

HEALTH AND WELL BEING BOARD Agenda

Date Tuesday 24 September 2019

Time 2.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes 1. DECLARATIONS OF INTEREST- If a Member requires any advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Mark Hardman in advance of the meeting.

2. CONTACT OFFICER for this Agenda is Mark Hardman Tel. 0161 770 5151 or email mark.hardman@oldham.gov.uk

3. PUBLIC QUESTIONS – Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the Contact officer by 12 Noon on Thursday, 19 September 2019.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD IS AS FOLLOWS:

Councillors Ball, M Bashforth, Chadderton, Chauhan, Harrison (Chair) and Sykes

Dr Zuber Ahmed, Mike Barker, Jill Beaumont, Michelle Bradshaw, Julie Daines, Dr Bal Duper, Neil Evans, Julie Farley, Nicola Firth, Majid Hussain, Val Hussain, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, Dr. John Patterson, Vince Roche, Katrina Stephens, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Item No

- 1 Apologies For Absence
- 2 Urgent Business
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes of Previous Meeting (Pages 1 - 8)
The Minutes of the meeting of the Health and Wellbeing Board held on 25th June 2019 are attached for approval.
- 6 Minutes of the Health Scrutiny Committee (Pages 9 - 16)
The minutes of the meetings of the Health Scrutiny Committee held on 2nd July 2019 are attached for noting.
- 7 Resolution and Action Log (Pages 17 - 18)
- 8 Meeting Overview (Pages 19 - 20)
- 9 Royal Oldham Hospital SCAPE Accreditation
To update the Board on Royal Oldham Hospital's A&E Department achieving SCAPE (Safe, Clean and Personal Care) Accreditation.
This report to follow.
- 10 Child Death Overview Panel – Statutory Responsibilities and Revised Governance Arrangements (Pages 21 - 26)
To provide Health and Wellbeing Board with an overview of the Bury, Rochdale and Oldham Child Death Overview Panel Statutory Responsibilities, including revised governance arrangements, and an outline of the Child Death Arrangements Implementation Plan.
- 11 GM Common Standards for Population Health - Update (Pages 27 - 34)
For the Board to receive an update on the local work on the Greater Manchester Common Standards for Population Health.

12 Better Care Fund

To obtain agreement from the Board for the Oldham Better Care Fund Plan 2019/20.

This report to follow.

13 GM Carers Charter and Commitment to Carers (Pages 35 - 92)

To outline the Greater Manchester Carers Charter and Commitment to Carers and seek formal commitment from Oldham Health and Wellbeing Board to delivering on the ambition of support to Carers locally in Oldham.

14 SEND Strategy (Pages 93 - 96)

To share both the development and key highlights of Oldham's new SEND Strategy

15 Date and Time of Next Meeting

The next meeting of the Health and Wellbeing Board will be held on Tuesday, 12th November 2019 at 2.00pm.

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HEALTH AND WELL BEING BOARD

25/06/2019 at 2.00 pm

Present: Councillor Harrison (Chair)
Councillors Chauhan and Sykes

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Jill Beaumont	Director of Children's Health and Wellbeing
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Donna McLaughlin	Alliance Director, Oldham Cares
Dr John Patterson	Clinical Commissioning Group
Dr Keith Jeffery	Clinical Commissioning Group
Katrina Stephens	Director of Public Health
Julie Farley	Healthwatch
Nicola Firth	Royal Oldham Hospital
Ros Hopkins (substitute)	GM Fire Service

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Mark Hardman	Constitutional Services
Vicki Gould (item 11)	Public Health Programme Manager
Ed Francis (item 12)	Assistant Director - Safeguarding and Partnerships

1

APPOINTMENT OF CHAIR AND VICE CHAIRS

It was noted that Councillor Harrison had been appointed as Chair of the Health and Wellbeing Board for the 2019/20 Municipal Year.

On the motion of the Chair and seconded by Dr Jeffery, it was **RESOLVED** that Dr John Patterson and Donna McLaughlin be appointed Vice Chairs of the Health and Wellbeing Board for the 2019/20 Municipal Year.

With regard to membership, the Chair noted that Dr Bal Duper had replaced Dr Zubair Ahmad as representative of IGB Care (formerly the GP Federation); that Claire Smith, Executive Nurse, NHS Oldham Cares had been appointed to the Board in a position established at the Annual Meeting of the Council; and that Val Hussain had replaced Jon Aspinall as representative of the GM Fire Service. It was further noted that Julie Daines and David Smith had ceased their membership of the Board as former representatives of the CCG and First Choice Housing respectively.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Marie Bashforth, Councillor Amanda Chadderton, Dr Bal Duper, Chief Supt. Neil Evans, Val Hussain, Merlin Joseph, Claire Smith, Rebekah Sutcliffe, Carolyn Wilkins and Liz Windsor-Welsh.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that, subject to the deletion of the word 'interim' against the name of Katrina Stephens in the attendance list, the minutes of the meeting of the Health and Wellbeing Board held on 26th March 2019 be approved as a correct record.

7 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

The minutes of the meetings of the Health Scrutiny Sub-Committee held on 19th February and 26th March 2019 were received.

With regard to the considerations given to the items related to the 'Outcome of Public Consultation on Proposed IVF Treatment' at Minutes 14 and 17 of the meetings held on 19th February and 26th March 2019 respectively, it was commented that the issue had not received full consideration at a public meeting of the Sub-Committee.

RESOLVED that (1) the minutes of the meetings of the Health Scrutiny Sub-Committee held on 19th February and 26th March 2019 be noted;

(2) the notes of the discussion relating to the outcome of public consultation on proposed IVF treatment referenced at Minute 17 of the meeting held on 26th March 2019 be circulated to members of the Board.

8 **RESOLUTION AND ACTION LOG**

RESOLVED that Resolution and Action Log from the meeting held on 26th March 2019 be noted.

9 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview be noted.

COMMON STANDARDS FOR POPULATION HEALTH IN GREATER MANCHESTER

The Board received a report presenting a suite of core standards for population health describing the evidence-based activity proven to improve population health outcomes for seven core population health themes comprising mental health and wellbeing, oral health, sexual and reproductive health; drug and alcohol service standards; physical activity, health protection, and tobacco control.

The core standards had been developed by the Greater Manchester (GM) Health and Social Care Partnership and co-designed by Public Health Practitioners and subject matter experts from the ten Greater Manchester localities following development of a GM Population Health Outcomes Framework. Linked to the Framework, the standards aimed to reduce variations in population health outcomes across the city region and to increase the uptake of activities which are proven to be effective. The standards had been consolidated into a single document to provide localities with an evidence-based tool to review current local activity and identify any gaps in evidence.

The document, 'Greater Manchester Common Standards for Population Health' was appended to the submitted report. While there was no requirement for localities to adopt or implement the GM standards, the Board was asked to review and provide feedback on those standards and endorse them for use in the locality.

The standards and measures were welcomed, the advantages of localities have commonality to support working together being recognised. However, concern was expressed at the potential use of those standards and measures for benchmarking across GM, it being queried how the standards accounted for the differences between localities and what weighting measures applied. There were known issues and challenges locally, and it was recognised that there should not be an adverse effect on staff undertaking good work because of the population demographic.

Comment was made that many measures were system outputs and the extent and gathering of patient outcomes within the framework was queried. The portrayal of these outcomes was queried also, people being keen to share their experiences on issues such as access to dentists, closed lists etc.

A reservation was expressed at the scoring mechanism presented for the Common Standards, comprising just three scores/assessment which, it was suggested, appeared simplistic. It was noted that much of the content of the proposed standards was already measured in Oldham and suggested that the applicability of those standards to Oldham was the most important consideration. Although not suggested, there was a

concern that the GM level outcomes dashboard might impact into the quarterly assurance programme.

The importance of Oldham being able to decide on its own local priorities was emphasised. It was queried how the dashboard information would be judged against local issues as it was important that priorities and how these are shaped should remain locally.

The Director of Public Health advised that weighting was built in to some extent in the outcomes framework and associated benchmarking, and such information needed looking at by Borough, rather than by population, as each Borough had its own challenges. With regard to reflecting the patient experience, further consideration would be given to this point. It was considered that the common standards and measures were a tool that would enable targeting of services, to see whether standards were being met, where service gaps were etc. It was acknowledged that there were a lot of standards presented and suggested that the Board might wish to look at particular areas first.

The Chair noted that further local work needed to be done on the proposed standards and measures, noting concern at the potential for unrealistic targets and the need to be assured that targets were SMART and realistic. It was suggested that the Board had Joint Strategic Needs Assessment sub-groups who could undertake some initial work, including scoring local services against the GM measures.

RESOLVED – That (1) further work be undertaken on the Greater Manchester Common Standards for Population Health to ensure that there are SMART and realistic targets, with mandated and non-mandated services, physical activity and mental health and wellbeing being referred to the appropriate Joint Strategic Needs Assessment working groups to assess and score local outcomes against the Greater Manchester standards;

(2) a further report be submitted to the September 2019 meeting of the Board.

11

SUICIDE PREVENTION UPDATE

The Board received a report seeking consideration of Oldham's Suicide Prevention Plan and the future governance arrangements for the Oldham Suicide Prevention Group.

Local authorities have held the responsibility for developing local suicide action plans through their work with Health and Wellbeing Boards since 2012. In line with the national picture, Oldham had formed a multi-agency Suicide Prevention Partnership, incorporating public health, the clinical commissioning group, social care, primary and secondary care, the voluntary sector, the criminal justice system and those affected by suicide.

The partnership group had acquired data on an ongoing basis from various sources, including anecdotal information, coroners' reports and service level data from health, social care and community agencies. Oldham's Suicide Prevention Strategy and action plan (2017-2020), appended to the submitted report, was currently owned and reviewed by the Partnership Group. The Oldham Locality Plan for Health and Social Care Transformation 2016-2021 further highlighted a commitment to addressing mental health in Oldham, which included promoting good mental wellbeing, tackling stigma, preventing poor mental health and actions to promote recovery.

Dr Jeffery, Clinical Director for Mental Health and Chair of the Partnership Group introduced a presentation giving specific information about suicide issues in Oldham. To address these issues it was recognised that preventing suicide needed more than just addressing high risk groups, that the emotional health of children and young people was an important focus, and that there was a need to provide support for low level mental health issues and to address social determinants of health. The presentation further considered progress made to date locally and across Greater Manchester (GM) (a GM Suicide Prevention Strategy developed by the GM Health and Social Care Partnership was further appended to the submitted report), and considered future local plans and priorities as contained in a revised action plan. Dr Jeffery also presented a consideration of the governance arrangements for the Suicide Prevention Partnership Group in the context of links to the GM level and the Oldham Mental Health Strategy Partnership Group.

Members noted that after a suicide it was common for family and friends to say that there were not services or support available for suicide prevention/mental health. There are services available, but there needed to be a consideration as to how to promote them so they could be known and readily accessed in the same way as services for, for example, chest pain. Options suggested included bus advertising, digital resources for community workers and, in referencing feedback from the Youth Council, young persons' peer support. Against this was the acknowledged position that people were less likely to admit to a mental health issue.

The Director of Public Health advised on the whole population approach adopted to address suicide, as a targeted approach could miss other people who might be assisted or potential interventions similarly missed. The Board was advised of the GM Fire Service approach around mental health issues which sought to normalise situations, noting that basic skills training around CPR saved lives and so there was a need for something similar for mental health to give staff the confidence to talk about the issue. Reference was made to materials on the GM 'Shine a Light on Suicide' campaign website that provided a useful tool but which needed further promotion.

With regard to governance, the Suicide Prevention Partnership reported to the Mental Health Strategy Partnership Group, but the Board was asked to consider giving its support and lead on delivery.

The Chair thanked Dr Jeffery and Vicki Gould for a thoughtful and thought provoking presentation of this issue.

RESOLVED that (1) the current Oldham Suicide Prevention Strategy 2017-20 be noted and supported;
(2) the governance for the delivery of the Oldham Suicide Prevention Strategy 2017-20 be formally taken on by this Board.

12

UPDATES FROM SUB-COMMITTEES

The Board received a report providing updates and assurance on the considerations undertaken by the sub-committees of the Board.

The Joint Strategic Needs Assessment (JSNA) Sub-Committee/Steering Group, chaired by the Cabinet Member for Health and Social Care, had been established in the agreed form and had met in January and April 2019. Key matters considered had included

- the development of the scoping document to be used to inform the prioritisation of JSNA development work and work programme;
- the significant development of the JSNA web-site;
- the receipt of updates providing oversight on
 - the Looked After Children Health Needs Assessment;
 - the Special Education Needs and Disability JSNA;
- the consideration of developing content for the JSNA on the themes of
 - the Armed Forces; and
 - Children's Services.

The agreed alignment of the Health Protection and Air Quality Sub-Groups had taken place and both Sub-Groups were now chaired by the Cabinet Member for Health and Social Care and had work programmes developed to avoid duplication.

The Health Protection Sub-Group had met in October 2018 and in January and April 2019 receiving regular updates and assurance on

- Emergency Planning and Civic Contingencies;
- Communicable Diseases (Public Health England (PHE) NW Health Protection Report); and
- Screening and Immunisation Data Performance

Updates and assurance on the Local Health Outbreak Plan, Oral Health, Sepsis, the Flu Programme 2018/19 and environmental health had also been received, with items on Sexually Transmitted Infections, including HIV, and Substance Misuse and Blood Borne Viruses due for consideration at the next meeting.

The Air Quality Sub-Group met in its new format in October 2018 and discussed local approaches to improving air quality and affecting behaviour change to bring about improvements. Due to the development of the Greater Manchester Clean Air Plan Outline Business Case, the Sub-Group had not met formally since October 2018 due to clashes with a number of GM Air Quality meetings. However, Officers had ensured that the Chair of the Sub-Group and Cabinet Members were briefed and updated on developments.

With regard to the Children and Young People's Partnership, successful workshops had taken place in February and May 2019 to develop Oldham's collaborative vision for children and young people and to promote the open exchange of ideas and learning around the planning and delivery of services by the 'Children and Young People's Strategic Alliance'. It was proposed that the final governance arrangements and work programme for the Children and Young People's Strategic Alliance be shared with the Health and Wellbeing Board in Autumn 2019. The Board was advised that the resultant structure should feel very different from predecessor bodies. In response to a query as to how this body would link to other bodies and an observation that it had taken 18 months to develop a Memorandum of Understanding for the Older People's Alliance, it was commented that there was an intention to build on local strengths and to not duplicate work done elsewhere.

RESOLVED that the progress made by the Board sub-committees since September 2018 be noted.

13

DATE AND TIME OF NEXT MEETING

RESOLVED that the meeting of the Board (as a Development Session) be held on Tuesday 23 July 2019 at 2pm.

The meeting started at 2.00 pm and ended at 3.31 pm

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HEALTH SCRUTINY
02/07/2019 at 6.00 pm

Present: Councillor Moores (Chair)
Councillors Toor, McLaren, Alyas, Byrne, Hamblett and Ibrahim

Also in Attendance:

Andrea Entwistle	Principal Policy Officer – Health and Wellbeing
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services
Ed Francis (item 12)	Assistant Director – Safeguarding and Partnerships
Dr Keith Jeffrey (item 13)	Clinical Director for Mental Health, Oldham CCG
Angela Welsh (item 13)	Senior Commissioning Business Partner, Oldham CCG
Julie Farley (item 13)	Manager, Healthwatch Oldham
Mike Bridges (item 13)	Public Health Specialist

1 **APPOINTMENT OF VICE CHAIR**

RESOLVED that Councillor McLaren be appointed Vice Chair of the Health Scrutiny Committee for the 2019/20 Municipal Year.

2 **APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Davis.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **URGENT BUSINESS**

There were no items of urgent business received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Sub-Committee held on 26 March 2019 be approved as a correct record.

7 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 26th March 2019 be noted.



8 **MINUTES OF THE JOINT SCRUTINY COMMITTEE FOR PENNINE CARE NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Committee for Pennine Care NHS Trust held on 21st March 2019 be noted.

9 **MINUTES OF THE JOINT SCRUTINY COMMITTEE FOR PENNINE ACUTE HOSPITALS NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 23rd April 2019 be noted.

10 **RESOLUTION AND ACTION LOG**

RESOLVED that the Resolutions and Actions Log from the meeting held on 26th March 2019 be noted.

11 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview for this meeting of the Committee be noted.

12 **NEW SAFEGUARDING ARRANGEMENTS**

The Committee received a report presenting an overview of the agreed new arrangements for Oldham's children's safeguarding and further presenting an update on safeguarding training provided for elected Members.

The Children and Social Work Act 2017 required the local authority, police and local clinical commissioning group as the three statutory partners under the legislation to publish revised multi-agency safeguarding arrangements by 29th June 2019 and implement these new arrangements by 29th September 2019. Oldham's arrangements, presented in detail within an appendix to the submitted report, had been agreed on behalf of the Council by the Cabinet at a meeting held on 24th June 2019, those arrangements having been considered previously by the Overview and Scrutiny Board at a meeting held on 18th June 2019. The requirements of the Act meant also that the current Local Safeguarding Children's Board and current structures would be disbanded.

Training sessions relating to the new safeguarding arrangements were being developed and planned for September 2019. Elected Members will be required to attend a mandatory session, have the option to attend the Safeguarding Partnership's multi-agency training sessions, and a joint training session for Elected Members and GPs on the theme of safeguarding which was planned for September. A questionnaire was to be circulated seeking feedback from Members as to the sort of safeguarding issues they were

encountering from which a more in-depth training offer would be developed as part of the Member Development Programme.

Councillor McLaren referred to a previous Task and Finish consideration of the Member training issue and how it had been envisaged the training offer might be structured. He undertook to meet (in conjunction with the Chair, if available) with the Assistant Director - Safeguarding and Partnerships to progress the Member training issue.

RESOLVED that the revised arrangements for children's safeguarding and the arrangements for elected Member training be noted.

13

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

The Committee received a report presenting an overview of the current offer for children and young people's mental health and emotional wellbeing in Oldham. The report presented as appendices, and as a basis for the Committee's consideration, two documents that had been produced recently.

The first appended document was the CAMHS Local Transformational Plan (LTP) annual refresh 2019 compiled by Oldham CCG in association with its partners and building on the ambition identified within the original 2015 CAMHS LTP for children and young people in Oldham requiring emotional wellbeing and mental health support. The annual refresh focuses on the changes and impacts the additional LTP investment had brought about and the LTP continues to be developed in accordance with local need and priorities.

Healthwatch had been invited by the CCG and Oldham Council to undertake a review of young people's mental health services to ensure that the transformation of services reflects the needs and wants of families. The Healthwatch report, the second appended document, presented the approach undertaken to the review, the analysis of responses received, highlighted areas that were working well as a result of changes introduced by the LTP and areas for improvement, and the recommendations arising from the review.

The Committee received a presentation from Dr Keith Jeffrey - Clinical Director for Mental Health (NHS Oldham CCG), Angela Welsh – Senior Commissioning Business Partner (NHS Oldham CCG), Oldham Cares, Julie Farley – Manager, Healthwatch Oldham, and Mike Bridges – Public Health Specialist, Oldham Council on the background to and the issues arising from the two documents considered.

CCG's had been given the responsibility to develop, in association with local partners, CAMHS LTPs in response to the government's policy document 'Future in Mind'. LTPs set out how local services would invest resources to improve children

and young people's mental health with the intention that these would be a 'living document' requiring an annual refresh. Some of the changes introduced as a result of the LTP were considered, including work with schools and development of specialist services, both considered in more detail at section 1.2 - 1.3 of the Annual Refresh report. Improvements in early access and the usefulness of better signposting were further noted and, in response to a query, Members were advised that eating disorder treatments ran from Hubs in Bury, which Oldham residents would access, and in Stockport.

