout from Health facilities (Phase One)
- June 2024 – AWOL/walkout from a mental health facility (Phase Two)
- August onwards – Transportation of S136 patients (Phase Three) and s.136 & Voluntary MH (Phase Four)
- March 2025– Project Closure to Business as Usual

To ensure that the force had operational capability to reach the full benefits of the RCRP project and that there was an ongoing future focus on operational learning and external partnership engagement with tactical leaders, a dedicated RCRP project team was put in place to oversee this project of work overseen by a Senior Responsible Officer, ACC Stuart Ellison. In Staffordshire terms the SRO was considered the Project Sponsor. The Senior Responsible Officer (SRO) is ultimately accountable for the delivery of the project and owns the requirements for the project by defining what success looks like. A deputy SRO was nominated as the Chief Superintendent FCO Commander.

The Key Objectives of this workstream / work package were to:

The RCRP toolkit has been the framework that the force has used to implement RCRP. The framework is designed to ensure that people experiencing mental health crises receive appropriate care from the most appropriate service, rather than defaulting to a police response.

Key objectives for implementation:

- Partners within Health and Social Care should conduct their own welfare checks rather than rely on the police to conduct them.
- 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.
- Develop and implement a Concern for welfare (RCRP) policy, making the new process transparent for all.
- Enhanced training to contact staff and supervisors to improve the details they record on the system – so that subsequent assessments can be more effective and ensure Tactical advisors and floor walkers in place on go live, with the intent of providing intensive, live-time support for staff and intervention.
- Interactive toolkit developed for control room staff to aid decision-making to include steps for escalation.
- Internal communications strategy and plan developed, to assist in embedding procedural changes and create the cultural change required.
- Partnership engagement plan developed, including stakeholder analysis.
- Significant legal advice commissioned.
- Extensive partnership engagement – influencing using a sound evidence base.
- Creating a process that allows our control room staff to limit the acceptance of calls where no statutory policing purpose can be identified, by enhanced and immediately available supervision, the introduction of specialist advisors and enhanced training in appropriate legislation
- Limit the deployment of Police Officers and staff simply because another agency is unavailable
- Improving our understanding of the data to better predict demand, and quantify the resources need to answer the calls and deploy to them
- Improve our understanding of demand (specific to CFW calls and mental health)
- Improved relationships with partners

Did the Project meet its objectives/benefits & savings? Was the Project delivered on time?
The first 2 phases of RCRP have transitioned into a stable operational phase, having achieved its primary objectives. This period has allowed for fine-tuning and the resolution of outstanding minor issues, while ensuring long-term stability. Performance has been monitored closely by the business lead and any necessary adjustments made or recommended. Phase 1 and 2 which is now in a stable position are being handed over to the FCC senior leadership team for ongoing performance, operational management and oversight. This report also details a 'outstanding task' update on wider partner-led activity with a focus on phases 3 and 4, this will also ensure that future governance for maintaining the RCRP project is embedded into the organisations culture, processes and leadership. The overall project was delivered on time through effective planning, consistent communication, and proactive risk management: **Comprehensive Project Planning:** A detailed timeline with milestones and deliverables was developed at project outset. Regular updates ensured alignment with objectives. **Team Collaboration:** Cross-functional collaboration (both internal and partners) with clear role definitions streamlined workflows and minimised delays. **Risk mitigation:** Potential risks were identified early, with contingency plans in place to address any unforeseen circumstances. **Regular Monitoring and Communication:** Governance was put in place through both weekly and monthly status meetings and progress reports which ensured stakeholders were informed, and any roadblocks were resolved promptly. **RCRP deliverables completed:** Overall phase 1 and 2 can be deemed a success, with deliverables functioning as intended, stakeholder needs addressed, and the groundwork laid for future business cases, innovation and collaboration with partners. **Stakeholder Engagement:** Stakeholders and partners have been engaged throughout the project and their feedback has been integrated into the deliverables. Early feedback from key stakeholders indicates general satisfaction, though ongoing monitoring is in place through the RCRP dashboard and meeting governance in place. **Knowledge Transfer and Training:** All relevant staff and supervisors in Force Contact have received the necessary training to apply RCRP policy and associated principles. Support and guidance and relevant documentation have been provided and the RCRP toolkit has been built and in place to support staff in their decision making. **RCRP benefits monitoring:** Key Performance Indicators (KPIs) have been established on the PowerBi RCRP dashboard to measure ongoing success, and performance is being closely monitored. Initial data shows that RCRP is meeting the predicted defined performance measures.

