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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 19 September 2019
Time: 10.00 am
Place: Committee Room 2, Level 2, Tameside One, Market Square, Ashton-Under-Lyne

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive apologies for absence from members of the Health and Wellbeing Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of Health and Wellbeing Board.	
3.	MINUTES To consider the Minutes of the meeting of the Health and Wellbeing Board held on 27 June 2019.	1 - 4
4.	TAMESIDE BETTER CARE FUND 2019 -2020 To consider the attached report of the Executive Member for Adult Social Care and Population Health/Director of Adult Services.	5 - 32
5.	STARTING WELL UPDATE To consider the attached report of the Deputy Leader and Executive Member Children and Families/Director of Children's Services/Assistant Director of Population Health.	33 - 44
6.	AGE FRIENDLY COMMUNITIES UPDATE To consider the attached report of the Executive Member Adult Services and Population Health/Director of Adult Social Care.	45 - 74
7.	CARERS STRATEGY UPDATE To consider the attached report of the Executive Member for Adult Social Care and Population Health/Director of Adults Services.	75 - 100
8.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Michael Garraway, Democratic Services Business Manager 0161 342 3178 michael.garraway@tameside.gov.uk, to whom any apologies for absence should be notified.

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HEALTH AND WELLBEING BOARD

27 June 2019

Present: Jane Higham (in the Chair) - Greater Manchester Police
Councillor Fairfoull – Deputy Leader & Executive Member for Children’s Services
Councillor Wills – Executive Member for Adult Social Care and Population Health
Liz Windsor-Welsh – Action Together
Chris Rushton – Chief Executive Active Tameside
Trish Kavanagh – Tameside and Glossop ICFT
Viviane Robinson – DWP

In Attendance: Tom Wilkinson Assistant Director – Finance
Debbie Watson Assistant Director – Population Health
Sarah Dobson Assistant Director – Policy, Performance & Communications
Pat McKelvey Head of Mental Health and Learning Disabilities
Anna Moloney Public Health Manager
Shaun Higgins Active Tameside, Head of Inclusion and Diversity

Apologies for Absence: Councillor Warrington - Executive Leader
Councillor Cooney - Executive Member for Housing, Planning and Employment
Steven Pleasant - Chief Executive Tameside MBC and Accountable Officer for Tameside and Glossop CCG
Dr Ashwin Ramachandra - Chair Clinical Commissioning Group & Strategic Commissioning Board
J De Gruchy - Director of Population Health
Richard Hancock - Director of Children's Services
Stephanie Butterworth - Director of Adult Services
Karen James - Chief Executive, Tameside and Glossop ICFT
Andrew Searle - Independent Chair, Tameside Adult Safeguarding Partnership Board

1 APPOINTMENT OF CHAIR

RESOLVED

That Jane Higham be appointed as the Chair for the duration of the meeting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Board.

3 MINUTES

RESOLVED

That the minutes of the meeting of the Health and Wellbeing Board meeting held on 7 March 2019 be approved as a correct record.

4 TAMESIDE AND GLOSSOP MENTAL HEALTH STRATEGY UPDATE

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Head of Mental Health and Learning Disabilities providing an update on the Tameside and Glossop Mental Health Strategy for adults and older people, outlining progress against the following three key priorities:

- Increase opportunities to keep people well in the community
- Increase opportunities to get support before and during a crisis
- Make effective use of secondary care.

The Board also received a presentation on the mobilisation of the Neighbourhood Mental Health Team and their progression on supporting people to get and keep well through improving:

- People's personal sense of meaning.
- Close interpersonal relationships
- Social integration

Tameside was one of four national sites working with the Innovation Unit the Big Lottery funded Living Well Programme to coproduce a new approach to mental health, called locally the Living Life Well Programme. At the heart of this is the neighbourhood mental health development, focused on supporting people with multi-faceted needs who have not always received coordinated support in the past. The development included the establishment of a new Neighbourhood Mental Health Team, established by bringing together existing resources plus £1m new investment to create a multiagency team who will use asset based coaching to support people to improve their mental health. An interim team had been established to prototype the model in Hyde, with further roll out from October 2019 when Big Life Company's contract as the lead organisation commences. All Neighbourhoods will be covered by March 2020.

