



Health Scrutiny Committee

Date: Wednesday, 4 September 2024
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published.

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Membership of the Health Scrutiny Committee

Councillors - Cooley, Curley, Green (Chair), Hilal, Johnson, Judge, Karney, Marsh, Muse, Reeves and Sarwar

Supplementary Agenda

6. **[2.30-3.00] Right Care, Right Person Implementation** 3 - 12
Report of the Executive Director Adult Social Services

This report provides an update on progress Manchester City Council officers have made in preparation for the implementation of Greater Manchester Police Right Care Right Person approach from 30 September 2024.

8. **[3.30-3.55] Planning For Winter 2024/25** 13 - 24
Report of the Deputy Place Based Lead and the Executive Director of Adult Social Services

This report provides an overview of the key elements of the approach to winter planning 2024/25 alongside organisational updates relating to what will be delivered by partner organisations.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Wednesday, 28 August 2024** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension , Manchester M60 2LA

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 4 September 2024

Subject: Right Care Right Person Implementation

Report of: Executive Director Adult Social Services

Summary

This report provides an update on progress Manchester City Council officers have made in preparation for the implementation of Greater Manchester Police (GMP) Right Care Right Person (RCRP) approach from 30th September 2024. Right Care, Right Person is a national programme for all police forces to retain their focus on crime and prevention to keep our communities safe. Council Officers are engaging with colleagues across our partnerships at a strategic and operational level and have worked to identify and improve care pathways to ensure people receive the most appropriate support by the right organisation at the earliest opportunity. There is a concern that there may be an increase in demand for Council Services and other system partners due to the implementation which we will monitor and prepare for, so we are able to respond accordingly.

Recommendations

The Committee is recommended to consider and comment on the information in this report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	A draft Equality Impact Assessment has been completed however robust assessment is limited due to the absence of detailed demographic data of the callers that are likely to be redirected. It is proposed that the EIA remains a live document, and it is regularly reviewed and updated post go live through the monitoring data of referrals being made to MCC and System Partner organisations.

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	By working closely together system partners can support our residents and communities to progress prevention and early intervention to drive better outcomes
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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Background documents (available for public inspection): None

1. Introduction and Background

- 1.1. Right Care, Right Person (RCRP) is a national reform programme for all police forces to retain their focus on crime and prevention to keep our communities safe. The new approach provides an accountable and consistent decision-making model for police forces to make officer deployment decisions against the core policing responsibilities.
- 1.2. GMP (Greater Manchester Police) have been working with partners over the last 12 months to design the pathways with partner agencies to ensure that the residents of Manchester can access the right support from the right organisation.
- 1.3. This report provides an update to the report to SMT on 28 May to give an overview of our readiness with the implementation date for RCRP of 30th September 2024.

2. Manchester Workstream updates

- 2.1. In previous workshops and meetings of the Manchester Oversight Group, there have been reassurances about actions taken in preparation for the introduction of Right Care Right Person, including the review of relevant policies and procedures. There have also been issues raised that required urgent escalation to ensure that significant risks are mitigated and where possible resolved prior to implementation.

The following paragraphs outline the current position for each of these workstreams for Manchester.

Mental Health

- 2.2. An update on implementation of the GMMH Joint Mobilisation Plan was discussed at the recent Manchester Oversight Group with some good progress on systems and processes outlined. The soft launch of the 111 dial 2 for MH service for low to moderate MH crisis was successfully launched at the end of April, with calls being triaged and escalated to consultants where appropriate. GMMH are continuing to recruit to some of these roles.
- 2.3. Mental Health Practitioners are now based in the emergency operations centre to support GMP and NWS staff in dealing with 999 calls, which supports people requiring low to moderate mental health support and helps in defining emergencies.
- 2.4. The planned RCRP handover of people detained under the Mental Health Act on a section 136 by the police to health care settings within 1 hour is not included in the RCRP launch on 30th September. Systemwide working as part of the GM Section 136 Improvement plan will address this with a planned implementation date of April 2025.

- 2.5. GMMH are still in talks with the ICB and VCSE around responding to AWOLs, and there has been agreement until this is worked through that NWAS will offer additional support for the go live period until a longer-term solution is agreed.

Physical health

- 2.6. A Partnership agreement has been drafted with Northwest Ambulance Service and clarity has been provided to all partner organisations regarding the appropriate use of this service.

