

## ***HEALTH AND WELL BEING BOARD Agenda***

Date Thursday 11 September 2025

Time 10.00 am

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

Notes 1. DECLARATIONS OF INTEREST- If a Member requires 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 Alex Bougatef or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutional Services or email [constitutional.services@oldham.gov.uk](mailto:constitutional.services@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 Monday, 8 September 2025.

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.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

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Please also note the Public attendance Protocol on the Council's Website

[https://www.oldham.gov.uk/homepage/1449/attending\\_council\\_meetings](https://www.oldham.gov.uk/homepage/1449/attending_council_meetings)

**MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD**  
Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth (Vice-Chair) and Sykes

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 the Previous Meeting (Pages 3 - 8)  
The Minutes of the meeting of the Health and Wellbeing Board, held on 19th June 2025, are attached for approval.
- 6 Better Care Fund 2025-26 Quarter 1 Submission (Pages 9 - 26)  
To note the report and to provide retroactive approval for Oldham's Better Care Fund Quarter 1 submission.
- 7 Gambling Harms in Oldham  
Report to follow.
- 8 Community Led Prevention Update  
Presentation to be delivered at the meeting.
- 9 GM Alcohol Strategy  
Report to follow.

**Present:** Councillor Davis (in the Chair)  
Councillors Brownridge, Mushtaq, Nasheen and Sykes

Also in Attendance:

Rebecca Fletcher – Director of Public Health  
Jean Hurlston – Voluntary Sector representative  
Anna Tebay – Head of Public Health  
Samantha McCann – Consultant in Public Health  
Jon Taylor – Data Insight and Intelligence Lead  
Emily Bayliss-Turner – Data and Intelligence Officer  
Alison Berens – Adult Social Care Services  
Steve Taylor – NHS Northern Care Alliance  
Mike Barker – Deputy Chief Executive  
Dr John Petterson – NHS  
Julie Daniels – Executive Director (Children's Services)  
Hayley Bibby – Weight Management and Wellbeing Services  
Erin Portsmouth – NHS  
Andrea Thurscroft - NHS  
Andrea Edmondson – NHS  
Simon Blair – Oldham Community Leisure  
Peter Thompson – Constitutional Services

**1                    APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Shuttleworth, Laura Windsor-Welsh, Anna De Silva and Kristina Atkins.

**2                    URGENT BUSINESS**

There were no items of urgent business received.

**3                    DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**4                    PUBLIC QUESTION TIME**

There were no public questions for this meeting to consider.

**5                    MINUTES**

Resolved:

That the minutes of the meeting, of the Health and Wellbeing Board held on 3<sup>rd</sup> April 2025 be approved as a correct record.

**6                    BETTER CARE FUND 2023-25; END OF YEAR 2024-25**

The meeting was informed that in order to meet the national funding conditions of the Better Care Fund, the submitted report, presented by the Director of Adult Care (DASS) sought the Health and Wellbeing Board's approval on the submission of Oldham's 2024-25 End of Year report.

The Board was advised to note, that in order to meet the deadlines set out for the Better Care Fund, the relevant template had been submitted.

The Health and Wellbeing Board had previously approved to delegate the decision to submit quarterly reports to the Better Care Fund team, on the understanding that the reports will be noted at the next available Health and Wellbeing Board meeting.

The Better Care Fund's vision was to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The Better Care Fund Policy Framework centres on these objectives and now set separate National Conditions for each:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place at the right time.

Resolved:

1. the Health and Wellbeing Board notes the content of the 2024-25 End of Year report.
2. The Health and Wellbeing Board provides retrospective approval for its submission to the Regional Better Care Fund panel.

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## **PUBLIC HEALTH ANNUAL REPORT 2024/25 – HEALTHY LIFE EXPECTANCY IN OLDHAM**

The Director of Public Health presented the Public Health Annual Report 2024/25 (entitled: Healthy Life Expectancy in Oldham). The Director explained that as part of the statutory role of the Director of Public Health there was a requirement to produce an annual report on the health and wellbeing of the local population, highlighting key issues. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year's report takes a wider view on the healthy life expectancy for residents of Oldham, and the main contributing factors.