RESOLVED

That the progress in delivering the mental health strategy be noted.

5 SUICIDE PREVENTION STRATEGY 2019/23

Consideration was given to a report of the Executive Leader/Head of Mental Health and Learning Disabilities and Public Health Intelligence Manager detailing the suicide prevention strategy. The strategy detailed steps the Council would undertake to prevent suicide in Tameside and Glossop. In order for this to be achieved, all partners in every organisation in Tameside and Glossop would be required to contribute to and support the strategy.

The Board heard that the number of deaths to suicide in Tameside and Glossop was significant, with 75 deaths occurring in 2015/17 alone. The Strategy committed to shifting the focus of care toward prevention, early intervention and resilience and toward delivering a sustainable mental health system. Simplified and strengthened leadership and accountability would be at the core, as was the enablement of resilient communities, the engagement of inclusive employers and close partnership working with the third sector

A number of golden threads ran throughout the approach, including

- Parity of Esteem
- Research deployed to inform best practice
- Using technology to provide new and innovative forms of support
- Leverage the learning from successful programmes (e.g. Troubled families)
- Workforce Development.

The Board welcomed the strategy building on previous work and setting out a five year plan for reducing and eliminating suicides in Tameside and Glossop through proactive intervention when needed and effectively responding to those in crisis.

RESOLVED

That the Suicide Prevention Strategy be supported.

6 SEXUAL AND REPRODUCTIVE HEALTH

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Public Health proposing a process for developing a whole system partnership framework for action that aimed to deliver a sexual and reproductive vision for Tameside.

Members were informed that there were direct financial and medical implications of poor sexual and reproductive health related to treatment of disease and potentially severe health complications when left untreated. To ensure the long term wellbeing of residents a whole system approach would be required to transform sexual and reproductive health away from identification and treatment of disease into a proactive, empowering system that encouraged informed choices that keep people safe and well. Examples of this approach were evident in the recently developed Relationship and Sex Education resource for schools and Youthink, which is a youth sexual and reproductive health outreach programme.

Sexual and reproductive health was a complex subject that encompasses many issues and services with a range of commissioners and providers involved, locally, regionally and nationally. Tameside was closely linked to other Great Manchester Local Authorities via the Greater Manchester Sexual Health Network that sits within the Greater Manchester Health & Social Care Partnership and involved many partnership groups looking at all aspects of sexual and reproductive health.

RESOLVED

That the report be noted.

7 UPDATE ON TAMESIDE & GLOSSOP PLAN AND PUBLIC SERVICE REFORM

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health/Assistant Director of Policy and Communication providing an update on progress made to drive public service reform and transformation via the Our People – Our Place – Our Plan.

Tameside & Glossop's 'Our People – Our Place – Our Plan' was approved for adoption by TMBC Executive Cabinet in February 2019. The plan outlined the aims and aspirations for Tameside & Glossop, its people and the commitment of the Council and CCG to work for everyone, every day. The Plan was supported by a list of public service reform principles that define the ways of working to achieve those goals. Public Service Reform had been established as a model of current and future service delivery across Greater Manchester. Public Sector Reform prioritises wellbeing, prevention and early intervention; and identifies an asset based collaborative approach towards building community resilience and reducing reliance on public services,

In order to strategically drive forward 'Our People-Our Place-Our Plan' it was acknowledged that it would be beneficial to create a Public Service Reform Board. Establishment of a Reform Board for Tameside & Glossop would enable a cross organisational mechanism for strategic direction across a wide range of issues and help to mitigate duplication of effort.

RESOLVED

That the report be noted.