Missing Persons

- 2.7. A significant amount of progress has been made in both children's and Manchester University NHS Foundation Trust (MFT) healthcare settings to review policies and procedures and training for frontline staff to ensure that the appropriate due diligence is being undertaken in advance of reports to the police, with only people at high risk of imminent significant harm being reported to the police. A review of the effectiveness of the policy and training has identified that the appropriate response in line with RCRP principles is being applied in the majority of missing incidents reported in MFT. There are weekly partnership meetings in place for MFT, GMP and GMMH to review all missing patients from MFT and implement timely thematic learning. District-level workshops have taken place with care home providers, through Care Provider Forums or bespoke sessions.

Social Issues

- 2.8. The internal GMP portal "Making a Difference Tool Kit" will be utilised to support call handlers to signpost to the most appropriate organisation for social issues.
- 2.9. Pathways have been confirmed across partner organisations and MCC Corporate Communications have produced a resource that can be used to share with all frontline staff detailing the appropriate referral pathways.

Adult Social Services

- 2.10. Adult Social Care's No Reply policy and Missing Persons policy are currently being reviewed to ensure they are up to date and the information corresponds with the Right Care Right Person approach.
- 2.11. Guidance has been drafted for frontline staff to help with delivering an appropriate and consistent response around concerns for welfare, mental health crisis, physical health issues and missing persons. The guidance includes escalation routes and staff due diligence checklists to support decision making and practice. Checks are being made with Learning Disabilities services to see if there are any variations required in response that need to be considered for supported accommodation or shared lives, in relation to concerns for welfare and missing persons.

- 2.12. Referrals into adult social care will be dealt with as usual, meaning were there are any concerns indicated around an individual's mental capacity or ability to independently follow advice and guidance, these would be redirected from Adults Early Support Team or Multi Agency Safeguarding Hub to teams for face-to-face visits. Our concern remains regarding GMP's response where individuals may not be able to independently follow advice and guidance. We are working with GMP regarding these cases to ensure we know about them.
- 2.13. A communication plan has been developed to support staff to be informed and equipped to navigate the evolving pathways as part of RCRP's implementation. This plan includes:
- A reoccurring segment in the fortnightly ASC bulletin, which has so far included an overview of RCRP, the rationale behind its approach, and GMP RCRP briefing webinar dates.
 - Collaborating with corporate comms to develop a RCRP information booklet so colleagues can feel confident navigating the pathway (and holding their own service boundaries).
 - Guidance is in production around how colleagues can navigate conversations around signposting and escalations with confidence, as a recognised risk is other professionals rejecting referrals that are appropriate.
 - Planned Communities of Practice focused on the implementation of RCRP.
 - A planned focus on RCRP in the upcoming Adult Social Care Forum (October 3) to reach a sizable portion of our workforce in one space, and to have more interactive discussions around potential challenges and concerns.

Residents Experiencing Multiple Disadvantage

- 2.14. Concerns have previously been raised regarding the potential impact on individuals experiencing multiple disadvantages where a single agency referral may not be appropriate. GMP maintain their position that the RCRP programme will still only provide referral route for callers based on their primary presenting need and using the Making A Difference toolkit.
- 2.15. However, positive discussion has taken place between MCC, GMP and GMCA about potential options to address this post RCRP go live. Deputy Mayor Kate Green has indicated her support for this approach which has enabled progress. Several potential options have been discussed and the next stage is for the MCC Multi-Agency Prevention and Support (MAPS) Coordinator to shadow GMP Call Centre staff to explore potential referral routes which are practicable within our respective operating structures. In addition to this, further work to strength the relationship between MAPS and GMP prevention hubs is also being explored. This is a far more positive position than reported in the previous update. (Note: is the joint funded Changing Futures (DLUCH/ GMCA) and MMF Kickstarter Early help for adults experiencing multiple disadvantage project).

- 2.16. Homeless Service staff have been briefed on RCRP, with the background, reason and future webinar dates. Processes have been analysed to ensure no inappropriate calls to GMP are made in future, and the appropriate organisation is contacted in the first place. Changes to missing persons policies in temporary accommodation have been made.

Escalation

- 2.17. The Manchester Oversight Group sought assurance regarding a clear Escalation Pathway where GMP is refusing to attend an incident requested by a partner agency. This is essential for out of hours when colleagues may not have the same access to senior colleagues in MCC to intervene if there are cases where they are challenging a professional's judgement. GMP have confirmed that any caller who does not agree with the GMP assessment and signposting can ask to speak to a supervisor and challenges can be escalated to Superintendent level.