Audits and Quality Checks:
Audits have been conducted to ensure that RCRP outcomes meet all compliance, policy and operational requirements.

The newly formed Mental Health Scrutiny Panel that meets quarterly, continues to play a vital role in ensuring transparency, accountability and continuous improvement. The panels engage a wide range of stakeholders, including health partners and police leads in City and County commands and custody. The panel provides a mechanism for reviewing incidents, the policies and practices in place and any learning identified is governed through the Police Tactical Mental Health group/action plan. This panel is particularly valuable where oversight and transparent decision making for RCRP related decision-making is critical.

Key Performance Indicators (KPIs) have been established on the PowerBi RCRP dashboard to measure ongoing success, and performance is closely monitored. Initial data shows that RCRP is meeting the predicted defined performance measures.

Reduction in police workload and productivity:
There has been a reduction in concern for welfare calls for service because of redirecting certain calls to the appropriate/agency, in healthcare or social services. This has enabled the force to focus on our core policing duties. Whilst this can lead to more efficient use of police resources, further work is required to identify the outcome of this reduction on force demand and the profile of resources versus demand to identify cost efficiency. The RCRP initiative can no doubt result in efficiency savings for the force and is particularly important in times of budget constraints.

Improved collaboration with partners:
The force approach to a phased implementation working with partners at the heart of this has been welcomed across the strategic partnership landscape and has strengthened existing working arrangements with health colleagues. This has fostered closer collaboration between the 3 emergency services, healthcare providers and social services (Local Authority). The partnership approach has also included third sector agencies and the voluntary sector, and this has also been welcomed as work continues to identify gaps in service provision both nationally and locally.

By working together has ensured the Staffordshire approach is aligned to local service provision and demographics. The Integrated Care Board has been crucial to implementation to raise the profile of other initiatives linked to the health and wellbeing of the Communities of Staffordshire and Stoke on Trent.

Local RCRP phased delivery has strengthened existing working arrangements with Health partners:

- Enabled better understanding with other agencies of the RCRP principles
- Enabled more scrutiny to understand day to day work of front-line challenges
- Highlighted some good practice
- Highlighted some poor understanding of legislation
- Enabled an improved data insight to allow qualitative and quantitative discussions to be had around RCRP
- Lessons to learn and case studies reviewed with partners at quarterly Mental Health Scrutiny Group

Specialised Training and Culture:

The RCRP was a key priority project for the force linked and contributing the wider Force Policing Plan. Staffordshire deals with a wide variety of incidents and calls for assistance. Some of these are policing matters, others are in relation to mental health, concern for welfare and social care issues. Often, there is considerable overlap between the roles and activities of police, various parts of the NHS and other agencies. The police are often seen by the public as a 'do all' service. Consequently, substantial demand is placed on police resources to deal with calls for service that are better suited to other agencies. This demand diverts officers away from core policing functions and puts additional stress on the force to achieve the core principles of policing and the impact of the rise in 999 and 101 demand.

The training design, delivery and roll out was key to this and the wider impact on staff improved staff well-being and culture, in the recognition that that staff and officers are not required to deal with issues outside their area of expertise which go some way to improving their well-being and job satisfaction. For our control room staff and supervisors, who are responsible for directing police resources and personnel, this type of training has offered significant benefits:

- **Improved decision making** to equip staff with the ability to assess situations quickly and allocate the correct response, whether its police, mental health professionals, paramedics or other specialist teams. This leads to more effective and efficient incident management and also ensures the individual is at the heart of this approach; Right Care, Right Person.
- **Better resource allocation** helps FCC staff and supervisors avoid unnecessary deployment of resources by ensuring that the right professionals are sent to each situation. This reduces strain on policing and ensures that critical resources are available when genuinely needed.
- **Enhanced public safety** – by sending the appropriate resources, RCRP training ensures that the public receives the most suitable care for their needs, particularly in sensitive situations such as mental health crises. This reduces the risk of escalation and improves outcomes for vulnerable individuals.
- **Reduced response times** – with the right training, FCC staff and supervisors can quickly identify the nature of the incident, leading to faster response times. This efficiency can be crucial in the identification of Grade 1/immediate response incidents where time is a critical factor in saving lives of de-escalating dangerous situations.
- **Increased confidence and confidence** – RCRP training boosts the confidence of FCC staff and supervisors by providing them with the tools and knowledge to make informed decisions. This increases their competence in managing a wide range of incidents and reduces the likelihood of mistakes or misjudgments.
- **Improved collaboration between agencies –** the training promotes a better understanding of how the 3 emergency services and health partner responders (AMPH's for example) should work together. This fosters better inter-agency communications and co-ordination leading to more seamless responses and improved outcomes.
- **Minimizing risk and liability –** sending the wrong resource to handle certain situations, such as mental health crisis, can lead to unintended harm, escalation or even legal repercussions. The RCRP training ensures that FCC staff and supervisors make decisions that minimize these risks and improve safety. The training ensures that our staff are knowledgably.

What went well:

The success of RCRP demonstrates that Staffordshire Police can reduce unnecessary demand, improve public safety, and enhance service delivery when we:

- Working closely with partners;
- Using data-driven decision making;
- Training staff effectively, and
- Communicating changes clearly

Phased approach to project management – The Agile phased approach by dividing the 4 phases of RCRP into distinct stages has offered numerous benefits. This combined with regular feedback, communication and collaboration at each phase has enhanced the success of the project. This approach has ensured that any issues or problems have been detected early and allowed both internal and external stakeholders to point out any risks or challenges as they have arisen.

'As Is' demand analysis – the 'As-Is' demand analysis that examined the 'current' state of concern for welfare demand and was essential for accurately understanding current demand patterns and making informed decisions. The RCRP Power Bi Dashboard now provides a realistic view of the current demand, allowing the project to base plans and recommendations on actual data rather than assumptions.

Subject matter expertise – Mental Health experts - There are 2 SME's that that have played a critical role in the successful implementation and continue to support the transition to business as usual. [redacted](EIPU) and [redacted](EIPU) have been invaluable in terms of their specialized knowledge, experience and insights into mental health and suicide which has enabled the project to incorporate best practice, problem solving activity, guidance for decision making ensuring they are aligned with the legal requirements of the Mental Health and Mental Health Capacity Act. They have been essential in supporting the RCRP training and transferring knowledge in their area of expertise, ensuring the FCC was well prepared post implementation and during go live. These SME's have played a key role in the post implementation phase supporting reviews and continuous improvement and their wider partner relationships and stakeholder communication has ensured that all stakeholders are aligned to the project objectives.

Trainer and training - The first 2 phases impacted significantly on the teams in the Force Contact Centre (FCC) and Front Counters who are the first line decision makers when assessing RCRP calls for service. One of the main barriers to overcome was the internal culture and staff who were understandably cautious about declining to deploy support to the public and partners and the consequences of making the wrong decision. This required careful consideration when designing the training programme and how staff would be supported. By identifying an SME/lead to train the staff [redacted]was a key success to the implementation and go live phases. The trainer prepared well for this and prior to the delivery of the training engaged with key stakeholders and partners both internally and externally, to include Legal Services, Staff Associations and the Independent Office of Police Conduct. The scope of work in the planning stages also included working closely with partners from across the county. The wider impact on staff improved staff well-being was also considered a key benefit in the recognition that that staff and officers are not required to deal with issues outside their area of expertise which can result in improving their well-being and job satisfaction. Over a period of 3 months 15 full days RCRP training was delivered and continues now to support new recruits training, training for Triage officers and mop up sessions for staff who require further support.