CHAIR

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Agenda Item 4

Report to:	Health and Wellbeing Board
Date:	19 September 2019
Reporting Member/Officer:	Councillor Wills - Executive Member for Adult Social Care and Population Health Stephanie Butterworth - Director of Adult Services
Subject:	Better Care Fund 2019/20
Report Summary:	This report sets out the 2019/20 Better Care Submission.
Recommendations:	The Health and Wellbeing Board is asked to approve the 2019/20 Better Care Fund submission.
Corporate Plan:	The report aligns to the priorities in the Corporate Plan.
Policy Implications:	No policy implications identified.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report provides details of the planned utilisation of the better care fund that also includes the disabled facilities grant, improved better care fund and winter pressures funding allocated to the Strategic Commission for 2019/20.</p> <p>Monitoring returns will be submitted during 2019/20 on the performance of the plan and will be reported to Health and Wellbeing Board members for approval as required.</p> <p>Members should note that the outcome of the recently announced 2019 spending round for 2020/21 is currently being evaluated. It is expected that the better care fund, improved better care fund as advised in the 2015 spending review and winter pressures funding will be maintained in 2020/21. However, this will be confirmed once formal allocations are advised.</p>
Legal Implications: (Authorised by the Borough Solicitor)	The Better Care Fund (BCF) is only a proportion of the wider pooled fund and the initiatives assigned to the BCF are all key elements of the wider strategic plan. All commissioning decisions relating to the BCF are considered by the Strategic Commissioning Board.
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	Report to be considered in public
Background Information:	<p>The background papers relating to this report can be inspected by contacting Elaine Richardson, Head of Delivery and Assurance</p> <p> Telephone: 07855469931</p> <p> e-mail: Elaine.richardson@nhs.net</p>

1. BACKGROUND

- 1.1 The Better Care Fund (BCF) was set up in 2013 and is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.2 The BCF was created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

2. THE BETTER CARE FUND IN 2019/20

- 2.1 The BCF in 2019-20 retains the same National Conditions as in 2017-19. Areas are required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.

3. LOCAL CONTEXT

- 3.1 Tameside along with other Localities in Greater Manchester had expected to 'have graduated' from the BCF given the fact GM was operating as a Health and Social Care Partnership. However, this process was not finalised and so Tameside has continued to report on a quarterly basis on the required templates.
- 3.2 Tameside and Glossop operates as a Strategic Commission with a Strategic Commissioning Board, established as a joint committee of the two organisations with delegated decision-making powers and resources. This means the Strategic Commissioning Board considers commissioning proposals funded from an Integrated Commissioning Fund. This fund is comprised of three elements
 - Section 75 - This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level The Strategic Commissioning Board makes decisions on this funding which are binding upon the two statutory partner organisations.
 - Aligned Services - This comprises services which legislation does not permit to be held within a Section 75 pooled fund. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.
 - In Collaboration Services - This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

3.3 The BCF is part of the Section 75 element with the plans and initiatives funded through the BCF being part of the wider Care Together programme to deliver integrated care and our Corporate Plan ambitions.

4. 2019-20 SUBMISSION

4.1 The following sections are from the excel template that is mandated for BCF submissions. They are set out below for ease of reading. There are ten worksheets in the template seven of which display or require local input these are shown below:

- Summary
- Strategic Narrative
- Income
- Expenditure
- High Impact Change Model
- Metrics
- Planning Requirements

4.2 For each of the sheets some data and information prepopulates and some cells are only required when the level of ambition is below the expected minimum. Areas coloured yellow are those where local information can be entered.

