

## 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

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### 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 30<sup>th</sup> 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.

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### Wards Affected: All

<b>Environmental Impact Assessment</b> -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
<b>Equality, Diversity and Inclusion</b> - 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.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy</b>
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 30<sup>th</sup> 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 NWAS 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 30<sup>th</sup> 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.