Healthy Life Expectancy was a measure of how many years someone can expect to live in good health and is usually measured using self-reported good health. This is an important way to consider how healthy our population is, and to consider what factors will increase the numbers of years that Oldham residents will live in good health.

The Public Health Annual Report is structured around the key drivers of healthy life expectancy and focusing on what is happening in Oldham to support our residents. It includes residents' stories to highlight the work that residents are doing to support their own health and life happier healthier lives.

The Board had a full and frank discussion regarding the contents of the Annual Report. The key findings/recommendations in the report were:

1. To increase national public health investment Advocate for increased and sustained national investment in public health services and initiatives integral to improving healthy life expectancy. This includes services for children and young people and social prescribing, as well as evidence-based initiatives to support smoking cessation, alcohol harm reduction, physical activity and positive food and drink choices.
2. Enhanced NHS focus on prevention Building on the population health management work, enhance the focus and investment into prevention and early intervention within NHS services.
3. Health in all policies Acknowledging the impact of the whole system on health, fully implement a health in all policies approach across the council and partners, with a focus on maximising health benefit. This can span advertising and licensing policies, food and drink offered in council, NHS and other partner establishments as well as planning to promote active travel and access to green space.

Resolved:

1. That the Health and Wellbeing Board notes the draft Public Health Annual Report and the recommendations set out in the report.
2. That the Board considers the findings and constituent members/organisations be requested to disseminate them within their own organisations where relevant.

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## **PHARMACEUTICAL NEEDS ASSESSMENT**

The Director of Public Health presented a report that detailed the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 - 2028.

The submitted document had been prepared by Oldham's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaced the Pharmaceutical Needs Assessment (PNA) previously published in 2022.

In the current NHS there is a need for the local health partners, NHSCB, Oldham Council, Oldham pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There was also a need to ensure that those additional services commissioned by Oldham Council or NHSCB from Oldham pharmacies are promoted to Oldham's population to improve their uptake. The current providers of pharmaceutical services in Oldham are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs

of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Oldham, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHSCB and LAs.

Whilst the PNA is primarily a document for NHSCB to use to make commissioning decisions, it may also be used by Local Authorities (LA's) and Integrated Care Systems (ICSs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

Considering the totality of the information available, the HWB considered whether the location, number, distribution and choice of pharmacies covering each district, including the whole of Oldham HWB area providing essential and advanced services during the standard core hours currently meet the needs of the population. The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA (there were):

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Resolved:

That the Health and Wellbeing Board notes and endorses the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2025 – 2028.

## **NATURAL HEALTH SERVICE – GREEN SOCIAL PRESCRIBING**

It was agreed that consideration of this item be deferred to a future meeting of the Board.

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**DEVELOPMENT OF A RECOVERY SYSTEM FOR DRUGS  
AND ALCOHOL**

It was agreed that consideration of this item be deferred to a future meeting of the Board.



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**DATES OF FUTURE MEETINGS**

It was noted that the meetings of the Health and Wellbeing Board, in 2025/26, will be held on the following dates:

- a. 17<sup>th</sup> July 2025 (development session)
- b. 11<sup>th</sup> September 2025
- c. 30<sup>th</sup> October 2025
- d. 4<sup>th</sup> December 2025 (development session)
- e. 15<sup>th</sup> January 2026
- f. 5<sup>th</sup> March 2026

The meeting started at 10.00am and ended at 11.45am

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## Report to HEALTH AND WELLBEING BOARD

### Better Care Fund 2025-26 Quarter 1 Submission

**Portfolio Holder:**

Councillor Barbara Brownridge, Cabinet Member Health & Social Care

**Officer Contact:** Jayne Ratcliffe, Director of Adult Social Care (DASS)

**Report Author:** Alison Berens, Head Quality and Care Provisioning

**Contact:** 1792 / [alison.berens@oldham.gov.uk](mailto:alison.berens@oldham.gov.uk)

**Date:** 11<sup>th</sup> September 2025

#### Purpose of the Report

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In order to meet the national funding conditions of the Better Care Fund, this report seeks Health and Wellbeing Board's retrospective approval on the submission of Oldham's Quarter 1 Better Care Fund (BCF) submission.