Summary

4.3 The summary sheet is an automated summary from the six input driven worksheets.

Income & Expenditure

Income

Funding Sources	Income	Expenditure	Difference
DFG	£2,511,180	£2,511,180	£0
Minimum CCG Contribution	£16,711,881	£16,711,881	£0
iBCF	£11,061,110	£11,061,110	£0
Winter Pressures Grant	£1,154,036	£1,154,036	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£31,438,207	£31,438,207	£0

Expenditure

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£4,725,145
Planned spend	£4,774,702

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£8,897,948
Planned spend	£10,862,246

Scheme Types

Assistive Technologies and Equipment	£2,333,687
Care Act Implementation Related Duties	£529,000
Carers Services	£148,434
Community Based Schemes	£15,290,456

DFG Related Schemes	£2,511,180
Enablers for Integration	£0
HICM for Managing Transfer of Care	£80,000
Home Care or Domiciliary Care	£468,000
Housing Related Schemes	£40,000
Integrated Care Planning and Navigation	£3,767,442
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£130,000
Other	£6,140,007
Total	£31,438,206

HICM

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

Metrics

Residential Admissions		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	740.563097

Reablement		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.798319328

Planning Requirements

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes

	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

4.2.1 Strategic Narrative

This sheet is where we set out our approach towards integration of health & social care. It covers four specific areas.

<p>A) Person-centred outcomes Your approach to integrating care around the person, this may include (but is not limited to):</p> <ul style="list-style-type: none"> - Prevention and self-care - Promoting choice and independence <p>Tameside and Glossop's approach puts the individual at the centre of what we do with a commitment to personalised care designed and agreed with the individual and their families and carers. The Corporate Plan, 'Our People, Our Place. Our Plan' shows how we want to improve the lives of all our population as they move through the life course.</p> <p>https://www.tameside.gov.uk/TamesideMBC/media/policy/Our-People-Our-Place-Our-Plan-tn.jpg</p> <p>Our Integrated Teams ensure the wider needs of individuals are considered making linkages with a range of services to wrap support around people to enable them to live healthy and fulfilled lives.</p> <p>Our Integrated Neighbourhoods enable multidisciplinary teams to work together to ensure people can be offered coordinated and personalised care that supports them to stay well and to retain their independence.</p> <p>Our Social prescribing services support individuals to help prevent illness becoming a burden and have opened up many opportunities for individuals to become more involved in their communities. Joint initiatives organised across health, social care, voluntary sector and wider services help develop the skills and knowledge needed to self-care effectively.</p> <p>Our Integrated Urgent Care Team are able to reponse to people in crisis avoiding admissions where possible and supporting timely discharges that maximise recovery.</p> <p>Personalised Care Planning and Personal Health Budgets are used to promote independence and support increased choice.</p> <p>The availability of routine and urgent services in the community has increased opportunities for people to be cared for in their own homes with Care Plans ensuring that the wishes of individuals are known and can be acted upon by families and professionals.</p> <p>Our involvement in a Local Health and Care Record Exemplar pilot will support us in our data sharing work reducing the need for people to have to tell their story multiple times and maximising the opportunities for timely and effective support.</p> <p>Recognising that health and social care whilst important is only one factor that supports people in living healthy lives, our Age Friendly Tameside Strategy brings together all eight domains identified by the World Health Organisation (WHO) that promote a comprehensive active approach to developing age friendly communities.</p> <p>Partners across Tameside are committed to adapting our structures and services to be accessible and inclusive for older people with varying levels of need and capacities. We are</p>
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working to bring our communities together by making changes that make a difference to everyone's lives, especially those who experience daily disadvantage and social isolation.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Integrated Commissioning Arrangements

Tameside and Glossop Health and Social Care has been commissioned through an Integrated commissioner since 2016. Tameside and Glossop Strategic Commission is made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG and operates as a single place-based commissioning body which aims to support the implementation of a new model of care, which realigns the system to support the development of preventative, local, high quality services.

The Tameside and Glossop Integrated Care NHS Hospital Foundation Trust (ICFT) has also been in place since 2016 with integrated services in place that involve health and social care professionals and community and voluntary sector workers. The ICFT has developed strong relationships with Primary Care employing GPs in strategic and operational leadership roles and in service delivery. The ICFT has forged strong collaboration with a range of statutory and voluntary sector partners particularly in the development of the five Integrated Neighbourhoods, four within Tameside and one within Derbyshire. The intention is to transition Adult Social Care provision to enhance further the existing integrated working.