Contact Centre

- 2.18. Whilst Manchester data has been shared about the estimated number of calls that would be redirected through the social issues pathway (9 calls per day across all agencies), it is not clear what the impact may be from the implementation across workstreams such as Mental Health. The data that has been provided to date has been quite high level and partner agencies are concerned it doesn't provide enough detail to appropriately mitigate the potential impacts i.e. types of callers, services impacts (Manchester specific) and seasonal variations etc. The contact centre is already at capacity and any additional volume could create risks for both adults and children.
- 2.19. Additional demand placed on the Children's and Adults contact centre service is being closely monitored as demand is expected to increase prior to go live. Following go live the demand will continue to be closely monitored and reviewed, along with any resource implications for MCC.

Children's Social Care

- 2.20. Senior leaders in Children's Services have collaborated with GMP colleagues in local workshops and the GM Assistant Director and Director of Children services groups. Each GM Local Authority has its own 'front door' system as a consequence there is likely to be a differential impact of Right Person Right care across GM. However, all front doors share a centralised approach, working closely with GMP and Health colleagues to guarantee that all inquiries into Children's Social Care are directed to the appropriate service promptly. Throughout these engagements, it has been consistently communicated that the RCRP will not alter the demand for Children's Services or existing protocols, nor will it influence the decision-making processes of GMP colleagues regarding child-related issues. In the implementation of RCRP it is imperative to understand that the law and advice from DFE in relation to safeguarding has not changed and as such thresholds for service should not

be impacted by RPRC. There are escalation routes supported by the safeguarding partnership should these be required.

- 2.21. In Manchester, the RCRP GMP has acknowledged the progressive approach of the Children's Social Care Advice and Guidance Service, which motivates the public, professionals, and families to seek support and discuss their concerns. Post implementation a daily multi professional meeting will occur to assess any impact for children and our front door this will inform any strategic response to Right Person Right Care.
- 2.22. Concerns regarding children's social care are primarily addressed within two RCRP pathways: Social Issues and Missing. GMP colleagues have highlighted in workshops that Manchester Children's Social Care conducts thorough due diligence for missing children before contacting GMP. Additionally, it was observed that reports of missing incidents have declined due to these effective practices and a recent refresh of this policy.
- 2.23. Nevertheless, continuous consultations, contingency planning, and preparations are being carried out to ensure agility and an appropriate response to any challenges that may arise from the introduction of RCRP.
- 2.24. An identified concern is the indirect impact of heightened activity in the Contact Centre, which may consequently affect the timeliness of Contacts reaching Children's Social Care. To address this risk, a weekly meeting post go will be convened to examine both quantitative and qualitative data, and to assess any impact to the current system's functionality.

Forced Entry

- 2.25. A Memorandum of Understanding (MOU) has now been developed and signed off between Greater Manchester Police, Northwest Ambulance Service and Greater Manchester Fire and Rescue Service. GMFRS were concerned about the level of impact from partner organisations so the MoU confirms GMFRS will only attend for forced entry if GMP or NWAS are also in attendance.

3. Current concerns

- 3.1. GMP have shared a data pack with some Manchester specific data which is helpful but is limited due to their ICT system in terms of enabling us to plan to mitigate risks of an increase in demand and limit the information which can be shared when the approach goes live. This is necessary to track whether calls are resulting in a call to another service or are not coming back into the system. Without this information, we cannot track the impact of the service change and if calls are lost. This is particularly an issue for people who are experiencing multiple disadvantages where signposting may not be a suitable option. There is also a safeguarding concern around GMPs signposting vulnerable adults who cannot follow the advice or self-navigate who will be left at risk.