The Board should note, that in order to meet the deadlines set for the above submission, which was the 15<sup>th</sup> August the template was submitted under the delegation which was agreed by Health and Wellbeing Board on the 3<sup>rd</sup> April 2025 (Health and Wellbeing Board Report on BCF Q2 and 3 submissions and 2025-26 planning templates).

#### Requirement from Oldham's Health and Wellbeing Board

1.
  - a) Note the content of the Quarter 1 Report
  - b) Provide retrospective approval for their submission to the Regional Better Care Fund panel

## 1. Background

### The Better Care Fund

- 1.1 The Better Care Fund's vision has been to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The BCF Policy Framework centres of these objectives and now sets separate National Condition for each:
- **To support the shift from sickness to prevention** – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.
  - **To support people living independently and the shift from hospital to home** – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.
- 1.2 As well as supporting delivery of the [Next Steps to put People at the Heart of Care](#), the BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#).
- 1.3 Differing from the previous year, the current BCF plan is only for one financial year for the period 2025-26, with the delivery of the BCF supporting two key priorities for the health and care system that align with the two existing BCF objectives of:
- improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services
  - tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.
- 1.4 The reporting schedule for 2025-26 is outlined in table 1 below, including suggested sign off by the Health and Wellbeing Board. Due to the timing of reporting (and considering dates and when templates become available) can be subject to change in year, the Health and Wellbeing Board agreed at the meeting in April 2025 to delegate the sign off of reports which could not be agreed at full Board to the Director of Adult Social Care in consultation with the Deputy Place Lead (see appendix 1):

Report	Submission Deadline	Health and Wellbeing Board sign off
Quarter 1	15 <sup>th</sup> August 2025	11 <sup>th</sup> September 2025 (Retrospective)
Quarter 2	31 <sup>st</sup> October 2025	30 <sup>th</sup> October 2025

Report	Submission Deadline	Health and Wellbeing Board sign off
Quarter 3	31 <sup>st</sup> January 2025	5 <sup>th</sup> March 2026 (Retrospective)
End of Year Report	29 <sup>th</sup> May 2026	TBC

## 2. 2025-26 Quarter 1 Report

- 2.1 The Quarter 1 submission is usually takes a lighter touch than the remaining three returns in the year. The Quarter 1 submission for this year only required the following:
- Confirmation of meeting national conditions (which we confirmed)
  - Review of whether metrics were on track
  - High level spent data
- The report was submitted on time and is attached at Appendix 2.
- 2.2 Metric 1: Emergency admissions to hospital for people aged 65+ per 100,000 population. This was reported as on track to meet the goal, with a rate at April 2025 of 1,735.45 (against a plan of 1,740.50)
- 2.3 Metric 2: Average length of discharge delay for all acute adult patients. This was reported as not on track to meet the goal, with an average of 0.49 and 0.61 for April and May 2025 respectively due to a downward trend in average days delayed.
- 2.4 Metric 3: Long term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. There was a request made to update the metric plan for this target as annualised figures had been included in error in the plan, rather than quarterly ones. Following this request the metric is on track to deliver on the quarterly figures. Adult social care is continuing to focus on meeting the needs of older people by supporting them to remain at home, however, more individuals, in particular when being discharged from hospital, are presenting with higher levels of need which in some cases result in placement in care homes. Focused work is being undertaken to review short term residential and nursing home placements at an early stage to enable individuals to return home where possible.
- 2.5 Expenditure for Quarter 1 was reported as £652,722 for Disabled Facilities Grant, with a total spend in the quarter of £42,790,920. It was noted that actual expenditure was 25% of planned income due to the fact that the majority of contracts are block arrangements, for example with the Northern Care Alliance or the Pennine Care Foundation Trust. This creates a consistent monthly expenditure profile with no material seasonal variation, meaning quarter 1 spend aligns closely with one quarter of the annual plan.

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- 2.6 Work is already beginning with providers and commissioners to start to shape the plan for 2027-26 in relation to what the local system needs are and further information on this will be brought to the Board in due course.