Neighbourhoods and Primary Care Networks

The Neighbourhood based approach is very mature in Tameside and Glossop with geographically aligned GP practices working with the ICFT and other partners such as Voluntary Sector, Fire, Police and Mental Health services to develop our integrated neighbourhood offer. The Integrated Neighbourhood Teams ensure a more coordinated approach to care planning and service delivery which a focus on keeping people well in their own home. The Integrated Neighbourhood Teams work closely with the locality wide integrated teams e.g. Digital Health and Integrated Urgent care Team (IUCT) and with wards to help expedite discharges.

Digital Health is a technology enabled skype consultation service that supports Care Home, GP referrals for Admissions and NWAS ensuring only individuals who need hospital based input attend and where possible people follow ambulatory care pathways or are admitted to short term GP unit beds. They are integrated with the Community Response Service maximising opportunities for telehealth and telecare and enabling home visits to assess individuals. The Integrated Urgent Care Team provides health and social care when a rapid response will avoid an admission or enable a same day discharge.

Neighbourhoods have the freedom to develop pilots of local services many of which are co designed with local people to meet the needs of the neighbourhood population. Some have developed new offers relating to specific clinical needs e.g. COPD and others have set up initiatives that reduce social isolation and the impact of frailty. Neighbourhoods share the learning from these pilots, which informs both commissioning and service delivery across the locality as a whole. The Primary care networks are fully aligned with these neighbourhoods and several of the PCN Clinical Leads have previously held GP Lead roles in the CCG and or

the ICFT.

Partnership with the Voluntary Sector

Social prescribing has been a key component of Care Together from the start. Electronic systems support referrals and appropriate data sharing from practices and the ICFT. The Voluntary Sector is a key partner in the neighbourhood MDTs with significant success in promoting wellbeing and reducing reliance on traditional health and social care services.

The Tameside PACT, an agreement between Tameside's Voluntary, Community, Faith and Social Enterprise Sector VCFSE and Tameside's public-sector agencies was signed in January 2019 by leaders of organisations from across the borough. These included Tameside MBC, NHS Tameside and Glossop CCG, Action Together, Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Greater Manchester Police, Active Tameside, Jigsaw Homes and Greater Manchester Fire and Rescue Service. It contains three main principles: involving community groups and charities in advising and delivering services; better communication to build genuine partnership working; and working together to secure investment.

<https://www.tameside.gov.uk/TamesideMBC/media/policy/1-PACT-for-signing.pdf>

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

The place based approach adopted by Tameside and Glossop enables integration with wider services such as housing, transport and environment. The Corporate Plan considers all council services alongside health services and looks to ensure that planning takes place at an economy level.

Jigsaw Homes Group Ltd are a key partner working with us to develop suitable housing for the future and being involved in our integrated services, with dedicated staff supporting people who need specific housing support post a hospital admission.

RRO Policy

The new Financial Assistance Policy 2018-23 (under the terms of the RRO Policy) introduced new grant assistance to remove the burden of the means test for schemes costing up to £5k; a new prescription grant scheme with minimal paperwork for certain lifting equipment and specialist WCs; relocation grants for both tenants and home owners; hospital discharge grant (working with our ICO on this) plus grant assistance with funding assessed contributions for home owners.

Although not funded from the DFG funds, the new Policy also includes home repair grants help deal with Health and Safety issues for home owners to maintain independence, and which, if not addressed could lead to the occupier becoming more reliant on Social Care/Health Services.

In the Capital Program

Development of a scheme (Single Handed Care) by creating a dedicated team to help reduce the number of double care workers required for over 200 service users in the borough in order to offer the best quality of care for people safely, through improved assessment of their needs and enhanced equipment. The scheme is based upon Derbyshire CC which has already put a successful scheme in place.