- 3.2. There is a need for the clear escalation route to be formally agreed and communicated to support staff particularly for out of hours situations and to ensure appropriate use of escalation within our bronze, silver, gold command structure where appropriate.
- 3.3. Reassurance has been given regarding capacity to respond on 111 Mental Health number, however, there remains the concern around ability to pick up additional calls, without which front line officers or individuals in mental health crisis may not be able to access the right care for those in need, resulting in escalating vulnerability. If residents are not able to access the right support via 111 demands may then be displaced onto the MCC Contact centre.
- 3.4. Communications materials received 13 May 2024. There are concerns about the content of the comms messages and further work required to disseminate appropriately, as some of the messages will need to be tailored for different partners and VCSE organisations.
- 3.5. Corporate Communications are supporting this work with a communications plan that includes the pathways booklet that will be used by all partners and our own frontline services, this booklet also includes GMP communications leaflets so that everything is in one place for ease of use.
- 3.6. There are directorate specific communications for council services and staff so that they are supported as much as possible as we go into transition.
- 3.7. A briefing note to Council members will be prepared and shared so that councillors are aware of the upcoming changes and can support their constituents if needed.
- 3.8. Externally communications will include the sharing of GMP official communications across channels, so people are aware of the changes that are being implemented by GMP. We will also be promoting partner services to the public such as 111, cost of living advice, homelessness support and mental health pathways to give people the right options to choose other than going straight to the police as their first action.
- 3.9. All communications will be monitored and adapted as needed and as situations are monitored.
- 3.10. A draft Equality Impact Assessment has been completed however robust assessment is limited due to the absence of detailed demographic data of the callers that are likely to be redirected. Follow up conversations with GMP have confirmed that this data is not recorded and cannot be made available to inform the assessment. It is proposed that the EIA remains a live document, and it is regularly reviewed and updated post go live through the monitoring data of referrals being made to MCC and Partner organisations. If any disadvantages are identified through the live data, then mitigations will be designed as a priority.

4. Next steps

- 4.1. Work continues to be progressed against the issues raised and the implementation plan will continue to be progressed.
- 4.2. The next meeting of the GM Oversight Group is scheduled for 12 September where we will have the opportunity to review the proposed escalation pathways to ensure robust arrangements are in place.

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 4 September 2024

Subject: Planning For Winter 2024/25

Report of: Deputy Place Based Lead
Executive Director Adult Social Services

Summary

Health and care system partners in Manchester and Greater Manchester have been meeting regularly and this report provides the Health Scrutiny Committee with a forward view of the planning underway for Winter 2024/25. Partners will attend the Committee to answer questions relating to their respective organisations.

Recommendations

The Health Scrutiny Committee is asked to note the report.

Wards Affected - All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city	In terms of service delivery all NHS partner organisations in Greater Manchester are expected to adhere to the GM NHS Green Plan and Council directorates and teams are aware of their responsibilities in contributing to the city's net zero carbon target.
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	

Our Manchester Strategy outcomes	Contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care are an important part of the city's economy including creating significant economic value, jobs, health innovation and supporting regeneration efforts
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan and the Making Manchester Fairer Plan now provides an effective framework for tackling health inequalities in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are strong links between health partners and housing providers in the city and health partners also have an important role in working towards net zero
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care for Manchester residents

Full details are in the body of the report, along with any implications for

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Each year various grants are made available to social care, primary care, NHS Trusts to support the response to dealing with winter pressures

Financial Consequences – Capital

None

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Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 This paper gives an overview of the key elements of the approach to winter planning 2024/25 alongside organisational updates relating to what will be delivered by partner organisations.
- 1.2 A full system winter plan will be developed through the System Winter Planning Group and supported by the Manchester and Trafford Urgent Care Board (UCB). The system plan will be shared at the September Urgent Care Board, with further updates shared as and when required throughout winter.
- 1.3 In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning. Key areas for this year's plan include building on the lessons learnt from winter 2023/24, winter debrief on winter schemes 2023/24, and ensuring plans align with urgent care transformation.

2.0 Winter Planning Approach

- 2.1 The Manchester System Winter Planning Group has been established to support with the development of organisational winter plans, and how these are brought together into the Manchester and Trafford system plan. The group will meet weekly throughout August and will:
 - Ensure that opportunities for collaboration between different parts of the urgent care system are explored
 - Ensure that organisational winter plans are developed in tandem with all other partners, as they are being formed
 - Provide a forum to check-in on current progress on winter plans.
 - Keep the system informed on wider communications relating to Winter (such as governance, winter planning letters, national returns)
- 2.2 As of 16 August 2025, NHS England has yet to publish national planning outlining the approach for Winter 2024/25. In order to provide consistency with previous years we are continuing to focus on the four key areas as follows:
 - Continuing to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place
 - Completing operational and surge planning to prepare for different winter scenarios
 - Ensuring effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector
 - Supporting our workforce to deliver over winter
- 2.3 The Manchester and Trafford Urgent Care Summit on 24 September 2024, will provide further scrutiny and support for our Winter planning. The key aims of the summit are to:

- Explore the current impacts of population growth and population health on the Urgent Care System
- Understand the expected impacts on urgent care services
- Collectively share and reflect to bring together our vision for the system
- Agree key areas of transformational change required over the next few years

2.4 As with previous winter planning, the system resilience team will ensure robust governance through the system winter plan. The plan will be developed and shared through various internal and external boards and will help to support national returns and key lines of enquiries from either Greater Manchester Integrated Care Board (GM ICB) or NHS England.