In early 2019 Healthwatch had worked in partnership with local services and schools to gather feedback from families about their experience of using children and young people's mental health services and the review findings were being shared with commissioners and providers to help inform the current redesign of services in Oldham. The review comprised 90 families who had volunteered to complete questionnaires and/or participate in Focus Group interviews and 35 volunteer professionals. There were acknowledged issues with the representative nature of the review participants and, in response to Members' queries as to whether a lack of black, Asian and minority ethnic (BAME) engagement was reflective of either service use or the form of the engagement activity and as to the reasons for an uneven geographical response, it was advised that no judgement of the reasons had been made pending further investigation. If BAME communities were not accessing services, an investigation into what the knowledge and understanding of services provided would need to be undertaken. If services were being accessed, a targeted individual approach could be needed to gain consultation responses. A Member suggested there was limited awareness of mental health in the BAME community and queried how this might be addressed. Reference was made to work being done in schools and connections starting to be made. There was not clear signposting to self-help for families, and this needed to be developed to get the word out about mental health issues and support.

In general, the Healthwatch review had reinforced the perceptions of commissioners and previous feedback from families that service improvements over the last few months are going in the right direction and responding to the needs of young people/families. However, further adjustments were needed to 'fine tune' some service redesign to improve the patient experience and promote self-help options, and the experiences of young people and families had highlighted issues with the treatment for children and young people presenting with both mental health issues and Autism Spectrum Disorder.

Some positive experiences of the service were reported, with over 70% feeling that Healthy Young Minds Oldham (HYM) is very professional and confidential. It was, however, noted that both referral waiting times and waiting times between treatments were considered too long. It was acknowledged that while key

performance indicators indicated good performance, family feedback indicated there was a need to do better. It was felt that the new single point of access and triage would help address the issues of referral and of families being passed around services, with families indicating a welcome for a single point of access offering a 'menu' of treatments, sessions for parents on how to help their child between treatments and post-discharge, and the improving of the young person's experience when accessing urgent care with a mental health crisis. Regarding expressed concerns about weekend service cover, a GM Crisis Pathway had been introduced from January 2019 so improvements should be seen to be coming through.

With regard to professionals' views, almost 50% had reported seeing improvements in children and young people's mental health services in the previous year, though a lack of services or coordinated response for those with dual mental health and autism spectrum condition/ADHD was again noted. In response to a query concerning the professionals' view, it was noted that many service changes had occurred in past eight months, that services appeared to be moving in the right direction and that a significant increase might be anticipated in the next review. With regard to dual presentations, work had gone in to raise awareness in schools and while things were moving in the right direction, it was acknowledged that more work needed to be done in this area.

The review had considered that a 'whole school approach' was helping raise awareness and build the confidence of teachers to initiate conversations about mental health and offer low level support in respect of, for example, exam anxiety, behaviours etc. Building on this, families would welcome better communication and coordination between services and the blurring of boundaries between mainstream, low level and acute services reflecting a view that the differing levels of support worked in 'silos', easy access to self-help advice from outset, and assistance for families falling outside standard service criteria and who struggle to access any formal support. A Member queried circumstances where parental concern about anxiety might not be reflected in the threshold for referral. Members were advised of work in schools around resilience and to give teachers the confidence to start conversations

A number of other issues raised only by individual families but which appeared as maybe needing further consideration included transition between Children's and Adult Mental Health Services, the experiences of foster families, the experiences of BAME families accessing young people's mental health services, and the experiences of young people with dual mental health and drug/alcohol issues.

The Children and Young People's Mental Wellbeing Partnership would take ownership of the Healthwatch review's findings and recommendations, building them into the ongoing transformation

programme for children and young people's mental health services, and Healthwatch and partners would be considering a follow up review in 18 months to understand the impact of current and planned service improvements and to gather the views of BAME families.

The presentation considered further the Whole School Approach which was based on a quality assurance framework to support schools produced by Pennine Care NHS Foundation Trust and supported by further publications providing support and advice to schools in addressing the emotional health and mental wellbeing of children and young people. The eight principles underpinning the whole school approach comprise

- management and leadership;
- the school/college ethos and environment;
- the curriculum, teaching and learning;
- the student voice;
- staff development, health and wellbeing;
- identifying needs and monitoring impacts;
- working with parents and carers; and
- co-ordinated support.

The Oldham Whole School Approach to emotional health and mental wellbeing therefore sought to

- boost the capacity of schools and colleges to complete self-assessments and develop school or college action plans;
- provide training for staff from every school to deliver robust class room based programmes to promote resilience and mental health;
- offer needs based support to schools and colleges to allow them to source additional mental health support to meet immediate needs of pupils;
- actively engage with school senior leaders, designated mental health leads and SENCOs; and
- encourage all schools to complete the CORC mental wellbeing survey to them help measure mental health and wellbeing in particular year groups.

It was considered that the approach had proved to be successful with schools engaged and producing better partnership working. The approach had received Greater Manchester (GM) and national recognition, and similar work was being promoted across GM in a 'mentally healthy schools' project. In response to a query concerning evidence as to the use and benefits of the approach, a tender had been invited for a University evaluation exercise and the DfE were looking at interventions and feedback from teachers.

Noting the focus on schools, a Member asked about any focus on young parents and the under-5s. Dr Jeffery noted that attention to perinatal services was ongoing but possibly a little behind children and young people, suggesting that the Committee might wish to invite the newly appointed Clinical

Director for Children to consider such matters. Considering the contribution that Sure Start Centres might make in identifying those who show early signs of mental health issues, the Committee was advised that the Assistant Director for Education (SEND) was looking at this.

In response to a query concerning causes of mental health issues, the Panel noted that this was a complex issue but variously suggested factors including social media, austerity, the lack of services, and constant changes to the system in terms of both the workforce and organisations leading to fractured services. Responding to a further query as to the impact of domestic violence, Mike Bridges undertook to circulate a slide and notes concerning mental health risk factors and preventative strategies.

In conclusion, Dr Jeffery commended Mike Bridges for the work undertaken with schools. The Chair supported the remark and further thanked the Panel for their presentation and report to the Committee.

RESOLVED that the update of the CAMHS Local Transformational Plan and the findings of the Healthwatch review of Children and Young People's Mental Health Services be noted.

14

COUNCIL MOTIONS

The Committee was advised that there was no business for consideration under this item.

15

MAYOR'S HEALTHY LIVING CAMPAIGN

The Committee received a report presenting an overview of the Mayor's Healthy Living Campaign for 2019/20. The Mayor of Oldham for 2019/20, Councillor Ginny Alexander, had confirmed her wish to actively support and raise awareness of health and wellbeing issues during her term in office and had confirmed her support for the following health and wellbeing themes:

- Mental Health and Emotional Wellbeing;
- Healthy Eating; and
- Early Detection and Diagnosis of Health Conditions.

The Mayor will explore opportunities to role-model and promote health and wellbeing messages as part of her Mayoral duties. The chosen themes will be developed into a work programme for the Mayor, involving relevant Officers from the Council and partners as required. The Health Scrutiny Committee will be updated throughout the year as to the activity the Mayor has been involved in to promote healthy living in the Borough, and the Committee was invited to consider its support for the Mayoral initiative.

RESOLVED that the report be noted and this Committee supports the Mayor in respect of her Healthy Living Campaign.

16 **HEALTH SCRUTINY FORWARD PLAN**
RESOLVED that Oldham Health Scrutiny Committee Work Programme 2019/20 be approved.

17 **DATE AND TIME OF NEXT MEETING**
RESOLVED that the scheduled date and time of the next Health Scrutiny Committee meeting to be held on Tuesday, 3rd September 2019 at 6.00 p.m. be noted.

The meeting started at 6.00 pm and ended at 7.40 pm

Resolutions and Actions from the June 2019 meeting of the Health and Wellbeing Board

Board Meeting	Agenda Item	Resolution / Action	Action Update
June	Appointment of Chair and Vice Chairs	On the motion of the Chair and seconded by Dr Jeffery, it was RESOLVED that Dr John Patterson and Donna McLaughlin be appointed Vice Chairs of the Health and Wellbeing Board for the 2019/20 Municipal Year.	
	Minutes of Health Scrutiny Sub-Committee	RESOLVED that: (1) the minutes of the meetings of the Health Scrutiny Sub-Committee held on 19 th February and 26 th March 2019 be noted; (2) the notes of the discussion relating to the outcome of public consultation on proposed IVF treatment referenced at Minute 17 of the meeting held on 26 th March 2019 be circulated to members of the Board.	Minutes of the discussion relating to the outcome of public consultation on proposed IVF changes, considered at Minute 17 of the Health Scrutiny Sub-Committee meeting held on 26 March 2019, were circulated to members of the Board on 28 June 2019.
	Common Standards for Population Health in Greater Manchester	RESOLVED that: (1) further work be undertaken on the Greater Manchester Common Standards for Population Health to ensure that there are SMART and realistic targets, with mandated and non-mandated services, physical activity and mental health and wellbeing being referred to the appropriate Joint Strategic Needs Assessment working groups to assess and score local outcomes against the Greater Manchester standards; (2) a further report be submitted to the September 2019 meeting of the Board.	Report scheduled for meeting on 26 September 2019.
	Suicide Prevention Update	RESOLVED that: (1) the current Oldham Suicide Prevention Strategy 2017-20 be noted and supported; (2) the governance for the delivery of the Oldham Suicide Prevention Strategy 2017-20 be formally taken on by this Board.	
	Updates from Sub-Committees	RESOLVED that the progress made by the Board sub-committees since September 2018 be noted.	

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Meeting Overview

Oldham Health and Wellbeing Board

24 September 2019

Crompton Suite

2pm – 4pm

No	Item	Timings
1 - 8	(1) Apologies, (2) Urgent business, (3) Declarations of interest, (4) Public question time, (5) Minutes from last meeting, (6) Health Scrutiny minutes, (7) Resolution and Action log, (8) Meeting Overview	2.00pm 5 mins
9	<p>Royal Oldham Hospital SCAPE Accreditation <i>Kay Miller, Assistant Director of Nursing and Julie Winterbottom, Lead Nurse, Accident and Emergency, Royal Oldham Hospital</i></p> <p>To update the Board on Royal Oldham Hospital's A&E Department achieving SCAPE (Safe, Clean and Personal Care) Accreditation</p>	2.05pm 15 mins
10	<p>Child Death Overview Panel – Revised Governance <i>Wendy Meston, Consultant in Public Health, Rochdale Borough Council</i></p> <p>To provide Health and Wellbeing Board with an overview of the Bury, Rochdale and Oldham Child Death Overview Panel Statutory Responsibilities and an outline of the Child Death Arrangements Implementation Plan.</p>	2.20pm 15 mins
11	<p>Common Standards for Population Health in Greater Manchester <i>Katrina Stephens, Director of Public Health</i></p> <p>For the Board to receive an update on the local work on the Greater Manchester Common Standards for Population Health.</p>	2.35pm 20 mins
12	<p>Better Care Fund <i>David Garner, Head of Special Projects Adult Social Care</i></p> <p>To obtain agreement from the Board for the Oldham Better Care Fund Plan 2019/20</p>	2.55pm 20 mins
13	<p>GM Carers Charter and Commitment to Carers <i>Angela Barnes, Strategic Partnership Manager, Community Health and Adult Social Care Services</i></p> <p>To outline the Greater Manchester Carers Charter and Commitment to Carers and seek formal commitment from the Oldham Health and Wellbeing Board to delivering on the ambition of support to Carers locally in Oldham.</p>	3.15pm 20 mins

14	<p>SEND Strategy <i>Andrew Sutherland, Director of Education, Skills and Early Years</i></p> <p>To provide the Board with an overview of the development and key highlights of Oldham's new SEND Strategy.</p>	<p>3.35pm 20 mins</p>
15	<p>Closing Remarks and Close <i>Chair</i></p>	<p>3.55pm 5 mins</p>
	<p>Next Meeting: 12 November 2019 at 2pm – 4pm in Crompton Suite, Civic Centre</p>	



Report to HEALTH AND WELLBEING BOARD

Child Death Overview Panel – Statutory Responsibilities and Revised Governance Arrangements

Portfolio Holder:

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Wendy Meston, Consultant in Public Health,
Rochdale Borough Council

Ext. 01706 9297089

24 September 2019

Purpose of the Report

To provide Health and Wellbeing Board with an overview of the Bury, Rochdale and Oldham Child Death Overview Panel Statutory Responsibilities, including revised governance arrangements, and an outline of the Child Death Arrangements Implementation Plan.

Requirement from the Health and Wellbeing Board

Health and Wellbeing Board are asked to note the Child Death Overview Panel Statutory Responsibility and the changes to governance and the transfer of accountability for the Child Death Review Panel to the Health and Wellbeing Boards in Bury, Rochdale and Oldham.

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***Bury Rochdale and Oldham Child Death Overview
Panel – Statutory Responsibilities and Child Death
Arrangements Implementation Plan***

June 2019



ROCHDALE
BOROUGH COUNCIL



Oldham
Council



Bury
Clinical Commissioning Group



Heywood, Middleton and Rochdale
Clinical Commissioning Group



Oldham
Clinical Commissioning Group

Overview

The Bury, Rochdale and Oldham (BRO) CDOP has been set up by Child Death Review (CDR) Partners, the Bury, Oldham and Heywood, Middleton, Rochdale CCG's and Bury, Oldham and Rochdale Council's to review the deaths of children under the requirements of the Children Act, 2004 and Working Together to Safeguard Children, 2018. The tripartite approach covers a population of 641,846. The sector operates within a Greater Manchester (GM) framework for CDOP which includes the production of a GM CDOP Report and development of agreed standards and processes across GM.

Purpose

The purpose of the BRO CDOP is to undertake a review of all child deaths (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) up to the age of 18 years, normally resident in Bury, Oldham and Heywood, Middleton, Rochdale, irrespective of the place of their death. The BRO CDOP will adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018:

<https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>.

CDOP Responsibilities

- To collect and collate information about each child death, seeking relevant information from professionals and, where appropriate, family members
- In line with the revised statutory guidance the BROCDOP will oversee the development and embedding of processes where all child deaths will be reviewed by the health care provider and the review will include all multiagency professionals who may have knowledge of the family and involvement in their care.
- To support the work to develop the role of the Designated Doctor for Death in the next 12 months
- To analyse the information obtained, including the report from the CDRM, in order to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future child deaths;
- To make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children;
- To notify the Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected;
- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it identifies any errors or deficiencies in an individual child's registered cause of death. Any correction to the child's cause of death would only be made following an application for a formal correction;
- To provide specified data to NHS Digital and then, once established, to the National Child Mortality Database;
- To produce an annual report for CDR partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process; and
- To contribute to local, regional and national initiatives to improve learning from child death reviews, including, where appropriate, approved research carried out within the requirements of data protection.

Operational Responsibilities

- Administrative support and the database is hosted within Rochdale Council and NHS HMR CCG
- The Three CCGs will jointly fund the administrative function of the CDOP
- Hold meetings at timely intervals to enable the death of each child to be discussed in a timely manner.
- Hold themed meetings where CDR partners arrange for a single CDOP, or neighboring CDOPs, to collectively review child deaths from a particular cause or group of causes. Such arrangements allow appropriate professional experts to be present at the panel to inform discussions, and/or allow easier identification of themes when the number of deaths from a particular cause is small.
- Ensure that effective 'Rapid Response' arrangements are in place, to enable key professionals to come together to undertake enquiries into and evaluating each unexpected death of a child.
- Review the appropriateness of agency responses to each death of a child.
- Review relevant environmental, social, health and cultural aspects of each death, to ensure a thorough consideration of how such deaths might be prevented in the future.
- Determine whether each death had modifiable factors.
- Make appropriate recommendations to the Bury, Oldham, Rochdale Health and Wellbeing Boards in order that prompt action can be taken to prevent future such deaths where possible.
- Report deaths of children with/ likely to have a Learning Disability to LeDeR (Learning Disability Mortality Review).
- Ensure LeDeR is represented at the CDOP meeting where the child will be discussed and consider potential input from a LeDeR reviewer

Governance and Accountability

- The Child Death Review Panel is accountable to the Health and Wellbeing Boards in Rochdale, Oldham and Bury
- An annual report will be provided to the Health and Wellbeing Board and exception reporting when required to other Partnership Groups and Boards
- An information sharing protocol is in place for the activity of CDOP

Membership

The Child Death Review Panel will be chaired by a *Consultant in Public Health* and is rotated between the three Public Health teams every two years. The vice-chair will be a CCG representative

Panel Membership

Core membership for 2019/20

- Public health, Council
- Designated Doctor with the lead for child deaths (Currently Pediatrician for Sudden Unexpected Death in children and infancy (SUDC) and a hospital clinician
- Social services
- Police
- Safeguarding (Designated Doctor and Nurse)
- Nursing and midwifery
- Lay representation (To be explored as part of the development of new arrangements)

In addition to the core membership, relevant experts from health and other agencies will be invited as

necessary to inform discussions.

- Primary care (GP or health visitor)
- Nursing and/or midwifery
- Coroner's office
- Education
- Housing
- Council Services
- Health & Wellbeing Board
- Ambulance Services
- Hospice

Quoracy

The Child Death Review Panel will be quorate if there are **five** or more core members present at the meeting and must include attendance by lead professionals from health and the local authority.

Responsibilities of Panel Members

Panel members should be familiar with their responsibilities and ensure that they read all relevant material in advance of panel meetings.

Decisions and Disputes

Decisions will normally be reached by consensus. In the event of a disagreement, a vote of members will be taken. In the event of a failure to resolve the issue, the Chair will have the casting vote. This is will be reported to the relevant health and wellbeing board for approval

Conflict of Interest

Panel members must declare any conflict of interest at the outset of each meeting and panel members should not lead discussions if they are the named professional with responsibility for the care of the child.

Confidentiality

All information discussed at The Child Death Review Panel is STRICTLY CONFIDENTIAL and must not be disclosed to third parties, without discussion and agreement of the Chair.
A confidentiality statement is signed at the start of every meeting.

Publication

The BRO Child Death Overview Panel (CDOP) arrangements will be published on the Bury, Oldham and Heywood, Middleton Rochdale CCG websites and the Bury, Oldham and Rochdale Council website. The arrangements will also be published on the Bury, Oldham and Rochdale Safeguarding Children Partnership website.

Review Date and Next Review Date

The terms of reference of BRO CDOP will be subject to annual review, or more frequently, if required.

Last Reviewed: June 2019
Next Review Scheduled: 31 March 2020



Report to HEALTH AND WELLBEING BOARD

Greater Manchester Common Standards for Population Health: Update

Portfolio Holder: Councillor Zahid Chauhan, Cabinet Member – Health and Social Care

Report Author: Katrina Stephens, Director of Public Health

24 September 2019

Purpose of the Report

For the Board to receive an update on the local work on the Greater Manchester Common Standards for Population Health.

Executive Summary

Greater Manchester Health and Social Care Partnership has coordinated a programme of work to develop a suite of core standards for population health. Public Health Practitioners and subject matter experts from the 10 Greater Manchester localities have co-designed a suite of *Greater Manchester Standards for Population Health* describing the evidence-based activities proven to improve population health outcomes for 7 core population health themes:

- Mental Health and Wellbeing
- Oral Health
- Sexual and reproductive health
- Drug and Alcohol service standards
- Physical activity
- Health Protection
- Tobacco Control

The Standards provide localities with an evidence-based tool to review current local activity and identify any gaps in evidence.

The standards were presented to the Oldham Health and Wellbeing Board in June 2019 and since then Oldham Public Health team have been developing ways to use them locally in line with existing standards, and measures.

Recommendations/Requirement from the Health and Wellbeing Board

There is no compulsion for localities to adopt or implement Greater Manchester Common Standards for Population Health. However, this document provides an update on how they are being used in Oldham to review current practice and identify any gaps in evidence.

Oldham Health and Wellbeing Board are requested to:

- Note the use of the GM Population Health Common Standards by key topic partnership boards as a mechanism for prioritisation and quality improvement
- Review the assessment of the local position against the 'Prescribed and Non-Prescribed Functions standard and note plans to take action where the standard is not being met

Greater Manchester Common Standards for Population Health

1. Background

- 1.1. In March 2017, following a [review of the current public health system across Greater Manchester](#), Greater Manchester Health & Social Care Partnership (GMHSCP) committed to the reduction of unwanted variation in standards and outcomes and an ambition to see a more consistent adoption of evidence-based practice and the use of benchmarking data.
- 1.2. In order to reduce variance, enhance consistency and improve population health outcomes across Greater Manchester, a programme of work has been undertaken to develop a suite of core **Common Standards for Population Health in Greater Manchester**.
- 1.3. The **Common Standards for Population Health in Greater Manchester** were developed by existing and new Greater Manchester task groups for key areas of population health activity. The standards are designed to support localities to achieve the best health gain for their population, and to reduce unwanted variation in population health outcomes across Greater Manchester.
- 1.4. These standards were presented to the Oldham Health and Wellbeing Board in June 2019. It was then agreed for further work be undertaken locally to ensure that they are being taken forward by the appropriate groups and consider how these are linked to local outcomes and services.