After the initial training programme, the trainer played a key role in floorwalking on initial go live of phase 1. This was there to provide on-the-spot support, which was crucial for implementation of such a

significant policy change where staff were likely to encounter issues or have questions. The trainer provided immediate assistance, resolving problems and answering questions on the spot, which contributed to less downtime and maintained productivity in the FCC at a time where the force was still in the 'engage' HMICFRS monitoring. Knowledge of the policy and principles of RCRP allowed for hands-on training in the actual work environment with the staff benefiting from real time explanations tailored to the demand presented at the time, this enhanced staff understanding and confidence in applying the new policy and principles.

This approach was key to reassuring staff that support was readily available which reduced anxiety associated with the transition to the new approach. This peer support boosted morale and confidence which led to a smoother and more positive transition/adoption experience for the staff.

During the floorwalking stage common issues and feedback and suggestions from staff were fed back to the project team which facilitated better communication and enabled continuous improvement of the roll out of phase 1. This has enabled additional training or clarification where it was needed and has allowed for some targeted additional support that have addressed specific gaps, improving overall competency. This real time support has helped establish good policy decisions from the start, which has led to a consistent approach and identified some significant early benefits in line with the initial 'as is' and 'to be' predictive analysis. This significant change has been challenging for many of the FCC staff; however, this approach has helped navigate the new process, reduced the initial resistance and the transition to phase 1 and 2 has been manageable and less intimidating for the teams.

Recommendations to ensure the learning and ongoing training is supported are being progressed through the project evaluation report (PIR) of phases 1 and 2.

What could have been improved:

RCRP Project Team - There were significant benefits in the development and implementation phase of the project to focus on all aspects of the tasks ahead through a full-time project team. This included having specialists in areas like project management, business analytical expertise, subject matter experts in training and mental health and legal support/advice from Legal Services and PSD. The full team brought a variety of ideas and approaches to problem solving and a diverse perspective which has helped innovate and create the implementation to delivery.

The competing demands of the wider Strategic Change Team and delivery of other key priority projects and the unforeseen absence of a project manager since Dec 23 has meant a reduced focus on specialist tasks and the business lead managing two distinct roles – project management and business leadership (strategic decision-making and stakeholder management). This has not impacted on the delivery of the project on time but important project functions (such as maintaining the detailed risk and issues log) have not necessarily got the attention they needed, potentially reducing the overall quality of the projects execution through to project closure.

The business lead has managed this with the support from the programme manager and Lead Business Analyst but it does need to be acknowledged that the focus on real time activity/floor walking and support to the teams in the FCC has not been in place as there was realistically only 1 full time member of the original project team left who is the business lead. The RCRP trainer seconded to the project has since moved back to the FCC to support the wider new recruits training but still continues to support the teams in the FCC to train the new recruits and Triage officers. Whilst this is the priority this has reduced the time that could be spent supporting live time review, floor walking and the identification of learning and feedback whether individual, team or department.

Audit and review/continuous learning

Whilst there has been some review and audit work undertaken this has not been consistent and have taken place when there has been a step change in the KPIs or as a result of a request to review from partners. Without regular audits, it is hard to measure whether the RCRP policy change is being implemented as intended. We can now evidence that since go live, there has been some deviation from the new policy, leading to inconsistent outcomes, incorrect recognition of a crime or missing person and police attending concern for welfare incidents where there is no police involvement required. Whilst the DEP RCRP dashboard tracks the KPIs, without regular audits, it has become difficult to gather evidence to make informed decisions about any future changes and continuous improvement and where any refresher training needs to focus on and to whom. However, it should also be recognised that in most cases staff in the FCC and Front Counters have applied policy correctly and the areas of improvement indicate process and procedural issues.

There are several strategies in the PIR recommendations to ensure that staff consistently apply RCRP policy over the long term and there is a clear business lead and appropriate governance to ensure the RCRP vision and benefits continue to be delivered.

The business lead has drafted an internal communication strategy to help ensure that RCRP continues to add value beyond project closure. This will ensure that the policy is embedded into organisational culture, recognising that regular communication reinforces the policy's importance, making it a standard part of operations rather than a short-term initiative.