Urgent and Emergency Care System Plan

2.5 Through the Manchester and Trafford Urgent Care Board and Operational Delivery Group, locality partners have collaborated to create system urgent care action plan. The plan aligns to the 2-year recovery plan published by NHS England (January 2023), the 5 year GM ICB Joint Forward Plan (March 2023), and locality identified priorities. The new system plan identifies key workstreams and actions across five topics:

- Flow
- Workforce
- Discharge
- Community
- Access

2.6 The Manchester and Trafford Urgent Care Delivery Programme Group has been established to monitor progress against the key deliverables in the plan. In preparation for winter, workstreams with key deliverables across Q3 (October – December)/Q4 (January – March) will be identified for incorporation into organisational and system winter plans.

UEC Discharge and Capacity Funds

2.7 The winter funding allocations for 2024/25 (see table 1 below) have been shared with GM localities. System-wide discussions have been progressing on the principles, key metrics for improvement, and strategic alignment to urgent care priorities to agree how to utilise funding for the best system outcomes. The overall quantum of funding has increased by £4.3m compared to last year.

Table 1 – Winter Funding Allocation Comparison

	2024/25 Allocation	2023/24 Allocation	Difference
Winter Capacity Funding	£5.6m	£5.6m	£0m
Winter Discharge Funding	£12.8m	£8.5m	£4.3m
Total	£18.4m	£14.1m	£4.3m

- 2.8 System partners are working to prioritise this funding across primary and community care, the acute and the mental health system. Final decisions will be taken by the Manchester Partnership Board (MPB) as part of the winter planning process.

Operational Pressures Escalation Levels (OPEL) Framework

- 2.9 Last winter, we implemented the new national guidance on the reporting of Operational Pressures Escalation Levels (OPEL), with a set of standardised metrics and scoring for the reporting of acute site OPEL. This new process ensured a standardised approach to acute OPEL measured at a site, trust, Integrated Care System, regional and national level.
- 2.10 For this winter, the national team are proposing changes to OPEL through the Integrated OPEL Framework 2024/26. This new framework proposes a consistent methodology for aggregating OPEL scores from the three provider pillars: Acute NHS Hospitals, Community Health Service (CHS) providers, and Mental Health (MH) service providers.
- 2.11 There are four levels of OPEL – Level 1 where services are operating within normal parameters up to level 4 where pressure in the local health and care system continues to escalate leaving organisations unable to deliver comprehensive care.
- 2.12 System resilience will engage with system partners on ensuring all organisations are compliant with OPEL framework ahead of Winter, and that there are clear communications, actions, and reporting mechanisms within the locality footprint.

Winter Communications Plan

- 2.13 As with previous years, the locality winter communications plan will be led by the overall GM ICS winter strategy and NHS GM winter communications and engagement plan. There will be an integrated communications and marketing campaign approach that uses engaging content across multiple channels including social media, website, internal and stakeholder, outdoor media and digital channels at both a GM and locality level.

3.0 Organisational Winter Deliverables, by Organisation

- 3.0.1 This section of the report sets out organisational plans which are being built around delivery of the four priority areas highlighted in section 2.1. The plans are being developed considering lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home. Each of the organisations have provided the narrative and information for their sections.
- 3.0.2 Plans are built on comprehensive analysis of historical data to forecast peaks in demand. The priority remains on maintaining patient safety throughout, especially at times when demand surges. It is important to note that there are

risks to delivering these plans. These include, securing the required funding and workforce, ensuring the wellbeing of staff, levels of COVID-19 and flu, the social care market, demand, extreme cold weather and cost of living challenges.

- 3.0.3 As was the case during winter 2023/24, the Deputy Place Based Lead will provide weekly updates to the Executive Member for Healthy Manchester and Adult Social Care. This will also ensure that effective dialogue with Elected Members can be maintained to support any communication efforts with local residents about the appropriate use of services. This is most likely to happen in the December/January period when services are usually stretched in the build up to Christmas and afterwards.