2. Current Position

- 2.1. This first publication of GM Common Standards for Population Health provides standards for 7 population health themes.
 - Mental Health and Wellbeing
 - Oral Health
 - Sexual and reproductive health
 - Drug and Alcohol service standards
 - Physical activity
 - Health Protection
 - Tobacco Control
- 2.2. In addition, there is an overarching standard covering prescribed and non-prescribed public health functions. Review of this standard has identified that Oldham meets or partially meets all aspects of the standard with the exception of having a documented weight management offer for children and families. This will be addressed through the new healthy weight strategy and review of weight management commissioning.
- 2.3. The Oldham Public Health Team have carried out a desktop exercise to assess provision and outcomes against the overarching indicators. They have also been working to identify ways that the standards can be used to support local partnership

groups and workplans. The local partnerships will also review the applicability of those standards to Oldham.

- 2.4. The mental health and wellbeing standards have already been reviewed by the Mental Health Partnership and are being used to inform development of the Partnership's workplan.
- 2.5. This approach will be replicated by relevant groups for sexual health, substance misuse, health protection, physical activity and oral health.

Initial work on the standards has highlighted that Oldham does not currently have a group which meets to discuss action on tobacco control. The need for such a group will be reviewed to ensure that there is an appropriate governance structure in place to coordinate and oversee work on this agenda.

3. Data and Intelligence

- 3.1. Greater Manchester Common Standards for Population Health seek to drive improvements in population health outcomes for thematic areas by describing evidence-based activities known to improve population health.
- 3.2. The evidence-base used to develop Common Standards is drawn from a range of publications which include clinical expertise, current best practice evidence, and client/patient perspectives.

4. Links to Health and Wellbeing Outcomes

- 4.1. The standards describe the activity required in any defined place / locality to support continuous improvement in population health outcomes.

5. Key Issues for Health and Wellbeing Board to Discuss

Oldham Health and Wellbeing Board are requested to:

- 5.1 Note the use of the GM Population Health Common Standards by key topic for partnership boards as a mechanism for prioritisation and quality improvement.
- 5.2 Review the assessment of the local position against the 'Prescribed and Non-Prescribed Functions' standard and note plans to take action where the standard is not being met.

6. Key Questions for Health and Wellbeing Board to Consider

- 6.1. Does the Board wish to receive further updates from the identified partnership groups that will be overseeing work against the standards?

7. Additional Supporting Information

- 7.1 GM Common Standards for Population Health align with population health outcomes detailed in the [Greater Manchester Population Health Outcomes Framework](#)

8. Consultation

8.1. Not applicable

9. Appendices

Appendix 1 - GM Common Standards for Population Health Section 1: Prescribed and non-prescribed public health functions

Scoring on the table below is using the following key

Score	Assessment	Findings / Conclusion	Action Required
1	Standard not met	Significant gaps / weaknesses exist (generally non-compliant)	Actions are identified to secure improvements and move towards compliance.
2	Standard partially met	Some gaps / weaknesses exist (partial compliance)	Evidence is signposted in support of areas of compliance. Actions are identified to secure improvements and achieve compliance.
3	Standard fully met	Very few or no gaps / weaknesses exist (compliant)	Evidence is signposted in support of areas of compliance.

Appendix 1

Function Category	Local Authority Function	Population Health Common Standard	SCORE			Measurement
			1	2	3	
PRESCRIBED FUNCTIONS	Statutory Post	Locality has a named Director of Public Health	<input type="checkbox"/>	<input type="checkbox"/>	X	Named Director of Public Health / Population Health
	Sexual health services - STI testing and treatment	Timely open access to STI advice and treatment service (appointment offered within 48 hours)	<input type="checkbox"/>	<input type="checkbox"/>	X	New HIV diagnosis rate / 100,000 people aged 15+
		Personalised risk reduction support and information for all who attend sexual health services & their partners	<input type="checkbox"/>	X	<input type="checkbox"/>	
		Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups	<input type="checkbox"/>	X	<input type="checkbox"/>	
	Sexual health services - Contraception	All under 18s within a locality are encouraged to access a sexual & reproductive health service or GP before engaging in sexual activity	<input type="checkbox"/>	X	<input type="checkbox"/>	Total Prescribed Long Acting Reversible Contraception (LARC) (Excluding Injections)
		Open access to specialised services for young people up to the age of 19	<input type="checkbox"/>	<input type="checkbox"/>	X	
		All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use Long-acting Reversible Contraception (LARC) as their form of contraception	<input type="checkbox"/>	X	<input type="checkbox"/>	
		For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception	<input type="checkbox"/>	X	<input type="checkbox"/>	
	NHS Health Check programme	All eligible individuals aged 40-74 to be offered an NHS Health Check once in every 5 years, with pilot areas prioritising people at greater risk, and for each individual to be recalled every 5 years if they remain eligible	<input type="checkbox"/>	X	<input type="checkbox"/>	Under 75 mortality rate from CVD considered preventable
		All identified at high risk to receive the advice and support to manage that risk	<input type="checkbox"/>	X	<input type="checkbox"/>	

Function Category	Local Authority Function	Population Health Common Standard	SCORE			Measurement
			1	2	3	
	Public Health advice to NHS Commissioners	Public Health specialist advice and support is available to NHS Commissioners, integrated commissioners and care organisations in all Localities and at a GM level	<input type="checkbox"/>	<input type="checkbox"/>	X	n/a
PRESCRIBED FUNCTIONS	National Child Measurement Programme	Completion of the National Child Measurement Programme with above average uptake	<input type="checkbox"/>	X	<input type="checkbox"/>	Prevalence of overweight children (including obese) as measured by NCMP
		Documented service offer for children and families identified as being overweight, obese or underweight identified through the NCMP	X	<input type="checkbox"/>	<input type="checkbox"/>	
	Prescribed Children's 0-5 services	Commissioning and delivery of the national 0-5 Healthy Child Programme in line with agreed targets	<input type="checkbox"/>	X	<input type="checkbox"/>	Breastfeeding Initiation
			<input type="checkbox"/>	X	<input type="checkbox"/>	Proportion of 5-year-old children free from dental decay
			<input type="checkbox"/>	<input type="checkbox"/>	X	% of children achieving a good level of development at the end of reception
NON-PRESCRIBED PH FUNCTIONS	Drug and Alcohol	All localities to demonstrate how they are meeting the local needs for the take up and the outcomes of its drug and alcohol treatment services	<input type="checkbox"/>	X	<input type="checkbox"/>	Alcohol-related hospital admissions (narrow definition)
	Tobacco	All pregnant women who smoke are referred to services which can help them to quit during their pregnancy	<input type="checkbox"/>	X	<input type="checkbox"/>	% of women who smoke at time of delivery; Smoking prevalence in adults - current smokers (APS)
		Publicised arrangements in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products)	<input type="checkbox"/>	X	<input type="checkbox"/>	
	Oral Health	Commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded within children's services	<input type="checkbox"/>	<input type="checkbox"/>	X	Proportion of 5-year-old children free from dental decay
Mental Health and Wellbeing	Localities to (1) support GM Suicide Prevention Strategy & GM/Locality suicide prevention action plans in place and adopt Mentally Healthy Schools and Colleges	<input type="checkbox"/>	<input type="checkbox"/>	X	Suicide Prevalence	

Function Category	Local Authority Function	Population Health Common Standard	SCORE			Measurement
			1	2	3	
		principles				
	Physical Activity	Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests.	<input type="checkbox"/>	X	<input type="checkbox"/>	% of GM population who are Active or Fairly Active
			<input type="checkbox"/>	X	<input type="checkbox"/>	% of physically inactive adults (>30 minutes per week)



Report to HEALTH AND WELLBEING BOARD

GM Carers Charter and Commitment to Carers

Portfolio Holder:

Cllr Zahid Chauhan, Cabinet Member for Health and Social Care

Officer Contact:

Mark Warren, Director of Adult Social Services Oldham (DASS) and Managing Director, Community Health and Adult Social Care Service

Report Author:

Angela Barnes, Strategic Partnership Manager, Community Health and Adult Social Care Services

Ext. 4187

24 September 2019

Purpose of the Report

To outline the Greater Manchester Carers Charter and Commitment to Carers and seek formal commitment from Oldham Health and Wellbeing Board to delivering on the ambition of support to Carers locally in Oldham.

Recommendations/Requirement from the Health and Wellbeing Board

That the Health and Wellbeing Board formally approve and adopt The Greater Manchester Charter and Commitment to Carers.

GM Carers Charter and Commitment to Carers

1. Background

- 1.1. In February 2017, the Greater Manchester Social Care Partnership charged the Adult Social Care Transformation Programme with delivering four transformation priorities, one of which was to re-shape the current offer and support available to unpaid carers across GM. A summary of the history of the GM support for carers programme with list of key dates is attached at appendix one
- 1.2. The Commitment to Carers (appendix two) was developed to encourage the commitment of organisations to improve the experience of unpaid carers. The Commitment outlines a vision for carers across Greater Manchester and sets out, through collaborative working, how we will improve the offer to Carers across the region.
- 1.3. The Carers Charter (appendix three) was designed by carers, voluntary, community and social enterprise groups, councils, NHS England and NHS organisations in Greater Manchester. It builds on the aims of the Care Act 2014 and agrees to acknowledge, respect and provide support and opportunities for carers.

“The Greater Manchester Charter is a real commitment to the people who dedicate themselves to helping others and often have to fight every day to get the help they and their loved ones need. Carers play such a vital part in the health and wellbeing of those they care for, so it is only right that we should help and support them as well.

To help enable carers to get the support they need to live their lives, or to continue or get back into work, this charter is a major step and will help everyone involved. Greater Manchester is taking a lead and is putting better support at the heart of our integrated health and social care system.”

Andy Burnham, Mayor of Greater Manchester



-
- 1.4. All partners were tasked to bring together best practice from local and national reviews into a comprehensive resource that all localities could use to inform their local delivery models and the GM Exemplar Model for Carer Support was developed.
- 1.5. The Exemplar Model for Carer Support (appendix four) focuses on 6 critical priorities of support for carers and a workstream was set up for each priority area. Commissioners, providers and the voluntary sector have worked together, informed and supported by carers, to re-shape the current offer and support available to unwaged carers across Greater Manchester (GM). The priority areas are:
- Early identification of carers;
 - Improving health and wellbeing;
 - Carers as real and expert partners;
 - Getting the right help at the right time
 - Young carers and young adult carers
 - Carers In Employment
- 1.6. These 6 critical priorities were adopted as the basis for Oldham Carers Strategy 2018 – 2021 (appendix five), which was approved by the Health and Wellbeing Board in September 2018.

2. Current Position

- 2.1. In Greater Manchester the key aim in 2019/2020 is to support the implementation of the GM Exemplar Model in Localities. A GM Carers Delivery Group is now in place meeting quarterly and the focus will include:

Programme Wide

- Assurance on the implementation of the GM Exemplar Model
- Development of performance dashboard

Health and wellbeing / right help at the right time

- Pilot and roll-out of the national GP quality markers for carers
- Carers in secondary care
- Support the rollout of the Carers Passports across different care settings
- Social prescribing and carers

Carers in and into employment

- Implementation of Working Carers Toolkit - self assessment and action planning
- Implementation of EfC (Employers for Carers) Digital Platform

Young and young adult carers

- GM virtual young carers hub
- Minimum standards for young carers support

2.2. In Oldham, the Carers Partnership Board continues to meet quarterly and aims to deliver actions to improve the experience of carers in Oldham across the areas of life identified in the Greater Manchester commitment and Charter. Current work for the Board includes:

- Development of The Lifecycle of a Carer – a one-page summary of what is important at critical moments within a caring role
- Launch of universal membership of the Employers for Carers (EfC) digital resource to support working carers in the Local Authority and across partner organisations.
- Working with the Council's Human Resource department regarding the internal Council workforce and with Get Oldham Working, to promote working carers with external employers, and ensure carers are effectively supported in the workplace.
- Working with Oldham Clinical Commissioning Group and Primary Care to promote carers services and support.
- Increasing the numbers of carers known to Oldham Carers services accessing a carers assessment, as well as more informal support, information and advice.

3. Data and Intelligence

3.1. There are 280,000 carers known across the ten Greater Manchester authorities and over 24,000 of those are Oldham residents.

3.2. A poll published by Carers UK suggested there may be as many as 8.8 million adult carers in the UK compared with 6.3 million recorded in the 2011 census. If the same increase is applied across sub-regions, in Greater Manchester this would give a new figure of over 391,000 and there could now be locally, over 33,000 residents who are adult carers in Oldham.

3.3. Research by Carers UK suggests that the number of people juggling work and care is now 4.87 million compared with 3 million identified in the 2011 census. This equates to one in seven workers in the UK having caring responsibilities. 38% of the carers responding to the State of Caring report said that they had given up work to care and 18% had reduced their hours. These figures correlate with known negative impacts for carers including financial hardship, loneliness and isolation.

4. Links to Health and Wellbeing Outcomes

4.1. The Commitment to Carers and the Carers Charter align with the outcomes of the Oldham Cares Outcome Framework, the NHS England Carer's Toolkit and the National Carers Action Plan; ensuring carers are afforded parity of esteem with the cared for and receive support and information at the right time, and in the right place.

5. Key Issues for Health and Wellbeing Board to Discuss

- 5.1. For Health and Wellbeing Board to take note of the developing approach and model of support for carers at both a regional and local level.
- 5.2. For Health and Wellbeing Board to seek assurance that the GM Commitment to Carers is being met locally in the Carers Partnership Board strategic plans.

6. Key Questions for Health and Wellbeing Board to Consider

- 6.1. For the Board to seek assurance that the GM Carers Exemplar, Charter and strategic approach is being aligned at a local level.
- 6.2. For Health and Wellbeing Board to understand the impact of the caring role on local residents who are carers.
- 6.3. For Health and Wellbeing Board to confirm their commitment to realising the GM Commitment to Carers in Oldham.

7. Appendices

Appendix one – GM support to carers programme – summary

Appendix two - The Carers Commitment

Appendix three – Carers Charter

Appendix four – GM Exemplar Model

Appendix five – Oldham Carers Strategy

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Summary of the history of the GM Support for Carers Programme – brief list of key dates

pre GM programme 2015-16	Carers Advisory Group – Incl. members from Carers Groups, NHS England, CCGs and LAs
end Summer - Dec 2016	<ul style="list-style-type: none"> • Baseline to identify current state of services provided to carers – covering services supported and funded by LAs across GM, best practice, areas which require further focus • Outcomes fed into early development and discussions in respect of an MOU (Commitment to Carers) and carers charter alongside proposed priority areas for improvement
13th Jan 2017	<ul style="list-style-type: none"> • Further business case for a programme to look at the health, well-being and support for carers across the GM region.
22nd Feb 2017	<ul style="list-style-type: none"> • Confirmation of system-wide support (including from GM Strategic Partnership Board) for an Adult Social Care Transformation Programme including a focus on re-shaping the offer and support available to carers across GM • Endorsement of proposed approach, and confirmation provided of the mandate to mobilise the programme • (subsequent programme approach and delivery / action plan for 6 workstreams agreed and endorsed through further governance)
Feb – Apr 2017	<ul style="list-style-type: none"> • Consultation with carers, carers groups, CCGs and local authorities on the carers charter and workstream plans • Development of the main draft of the a '<i>Commitment to Carers</i>' to drive collective agreement across GM as to the approach to carer support and commitment to improving their experience and outcomes. • Development of the main draft of a rights based and co-produced <i>carers' charter</i> setting out what carers in GM can expect and accompanying action plan (workstream plans) making it real
Mar 2017 onwards	<ul style="list-style-type: none"> • Transition from Carers Advisory Group to GM Strategic Carers Group with broad representation supported by the HSCP • Links into other programmes and activities across the partnership. • Socialisation of the programme, key deliverables, charter and commitment • identification of leads to take forward the 6 key components of the workstream plans, setting up of groups, progression on the delivery of those
Apr – Dec 2017	<ul style="list-style-type: none"> • Further socialisation of the charter and commitment through various groups and stakeholders including regular updates through to GM governance (including Strategic Partnership Board Executive on at least 3 occasions) • Updates to the commitment and charter • Progression on the workstream delivery plans
24th Nov 2017	<ul style="list-style-type: none"> • Carers rights day – further consultation event with stakeholder and carers to test out and develop workstreams, review delivery ensuring they linked to the proposed charter and commitment
19th Jan 2018	<ul style="list-style-type: none"> • Following socialisation, GM Carers Charter and commitment signed up to and launched at GM Strategic Partnership Board (now known as Health and Care Board)
Jan - Mar 2018	<ul style="list-style-type: none"> • Facilitated by young carers and VCSE representatives, young carers consultations and coproduction exercises to ensure that the voice of young carers were embedded throughout the programme - outcome was a detailed understanding of the needs of young carers and young adult carers including what support/services they feel are needed. Young carers survey, events and subsequent outcome report produced as to the objective for the programme and GM
through to Oct 2018 with launch on 30th	<ul style="list-style-type: none"> • Development of the working carers toolkit (included surveys with working carers across GM, identification of national and regional best practice, including NW ADASS

Nov 2018	<p>top tops and various other research and good practice tools)</p> <ul style="list-style-type: none"> • Wide launch of the working carers toolkit on Carers Rights Day
through to Oct 2018	<ul style="list-style-type: none"> • Development of the GM Exemplar Model for Carer Support • focuses on the 6 workstreams of the Support for Carers programme and was developed by partners – VCSE, commissioners, providers and carers - with the GM Carers Partnership and the Gaddum Centre playing a leading role in its development. • Brings together best practice from local and national reviews, listening to what carers tell us, and highlights examples of good practice in GM - comprehensive resource that localities can use to adapt local services for carers. • Also incorporated is the work carried out this year within the programme e.g working carers toolkit, young carers objective, primary care standard 5 to support early identification, good practice in secondary care etc) • On Oct 31st 2018, the GM Heads of Commissioning signed off the model for roll-out and adoption • In line with annual review promise contained in the GM Commitment to Carers and GM Carers Charter, GM Heads of Commissioners also agreed that the programme should undertake locality conversations to pull together a year one position statement for GM Health and Care Board
Dec 2018 and Jan 2019	<ul style="list-style-type: none"> • Visits to all localities, to share further insight into the work behind the Exemplar model and to give localities an opportunity to: <ul style="list-style-type: none"> - Share their progress to date in re-shaping the offer to carers in line with the Carer Charter - Identify strengths and future plans aligned to the six priorities - Identify any gaps and further development planned - Share challenges where additional action or support at GM level could be beneficial.
8th Mar 2019	<ul style="list-style-type: none"> • (following the visits and socialisation of the report), year one position update presented to GM Health and Care Board • It summarised the progress made in GM to re-shape and improve support to carers following the adoption of the Carers Charter and Commitment to Carers including locality good practice and proposed next set of priorities • Recommendation including confirming the priorities for 19/20 through coproduction with carers
17th May 2019	<ul style="list-style-type: none"> • GM carers summit • Co-production opportunity to reflect on the successes of the programme to date, identify the areas we could do more on and the priorities for 19/20.
2nd Jul 2019	<ul style="list-style-type: none"> • Finalisation of the priorities for 19/20 through gM Carers Delivery Group in line with carers summit feedback • Subsequent ratification of these Aug 19

Carers charter

for Greater Manchester

We believe all carers have a right to be respected, valued and supported, equally in their caring role, as experts for their cared for and as individuals in their own right.

What is a Carer?

A carer is someone of any age who supports, unwaged, a relative, partner or friend who due to physical or mental illness, disability, frailty or addiction could not manage without that support.