Funding a pilot scheme for "Brain in Hand" - a mobile phone app that allows for bespoke coping mechanisms to be input into the app that are aligned with support plans, and uses a

traffic light system to help people with learning disabilities and mental health issues deal with stress and anxiety in the community. As a consequence, this could potentially prevent people going into crisis, reduce the dependency on formal services and improve people's outcomes.

Disability Assessment Centre – this is in the early stages of design for a dedicated “One-Stop” assessment centre to enable staff to assess people in mock home situations to reduce, but not replace the need to carry out home assessment visits. As well as physical disability, this will also cater for hearing and visual impaired service users and mental health sufferers.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

Alignment of plans

Care Together is the Tameside and Glossop economy wide change programme to deliver integrated care. It has been in place since 2016 and aligns political, clinical and managerial leadership and focuses on improving healthy life expectancy, reducing inequality, improving experience of services and improving financial sustainability. The Better Care Fund plan has always been integral to the wider Care Together plan rather than a standalone plan.

The Tameside and Glossop 2019/24 Corporate Plan, 'Our People Our Place Our Plan' <https://www.tamesideandglossopccg.org/corporate/corporate-plan> outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day. It reflects the priorities and guiding principles for our joint work in the area.

The plan is structured by life course – Starting Well, Living Well and Ageing Well, underpinned by the idea of ensuring that Tameside & Glossop is a Great Place, and has a Vibrant Economy. Within each life course we have identified a set of goals that set out what we want to achieve for people in the area throughout their life recognising the importance of the wider determinates of health whilst building effective health and care services that can return people to independence as quickly as possible.

The Tameside and Glossop approach focuses both of prevention maximising opportunities for people to self-care and remain independent as well as ensuring appropriate health and care services can respond to a need when it arises with an emphasis on keeping people in their own home and promoting recovery and independence. The services and initiatives funded through the BCF all follow this approach.

The element of funding that is BCF is part of the wider Integrated Commissioning Fund which

Governance

The Tameside and Glossop Strategic Commissioning Board (SCB) is responsible for signing off the Corporate Plans and associated strategies and plans. The SCB is clinically led and established as a joint committee of the two organisations (TMBCA and T&G CCG) with delegated decision-making powers and resources. This creates unifying statutory and collaborative governance arrangements.

Tameside and Glossop has an Integrated Commissioning fund comprised of three elements:-
*Section 75 - This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level The Strategic Commissioning Board makes decisions on this funding which are binding upon the two statutory partner organisations.

*Aligned Services - This comprises services which legislation does not permit to be held within a Section 75 pooled fund. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.

*In Collaboration Services - This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England. The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

The BCF is part of the Section 75 element.

The BCF is also discussed at the Tameside and Glossop A&E Delivery Board, which involves representatives of commissioners and providers involved in Urgent and Emergency Care.

The Tameside Health and Wellbeing Board retains oversight of the BCF.

Income

4.4 The sheet is where we specify the funding contributions.

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Tameside	£2,511,180
Total Minimum LA Contribution (exc iBCF)	£2,511,180
iBCF Contribution	
Tameside	Contribution
	£11,061,110
Total iBCF Contribution	£11,061,110
Winter Pressures Grant	
Tameside	Contribution
	£1,154,036
Total Winter Pressures Grant Contribution	£1,154,036
Are any additional LA Contributions being made in 2019/20?	No
CCG Minimum Contribution	
NHS Tameside and Glossop CCG	Contribution
	£16,711,881
Total Minimum CCG Contribution	£16,711,881
Are any additional CCG Contributions being made in 2019/20?	No
	2019/20
Total BCF Pooled Budget	£31,438,207

Funding Contributions Comments

Optional for any useful detail e.g. Carry over

NA

4.5 Expenditure

This sheet contains the schemes we are funding through the BCF and include the amount and source of funding.