### **3. Case Studies of services funded through BCF in 2025-26**

#### **3.1 Age UK Home First Service:**

- Mr. and Mrs. F, a married couple aged 85 and 83 years respectively – referred from A&E Royal Oldham Hospital
- Mr. F had previous heart surgery and was still suffering with a few physical conditions including reduced mobility. He had experienced a recent fall, sustaining facial injuries.
- His wife, Mrs. F, had a hip replacement in February 2025, and was making good physical progress. However, she was experiencing low mood due to the strain of her caring role for her husband and the increased duties this entailed.
- Mr. F had carers 3 x weekly, but his wife felt this was too much for her to manage in between carers visits. The couple had a car and up until the hip replacement they attended social groups such as dancing and a choir every week. Mr. F no longer drives, and his wife felt isolated, which was causing some friction between the couple. The couple have support from their niece and Mr. F's sister who is 80 years old but will sit with her brother if Mrs. F has an appointment or goes shopping with her niece. Mrs. F explained that up until recently they had regular holidays, and nothing kept them back. Now, she felt that old age has hit them, and things aren't going to improve as she felt that they are slowly deteriorating and losing the independence they once enjoyed.
- A home visit took place with this couple alongside Mr. F's sister and niece. The current care package was discussed, including the couples concerns regarding the contributions they needed to make for this. Age UK Oldham liaised with Adult Social Care to discuss the financial implications of any additional care, allowing the couple to make an informed decision. The Home First worker helped the couple understand the brokerage and contribution fees which were concerning them around their package.
- The Home First worker also liaised with the Falls service to follow up on Mr F's referral and with the GP in relation to an appointment Mrs F was concerned may have been cancelled, it transpired this was an appointment with TOG Mind and the worker was able to get this rescheduled.
- The couple asked for support in applying for a disabled parking space outside their property and obtaining a wheelchair or mobility scooter, which Age UK Oldham were able to assist them to purchase
- Mrs. F was also advised of various social groups and activities local to her home which she may be able to attend to help address her feelings of isolation following her involvement with TOGMIND.
- The couple were extremely grateful and complimentary about the Home First Service and stated that they would have been lost without the support they had obtained from the service.

#### **3.2 Carers Service:**

- A carers assessment took place for M, who cares for her daughter S who has significant Learning Disabilities (LD)

- The assessment took place as during the screening process for S's in order to find some meaningful daytime activity for S as her mum is the sole carer and has no other support locally as they are both new to the country
- S is unable to claim for PIP benefit because she has not been in the country for two years so they only have M's pension for income

#### Outcomes

- A budget of £350 was awarded for M to purchase a television for S, to allow her some free time as S enjoys watching cartoons
- She was also able to purchase an air fryer to allow her to cook more healthy and economically
- Advice was provided on accessing a bus pass as M is over 65 and S has a concessionary bus due to her LD, this will allow them to travel together
- Referral made to Welfare Rights for further support around benefits
- Referred to the Bread and Butter project to support with food costs, with M now receiving enough shopping each week for a subsidised amount of £8.50
- M now regularly attending carers drop in and a taster session was arranged for S with OPAL Day Services

## 4. Key Issues for the Health and Wellbeing Board to Discuss

- 4.1 a) Note the content of the Quarter 1 submission  
b) Provide retrospective approval for the submission to the Regional Better Care Fund panel

## 5. Recommendation

- 4.1 It is recommended that the Health and Wellbeing Board agree to sign off the Better Care Fund Quarter 1 submission

## 6. Appendices

1. Health and Wellbeing Board report which delegated submission
2. Quarter 1 Submission



HWB Report\_BCF  
Q2&3 Submissions at



Oldham Health and  
Wellbeing Board BCF

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# Better Care Fund 2025-26

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## Quarter 1 Submission

11<sup>th</sup> September 2025

Alison Berens: Head of Quality and Care Provisioning

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# Purpose

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2025-26



# Oldham's allocation 2025-26

Funding Sources	Income
DFG	£2,907,639
NHS Minimum Contribution	£26,081,512
Local Authority Better Care Grant	£13,801,769
<b>Total</b>	<b>£42,790,920</b>

# Reporting and timelines

- The BCF plan for 2025-26 was signed off at the April Health and Wellbeing Board, and agreed to delegate the decision to submit quarterly reporting templates to the Place-Based Lead and Oldham Council’s Chief Executive, in consultation with the Director of Adult Social Care (DASS).
- The reporting schedule for the current year is:

Report	Submission Deadline	Health and Wellbeing Board sign off
Quarter 1	15 <sup>th</sup> August 2025	11 <sup>th</sup> September 2025
Quarter 2	31 <sup>st</sup> October 2025	30 <sup>th</sup> October 2025
Quarter 3	31 <sup>st</sup> January 2025	5 <sup>th</sup> March 2026
End of Year Report	29 <sup>th</sup> May 2026	TBC

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## Quarter 1 Report Requirements

- Confirmation of meeting national conditions
- Metrics
- High level spend to date
- The quarter 1 template is usually much lighter touch than subsequent reports for the year

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## Metrics – ICB Led

### Emergency Admissions

- Emergency admissions to hospital for people aged 65+ per 100,000 population
  - On track to meet goal
  - Rate April 2025 was 1,735.45 (against a plan of 1740.5)

### Discharge delays

- Average length of discharge delay for all acute adult patients
  - Not on track to meet goal
  - Average of 0.49 and 0.61 respectively for April and May 2025 due to general downward trend in average days delayed

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# Metrics – Council Led

## Residential Admissions

- Long term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population
  - Requested update to metric plan due to annualised figures rather than quarterly ones being submitted in the initial plan.
  - On track meet the revised quarterly figures
  - Adult social care is continuing to focus on meeting the needs of older people by supporting them to remain at home, however more individuals in particular when being discharged from hospital are presenting with higher levels of need which in some cases result in placements in care homes.
  - Focused work is being undertaken to review short term residential and nursing home placements at an early stage to enable individuals to return home where possible.

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## Expenditure

- Quarter 1 DFG expenditure spend £652,722
- Quarter 1 Total expenditure to date £42,790,920
- Actual expenditure is 25% of planned income as the majority of contracts are block arrangements with either Norther Care Alliance or Pennine Care Foundation Trust. This creates a consistent monthly expenditure profile with no material seasonal variation, meaning quarter 1 spend aligns closely with one quarter of the annual plan

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# Case Study – Age UK Home First Service

- **Mr. and Mrs. F, a married couple aged 85 and 83 years respectively – referred from A&E ROH**
- Mr. F had previous heart surgery and was still suffering with a few physical conditions including reduced mobility. He had experienced a recent fall, sustaining facial injuries.
- His wife, Mrs. F, had a hip replacement in February 2025, and was making good physical progress. However, she was experiencing low mood due to the strain of her caring role for her husband and the increased duties this entailed.
- Mr. F had carers 3 x weekly, but his wife felt this was too much for her to manage in between carers visits. The couple had a car and up until the hip replacement they attended social groups such as dancing and a choir every week. Mr. F no longer drives, and his wife felt isolated, which was causing some friction between the couple. The couple have support from their niece and Mr. F's sister who is 80 years old but will sit with her brother if Mrs. F has an appointment or goes shopping with her niece. Mrs. F explained that up until recently they had regular holidays, and nothing kept them back. Now, she felt that old age has hit them, and things aren't going to improve as she felt that they are slowly deteriorating and losing the independence they once enjoyed.

A home visit took place with this couple alongside Mr. F's sister and niece. The current care package was discussed, including the couples concerns regarding the contributions they needed to make for this. Age UK Oldham liaised with Adult Social Care to discuss the financial implications of any additional care, allowing the couple to make an informed decision. The Home First worker helped the couple understand the brokerage and contribution fees which were concerning them around their package.

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# Case Study – Carers Service

- A carers assessment took place for M, who cares for her daughter S who has significant Learning Disabilities (LD)
- The assessment took place as during the screening process for S's in order to find some meaningful daytime activity for S as her mum is the sole carer and has no other support locally as they are both new to the country
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## Outcomes

- A budget of £350 was awarded for M to purchase a television for S, to allow her some free time as S enjoys watching cartoons
- She was also able to purchase an air fryer to allow her to cook more healthy and economically
- Advice was provided on accessing a bus pass as M is over 65 and S has a concessionary bus due to her LD, this will allow them to travel together
- Referral made to Welfare Rights for further support around benefits
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- M now regularly attending carers drop in and a taster session was arranged for S with OPAL Day Services



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## Recommendations

- That the Health and Wellbeing Board notes the submission.

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