As a carer you can expect

- To be identified as a carer as early as possible, be informed, be respected and included by health and social care professionals.
- To have choice and control about your caring role, get the personalised support you need as a carer to meet you and your family's needs.
- To be able to stay healthy and well yourself, and for your own needs and wishes as an individual to be recognised and supported.
- To be socially connected and not isolated.
- To be supported to fulfil educational and employment potential, and where possible in maintaining employment.
- If you are a young carer or young adult carer, to be supported so you are able to thrive and develop educationally, personally and socially, and you are protected from excessive or inappropriate caring roles.

Having a voice - Carers as equal partners

- Valued, respected and recognised as 'experts by experience', in monitoring and reviewing services, and co-production to redesign, commission or procure carer support services.
- Supporting and developing training programmes to raise the awareness and understanding of the needs of carers and their families, and of local carer support services for health and social staff and partner organisations.

Working together in partnership

- To ensure the independence and physical and mental health of all carers and their families
- To empower and support all carers to manage their caring roles and have a life outside of caring
- To ensure that all carers receive the right support, at the right time, in the right place, including when caring comes to an end.
- To respect all carers' right to decide and choose in relation to how much care they will provide and respect all Carers' decision about not providing care at all
- To ensure all carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Greater Manchester Health and Social Care Partnership, local authorities and voluntary and community organisations are committed to working together in partnership to provide the best quality support for all carers, through our commitment to carers and action plan.



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A Greater Manchester commitment to improving support for informal carers

1. Introduction

This document sets out a commitment, agreed by organisations across Greater Manchester, to support the implementation of an integrated approach to the identification, assessment and meeting of carers' health and wellbeing needs.

2. Background

There are approximately 280,000 carers in Greater Manchester, who make up a crucial part of the health and social care system. Together, these individual carers make an invaluable significant contribution to Greater Manchester, improving the wellbeing of the people they care for and reducing the demand on a range of Local Authority and NHS funded services. However, as well as supporting the people they care for, carers themselves have many needs of their own, not all of which are currently being consistently met within Greater Manchester.

The Care Act 2014 was designed to improve support for carers, but the 'State of Caring 2016' report by Carers UK and the Carers Trust report 'Care Act: One Year on' both show that carers are still struggling to get the support they need to care well, maintain their own health, balance work and care and have a life of their own outside caring.

In recognition of the potential that the Greater Manchester Health and Social Care Partnership has in ensuring that organisations work together to meet the needs of our carers, a Strategic Advisory Group on Carers has been established. The group has worked together to identify how new arrangements could be put in place within Greater Manchester will improve the support offered to informal carers across our city region.

This group has brought together representatives from the Greater Manchester Health and Social Care Partnership team, Clinical Commissioning Groups, Local Authorities, Higher Education, NHS England, Carers Trust and local carer's organisations.

This Commitment:

- Outlines a vision for carers in Greater Manchester;
- Seeks commitment from partners across the Health and Social Care Partnership and beyond to work together to transform our approach to meeting the needs of carers;
- Sets out how we plan to work together to meet carer needs and the principles which will underpin this work;
- Details the key priority areas for action which will be delivered over the next year.

3. Our vision for Carers

Our vision was developed and informed by the Greater Manchester Carers consortium. We believe that Greater Manchester should be a place where carers are recognised, valued and supported, both in their caring role and as an individual.

As a carer in Greater Manchester you should be able to expect the following:

- To be identified as a carer as early as possible, be informed, be respected and included by health and social care professionals;
- To have choice and control about your caring role, get the support you need as a carer to meet you and your family's needs;
- To be able to stay healthy and well yourself, and for your own needs and wishes as an individual to be recognised and supported;
- To be socially connected and not isolated;
- To fulfil your aspirations in education and employment;
- If you are a young carer or young adult carer, you are able to thrive and develop educationally, personally and socially, and you are protected from excessive or inappropriate caring roles.

4. Working together to support Carers

By signing this Commitment, organisations agree to work in partnership with each other to promote the wellbeing of individual carers, and to adopt a whole family approach in their work to support local carers of all ages, in order to:

- Support and encourage the independence and physical and mental health of carers and their families;
- Empower and support carers to manage their caring roles and have a life outside of caring;
- Ensure that carers receive the right support, at the right time, in the right place;
- Respect carers' decisions about how much care they will provide and respect Carers' decision about not providing care at all

5. Key principles

The integrated approach to identifying, assessing and supporting carers' health and wellbeing needs rests on a number of supporting principles that underpin this Commitment.

- **Principle 1** – We will support the identification, recognition and registration of carers in all organisations including primary care.
- **Principle 2** - carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.
- **Principle 3** - carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.
- **Principle 4** – The staff of partners to this agreement will be aware of the needs of carers and of their value to our communities.
- **Principle 5** - carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement.
- **Principle 6** - carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.
- **Principle 7** - The support needs of carers who

are more vulnerable or at key transition points will be identified early.

- **Principle 8** – the implementation of the Commitment (and Charter) will be consistent with intentions of Duty to Co-operate as determined in the 2014 Care Act.

6. Moving forwards

This Commitment, its accompanying Charter and the principles which are set out above will be delivered through a programme of change which forms part of the delivery of Taking Charge. It will be expected that across Greater Manchester:

- Carers are recognised as 'experts by experience', in monitoring and reviewing services, and when seeking to redesign, commission or procure Carer support services.
- Programmes for learning and development are put in place to raise the awareness and understanding of the needs of Carers and their families, and of local Carer support services.
- Training is designed to support those undertaking Carers needs assessments to have the necessary knowledge and skills. This will include ensuring that practitioners in the local authority and partner agencies are aware of the specific requirements concerning Carers of the Care Act 2014 and amendments to the Children and Families Act 2014 and accompanying Guidance and Regulations.
- We will develop a standard set of outcome measures that will, in future, be able to capture and report on the outcomes we aspire to in this Commitment. This is part of making the changes real, although it is fully acknowledged that outcomes measurement will require careful development so that it represents the real experience of carers in Greater Manchester.

7. Thinking care across the system

Across Greater Manchester we recognise that by supporting carers we are also supporting the person with care needs and we believe that no one should have to care alone.

Through the work that will be undertaken following the signing of this Commitment, it is expected that the following outcomes will be delivered:

- Carers will receive the right support, at the right time, and in the right place and carers in Greater Manchester who indicate that they require additional support or that their capacity or willingness to continue caring is diminished, will be able to access support from locally based Carer support organisations to have their immediate needs addressed.
- When a Carer indicates they have a health need during an interaction with the NHS, this health need will be addressed as soon as possible, after which it is expected that healthcare practitioners initiate a discussion about the Carer's wider support needs and refer to the local Carer support organisation.
- Partnership working and co-operation will be enhanced in order to provide joined up, seamless services. This will include joint working in each locality between the local authority, the NHS, voluntary organisations, education, public health, housing and local communities to support Carers.
- Local data and information sharing processes between agencies will be developed so that information follows the Carer across their own care and support pathway without them constantly having to re-tell their story.
- Employees in all organisations are able to understand who carers are, thereby ensuring they are able to identify and provide appropriate advice and support.
- The needs of Carers will also be recognised by commissioners and planned for. This work will co-ordinated through each Authority's Health and Wellbeing Board, the Better Care Fund Board, and underpinned by effective Joint Strategic Needs Assessments, which will include identification of the needs of Carers, including Young Carers and Young Adult Carers. This identification will be crucial in planning services which reflect the prevention agenda that underpins the Care Act 2014.

- Through this work we will ensure that local transformation plans recognise the specific roles, needs and contexts of different members of the carers communities including: Young Carers and Young Adult Carers; Parent Carers; Carers of people with Long Term Conditions (Dementia, Alzheimer's, Health Failure, COPD, HIV, Mental Health etc.); Working Carers; Carers within particular communities of interest (e.g. BAME, LGBT etc), and Carers within particular communities of place (e.g. urban communities, rural communities, deprivation, neighbourhoods etc). This work will be undertaken with due regard to Equalities, Diversity and Human Rights strategies of all partners.

- All locality plans will contain significant reference to carers and detail how the provision of effective advice and health and social care interventions will be key to delivering the 'prevention agenda' that underpins the Care Act 2014.
- All local Health and Wellbeing Strategies will include shared strategies for meeting Carer identified needs, and setting out arrangements for working together and the actions that each partner will take individually and collectively.

8. Summary

It is recognised that to deliver these outcomes, there will need to be a transformational change to the way that organisations across Greater Manchester work, both on an individual basis and together to meet the needs of Carers. It is believed from the stock take undertaken to date, that this could impact significantly on many organisations and that transformation funding support will be required to deliver the fundamental changes required.

A detailed improvement action plan has been developed that supports putting the principles and aspirations contained in this Commitment into reality.

Through delivery of the action plan we will ensure that, by 2021, our vision and ambitions for improved support and outcomes for carers will be achieved. This memorandum of understanding will be subjected to an annual review.

A Greater Manchester commitment to improving support for informal carers

Signatories on behalf of Greater Manchester Health and Social Care:

Lord Peter Smith, Chair of Greater Manchester Health and Social Care Partnership

Jon Rouse, Chief Officer of Greater Manchester Health and Social Care Partnership

Andy Burnham, Mayor of Greater Manchester

Lynne Stafford, Voluntary, Community and Social Enterprise representative
Chair of Greater Manchester Carers Partnership and
Chief Executive of the Gaddum Centre

19 January 2018

GREATER MANCHESTER SUPPORT FOR CARERS PROGRAMME

Exemplar Model for
Carer Support in
Greater Manchester



CONTENTS

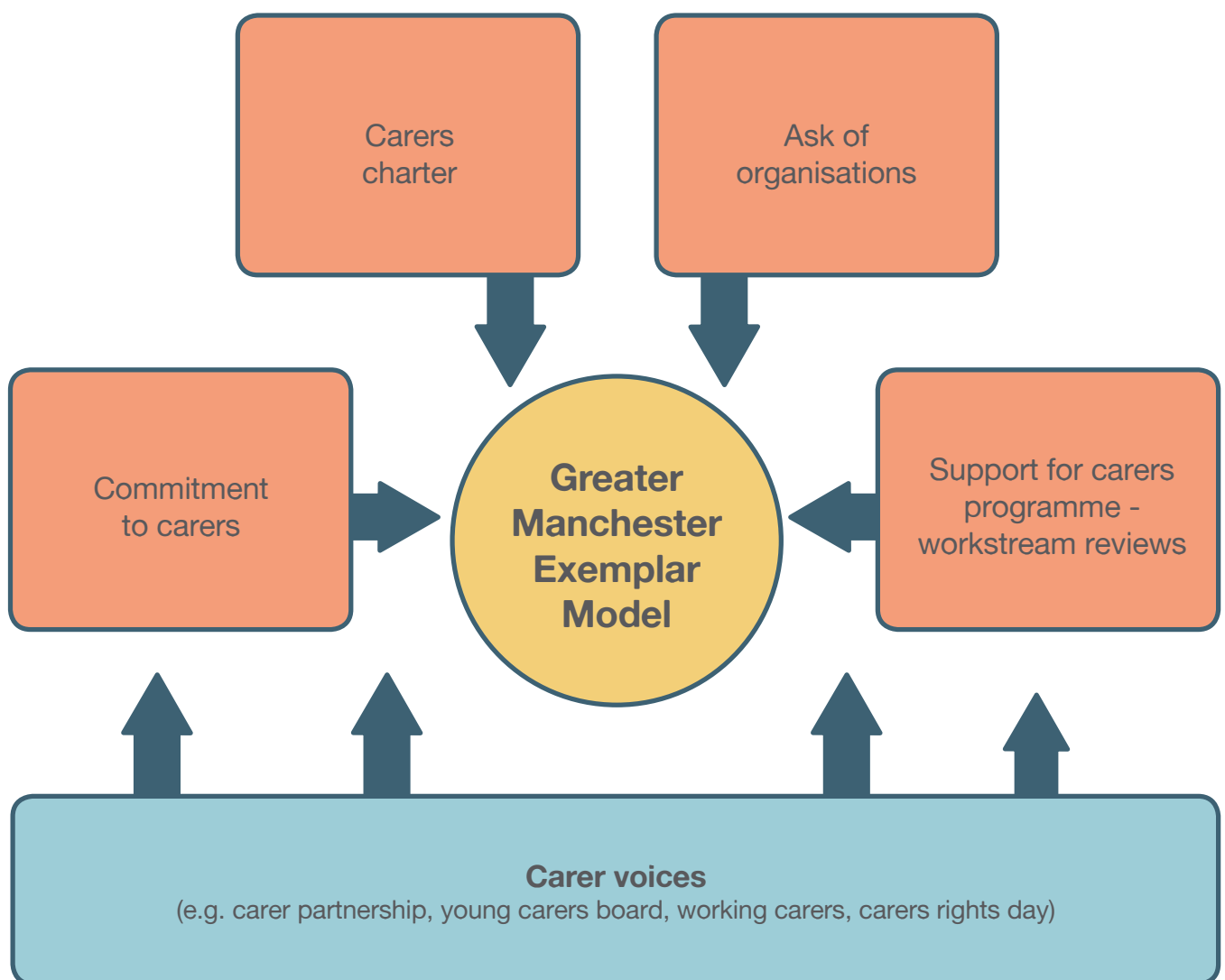


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INTRODUCTION

On 19 January 2018, all 33 organisations in the Greater Manchester Health and Social Care Partnership made a commitment to deliver on the rights of carers as set out in the Greater Manchester (GM) Carers Charter.

The charter fully recognised the highly complex and personal journeys that carers experience at an individual level, and how through working as one health and social care system (and broader city regional partnership of public and private enterprise) we could significantly improve the support given to the region's 280,000 unwaged carers.



Carers charter

for Greater Manchester

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Having a voice - carers as equal partners

- Valued, respected and recognised as 'experts by experience', in monitoring and reviewing services, and co-production to redesign, commission or procure carer support services.
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- To respect all carers' right to decide and choose in relation to how much care they will provide and respect all Carers' decision about not providing care at all
- To ensure all carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Greater Manchester Health and Social Care Partnership, local authorities and voluntary and community organisations are committed to working together in partnership to provide the best quality support for all carers, through our commitment to carers and action plan.

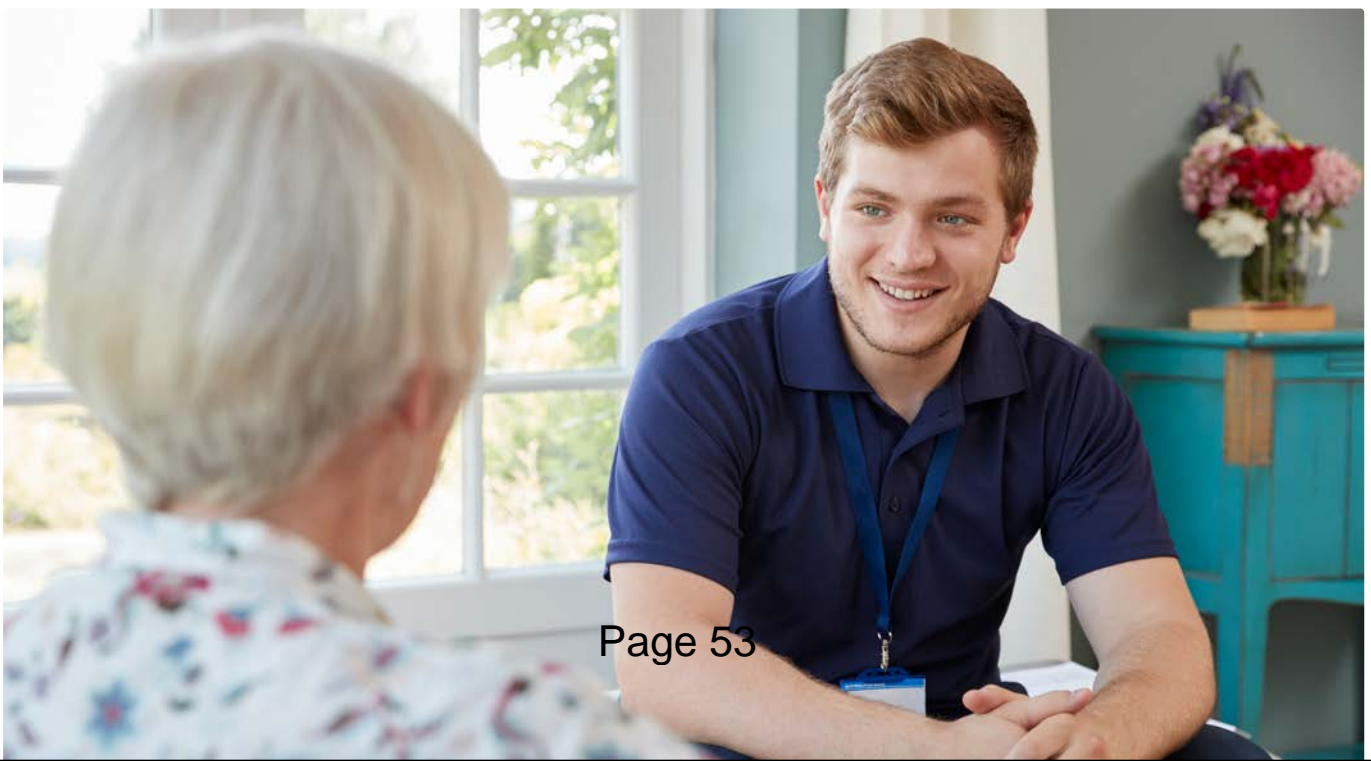


The **GM Exemplar Model for Carer Support** visually represents this complex carer journey. It sets out how, through building on good practice, locally and nationally, and by listening to the needs of carers, we can create a coherent service offer for carers. This model aims to enhance the standard of carer services and reduce variation in service delivery across localities, whilst supporting localities to effectively assess what is needed. The Greater Manchester Strategy: Our people, our place states that “by 2020, we will meet or exceed the national average for the proportion of adult social care users and carers who have as much social contact as they would like - delivered through an extended and consistently available support offer for all unwaged carers across Greater Manchester”.

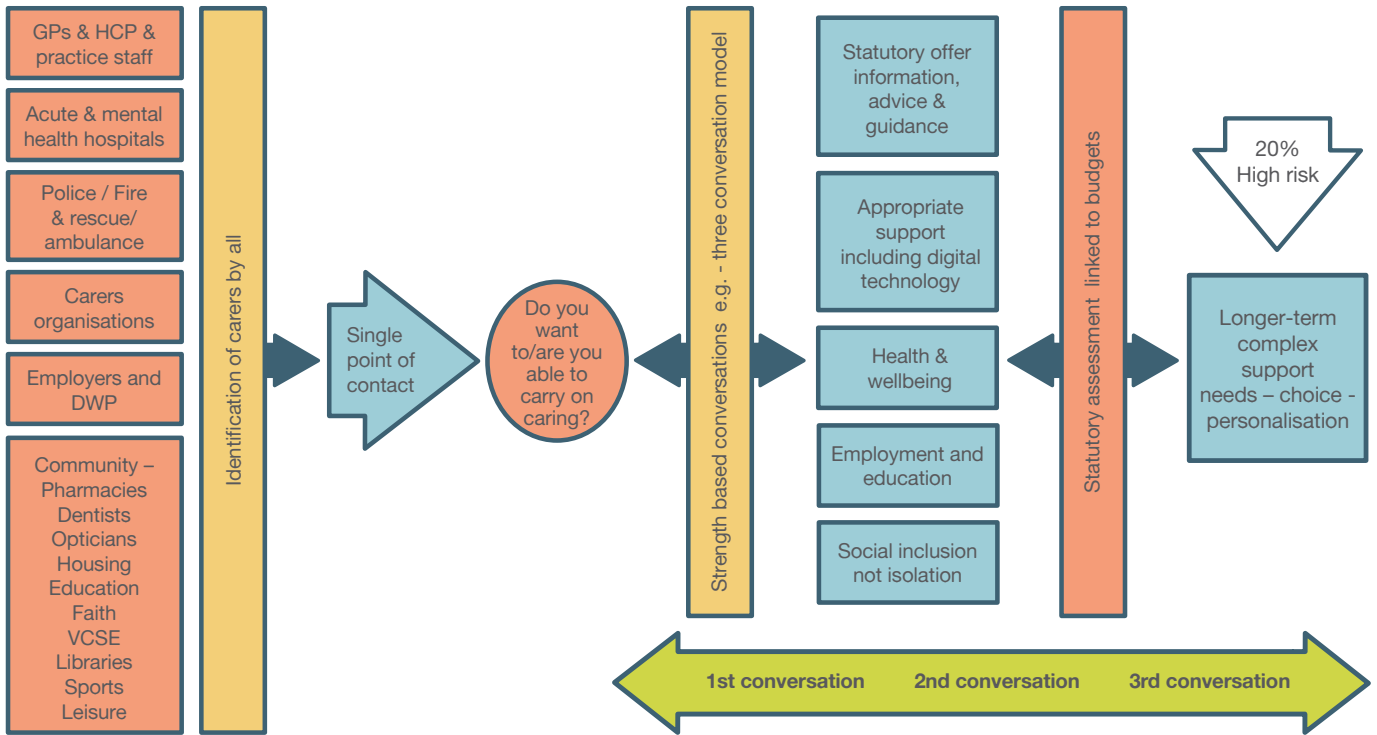
Investment in carer services and support makes financial sense. From national and local cost benefit analysis reviews we know that a £1 investment in carers returns more than £3 benefit to the economy. Yet, in Greater Manchester, when compared to our North West partners, there is a significant spending gap on carer services and support (ADASS, 2018). Therefore we need to review our investment strategies for carers’ services and support in order that health economies can reap the associated benefits. Crucially this means coordination between health and social care commissioners on developing a whole system approach to commissioning for carers: the Exemplar Model will aid this work.