Outstanding tasks to be completed – post workstream completion:

- **RCRP Project Evaluation Report recommendations:** These recommendations will be documented, tracked and governed through the existing Contact Performance Meeting that meets monthly and chaired by the Superintendent but are included below as reference;

    - Recommend a 'benefits owner' is identified and established prior to project closure to ensure that the expected benefits of RCRP are realised and sustained.
    - Recommend Mental Health and Suicide Expertise/roles in the FCC
    - Recommendations to improve 'Quality' Outcomes
    - IT - RCRP toolkit enhancement recommendations
    - RCRP project governance/meetings recommendations
    -

- **RCRP internal communication strategy:** ensure the internal communications strategy has appropriate governance and is used to embed the RCRP policy into organisational culture.

- **RCRP PowerBi dashboard**: work is still ongoing with the DEP team (SPOC [redacted] to develop the product to include monitoring of the MH136 power app. The product SME is currently aligned to [redacted] this oversight will be handed over the SLT in Contact who already hold the portfolio for supporting the development of DEP products in Contact ([redacted]
  [redacted].

- **Memorandum of Understanding – Power of Entry:** Consultation is still ongoing with Ch Insp [redacted] and [redacted] ensuring this work captures both the legal aspects of this work but also the potential efficiency savings (working with Force Insurance Team). It is expected that this will have progressed by mid-April however it is still an outstanding task/risk in the programme.

- **EIPU restructure and lift and shift of Mental Health roles and functions into FCO:** This is a recommendation in the RCRP project and is being managed through a change programme as part of the EIPU restructure.
- **Meeting governance (stakeholder engagement):** The RCRP Strategic Partnership Board and associated Terms of Reference (TOR) has provided the governance mechanism for delivering the National Partnership Agreement: RCRP locally (including setting out key milestones for each phase of RCRP implementation; oversee delivery; and manage risks and escalations). The board has governed (chaired by police) the implementation of the first 2 phases through cross-agency partnerships, following engagement with health, social care and other relevant parties through this board.
  The NPA states that Integrated Care Boards (ICBs) hold overall accountability for leading and coordinating the implementation of the NPA: RCRP from a health perspective. A Senior Responsible Officer should be identified within the ICB, alongside leads in local police forces and local authorities.
  The existing membership of the RCRP Strategic Partnership Board has already got suitable representation from the following (as per NPA recommendations);
    - health – including all-age mental health services (community, crisis and inpatient and NHS-employed AMHPs), ambulance service, acute providers and primary care
    - police and probation services
    - local authorities – including AMHP services, children's and adults' social care, drug and alcohol services, and homelessness and housing services
    - organisations with responsibilities for safeguarding or with relevant statutory duties, including Safeguarding Adults Boards and Safeguarding Children's Partnerships
    - VCSE organisations that support people with mental health needs – including ethnic-led VCSE organisations and those that support people with housing, homelessness, and co-existing alcohol and substance use problems
    - fire and rescue service

  It is recommended that the RCRP Strategic Partnership Board is formally stood down through a final board meeting where the stand-down is approved and recorded and that RCRP transitions to a new governance model. This will ensure continued progress and a new governance model that will take over the board's functions.

  It is recommended that the ICB would be best placed to determine the new governance model as they hold overall accountability for leading and implementing RCRP from a health perspective. This would ensure the partnership work ongoing and future transformational work has governance wrapped around it and bring all interested parties to the same table.

- **Mental Health activity:** RCRP phased activity has strengthened working arrangements with Health partners and allowed better understanding with other agencies. This has enabled more scrutiny to understand day to day work of front-line challenges as well as highlighting good practice and some poor understanding of legislation. There is an improved data set to allow qualitative and quantitative discussions to be had around RCRP.

  There are several ongoing workstreams/opportunities that are closely aligned to phase 3 and 4. The first 3 are internal pieces of work that could be captured in a joint learning brief for officers. [redacted] is leading and supporting this work with current support from RCRP business lead and all 3 workstreams will be progressed and governed through the existing Mental Health Tactical Working Group and associated action plan.