3.1 GM Integrated Care Board - System Coordination Centre

- 3.1.1 The Greater Manchester System Coordination Centre (GM SCC) has continued to support the identification and de-escalation of operational pressures across the health and social care system in Greater Manchester. The GM SCC was first implemented in December 2022, following national guidance which required each ICS to have joined up oversight of pressures across the health and social care system. It has continued to evolve to comply with updates to national policy as well as to make improvements to efficiency and effectiveness. The model brings together data intelligence and system expertise to ensure full oversight of emergency departments, ambulance activity and wider system intelligence in real time.
- 3.1.2 The GM SCC Hub, co-located with NWS partners, monitors the system 7 days a week, bringing in system leaders, both operational and clinical, to support decision making when needed and linking into NHS England processes and procedures.
- 3.1.3 Work planned during 24/25 includes a review of the existing model to ensure that it is enabled to meet a new set of national standards published in August 2024, as well as the implementation of a revised surge and escalation management approach to align with revised national OPEL Frameworks.

3.2 North West Ambulance Service (NWS)

- 3.2.1 As there is a current delay in receiving formal direction from NHS England, NWS will be focusing on the following:
- Admission avoidance to Emergency Departments by increasing Hear & Treat (H&T) and See & Treat (S&T).
 - Further embedding the Urgent & Emergency Care uplift monies received last year and the smaller uplift this year, which will be focused on increasing our clinical staffing in Emergency Operational Control (EOC) to improve H&T and increased operational resources to support response times.
 - Hospital handover waiting times will be a focus in support Ambulance response.

3.3 Manchester Foundation Trust (MFT)

3.3.1 Manchester Foundation Trust (MFT) initiated their winter preparations in July. MFT have conducted a series of engagement sessions with staff from both hospital and community services across Manchester and Trafford to discuss and plan for the winter period.

3.3.2 Focusing on the four areas highlighted earlier there is a commitment to:

- **Deliver the UEC Recovery plan ensuring high impact interventions are expedited at pace** - across our acute adult and paediatric hospitals, we have already implemented or are making significant progress in adopting national high-impact interventions, with the Hospital at Home and Same Day Emergency Care programmes being a key focus of our plans. These interventions have led to a decrease in patient wait times in our A&E Departments in recent months and are supporting our trajectory to 78% four hour performance by March 2025. Our goal is to ensure that patients who visit our departments are quickly directed to the most appropriate care. We are aware that winter presents numerous challenges, and we aim to be well-prepared to handle the seasonal surge in demand that occurs each year.
- **Ensuring operational and surge planning is robust to prepare for different winter scenarios/peaks in demand** - all hospitals have devised surge capacity plans to handle increases in demand, which often involves the opening of additional beds. However, the cornerstone of our winter strategy is the effectiveness of our hospital at home program, which aims to bolster and broaden our virtual ward capacity. Our primary focus is on preventing admissions, reducing bed occupancy, and freeing up bed capacity within the hospital to circumvent the need for opening extra beds during times of heightened demand.
- **Robust escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC)** - day to day operational accountability rests with the Group Chief Delivery Officer (CDO) who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our Patient flow and Escalation Policy. The Director of Urgent and Emergency Care will work with system partners and hospitals in the leadership of the Winter plan.
- **Having robust workforce plans in place to support the health and wellbeing of our staff** - all hospitals have established workforce escalation plans to monitor absence levels and ensure safe staffing levels. Our staff are important to us, and 'Our People Plan' outlines the strategies and support we offer to help staff take care of one another. It is crucial that our staff have access to adequate support, and across MFT, we have implemented numerous health and well-being programs. It is essential that we protect both the public and our staff and our vaccination program is

designed to offer 100% of our staff the flu and Covid vaccinations as defined by the Joint Committee on Vaccination and Immunisation.