The **GM Exemplar Model for Carer Support** is written as follows:

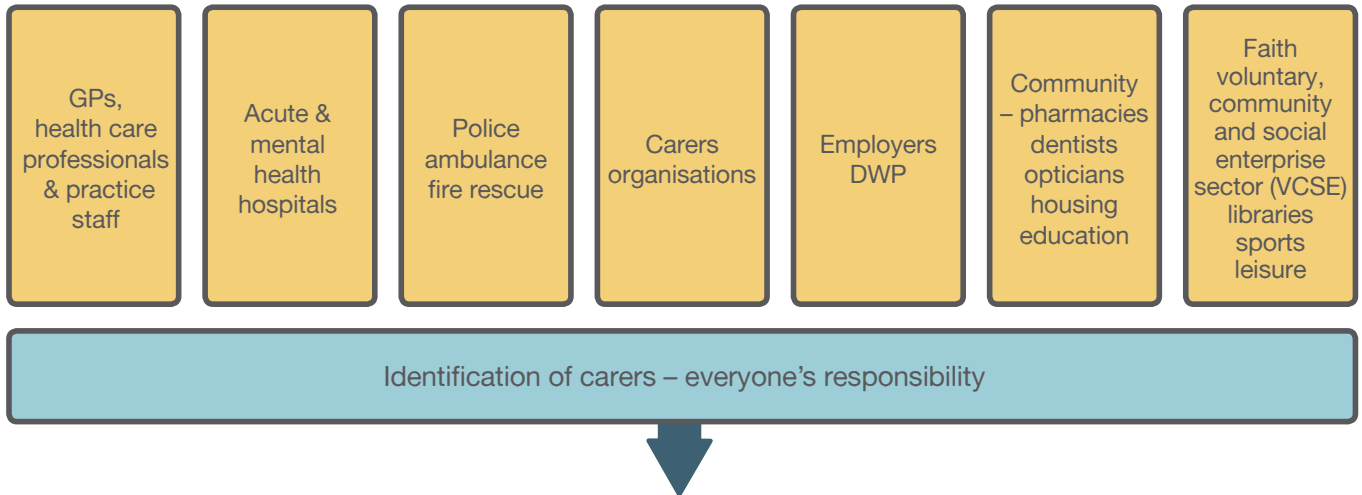
- Firstly we present the full model as developed through the GM Support for Carer Programme (page 4)
- Secondly, we break the model into six components, linked directly to our agreed priorities of:
 1. How do we best identify carers?
 2. How do we ensure carers get the right help at the right time?
 3. How do we improve the health and wellbeing of carers?
 4. How do we support carers in employment or into employment?
 5. How do we support young carers and young adult carers?
 6. How do we recognise carers as real and expert partners?
- For each of the six components we:
 - a) explain what we have reviewed (best practice, listening to carers, national research etc.)
 - b) highlight examples of good practice from localities that best represent the behaviours, practices and values that should be present in carer services
 - c) outline the key principles that we encourage each locality to adopt



A GM EXEMPLAR MODEL FOR CARER SUPPORT



IDENTIFICATION OF CARERS



For many people, looking after an ill, older or disabled loved one doesn't have a name, it is 'just something you do'. However, not recognising you are carrying out a caring role can be a real barrier to accessing vital support. If you do not see yourself as a carer, then you are unlikely to consider asking for a carer's assessment, applying for carer's allowance, or seeking advice from others who find themselves in similar circumstances. Not recognising you are caring means missing out on help, advice and information, with serious personal and financial implications¹.

The impact missing out on support can have across carers' lives are stark, with research demonstrating that the majority of carers take years to recognise their role, missing out on crucial financial, practical and emotional support. By not receiving support at an early stage, the negative impacts of caring are intensified, from long-term physical health effects, to mental ill health, to social isolation as a result of caring without a supportive network², and carer breakdown. As carers often have extensive contact with the health and social care system we have the opportunity to identify them sooner and help them avoid these negative impacts.

The identification of carers needs a whole system approach.

- The role of GPs and the wider **primary care workforce** is recognised as being paramount in supporting carers and maintaining the capacity of carers to care if they so choose. There is a need to improve the registration and assessment of carers, including young carers, in primary care so their needs can be identified quickly before their health and wellbeing deteriorate. Primary care has a unique opportunity to make a telling contribution to improving the lives of carers.

1: <https://www.cuk-crd-research-report-2016-web-3.pdf>

- The **mandatory training for all health and social care staff in both community and hospital settings** on the identification of carers, and carers' awareness through programmes like the Triangle of Care, show effective outcomes for carers. In secondary care settings, we know that there are crucial points in the system - accident & emergency, on first consultant appointment and on patient discharge – where in the cared-for health pathway carers could be identified.
- **Other frontline professionals**, e.g. schools, dentists, pharmacists, optometrists, teachers, police, and job centre staff, play a critical role in helping people to recognise they are caring/a carer and signpost them to advice and information services or their local carers organisation. Under the Care Act 2014, introduced in April 2015, local authorities and health bodies in England must work together to identify carers.
- **Employers** should identify those in the workplace with a caring role as they can play a pivotal role in guiding carers to the right support: from identifying carers at induction to offering carer awareness training to managers.
- **Public awareness campaigns** to improve understanding and recognition of caring. While

The majority of carers take years to recognise their caring role: over half of carers (54%) took over a year to recognise their caring role, almost one in four carers (24%) took over five years to identify as a carer, and nearly one in ten (9%) took over 10 years.

Missing Out – The Identification Challenge – Carers UK 2016

professionals play a central role in identifying carers, everybody has a part to play in ensuring, family, friends and colleagues are supported if caring. By increasing the recognition of the value of providing care amongst wider society, we can help to improve wider understanding and recognition of carers' huge contribution.



PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

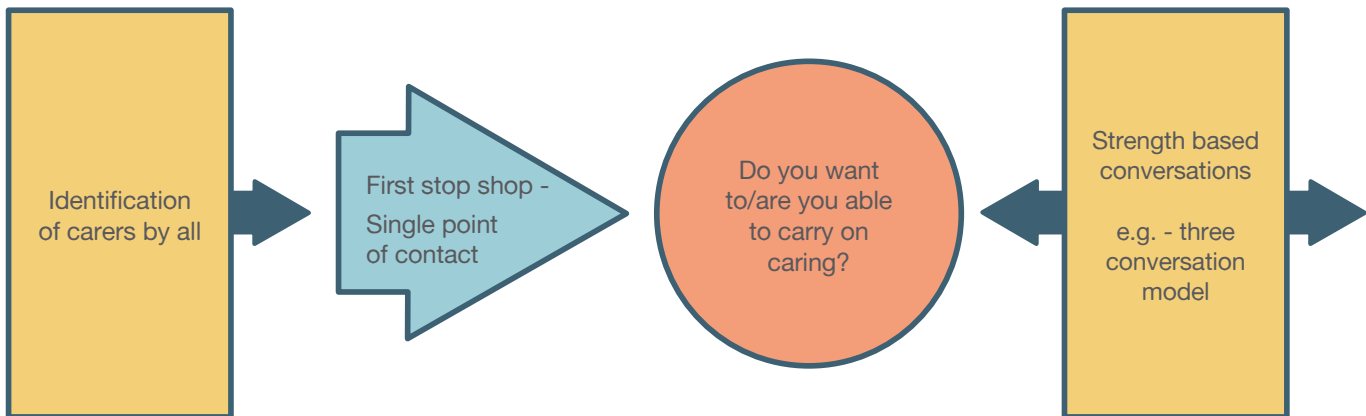
- Trafford Carers Centre supports GPs to identify carers through their registers of people with long term conditions
- Tameside awareness training with school nurses has increased identification and referral of young carers
- Triangle of Care tool should be used by all frontline staff and organisations
- Oldham Carers Services have four carers link officers who carry out carers' assessments and also commission a specialist dementia carers worker through Age UK.

Identification of carers: principles

- Mandatory training for all health and social care staff in both community and hospital settings on identification of carers and carers awareness e.g. Triangle of Care, various local example models
- Training for other frontline professionals & community organisations
- No carer's assessment to be undertaken as part of cared for assessment unless family have specifically asked for a whole family/joint assessment
- Awareness raising for families, friends and communities
- IT systems that enable joined up working & clear recording of carer identification
- Inclusion in staff supervision & team meetings to ensure that staff see carers as "everyone's business"
- Wider advertising campaigns (buses, football matches, and awareness campaign on (unpaid) carer not care worker etc.
- A systemic approach to identifying carers across primary and community care settings e.g. Carers Passports or Manchester's Yellow Card scheme
- Single point of contact /first stop shop approaches
- Commissioners - carer awareness/ identification training



GETTING THE RIGHT HELP AT THE RIGHT TIME



All local services and organisations, including adult services, third sector carers' centres, breaks schemes and other carer-specific services, have a vital role to play in supporting carers. Through better identification by the whole system, we can ensure that carers get the right help at the right time and stop them going into crisis.

We recognise that most carers are supported by a range of generic health, housing, leisure and employment services, whom all have a part to play in maintaining carers' wellbeing and providing ongoing support. Carers need to be aware of their entitlement to request an assessment of their needs in their own right, independent from any assessment of the person they care for. Carers may require support with their own health, or with information and education to help them provide skilled caregiving and support for the person they care for, either of which may be best addressed directly by healthcare practitioners, or other relevant agencies at the time. Importantly, it must be acknowledged that carers are free to choose not to take on caring responsibilities, or to decide on the amount of care they are willing and able to provide. Whatever decision a carer makes should be respected by the staff/people they come into contact.

To ensure carers get the right help at the right time:

- We need to ensure that upon the identification of a carer, the whole system of partners can effectively refer in the support available in each locality, with **carer centres playing a central role in these support systems**. It is crucial that carers are given the opportunity to discuss their intentions for carrying on caring and this should happen continuously through a carer's journey. Staff should **recognise signs of distress and diminished capacity** that may affect the ability or willingness of carers to continue caring, so that they can ask the carer if they are in need of support. The provision of carer awareness training in inductions and ongoing professional development programmes is **essential** within all organisations, especially in health and social care settings. This training should be offered by integrated health and social care teams to ensure consistency of approach.

- If any health needs are identified as part of a carer's assessment, carers should be referred back to their GP for health support, where, through **detailed health and wellbeing and mental health screening**, appropriate health interventions should be put in place. The aim of this principle is for care staff to work holistically with the carer and cared for and be aware of carers' needs from diagnosis, discharge planning and reviews. Staff should **provide the carer with information and/or refer early to try to avoid a crisis situation** or a breakdown in the carer's health. Development of a carer breakdown plan, emergency carer cards and the 'yellow card' system all play an important role in supporting carers when, and if, an emergency arises. These tools play an important role in reducing anxiety and worry for carers and prevent them reaching crisis point.
- We understand a significant risk to carers is **the failure to share information**. Across GM, we will work to remove the burden of carers repeating information, and reducing the barriers to effective sharing of information. The registration of carers with GPs is key to this as being identified as a carer will generate a code on the carer's personal medical record which will accompany that carer whenever and wherever they use the NHS in England (by being shown on the Summary Care Record). Within integrated services, social care staff will also have access to the Summary Care Record.
- All carers should receive **universal information, support & guidance** relevant to their locality at the point of identification. The **development of strength based approaches to assessment of carers** will focus on what people want to achieve. Building on neighbourhood models of working and social prescribing principles, systems should enable carers to access support to meet their needs.

Feedback from carers both young and older shows that carers find the role of a carer centre central to the ensuring they get the right help at the right time. Many say the separation between local authorities and health services from care centre services gives them the confidence and trust in using the service and that they will be valued in their own right

PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

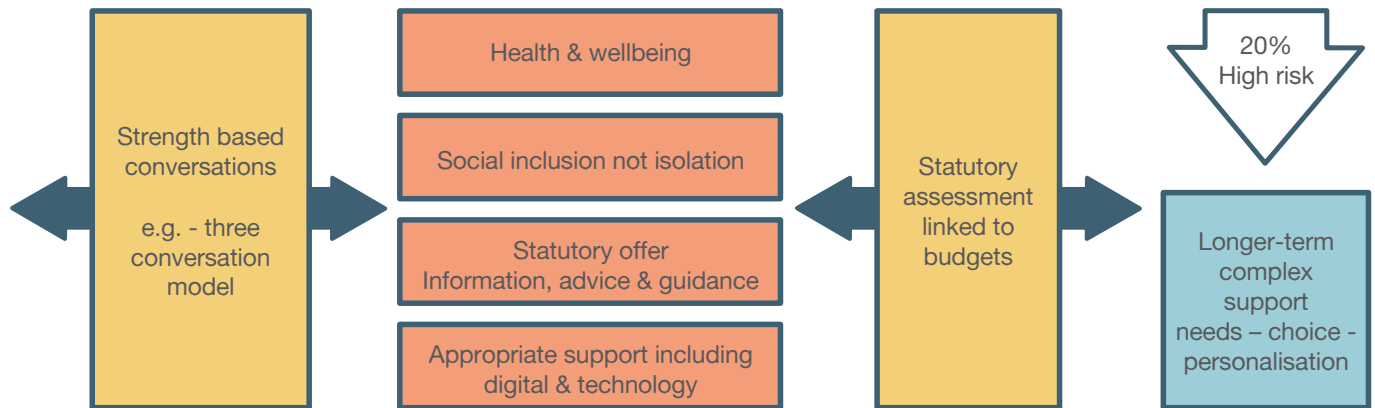
- Salford Carers Centre enhanced carer programme including within secondary care
- Trafford three conversations model for statutory assessments
- Oldham Carers Services have an arrangement with Positive Steps for referral to early help
- Rochdale triage team obtains all the necessary information about the carer and shares it with the carers hub who provide support.



Right help at right time: principles

- Single point of contact/first stop shop specifically for carers preferably local carers centre
- Strength based assessment e.g. three conversation model
- Support models built on neighbourhood footprints and using social prescribing models
- Universal information, support & guidance relevant to locality
- Coordination of support for timely interventions
- Contingency plans made in advance
- A systemic approach to identifying carers across primary and community care settings e.g. Carers Passports or Manchester's Yellow Card scheme
- Third conversation (statutory) assessment linked to budgets and personalisation for longer term complex needs
- Ensure carers (who want to/are able to continue in their caring role) have the right information about the condition of the person they care for including medication and are able to have informed conversations at the right time on planning for the future.

IMPROVING HEALTH & WELLBEING



To help carers continue in their caring role information and advice should be provided as standard. This support allows carers to exercise choice and control when making decisions. Information about carers’ breaks, sitting services and the use of digital technology etc. will improve health and wellbeing and reduce social isolation. Carers ought to be supported to plan for life beyond caring, especially where the carer wishes to reduce the amount of care they provide, or where they are no longer able, or wish to continue with their caring role. End of life care and bereavement services need to reflect the support needs of carers. Consideration needs to be given to holistic support for the whole family.

To improving health & wellbeing of carers:

- All **community-based services can help improve the health and wellbeing of carers.** Loneliness is not all about being on your own; carers may feel unable to talk about their caring role or have to leave work to manage their caring responsibilities. Access to information and advice, peer support, telephone support, technology, short breaks, sitting services, volunteering opportunities and personal budgets can all help improve the health and wellbeing of carers and reduce social isolation.
- Primary and secondary care play a vital role in the health and wellbeing of carers. **Health care practitioners have access to screening tools to measure the health and mental wellbeing of carers** and identify appropriate interventions directly related to the health of the carer. This may be supported through development of social prescribing, care navigator and community models.

- The use of **risk stratification tools enables the early identification** of the support needs of carers. Predictive modelling techniques help develop preventive and other support measures to meet the needs of carers or those approaching key transition points including:
 - Young carers as they leave primary school and approach secondary school and, again, as they leave secondary school to go on to further education
 - Young carers as they move from adolescence to adulthood
 - Parents as carers, particularly parents of children with physical or learning disabilities as they leave the family home or as they become eligible for adult services
- Carers of people with substance misuse problems, carers aged over 75, LGBT carers, carers from BAME (Black, Asian and Minority Ethnic) communities
- Recognition of additional support needs of bereaved carers.
- The **three conversation strengths-based approach to assessment** gives carers choice and control about meeting their own care and support needs. Following a carer's assessment and the determination of eligibility, a carer may choose to use a personal budget allocation to support any identified need in their care and support plan.



PRACTICAL EXAMPLES AND KEY PRINCIPLES

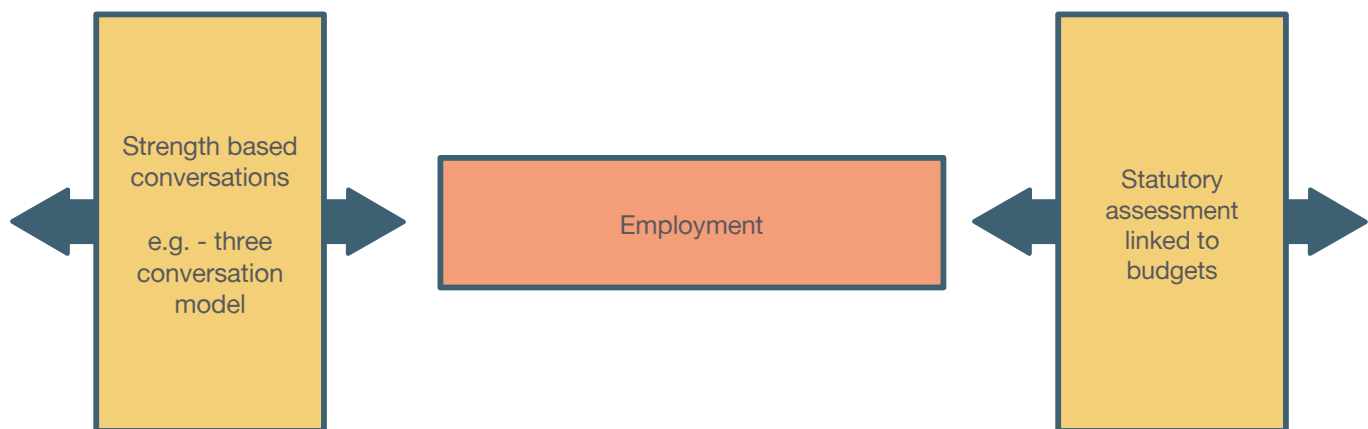
Practical examples

- Manchester Carers Network received CCG funding for a learning and development programme including access to Carers UK online resources including specific to Manchester
- Rochdale – sitting in service run by volunteers
- Rochdale – fund for short breaks for carers who cannot access carers' personal budgets
- Trafford Carers Centre run a health & wellbeing service including counselling and holistic therapies
- Salford Carers Centre access to adult counselling
- Manchester Carer Forum – peer mentoring for dementia carers

Improving health & wellbeing: principles

- Carers to access activities with 1:1 and group support in their communities
- Sitting services/respite to enable access to breaks, carers groups & community activities
- Holistic family support
- Access to reduced rates of health and exercise activities
- Consistency in carers support from GPs & health care professionals
- Regular health checks
- Carers only appointments
- Improved waiting times for aids/adaptations to reduce risk
- Peer mentoring/counselling/befriending services
- Cultural & spiritual needs
- Public awareness campaign - three out of five people will become carers
- Personal budgets that go beyond offering breaks and look at offering funding to address direct caring health issues i.e. moving and handling

EMPLOYMENT



Many carers give up their career in order to take on caring duties after someone close to them becomes ill, and this move out of work can often be sudden. As a result of reduced earnings and consequential pension impact, unpaid carers who have no employment, or work reduced hours are more likely to suffer financial hardship. **The adoption of more flexible approaches to employment, and supporting carers who are in employment, enables carers to maintain an income, which promotes wellbeing.**

There are a complex set of challenges when supporting carers to remain in or return to the workforce. It is essential we recognise the importance of carers in employment, with over 140,000 in Greater Manchester and many more wanting to find work. Whilst larger employers tend to have established HR policies and practices that incorporate support for working carers, such as the right to request flexible working. By working with small, medium and large employers, the whole system can all play their part in support working carers.