- **MH136 Mobile App -** The RCRP APP has been developed to capture data surrounding Section 136 detentions (in place since Aug 23). Officers are asked to fill out this APP when a person has been detained under S136 MHA. The data collated will provide a picture as to exactly how long officers were delayed for, at what stage, and if there are any reoccurring themes as to who or what is causing the delay. This information will enable the force to measure the impact and provide evidence to challenge partners to improve services for those in crisis. Compliance low and work in progress to improve. Whilst this information will be available in the RCRP dashboard work needs to be continuing to promote the use of the Mobile App.
- **MH136 Transportation Procedure Brief on a page:** targeted towards police responders, dispatchers and Force Incident Management to remind staff of the procedure to follow and nudge to MH136 mobile app.
- **Voluntary Handover Procedure:** Right Care Right Person has ensured that there is a focus on how police respond to and deal with individuals in mental health crisis. There can be no ambiguity over what information is provided by the police to partner agencies which will allow them to devise a risk assessment and provides them with situational awareness of the individual. As part of the continuing implementation of Right Care Right Person we are looking to introduce a Digital Voluntary Handover Form. Partners have asked for the form, as there have been several issues raised in relation to officers dropping off individuals without their knowledge.

- **Partnership activity**

  - **Review of Mental Health Street Triage:** ongoing workstream led by Health. Governance on progress through the current RCRP Strategic Partnership Group meeting.

  - **Ambition to meet 1-hour handover time**: We continue to work well to achieve this in partnership with WMAS. Whilst we are in a good position there is still work to do in terms of WMAS availability. Main issues we have mirror the national picture around lack of mental health beds. The RCRP national team continue to brief the policing minister and mental health minister to flag these challenges nationally.

  - **Staffordshire Centre for Data Analytics partnership work:** A key piece of partnership work will commence in April 2025, led in partnership with the SCDA. This work will look to collect the data relating to relevant calls following the implementation of Right Care Right Person that are received across both policing and partner services to inform whether the basis of RCRP is being achieved, and the public are receiving the most appropriate service which is the fundamental principles of this approach.

    This will enable the measurement of the impact of implementation of RCRP on policing services, health and social care and on the experiences and outcomes of people requiring help and care, including ensuring there is not a negative impact on signposting, on access to care and treatment, an increase in use of restrictive practices, or any differential impact by protected characteristics. It will also

ensure where police are signposting the public to other services in relation to RCRP principles, the service user has;

- contacted the agency/partner signposted to
- it was the right agency at first contact
- the service user has a positive experience
- ensure we are meeting the RCRP principles and contributing to overall policing plan vision; A safe and confident Staffordshire secured by an outstanding local police service that is passionate about serving the public, caring for its people and working in partnership.

The Power Bi RCRP dashboard using the suggestions from the RCRP national toolkit baselining and evaluation criteria, provides the force with baselining performance around the 4 phases of RCRP around what data we collect, and how collate it from a policing perspective. The aspiration is that there will be as much consistency as possible as to the data collected so the impact of RCRP can be assessed locally with our partners.

Whilst the RCRP Power Bi dashboard provides policing with a good insight into the impact on policing services and demand, the gap moving forward is a multi-agency partnership approach to identify what measures are useful and feasible to capture locally.

Progress will be tracked through the existing DEP meeting framework chaired by Ch Supt Chief of Staff. [redacted]s currently the business lead supporting this work and it is recommended ownership of the role transfers to the Superintendent, Head of Force Contact.