3.4 Manchester and Trafford Local Care Organisation (LCO) Adult Social Care and Health

- **Reduction in Pathway 3 referrals and delays** - by increasing the number of social workers in the Integrated Discharge Team to support and facilitate discharge. Where a person is identified as requiring pathway 2 or pathway 3 discharge, these are reviewed by social workers on site, providing further support to maximise opportunities and explore other options for discharge in a timely manner. This will be operational on all sites by August 2024.
- **Voluntary, Community and Social Enterprise (VCSE) collaborative** - to support people who have low or no social care needs, leaving hospital via pathway 0 to enable them to recover at home with input from health, social care and VCSE partners.
- **Increasing flow in reablement** - additional flow co-ordinators have been put in place to increase capacity within reablement supporting discharge from hospital and stepping up from community to support admission avoidance. Senior oversight of pathway 2 delays via daily meeting reviewing delays and capacity across the system.
- **GMMH integrated commissioning into Manchester Control Room** - additional resources have been invested into the Manchester Control Room, to maintain oversight of flow from the acute hospitals, and commissioning provision and care finding to support discharge in a timely manner.
- **Manchester and Trafford Community Response** - Manchester and Trafford Community Response (MCR) consists of health and social care integrated services that keep people well in their own homes through preventive measures or support timely flow out of our acute hospital sites.
- **Improving acute inpatient flow and length of stay** - to support improvement in acute flow, a recovery trajectory and plan has been agreed with system partners to reduce the number of patients with No Criteria to Reside (NCTR) to below 300 before October 2024.
- **Transfer of Care Hub** - The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. The Hub supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes.
- **Home First Discharge Policy** - revised discharge policy which provides discharge planning tools and resource for staff and patients across the system. Will be updated to reflect any changes across the system of

discharge to assess processes and strengthened with regards to patient choice.

3.5 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

- 3.5.1 Over the last year there have been several high impact integrated crisis service developments mobilised in collaboration with key partners across GMMH. These developments are in direct response to the NHS England Long Term Plan renewed commitments to grow investment in mental health services which concludes in 2025.
- 3.5.2 These developments have supported improved access and choice for people seeking MH crisis support via the urgent, emergency and crisis care system across GM to safely divert people from Emergency Departments and maintain their well-being in the community.
- 3.5.3 The transformation and development of accessible, urgent, emergency and crisis services continue to be a priority for GMMH and the GM ICS, ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone. With anyone experiencing mental health crisis being able to call NHS 111 and have 24/7 access to the mental health support they need in the community.
- 3.5.4 The ICB investment is to be targeted at key service developments throughout 24/25 increasing capacity within the crisis helpline in preparedness Greater Manchester Police (GMP) Right Care Right Person (RCRP)
- 3.5.5 Key priorities include:
- **111 press 2 for mental health** - delivered as part of the MH crisis line in collaboration with PCFT (this will also provide a service offer for those people diverted by GMP (Greater Manchester Police) under Right Care Right Person policy change) who phone in self-defined mental health crisis.
 - **Mental Health Ambulances** - in partnership with NWAS. Mental Health practitioners within North West Ambulance Service (NWAS) to support those phoning 999 in a mental health emergency.
 - **Mental Health Practitioners in partnership with Greater Manchester Police** - supporting service users whom find themselves due to their crisis subject to Section 136 of The Mental health Act (1983).
 - **Sustainable Implementation of the Crisis pathway model** - including Home Based Treatment Teams that adhere to national models and offer a Home First option. Access to crisis cafés and overnight crisis beds that are accessible outside office hours. CORE 24 multidisciplinary Mental health Liaison Services.

- **Access to Child and Adolescent Mental Health (CAMHS)** - teams in place across Manchester to support assessment of Children and Young People (CYP) attending A&E in crisis. Young people are assessed at the point of presentation in A&E, with pathways to access CYP Home Based Treatment Teams (HBTT) and CAMHS beds.
- **Accessing help in a Mental Health Emergency** – ensuring places of Safety/Section 136 Suites where there is 24-hour staffing provision to support service delivery for services users who are over the age of 16 years old.
- **Homelessness** - GMMH specialised homeless services do not operate an out of hours service, however, they will follow up all referrals the following working day. GMMH have engaged VCSE partners to develop and communicate pathways for people experiencing crisis and access to services out of hours.
- **Emergency resettlement schemes** - supports refugees including those placed through centralised resettlement schemes and those temporarily living with friends and families via its 24/7 helpline and existing pathways via primary, community and crisis care services.
- **Mental health inpatient discharge and flow** - the clinically led GMMH patient flow service (PFS) ensures that a standardised approach is delivered across all GMMH services with practitioners available 24/7 to support system flow to all GMMH beds.