Simple examples like establishing workplace champions, raising staff awareness and line management training can help to increase the emotional and practical support carers receive,

making them feel less isolated and better able to balance their employment and their caring responsibilities. By working across organisations and aligning statutory support with good employment practice, we can help carers improve their awareness of the existing local help available to them. However, the benefits of supporting working carers goes beyond the moral case; the business benefits in terms of reduced staff turnover and increased retention and productivity are also significant. Finally, by working with employers to develop carer friendly policies and procedures, and embed these within their organisation, we can also enable carers wanting work to move back into employment and live fulfilled lives.

In terms of improving providing support to carer in employment

- Every working carer is different; **therefore a person-centred approach is required**. Carers' needs, the needs of the person they care for (which may change over time), the type of job they do, the proximity of the person they care for to their workplace, and even their personal/financial situation will impact what **flexibility they need**, and are able to achieve. It is vital therefore that organisational policy is supported by **effective manager training and workplace awareness-raising**, with tools that support this. This will help embed a culture that supports a good work-life balance for employees.
- Fundamental to supporting working carers is an **employer having an awareness** of who the carers are within their organisations. This way, employers can ensure that they can communicate effectively with carers, find out what's important to them and involve them in any developments in implementing support. Getting to know who the carers are within an organisation helps employers to **target support where it is needed**, retain employees and specialist skills, and through this build a resilient business. Simple steps like, **asking applicants to identify if they are a carer** on application forms, and **holding this information as part of employee monitoring data**, are effective ways to improve identification of and provide support to carers.
- **The best support for carers to stay in work and maintain a better work-life balance is flexibility**. This is not just about having formal flexible working arrangements or paid time off, but around employers having a creative, flexible approach to carers' working arrangements. An employee needs to feel confident to be able to discuss their requirements with their employer, and to best meet both personal and business need.
- The Greater Manchester Health and Social Care Partnership survey identified a key enabler for unpaid carers to return to work, was flexibility. It is recognised that carers represent a group of people who have specific requirements for work, often needing local flexible employment. A working carer strategy needs to include elements that recognise the specific transferable skills of carers, and also recognises that in order for businesses to benefit from this talent pool, they need to consider how to make employment flexible within the needs of the business.
- To enable this approach a Working Carers Toolkit for employers has been co-produced by the NHS, Local Authority organisations, VCSE sector, carer support organisations and working carers themselves.

PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

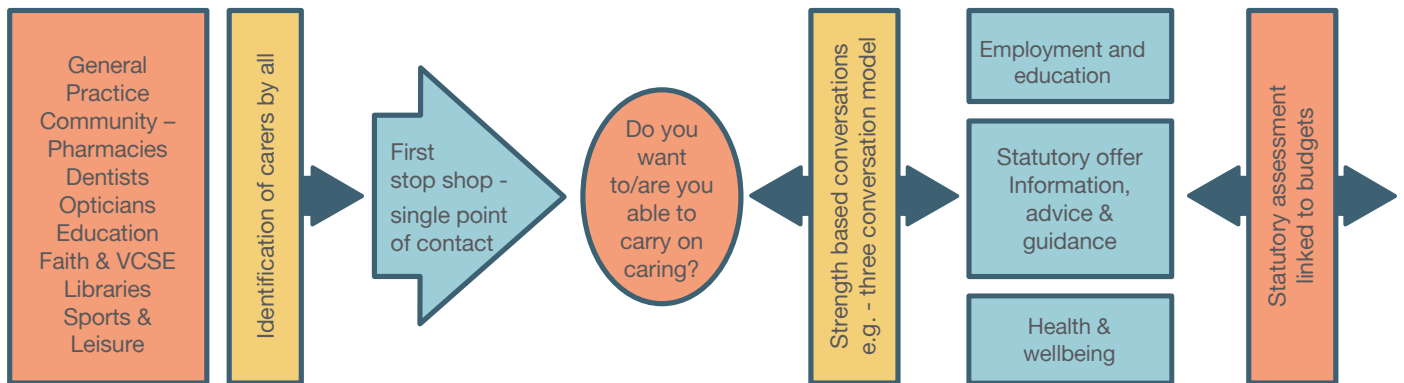
- Manchester City Council have introduced a Carers Passport scheme for their working carers
- Centrica's offer to working carers includes up to a month's paid leave for carers, along with flexible working hours and access to its employee led carers' support network
- Greater Manchester Health & Social Care Partnership has an established working carers group and have identified a Working Carers Champion.



Employment: principles

- NHS & Local Authorities leading by example
- Working with employers large and small to embed carer friendly practices and policies
- Greater Manchester Mayor's Employment Charter
- Ensuring all employers identify their employees who are unwaged carers
- Flexible working arrangements
- Right support to take time out
- Access to benefits advice to return to work
- Skills accreditation & personal/character references
- Effective manager training and workplace awareness-raising
- Access to carers support outside working hours
- Ensuring care packages & carers assessments take into account impact of carer losing job or having to give up work to care
- Working with Job Centre Plus (JCP) on supporting unemployed carers back into the workplace
- A quality mark that highlights to carers that an employer has adopted carer friendly policies and practices e.g. being a member of Employer for Carers

YOUNG CARERS AND YOUNG ADULT CARERS



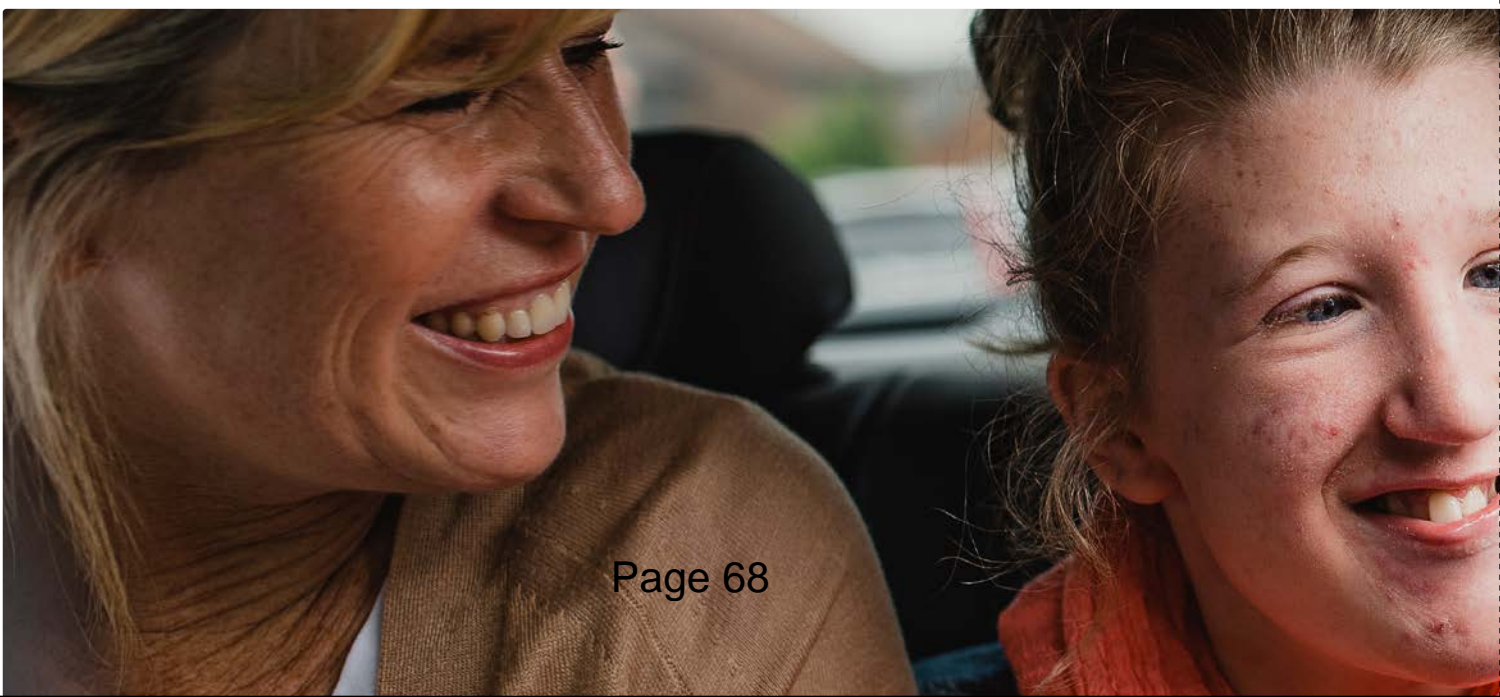
We estimate in Greater Manchester there are 27,000 young carers or young adult carers, That represents 1 in 12 young people in every secondary school. A young carer can be defined as a child or young person under the age of 18, who provides regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled, or who misuses substances. Young adult carers are defined as young carers transitioning from childhood into adulthood

Being a young carer often means looking after a family member and looking after other members of the family while they can't. In addition to providing emotional support to the person they are caring for they may also have to learn how to nurse them, or look after their personal needs like bathing and dressing. A young carer can become vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances

Many young carers often feel isolated as peers lack the understanding of what being a carer means or why they may have less free time to socialise. All young carers have a right to be assessed if they have needs (if they choose to), and should be provided with support and services to help them. Through the Greater Manchester young carers survey (first of its kind for the region designed and developed by young carers) and through a review of what is commissioned and what works for young carers (Carers Trust & Children's Society), young carers have developed objectives and actions that they would like addressed.

In terms of supporting young carers and young adult carers:

- Young carers are often late or miss days from each school year because of their role and many are sanctioned or bullied directly as a result of caring for someone. The Greater Manchester young carers survey highlighted that young carers wanted a single point of contact for young carers, to bring together a partnership of organisations to support young people and their families. Feedback from young carers said it is always good to have the support of others who understand their situation. Young carer services provide this deep understanding, whilst allowing time and space to meet others with caring responsibilities, enabling peer to peer support.
- Young carers and their families should be supported regardless of which service is contacted first. There should be no ‘wrong doors’, as children’s and adult social services are required by law to work together to fulfil their duties. We need to ensure that all practitioners are aware of, and accept, a joint responsibility to work in partnership to identify and respond to any young carers who are unlikely to meet their full potential due to significant caring responsibilities. Young carer pathways are a good example that will enable practitioners to navigate support available to young carers. The sooner young carers are identified and recognised, the easier it is to support them in their caring role and if necessary prevent them from taking on inappropriate levels of care.
- We need to recognise the important role schools, colleges and universities should play in improving identification of young carers and in supporting them in education and enabling them to access the right help and support. Research has highlighted that the number of young carers is significantly higher than census data reports (Hidden from View, Children’s Society, 2013). This research has also highlighted the potential longer-term impact of caring on young people. Young carers have significantly lower educational attainment at GCSE level. Through promoting the tool available through the Young Carers in Schools Award (Children’s Society) and developing locally tailored awards and locally tailored awards we can celebrate young carers. Through support mechanisms (e.g. school nurses) and developing the use of the Young Carers Passport we can significantly enhance the reach and support given to young carers.
- We also must recognise the health and wellbeing needs of young carers. We know from the Greater Manchester young carers survey that access to mental health support was a top priority and young people said they want more support through the GPs. We have commissioned support for young carers in all our GP practices, but we recognise that this is still in infancy in terms of development. Therefore we need to make a concerted effort to ensure health and wellbeing support is in place for young carers.



In April 2017 the Greater Manchester Young Carers Survey (first of its kind for the region designed and developed by young carers) was disseminated with 233 young carers’ participating in the survey. The young carers responses combined with the review of commissioned services have helped to create objectives and actions to be undertaken, these include;

Objective 1: Young carers and young adult carers are supported to thrive and develop

Responses:	Give us a carers service
	Reduce our isolation
	Improve our mental health
	Enable us to live without money worries

Objective 2: Young carers and young adult carers are supported to fulfil educational and employment opportunities

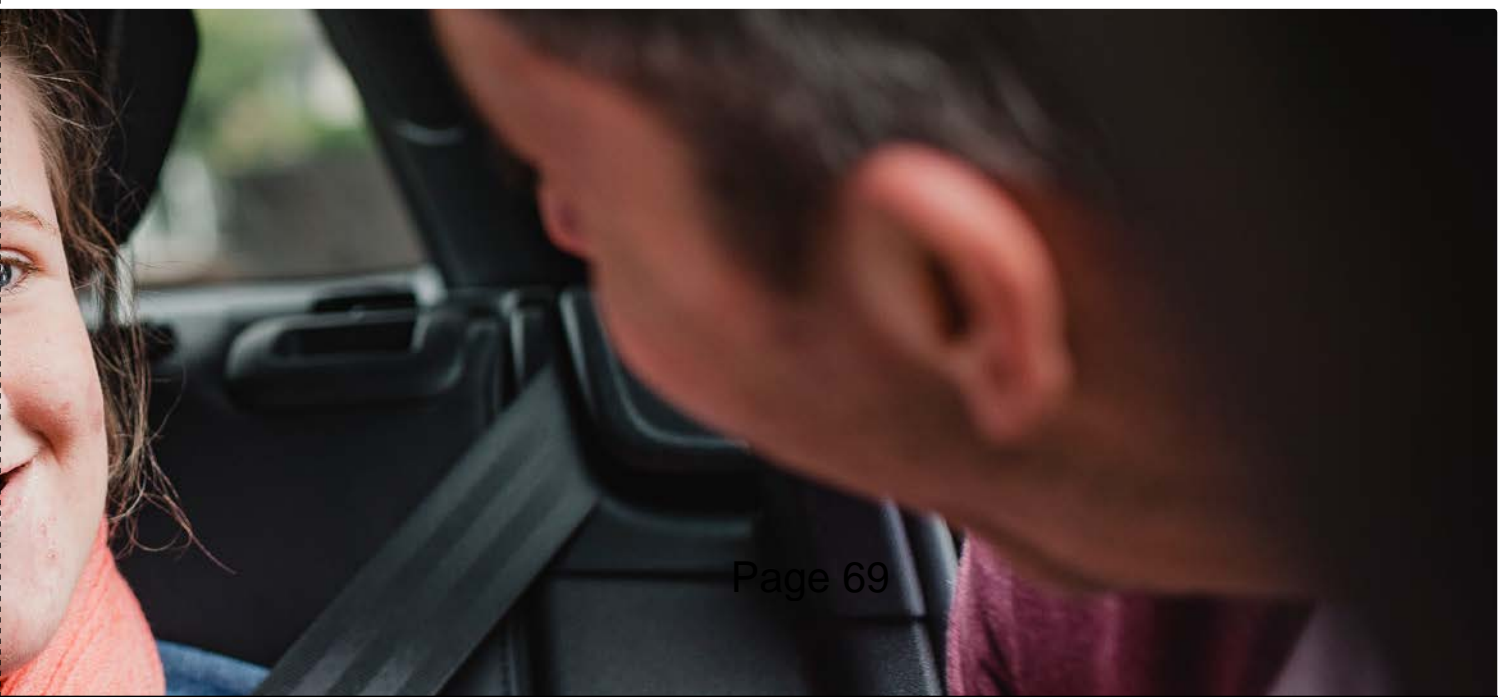
Responses:	Support us to get involved in groups outside of school
	Make sure school support is consistent so we can focus on doing well

Objective 3: Raise awareness and understanding of the role of young carers and young adult carers

Responses:	Reduce our worries about being taken into care
	Raise awareness of the conditions we care for
	Raise awareness of our issues with our peers

Objective 4: Young carers and young adult carers to have choice and control over their lives, and to be protected from excessive or inappropriate care

Responses:	Give us the skills to care
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PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Salford Carers Centre exemplar model including partnership with Lowry – young carers in schools
- Salford University refers young adult carers to Salford Carers Centre following training given to academics and student representatives
- Greater Manchester Young Carers Board
- Oldham – named volunteer link worker for 18-30 year old young carers to support their transition to adult services
- Rochdale young carers workers in same team as adults to support through transition current consultation on young carers service offer
- Manchester Young Adult Carers are running a transition conference as part of Carers Rights Day.

Young carers & young adult carers: principles

- Protect from inappropriate and excessive caring
- Single point of contact for young carers
- With every area to have a specific young carers service – this could be a partnership of organisations that support young people and their families.
- Whole family approach – support with debt, income, benefits advice etc.
- Early identification in schools
- Better use of community assets
- Multi agency strategy to be in place highlighting how other services will meet need if no specific young carers service in place
- Using technology/social media to provide advice, support and networks
- Peer support groups within locality
- Develop skills to self-manage as a young carer
- Whole family approach – support with debt, income, benefits advice etc.
- Make sure school support is consistent so young carers can focus on doing well.
- Awareness raising for young carers to reassure them that the emphasis is on supporting them at home
- Consider regional campaign to raise public awareness checking with young people what the key messages to be
- Each locality to have a young carers board (made up of young people with regular access to key professionals /agency leads) – to develop and lead on awareness work (with support from services /local authorities)
- Young Carers Assessment to identify specific skills/information young people might require
- Give young people the skills to care

CARERS AS REAL & EXPERT PARTNERS



Greater Manchester Carers Partnership is a group of primarily VCSE carers support provider organisations who represent carers as real and expert partners influencing this work stream. They act as carers' voices on all other carers strategy groups and activities. At Greater Manchester Carers Rights Day 2017, carers from across the city region engaged in consultation on the Greater Manchester strategic objectives; using an appreciative enquiry approach. Consultation findings combined with national, regional and local evidence have informed the Greater Manchester Carers Exemplar Model developed by Greater Manchester Carers Partnership. This model sets out standards for how we should work with carers to develop and run services. These are:

- Carers as real and expert partners recognised as experts by experience and meaningfully involved in care planning by health & social care staff.
- Carers as real and expert partners who are involved in co-production and co-design of carers services through meaningful, accessible consultation and engagement.

- At all appointments and consultations for the person with care needs, carers should be recognised as equal and expert partners in any decision making process.

As well the Exemplar Model outlines that there needs to be:

- Meaningful consultation and engagement with carers and front line support organisations is critical to enable a shift in thinking, organisational cultural change and accountability in the commissioning of carers services. Carers' issues explicitly identified in all locality plans with local strategies developed to support the needs of carers in line with the Greater Manchester Carers Charter, Commitment to Carers and this Exemplar Model. Successful whole system transformation involves engaging with carers and all local partners and stakeholders across every sector.
- Recognition of carers as a key resource and valued contributors to whole health and social care system. "Carers are vital partners in the health and social care system and a sustainable settlement for social care will simply not be possible without focusing on how our society supports carers." (DHSC Carers Action Plan, 2018-20).
- Partnership working to provide joined up seamless services and continuity of care. The role of carer services delivered by VCSE/public sector organisations are essential for localities in developing approaches through local care organisations and neighbourhood working models, and to accessing carers for meaningful consultation and engagement.
- Good quality data and evidence to support the decision-making process when developing services to support carers. Accurate data assists with accountability and transparency within the commissioning process. Health and social care systems need to robustly evidence increased identification of carers. Both output and outcome measures are needed including, but not exclusively, registration on GP carer lists, referrals to carer centres/services(VCSE), individual carer assessments completed etc. Carers should be involved in identifying their own best outcomes.