Savings:	
Cashable: ➢ Predicted reduced cost for boarding up requirements – only going to those where there is a legal requirement to do so (work ongoing)	**Percentage (%) reduction of concern for welfare, walk out of healthcare/AWOL calls realised since implementing RCRP** Comparing years 6th Feb 2023 - 5th Feb 2024 and 6th Feb 2024 - 5th Feb 2025: **6th Feb 2023 - 5th Feb 2024** Received Incidents = 25707 Resourced Incidents = 20293 **6th Feb 2024 - 5th Feb 2025** Received Incidents = 17641 Resourced Incidents = 10189 Percentage **Reduction**: Received Incidents = 31.3% Resourced Incidents = 49.8% **Officer time 'saved' in this period because of non-deployment to concern for welfare,**

	walk out of healthcare/AWOL calls (10K deployment reduction) **6th Feb 2023 – 5th Feb 2024** Officer Hours attending CFW Incidents = **72,946** **6th Feb 2024 - 5th Feb 2025:** Officer Hours attending CFW Incidents = **36,477** **Hours Saved** during year of RCRP = **36,469 (each officer saves 1 hour and 15 minutes per working week).** Further work is required to articulate where service delivery has improved or identified efficiencies or cashable savings in force that could be attributable to RCRP implementation; There are several areas to consider that systemically identify and could evidence efficiency savings beyond the initial benefits already identified; ➢ Improved response times ➢ Repeat callers or cases where police where previously used inappropriately ➢ Reduction in transport costs – fewer police led conveyances = reduced vehicle mileage and fuel costs ➢ Impact on legal processes, fewer Section 136 detentions = reduced time officers spend in A&E or waiting for Mental Health Act Assessments ➢ More efficient use of officer time – freeing up officers to focus on crime prevention, investigations and emergency response

Lessons Learnt? *Outline key learning that will be useful to other projects in advance of the full Post Implementation Review (PIR) including what you would do differently:*

Description	Impact	Lessons Learnt / Recommendations
Data driven decision making	Real time data collection to describe the 'as is' picture has helped justify decisions, demonstrate impact and refine processes	Set up performance metrics from the start, ensuring that changes are backed by evidence and develop predictive policing or demand reduction initiatives using data

		analytics to assess effectiveness and make informed adjustments.
Clearly defined decision-making frameworks to reduce confusion	Contact staff, officers and partner agencies need clear criteria for when police should be involved or not	Develop decision trees or triage tools to guide staff in determining the most appropriate response
Training and culture are just as important as policy change	Front line contact staff and officers need training to understand new policies and shift their mindset	Using the RCRP internal communications strategy, continue to invest in refresher training through practical training and scenario-based exercises to build confidence in applying new approaches when rolling out changes to procedures and/or policy. Ensure all communication reinforces the *why* behind the change (e.g. improving public safety, reducing police demand).
Strong leadership and governance have driven success	The set of governance structures with senior oversight, clear reporting lines and accountability mechanisms, as well as engaged subject matter experts has overcome resistance.	When implementing force wide changes to response models or case management systems, and SME's must be visible and actively involved in the transition.
Internal communication is key	Early and clear communications prevent misinformation and builds trust with staff	Continue to celebrate success through CPD, PDR and individual performance contribution. Leadership should regularly reaffirm commitment through updates and acknowledgements of success and contribution.
Establish a benefits owner post project closure.	Benefits owner/visionary who has a deep operational understanding of the process improvements and has the authority to make decisions and influence any necessary changes in the department/organisation to ensure the benefits are realised.	It is recommended that this owner is someone who has been closely involved in the project or have a vested interest in the benefits, either department head or senior management as they will have the strategic oversight and influence required to sustain the benefits. The project goals and categorised benefits are trackable through the baseline and evaluation criteria on the RCRP dashboard that

		provides the ongoing support needed to continue to track the benefits and address any issues that may arise. This would also support the monitoring of Key Performance Indicators (KPIs) that have been set during the project will continue to be tracked after its closure.

Closure Checklist List			
Post Implementation Review (PIR) to be completed:	No (PIR completed after phase 1 and 2)	Planned PIR Commence Date:	
Closure Report Sent to:	Recipient's Name	Role	Date
	ACC Stuart Ellison	SRO	
	Ch Supt Paul Talbot	Deputy SRO	
	[redacted]	Programme Manager	14.2.25
	[redacted]	Business Analyst	14.2.25
	Supt [redacted]	Head of Contact	
Form Completed by:	[redacted]	Date:	14/02/2025