3.6 Manchester Primary Care

- **GP Collective Action** - Primary Care, along with system partners, continue to plan for the impact of GP Collective Action. The British Medical Association (BMA) has listed a number of areas where GP practices may want to consider taking action. The full list can be found on the BMA website - GP contract 2024/25 changes (bma.org.uk). Whilst the timescales and the duration of GP collective action is unknown there is expected to be variation in the action taken by GP practices across Manchester, Greater Manchester and nationally. Manchester and Trafford localities are working with NHS Greater Manchester colleagues to understand the potential impacts of GP collective action, the risks associated with the actions and mitigate against these risks. Across the system, we are starting to see early action being taken by GP practices. Through the governance arrangements that have been established, a co-ordinated approach will support patient and system safety.
- **Manchester Acute Respiratory Infection Service (MARIS)** - additional capacity for same-day respiratory appointments. 50% of all users of MARIS in 2023/24 said that they would otherwise have attended ED.
- **Additional Primary Care Resilience Same Day Access** - additional clinical and non-clinical sessions to support adults and children. This will

provide additional clinician time face to face, telephone or virtual. Practices can utilise this capacity for back-office support over winter and the funding is targeted to areas with high concentrations of patients experiencing significant cost of living issues.

- **GP Federation Resilience Hubs** – additional face to face appointments in local hubs for practices experiencing periods of particularly high demand and pressure. Each practice can access a set number of hub appointments over the winter period. Hubs provide additionality in-hours, evenings, and weekends.
- **Complex Discharge MDTs** - a further primary care proposal is for GPs to attend complex discharge MDTs within hospitals to support clinical conversations between GPs and consultants, and support discharge planning with the extended MDT. GPs know their patients and families/carers extremely well and provide continuity of care, their input into discharge MDTs can support earlier discharge decisions therefore reducing length of stay and enable safe transfer of care back into the community.
- **Improving access to General Practice** – implementation of a modern model of general practice. These plans include objectives around working towards improving online access, including cloud-based telephony mobilisation, use of the NHS App and supporting patients to become more digitally enabled.
- **Increasing support for self-directed care** - Funding has been secured from the GM 'Access and Inclusion' resource for winter vaccination. This includes 'English for Health' which has a strong focus on vaccination and self-care.
- **Continued access to Walk-in Centres** – at City Health Centre and Hawthorn Medical Practices providing an estimated 61,000 additional appointments each year.

3.7 Manchester Public Health

- The Department of Public Health at Manchester City Council and the NHS Manchester Locality Team co-ordinates the planning process for the system-wide winter vaccination programmes across Manchester and these are now underway in accordance with national guidance.
- Preparations to ensure a comprehensive vaccination offer for care home residents, housebound patients and other at-risk cohorts will be put in place following the release of the full operational guidance by NHSE (NHS England).
- The JCVI (Joint Committee on Vaccination and Immunisation) statement on the COVID-19 vaccination programme for autumn 2024 was published on 2 August 2024. A joint Flu and COVID-19 system letter regarding

considerations and actions for regions and systems will follow in the coming days.

- The programme timeline is as follows:
 - From 1st September 2024 -
 - Pregnant women, children aged 2-3 years on 31st August.
 - Primary school children (reception to year 6)
 - Secondary school children (year 7 to year 11)
 - All children in clinical risk groups ages 6 months to less than 18 years.
 - From October 2024 (date to be confirmed by NHSE)
 - All other eligible flu cohorts including health and care staff.
 - All eligible Covid cohorts, this does not include health and care staff.
 - The end date of the programme is to be confirmed once operational guidance is received from NHSE.
- Manchester plans to continue to deliver a targeted equity approach through the roaming and pop-up offer alongside targeted clinics for LD/SMI. Expressions of interest to support the delivery of these offers, aligning to the PSR (Provider Selection Regime) process are underway alongside expressions of interest for care home and housebound delivery.
- Manchester Foundation Trust will deliver a Covid & Flu (seasonal) and Pertussis & RSV (Respiratory Syncytial Virus) (year-round) vaccination service to pregnant women accessing their services. Further plans for other in-patients' cohorts and staff vaccination are currently being discussed by GM (Greater Manchester).
- In addition to the maternity RSV offer, general practice has also been requested to deliver the new programme to the over 75's population commencing September 2024.
- Due to the new approach to the commissioning and delivery of the Covid - 19 programme we are awaiting guidance from NHSE and NHS GM to the availability of the previously provided access & inclusion monies. These monies helped to support targeted winter vaccination work at neighbourhood level and to a range of inclusion health groups to address health inequalities, alongside bespoke communication planning through a collaborative partnership approach and targeted offers to the LD (Learning Disabilities) & SMI cohort.

4.0 Recommendations

The Health Scrutiny Committee is asked to note the report.