PRACTICAL EXAMPLES AND KEY PRINCIPLES

Practical examples

- Greater Manchester Carers Partnership
- Bury Independent Carers Forum
- The Carers Charter through consultation with carers and various carers groups in seven of the ten Local Authority areas across Greater Manchester.
- Carers Rights Day event with carers from across Greater Manchester attending and given an opportunity to feed into:
 - Consultation on the work streams to capture carers voices and input to the work
 - To produce a substantial unpaid carers input to the strategic development and improvement of services for carers
 - To help carers break isolation, by meeting other carers across the region
 - Greater Manchester Young Carers Board

Carers as real & expert partners

- Ongoing representation from VCSE carers organisations supporting the development of practices and policies through meaningful consultation and engagement with carers.
- A Greater Manchester member organisation for all carers groups and organisations, co-ordinated and developed through the GM Carers Partnership
- Recognised as experts by experience
- Meaningfully involved in care planning as experts in the needs of the person(s) they care for, by health & social care staff
- Involved in co-production and co-design of carers services through meaningful, accessible consultation and engagement
- More consistent involvement in ongoing service review and consultation through the carer voice mechanism
- Identifying carers that may have different needs e.g. mental health, learning disabilities, BAME and LGBT to offer tailored support
- Carers involved in identifying their own best outcomes
- A quality mark that highlights to carers that an employer has adopted carer friendly policies and practices e.g. being a member of Employer for Carers



USING THIS EXEMPLAR FRAMEWORK IN YOUR LOCALITY

We encourage each locality to introduce the good practice and key principles outlined in the Exemplar Model to provide better opportunities and support to all carers in Greater Manchester. There will be different challenges for different localities, the examples and tools will have varying relevance for each locality depending on commissioning arrangements and service delivery models. To underpin this process, the GM Support for Carers Programme will work with localities on the following four areas:

1. In late 2018, the Carers Programme Team visited each locality to discuss with carer leaders across health and social care the Exemplar model and understand each locality's current offer of support for carers. These discussions provided a valuable insight into delivery against the Greater Manchester Carers Charter and future progress towards the Exemplar Model.
2. Through the Greater Manchester Carer Transformation Group, all localities will meet on a quarterly basis to discuss progress on the delivery of the GM Exemplar Model for carer services and to define further common commissioning objectives to support carers. It will develop objectives to address gaps in service delivery as defined in the national carer strategy.
3. Through the Greater Manchester Strategic Carers Partnership and its work stream themes, we will continue to support localities in delivering to the Exemplar Model.
4. We will continue to work with the GM Carer Partnership (carers as real and expert partners workstream) and GM Young Carers Board, and the Greater Manchester (virtual) working carers group to refine and develop our understanding of carers issues in Greater Manchester.



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Oldham Carers' Strategy 2018 – 2021

A carers-led vision for the development of carers services in Oldham



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Oldham's Carers' Strategy has been developed in partnership with carers from across the borough and Oldham Cares. Oldham Cares brings together the Clinical Commissioning Group, the Pennine Foundation Care Trust, MioCare and Adult Social Care, working collectively to improve health and social care services across the local borough.

All quotes from Oldham carers were in response to consultation activity in relation to the development of this strategy.

If you have any questions about this strategy or to find out how you can get involved please contact the Strategic Partnership Team via email on carers.services@oldham.gov.uk

1. Joint foreword

Unpaid carers play a vital and exceptional role in supporting their loved ones to live as well as possible, with a good quality of life, sometimes under very challenging and stressful circumstances. Carers typically support a loved one who is older, disabled or seriously ill. The purpose of this strategy is to recognise and value that caring role in its many forms and work towards making improvements that will benefit and support carers including young carers in Oldham to lead fulfilling lives.

Although it is fundamentally important to recognise and support carers and young carers in their own right, and that is the main reason for developing a joint carers' strategy, the contribution of carers can extend far beyond their family members, enriching our social and community fabric and generating a direct benefit to the health and social care system. For example, Oldham has many active carers' groups which offer peer support and encouragement to their members in their various caring roles, run entirely by volunteers. Learning and benefitting from the insights of people with previous experience is often incredibly helpful, but many of the groups also offer the opportunity for friendship, companionship, a social forum, and most importantly, a way to avoid the isolation or loneliness often associated with full-time caring.

Oldham also has the Young Carers Service delivered by Positive Steps which offers support and activities to many young people with a caring role and also utilises local volunteer support.

As our population changes and grows and as people live longer with a range of congenital, acquired and progressive long-term conditions, more of us are likely to experience what it is like to provide part or full-time care for our family members. Carers and young carers are often the most immediate source of support, enabling their loved ones to live well, independently, safely and meaningfully in their own homes, but also supporting adherence to medication, helping to avoid the need for hospital admissions, long hospital stays and enabling a quicker recovery from bouts of illness. In their day to day interactions, they make a huge but often unseen contribution to the smooth running of our health and care services, reducing the demand for appointments, hospital beds and emergency services.

It is these many facets and functions of caring that a comprehensive and effective strategy for carers should value and celebrate. It is also important to recognise that caring can be challenging, obliging many to juggle work, education, and family to fulfil their carer role. This can have a significant personal impact, so a strategy for carers must always maintain a clear emphasis on what carers need to support them in their caring role and to achieve their wider personal and life goals.

However, it's important to realise that it is also simple gestures of support, understanding and recognition, which we can all offer to friends, family members, employees, colleagues, students, pupils and neighbours who are providing care that can contribute significantly to creating a carer-friendly community.

We hope you will join us in this shared effort.

Councillor Zahid Chauhan [Cabinet Member for Health and Social Care](#),
Councillor Amanda Chadderton [Cabinet Member for Children's Services](#)
and Sarah Newsam [Chair of the Oldham Carers Partnership Board](#)



[Cllr Zahid Chauhan](#)



[Councillor Amanda Chadderton](#)



[Sarah Newsam](#)

2. Carer's foreword

"When I became a carer it wasn't a job which I applied for, it was something that suddenly happened when my second child was born with Downs Syndrome.

I was only 31 years old and suddenly I was a carer. Some carers come to the 'job' much later in life and some much, much earlier but we all have the same goal – to do the very best for the person we care for.

Being a carer isn't just about caring but also means understanding what we are entitled to and how to go about getting it. Carers have rights and it is important that we are aware of them. Caring is hard without the added burden of trying to ensure our rights are met.

It sounds simple but as a carer for the last 35 years I have to say it is not. Organisations that I need to deal with are often very complex and the right person can be hard to identify and even harder to talk to. Documents are becoming more complicated and there are too many of them, making completing them a job for experts.

I am grateful for my network of fellow carers and the group I chair, Carers for Positive Change. Knowledge is everything and shared experiences are often both humbling and informative. Caring is a job for life and can often be a very lonely place to be. It is important to know what the future holds and how I can best plan for the day I will no longer be able to care for my son.

I hope that through having a clearly articulated vision for carers in Oldham outlined in our strategy, we will start to address some of the barriers and obstacles that carers can often face."

Derek Cannon

Carer and Carers' Partnership Board Member



Derek Cannon

“ Personally, I find being a young carer challenging as it is a large responsibility to take on. A large portion of my daily life is dedicated to taking care of my parents and doing activities such as cleaning and going shopping. Along with exams, being a young carer takes a toll on my general mental health. However, I find that I have a lot of people around me willing to support me with any issues I have. The Young Carers' Charity helps as it gives me a break from school and everyday life and allows me to relax.”

EM, Young Carer (Age 16)

3. Oldham Cares

We are on a journey to achieve the greatest and fastest possible improvement to the health and wellbeing of the population of Oldham by 2020. To take us on this journey, in 2018 we formed Oldham Cares. Oldham Cares is about everyone taking responsibility and doing their bit to ensure significant improvements in health and wellbeing. It brings together everything that keeps local people healthier for longer and reduces health inequalities.

Oldham Cares is one system and approach which includes:

- **Single Commissioning Function for health and social care**
- **Health, social care, housing providers, employers, businesses and Voluntary, Community, Faith and Social Enterprise (VCFSE) providers working together as part of a single alliance agreement**
- **The wider Oldham public as residents, patients and carers**

Oldham Cares is committed to supporting all local carers whatever their age and the invaluable role they play in Oldham, and this strategy is about outlining how we intend to do this.

4. Co-production

Our carers' strategy has been co-produced with carers and professionals involved in carers' services. Their role has been central to the strategy and its development. By being aware of what carers feel is most important we can ensure that carers' services are effective in their approach to achieving carers expectations and that this local strategy reflects the aspirations for carers' services across the borough.

Carers and professionals will continue to be closely involved in achieving the aim and vision for carers services locally throughout the lifetime of this strategy, to ensure meaningful engagement is a consistent theme in our approach.

The strategy has been informed from consultation with carers across Oldham and aligned with the priorities identified in the Greater Manchester regional approach to transforming services for carers. You can find out more about the Carers' Charter for Greater Manchester in section seven.

Our strategy is a three year plan aimed at improving and re-visioning carers services and will be regularly monitored with carers through its development and delivery.

5. Carers and the important role they play in society

Unpaid carers can be any age or background and many of us are likely to have caring responsibilities at some stage in our lives.

A carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

Carers make an enormous contribution to the health and social care system both nationally and locally. The local health and social care economy would not be able to survive without the invaluable contribution of unpaid carers. It is vitally important that we ensure that services for carers meet carers' expectations and requirements, enabling them to continue caring for as long as they wish to do so.

Carers are estimated to save the UK economy £132 billion per year, in Oldham alone this equates to over £380 million worth of support. This support is integral to developing a sustainable health and social care economy where all participants are seen and valued as equal partners.

The Oldham Carers' Partnership Board and Oldham Cares, which includes local health and social care services, share a joint aspiration to raise the profile of carers living in Oldham, ensuring that services meet their needs, enable carers to continue caring and support them in maintaining their own health and wellbeing. Our carers' strategy will seek to ensure that carers are supported in the most appropriate ways and that our focus is on the right issues, at the right time.

With the delivery of health and social care services focussing on how they achieve integrated ways of delivering services, it is more important than ever to have a clear offer and vision for carers' services, which builds on the aspirations and statutory framework of The Care Act (2014) and seeks to ensure parity of esteem with those people who receive care and support services.

The local vision for our children and young people is that Oldham is a 'place where children and young people thrive' and for young carers this strategy will require partners work together to make this happen and ensure that young carers are not disadvantaged in any way.

Our strategy is further underpinned by the Transformation Plan for Adult Social Care, which identified carers as a key priority area, for the Greater Manchester Health and Social Care Partnership.

6. About Oldham carers

Oldham's current population is 232,724 and is the seventh largest local authority in Greater Manchester (previously fifth in 2001).

Between 2001 and 2016, Oldham's population increased by 6.5% from 218,537 to 232,724. Oldham has a higher proportion (22.5%) of non-white Black and Minority Ethnic (BME) residents than in the North West (9.8%) and England (14.6%). Oldham is predominantly white (77.5 per cent) with Pakistani heritage (10.1 per cent) and Bangladeshi heritage (7.3 per cent) represented as the largest non-white minority communities.

Research suggests that while all carers face similar difficulties in their caring role, BME carers are known to experience unique challenges in accessing services. These challenges mainly arise from the lack of self-identification as carers among BME individuals, this is often compounded by stereotypical assumptions of how the needs of BME individuals are, or should be, met. BME carers often fail to access support because they are often unaware that such support exists. Raising awareness of carer's issues and available services within BME communities is a critical part of improving the uptake of support.

The age structure of Oldham is relatively youthful with a high proportion of residents aged under 16 (22.6 per cent) and fewer residents aged over 65 (15.8 per cent).

Since 2001, the population across England has aged, with more people aged over 65 and fewer under 16s. This change has certainly been influenced by an increase in the average life expectancy; however the pattern is somewhat different across Oldham with a greater percentage of our local population being younger. This in itself will bring its own challenges and our strategy will need to consider how we also support young people to effectively care and participate in their own growth and development.

Following the 2011 Census it was estimated that there are approximately 24,000 carers living in Oldham. While carers will be able to access a range of services and support, we know that in the last five years only 3,297 carers who care for an adult had come forward to receive a first carers assessment.

Of 7,286 carers who responded nationally to The State of Caring Report 2017 (produced by Carers UK) 19 per cent were aged 65 or over and 21 per cent identified as male. The table below shows the demographics of Oldham carers who care for an adult, who have had a first carers assessment in the last five years. This appears to indicate that Oldham has a slightly higher percentage of older carers and male carers than the national average and should also be a key area of focus in how we support carers locally.

Year		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Age	16–64	75%	80%	73%	71%	65%
	65+	25%	20%	27%	29%	35%
Gender	Female	75%	71%	70%	70%	69%
	Male	25%	29%	30%	30%	31%
Heritage	Asian/Asian British	17%	18%	13%	12%	13%
	Black/Black British	1%	1%	1%	0%	1%
	Mixed parentage	0%	1%	1%	0%	1%
	Not recorded	13%	12%	20%	18%	19%
	White other	1%	1%	1%	1%	1%
	White UK	68%	68%	66%	68%	65%

In relation to Oldham's young carers, we know that over 500 are registered with the Young Carers Service at Positive Steps but are aware that there could be many more. We encourage services such as schools and colleges and those agencies working with families to make young carers aware of the services on offer and make referrals as appropriate.

7. Greater Manchester Health and Social Care Commitment to carers

In January 2018, the Greater Manchester Health and Social Care Partnership launched a Carers' Charter and Commitment to enhance and develop support and opportunities for carers. The Greater Manchester Health and Social Care Partnership is the organisation overseeing devolution of the area's health and social care budget, and they have launched a Transformation Programme with a specific Workstream called Support for Carers to make real and embed the principles of the charter.

One in ten people are known to be carers in Greater Manchester, yet there are many more who are unknown. Identifying and supporting carers is crucial because together, these individual carers make a significant contribution to Greater Manchester by improving the wellbeing of the people they care for.

Out of 280,000 carers that are known in Greater Manchester, 70,000 (nearly a quarter) spend 50 or more hours as carers. To put this into perspective, 50 hours is more time than most people spend at work. In Greater Manchester 24,800 (circa nine per cent) are young carers under 25 years old - two per cent more than the England average.

Similarly, more than 100,000 (circa 38 per cent) are aged between 25 and 49, four per cent more than the national average. This directly impacts on the health and wellbeing and employment prospects of carers.

Carers, as well as supporting the people they care for, have many needs of their own, which are not always met. The charter outlines how it is important to recognise all carers, including young, adult carers and parent carers, to support them to not feel isolated, improve their health and wellbeing and give them guidance and help to access education and continue employment.

The Charter and commitment has been designed by carers and is supported by voluntary, community and social enterprise groups, councils, NHS England and NHS organisations in Greater Manchester. It builds on the aims of the Care Act (2014) and agrees to acknowledge, respect and provide support and opportunities for carers.

The Charter shows how organisations will work better together consistently to recognise and support the role of carers in Greater Manchester. It also sets out a plan for the key priority areas for action, to be delivered over the next year and the Partnership will ensure that the roles and needs of carers are recognised by everyone involved in health and social care services in Greater Manchester.

Principle one – Early identification of carers

Carers should be identified as early as possible to ensure that appropriate support, advice and information are offered. Often carers only seek or are offered support once they reach a crisis point. Early identification can support the carer with the tools and knowledge to enable them to manage their caring role while still having a life of their own and maintaining their own health and wellbeing.



So important to identify carers early, personally it took me three years to get a diagnosis for my husband and by that time I was physically and mentally exhausted.”

Principle two – Improving carers' health and wellbeing

Caring can have a detrimental effect on the health and wellbeing of carers. Carers report significantly higher levels of poor health and levels of stress compared with non-carers. Carers often put their own health second to that of the person they care for. Supporting carers to maintain better physical and mental health will benefit both carer and cared for.



Carers should have regular check-ups to see how they are managing.”

Principle three – Carers as real and expert partners

Carers should be recognised as “experts by experience” and respected as such. Carers often feel excluded from the planning of care for the person they support and feel that this results in stress for both the carer and the cared for. Carers are a valuable resource and can offer experience and knowledge to support co-production of service design, commissioning and quality monitoring.

Principle four – Getting the right help at the right time

Information, advice and support should be readily available, easily accessible and appropriate to the needs of carers. Information should be provided in a variety of formats, should be easy to find and should be timely for example at the point of diagnosis or at hospital discharge. Having access to appropriate information can give carers the knowledge to allow them to take control of their caring role. Information provided by professionals should be honest and transparent.

The assessment process takes a person centred whole family approach to the person's care and support journey. The Care Act (2014) sets out the criteria which we must follow when carrying out assessments. The assessment will focus on the impact the caring role has on the carer and includes aspects such as the effect on the carer's ability to manage and maintain his/her own health and wellbeing, developing and maintaining other personal relationships and being able to maintain his/her own personal dignity and the right to be treated with respect. A further important aspect of the assessment is to give carers choice over their caring role including the right not to care.

The assessment involves a discussion with the carer (and the cared for if appropriate) and looks at what needs the carer may have and the support needed to meet this. This support could take the form of advice, information and emotional support. A personal budget can also be provided to meet a carer's needs which carers choose to use for a variety of needs including a break or gym membership for example.

Principle five – Carers in employment

Many carers either cannot get into employment, or have to reduce hours at work or give up work completely to care for a loved one, many others struggle to balance caring with a full time job. Carers who give up full time work to care often report financial hardship, isolation and increased stress levels affecting their health. Support to carers and employers to help carers remain in, or gain, employment benefits carers, employers, the people they care for and the economy.

Principle six – Young carers

A young carer is a child or young person who, without payment, provides help or support to a parent, sibling or other family member, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

Young carers provide levels of care that would normally be undertaken by an adult, therefore impacting adversely on their childhood. The local commitment is that partner agencies will work together and with young carers themselves to ensure that they have the opportunities and life success that we want for all Oldham's children and young people.



“Carers are doing a very hard and stressful job. Their views and opinions should be listened to as very often they understand and know more than the professionals.”

Oldham Carers Partnership Board

The partnership will focus over the next 12 months on understanding what good support looks like. Carers will be at the heart of this transformation as “experts by experience”. They will be involved in reviewing, designing and checking support is fit for their needs – whether they are a young carer, older carer, parent carer, working carer or caring for someone with a long term condition such as dementia, cancer, HIV, heart and lung problems. Their voice in co-designing and improving carer services matters.

The Charter and Commitment has been signed by Greater Manchester Health and Social Care Partnership organisations including voluntary, community and social enterprise groups.

You can access the Carers' Charter at www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf

or visit the Commitment to Carers at www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf

Alongside embedding the Carer's Charter principles, Oldham are also committed to working closely with Greater Manchester Health and Social Care Partnership our Greater Manchester neighbours, to learn from what works elsewhere, and to share what we have learned here.



“The Greater Manchester Charter is a real commitment to the people who dedicate themselves to helping others and often have to fight every day to get the help they and their loved ones need. Carers play such a vital part in the health and wellbeing of those they care for so it is only right that we should help and support them as well.

To help enable carers to get the support they need to live their lives, or to continue or get back into work, this charter is a major step and will help everyone involved. Greater Manchester is taking a lead and is putting better support at the heart of our integrated health and social care system.”

Andy Burnham, Mayor of Greater Manchester

8. Why do we need a Carers' Strategy?

A key aim of our strategy is to ensure that carers are supported in the most appropriate and effective way. With a strategy we can outline how we will meet the vision for carers' services across Greater Manchester, but also personalise our approach to ensure it reflects what carers locally are saying they need and expect from vital support services.

9. Statutory responsibilities

The Care Act (2014) came into effect from April 2015 and replaced most previous law regarding support for carers and people being cared for.

It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers. However the main provisions for young carers (before transition) are in the Children and Families Act (2014) and the The Young Carers (Needs Assessments) Regulations 2015.

Under the Care Act a carer is entitled to a carer's assessment where they appear to have needs, this matches the rights to an assessment of the person being cared for. The carer will always be entitled to support if they meet the national eligibility criteria.

It is important that everything we do supports the statutory framework for carers and ensures a transparent and equal offer for carers across the borough.



At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own wellbeing have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care”.

Dame Philippa Russell,
Chair, Standing Commission on Carers

10. What carers told us

The development of this strategy could only be completed with the active engagement and co-production of local carers. To inform the development of the strategy, it was important that carers' voices' led how it was developed and what they felt were the priorities for carers' services.

During December 2017, 2,805 carers known to Oldham Council were invited to participate in a carers' strategy consultation. 438 carers responded. An additional 33 carers contributed to focus group events.

The focus of the consultation was on the six principles outlined by the Greater Manchester Health and Social Care Partnership, and whether carers felt these fully reflected local aspirations and needs.

To recap, the six priority areas are:

- Principle one – Early identification of carers
- Principle two – Improving carers' health and wellbeing
- Principle three – Carers as real and expert partners
- Principle four – Getting the right help at the right time
- Principle five – Carers in employment
- Principle six – Young carers

Overall, carers were supportive of all six principles although it emerged that principles one, two and four evoked a stronger sense of agreement in terms of both importance and appropriateness.

Carers felt that the promise of a new Carers' Strategy for Oldham was a sound one but that without the actions agreed to implement it, then its value would be diminished significantly.

Carers felt that the six principles were all closely interlinked and for them all to succeed then there was no room for any to fail.

When considering the early identification of carers, carers commented on the negative health impact of the failure of services to recognise carers. Carers felt that communication could be improved in a number of ways to help remedy this situation. The one gap identified by carers was a broad principle around future planning - i.e. - what happens when the caring role ends?

Improving health and wellbeing was seen as a key area, with carers noting the effects of caring on their own personal health and wellbeing. Again communication was seen as being vital in improving this. Carers felt that more should be done to promote wellbeing ranging from social opportunities to the provision of appropriate breaks for carers.

Carers felt that they should be listened to more and involved more actively with care planning, and more actively engaged with professionals on an on-going basis. However, some carers acknowledged that professional expertise was also vital.

Carers felt strongly about the provision of information in a timely fashion, highlighting issues of communication, flexibility and transparency.

Being in employment was seen as less important or appropriate by carers, however a number of issues around access to employment, employee attitudes' towards carers' roles and opportunities for training and education were all highlighted.

Young carers - of the adult carers who aired views; carers felt a sense of regret about young carers having to complete such a task at a young age whilst others were concerned about their lack of experience and knowledge.

The view from local carers was overwhelming in support of the adoption of the six principles as part of our carers' strategy



It is important that the principles are put into practice. Having those principles in theory is pointless if they aren't carried through into practice.”

Carer response to the consultation

11. Our vision for carers' services

Carers are recognised, supported and encouraged to maintain their own health and wellbeing and provided all opportunities to access further education and maintain employment, should they wish to do so.

The following extract from the Government Carers Action Plan 2018 - 2020 Supporting Carers Today highlights the need for services and resources for carers to be available outside of the statutory sector.

Many carers have little contact with services for carers and are not receiving formal support in their caring role. It is, therefore, vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities. Responses to the Call for Evidence emphasised the importance of working with the voluntary and community sector. Charities were highlighted as a source of information and support for carers. There was also a desire for carer-led and community-led support, with carers saying they would value local action groups, social activities and peer support.

The actions set out in this chapter aim to raise awareness of caring to build carer-friendly communities that recognise carers, and better support them, including in employment and in combating loneliness. They also seek to encourage innovation, working across government and with our partners in the voluntary and community sector to look beyond statutory services and find creative ways to support carers.

Links with the voluntary sector and community schemes will be strengthened and information on resources available will be developed. This will benefit carers as they will have better choice and control over how they access support, whether this is accessing a local community group to stay socially connected and reduce isolation, access advice and information to help them self-manage their caring role or to request support from health and social care services.

The vision is further underpinned by the six main principles. To fully achieve these principles, it is important that everyone does their bit. The table shows how carers and professionals can work together to achieve our vision and the results if we do these things right.

	#ourbit	#yourbit	#result
Early identification of carers	Identifying carers as early as possible, ensuring access to appropriate support and information	Actively engaging with professionals and services	Informed carers, accessing appropriate services and support
Improving carers health and wellbeing	Developing services across health and social care to improve carers' health and wellbeing	Taking care of your own health and wellbeing	Carers are healthy and able to continue in their caring role
Carers as real and expert partners	Recognising carers as expert partners and acknowledging and respecting their views and opinions	Sharing your knowledge and ideas with health and social care	Carers feel more involved, informed and empowered
Getting the right help at the right time	Ensuring appropriate assessment, information and support is provided at the right time	Engaging with services in an open and honest way and being open to change and new ideas	Carers are supported before reaching crisis point
Carers in employment	Supporting and championing carers' needs across Oldham	Recognising that you can care for someone and be employed	Carers are supported to find or remain in employment
Young carers	Identifying and supporting young carers and offering Early Help assessment to the family if they do not have support in place	Recognising that you are not alone and seeking help when required	Young carers are supported to participate in positive activities and thrive on their journey to adulthood.

12. Our priorities

The table sets out our six priorities, the objectives required to achieve these priorities and how we will deliver them

Priority area	Objectives	How we will achieve our priorities?
<p>Early identification of carers</p> <ul style="list-style-type: none"> • Raise awareness of carers across the Oldham so that professionals working with carers are able to understand what a carer is and how they may need supporting. • Promote identification at all levels of health and social care including within acute and community environments. • Increase the number of carers identified on GP registers. • Improve communication between health and social care services so that carers receive an improved experience of services. • Ensure health and social care services work together effectively to refer newly identified carers for an assessment of their needs. • Implement carers' awareness training for all front line staff to equip them with the skills to understand and identify carers. 	<ul style="list-style-type: none"> • Raise awareness of carers within the borough. • Promote identification at all levels of health and social care including acute and community services. • Aim to increase the number of carers identified on GP registers • Improve communication between health and social care. 	<ul style="list-style-type: none"> • Carers link officers have a strong local presence. • Information about carers available in variety of public areas, including GP surgeries and hospital waiting rooms. • Monitoring the number of carers known to us. • Links to the BME community are to be developed to ensure BME carers of all cultures, backgrounds and age are able to access appropriate information, advice and support.
<p>Improving carers health and wellbeing</p> <ul style="list-style-type: none"> • Promote carers' health checks in partnership with the wider health and social care economy. • Implement carers' awareness training for front line staff and ensure the health needs of carers are recognised along with those of the cared for person. • Develop a universal offer for carers which reflects the GM regional approach, ensuring a consistent offer for carers across the region. • Work with partners across GM to develop a Carer's Passport and transport offer for carers. 	<ul style="list-style-type: none"> • Training for GP staff. • Promote carers' health checks. • Ensure that assessments are conducted in a timely manner and are good quality • Ensure that reviews are undertaken annually. • Ensure that support within the community has been signposted. • Have a working carer register. 	<ul style="list-style-type: none"> • Develop carers champions within GP surgeries. • Increased numbers of carers accessing health checks. • A proactive approach to contacting carers for reassessment. • Promote community resources to help reduce isolation and the resulting health issues.

Priority area	Objectives	How we will achieve our priorities?
<p>Carers as real and expert partners</p> <ul style="list-style-type: none"> Strengthen our Carers' Partnership Board role within the decision making structure of health and social care services locally. Ensure carers have a strong voice in local and regional decision making through representation, engagement and co-production in the design and delivery of carers' services. Actively engage carers in the development of services for the cared for to ensure experience-led co-production. Seek opportunities to ensure that carers have parity of esteem in the delivery of services, both to them, and the person they care for. Provide consistent messages and reinforce that it is a carer's choice if they no longer wish to maintain their caring role, and they will be fully supported in that decision. 	<ul style="list-style-type: none"> Embracing experience, knowledge and training of carers. Ensure a personalised support plan is created. Care Act duties are met. 	<ul style="list-style-type: none"> Value and embrace the wealth of information held by carers and former carers. Engaging and consulting carers through their representation on a range of boards, such as the Carers' Partnership Board, The Learning Disability Partnership Board and The Dementia Partnership Board. Prioritising a 'whole family' approach to understanding care and support needs Valuing the insight of carers in the personalisation of care and support for themselves and for those they care for. Identify and develop BME groups and contacts.
<p>Getting the right help at the right time</p> <ul style="list-style-type: none"> Adoption and development to reflect local requirements, of the GM best practice assessment for carers. Whole system review of our existing statutory processes for carers, to ensure they reflect local requirements and effectively engage with the carer, enabling them to lead and co-produce their assessment and engagement with professionals. Adoption of the GM practice standards across the locality to ensure that professional practice is carer focussed in its delivery and reflects the expected values and behaviours. Roll out of training on practice standards for all staff actively working with carers to ensure practice expectations are embedded in practice. Increase the number of carers receiving support each year to maintain their caring role (linked to early identification of carers). 	<ul style="list-style-type: none"> Develop a variety of methods for signposting and information sharing. Be flexible. Be transparent. Improve communication. Ensure information at GP practices is up to date and utilised. Find out how carers want the information to be accessible to them. Ensure carers have access to information when they need it. 	<ul style="list-style-type: none"> Better recording methods to be introduced for the provision of ad hoc information and advice Increased outreach work to be undertaken by the carers' team – including BME Link worker Develop the use of email as an information network Market place events Carers' week. Carers will receive follow up contact after assessments where appropriate and these will be recorded. Develop an information and advice offer that informs carers about the support available to them in an easy, open and accessible way. Provide a direct phone line to the carers' team. Increase support to younger carers (18–30) Identify target group and provide respite, increase numbers of young adult carers who attend.

Priority area	Objectives	How we will achieve our priorities?
<p>Carers in employment</p> <ul style="list-style-type: none"> • Adoption and adherence to the GM workforce commitment pledge to carers across the local borough. • Development of employer friendly policies with local businesses. • Close working with the local authority and health partners to raise the profile of carers and the value of their contribution to society. • Staff are effectively equipped to support carers through the roll out of practice standards and mandatory training. • Local health and social care services will act as exemplar organisations to promote support to working carers across all of GM with policies in place which reflect flexible working, awareness of carers and which enable carers to work to care, for as long as they choose to do so. 	<ul style="list-style-type: none"> • Provide carers with their legal rights as a working carer. • Give support and information on employment. • Develop methods of sharing information for employers. 	<ul style="list-style-type: none"> • Promote awareness of rights in the workplace for carers. • Develop monitoring for numbers of carers in employment. • Develop support for younger carers in employment. • Identify and develop support for increasing numbers of younger BME carers in employment.
<p>Young carers</p> <ul style="list-style-type: none"> • Partnership working across education, health and social care to ensure the identification and support of young carers is a priority. • Development of an active in-reach programme to schools in partnership with our young people service to raise awareness of young carers, their rights and the support available to them. • Actively enabling young carers to reach their full potential through effective support to make important life decisions – such as enrolling in further education or taking up or maintaining employment. 	<ul style="list-style-type: none"> • Work with primary schools for early identification of young carers. • To continue working with secondary schools for identification of young carers. • Whole family approach. • To develop hubs in schools to identify and support young carers. • Improve support for young carers transitioning to adult services. 	<ul style="list-style-type: none"> • Oldham’s focus on ‘the voice of the child’ includes young carers • Increase in the number of referrals from schools and colleges • Increase in the number of referrals from Adult Social Care services • Increase in self referrals from young carers. • Increase in the number of young carers who access education, employment or training • Increase in the number of those receiving direct support from the Young Carers service • Increase in the number of BME young carers supported

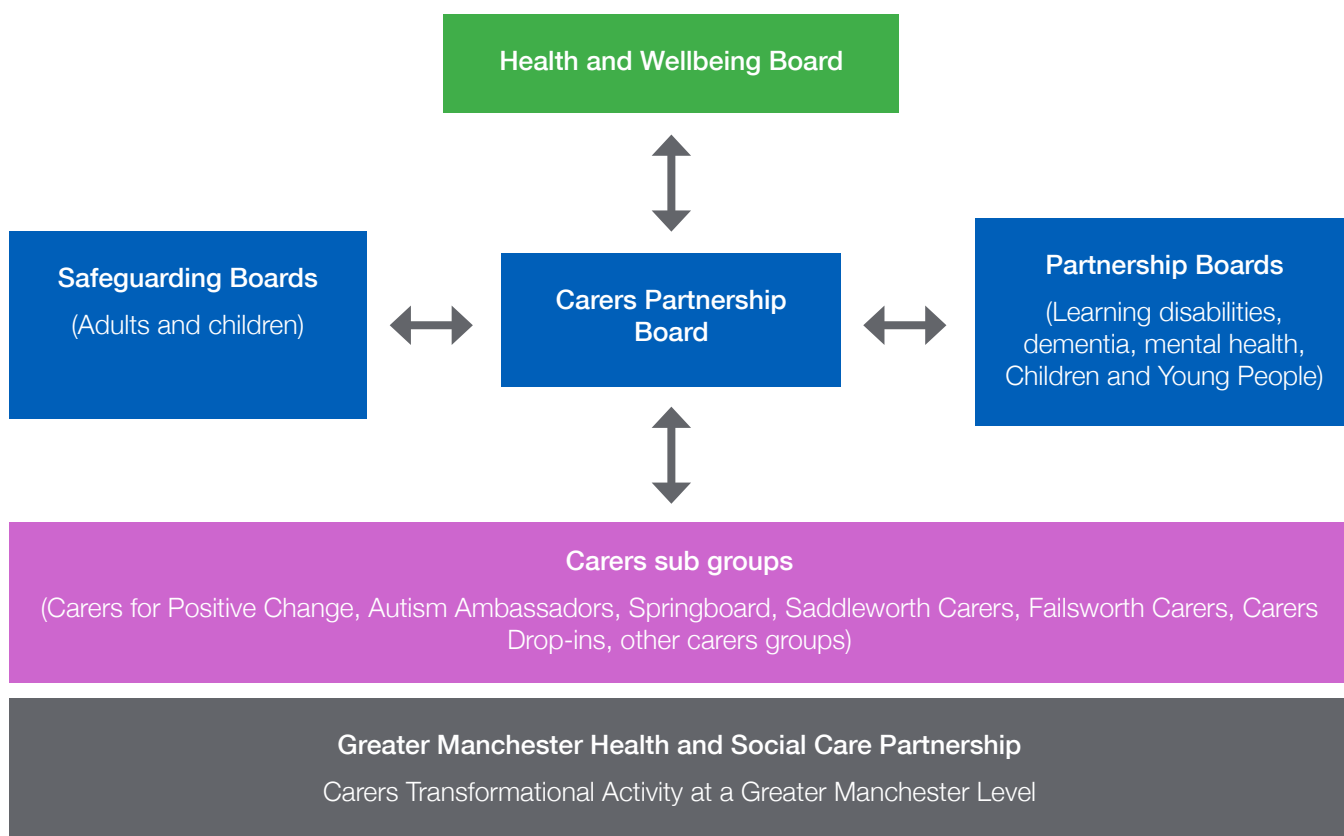
13. Achieving our priorities and vision for carers

The success of the strategy will be monitored to ensure that we are achieving our objectives and that we focus on the six key priority areas.

The Carers' Partnership Board will ensure that:

- systems and processes are in place to enable all partner agencies to fulfil the priorities outlined in the carers' strategy
- exercise appropriate influence over the achievement of our local strategy which are carer focussed in their approach
- provide independent, robust and effective challenge on progress
- ensure effective performance management and quality assurance which will support the achievement of the strategy, our priorities and vision for carers, and
- ensure accountable use of resources to deliver the priorities and vision for carers.

The Board will also report into the Health and Wellbeing Board to ensure appropriate oversight and delivery at a local level, aligned with our wider health and social care priorities for the local borough.



14. References

Care Act 2014:

www.legislation.gov.uk/ukpga/2014/23/contents

State of caring report:

www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017

Greater Manchester Commitment to Carers:

www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf

Greater Manchester Carers Charter:

www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf



Oldham Cares brings together Oldham Council, NHS Oldham CCG and other health and social care providers in an alliance to share skills, experience, talent and resources to deliver a better care experience for all.

Useful contacts

Strategic Partnership Team (Carers' Services)
140 Union Street, Oldham Council, OL1 1DZ

E: carerscentre@oldham.gov.uk
T: 0161 770 7777 (option 4)



Report to HEALTH AND WELLBEING BOARD

SEND Strategy

Portfolio Holder:

Cllr Shaid Mushtaq, Cabinet Member for Education and Skills

Officer Contact: Andrew Sutherland, Director of Education, Skills and Early Years

Report Author: Shirley Woods-Gallagher, Assistant Director Education (SEND)

Ext. 1365

24 September 2019

Purpose of the Report

The purpose of the report to share both the development and key highlights of Oldham's new SEND Strategy.

Recommendations/Requirement from the Health and Wellbeing Board

The Board is recommended to endorse both the mission and outcomes of the Strategy and to consider using the approach used to develop this Strategy to be applied to other Strategies being developed in Oldham.

SEND Strategy

1 Background

- 1.1 Following the inspection of Oldham's effectiveness in identifying and meeting the needs of children and young people who have Special Educational Needs and/or Disabilities (SEND) in October 2017, the SEND Partnership has co-produced a new SEND Strategy for Oldham.
- 1.2 As a partnership, we are driving significant improvement in the services we offer to make a real difference to the lives of Oldham's children and young people with special educational needs and disabilities.
- 1.3 Ofsted and the CQC are revisiting Oldham from 23 September to 26 September 2019. The revisit is an opportunity to showcase our improvement journey.

2 Current Position

- 2.1 Oldham is in the final process of sense testing its new SEND Strategy with the SEND Partnership in the broadest sense.
- 2.2 The SEND Oldham Partnership has held consultation and engagement sessions with young people, parents, carers, partners and staff within and outside SEND services. There has been a series of stakeholder engagement events, highlighted [here](#), which have helped shape both the draft SEND Oldham Strategy and Development Plan (2019-22). We are at an advanced stage of shaping our Strategy and Plan which are out for final consultation during September 2019. Both documents have been co-produced with the local SEND Partnership and widely consulted upon already.
- 2.3 Oldham's ambition 'to be a place where children and young people thrive'. The mission of the SEND Strategy is that 'We want all our children and young people with special educational needs and disabilities (SEND) to achieve well in their early years, at school and in further education, find employment, lead happy, healthy and fulfilled lives and have choice and control over their support'. We believe that all children and young people, including those with SEND, should be:
 - Able to be educated in the borough where they live
 - Able to access opportunities that prepare them to be successful in life, learning and work
 - Able to access appropriate high-quality support to build their emotional resilience and improve their health and wellbeing
 - Safe and happy when taking part in all experiences
 - Listened to and actively involved in decisions that affect their lives and communities

-
- 2.4 The key outcomes of the Strategy have shaped and directed the Development Plan which focuses on the following key priorities for improvement:
- Every child and young person is a confident communicator
 - Every learning setting is inclusive
 - Every young person is ready for adulthood
 - Every child and young person is a part of their community

3 Data and Intelligence

- 3.1 Quantitative data and intelligence used to inform the Strategy has derived from the new SEND JSNA available on the LA webpages and SEND dashboards governed by the SEND Partnership Board. This data analysis approach took 12 months to develop so that trend analysis could be developed.
- 3.2 Qualitative intelligence was gathered using co-production methodologies with parents and carers, children and young people, SENCOs, headteachers, SEND staff in the LA, health providers, health commissioners, adult social care, children's social care, early years and post 16 providers. This process also took 12 months to ensure that all views were considered at a pace that suited all partners to ensure the document was authentic in its co-production.

4 Links to Health and Wellbeing Outcomes

- 4.1 This will impact on the wider determinants of health and life chances for SEND cohorts both during their childhood and during their preparation for adulthood.

5 Key Issues for Health and Wellbeing Board to Discuss

- 5.1 The key points of discussion include whether the process of using both quantitative and qualitative methods to co-produce this Strategy could be applied to other Strategic developments

6 Key Questions for Health and Wellbeing Board to Consider

- 6.1 The Board are asked to discuss both the mission and the key outcomes of the Strategy and to agree them.

7 Next steps

- 7.1 It is proposed that the final SEND Strategy and Development Plan are shared with Health and Wellbeing Board once the consultation process is completed.

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