Running Balances	Income	Expenditure	Balance
DFG	£2,511,180	£2,511,180	£0
Minimum CCG Contribution	£16,711,881	£16,711,881	£0
iBCF	£11,061,110	£11,061,110	£0
Winter Pressures Grant	£1,154,036	£1,154,036	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£31,438,207	£31,438,207	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£4,725,145	£4,774,702	£0
Adult Social Care services spend from the minimum CCG allocations	£8,897,948	£10,862,246	£0

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTCO	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Planned Outputs		Metric Impact		Expenditure	
															% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Telecare/Telehealth	continuation of investment in telehealth services to support individuals to live independent lives	Assistive Technologies and Equipment	Telecare				Medium	Medium	Medium	Medium	Community Health		Joint	33.0%	67.0%	Local Authority	Minimum CCG Contribution	£1,006,703	Existing
2	Integrated Community Equipment Service	Investment in assistive equipment to support hospital discharge and independent living	Assistive Technologies and Equipment	Community Based Equipment				Low	Medium	Medium	Medium	Social Care		Joint	60.0%	40.0%	Private Sector	Minimum CCG Contribution	£1,306,984	Existing
3	Wheelchairs	Investment in the wheelchairs contract	Community Based Schemes					Not applicable	Medium	Low	Low	Community Health		CCG			Private Sector	Minimum CCG Contribution	£525,000	Existing

4	Parkinson's Nurse	Parkinson's Nurse	Community Based Schemes					Low	Low	Low	Medium	Community Health		CCG			CCG	Minimum CCG Contribution	£46,823	Existing
5	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care Planning and Navigation	Care Coordination				High	High	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,245,910	Existing
6	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Medium	Social Care		CCG			Private Sector	Minimum CCG Contribution	£138,434	Existing
7	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care Coordination				High	High	Medium	Medium	Other	Joint Social Care and Health team	Joint	33.0%	67.0%	NHS Acute Provider	Minimum CCG Contribution	£1,974,726	Existing
8	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Community Based Schemes					Medium	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,050,473	Existing
9	Transitional Care Home Beds	Access to beds as an interim placement will support a timely discharge from hospital to a placement until the preferred choice of home is available.	Residential Placements	Care Home		Placements	10.0	Low	High	High	Medium	Social Care		LA			Private Sector	Winter Pressures Grant	£130,000	Existing
10	In house Home Care Service	management and staffing & through the night	Home Care or Domiciliary Care			Placements	30.0	Low	Medium	Medium	Low	Social Care		LA			Local Authority	Winter Pressures Grant	£468,000	Existing

		program																		
11	Additional Social Work Capacity	Team to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital. This resource will also support the timely review and closure of Reablement cases to maximise flow and capacity in the system	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	Winter Pressure's Grant	£162,926	Existing
12	Housing Officer post based in the Urgent Integrated Care Team	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes					Low	Medium	Medium	Low	Other	Housing related support	CCG			Private Sector	Winter Pressure's Grant	£40,000	New
13	Trusted assessor Role	These posts will build relationships with care providers and carry out assessments that	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors				Low	High	Low	Low	Social Care		LA			Local Authority	Winter Pressure's Grant	£80,000	Existing

		will be accepted by the care providers and as a result reduce the timescales for providers being in a position to accept a placement. Where an individual is in hospital it is estimated that this can reduce length of stay by up to 5 days, thus improving the experience for the individual and also freeing up bed capacity.																	
14	Additional Occupational Therapy/Manual Handling Capacity	– increase capacity will support the prompt assessment and reassessment of individuals to support	Community Based Schemes				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£38,110	Existing

		people to remain at home safely and to support timely discharges from hospital.																		
15	Voluntary Sector Support	to support the purpose of avoiding social isolation and thus avoiding primary care and hospital attendances and admission and/or supporting timely discharges	Other		Voluntary Sector Support			High	High	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	Winter Pressure's Grant	£200,000	Existing
16	Winter Pressure kits for reablement staff	Winter Pressure kits for reablement staff	Other		Cold weather kits for reablement staff			Medium	Medium	Medium	High	Social Care		LA			Local Authority	Winter Pressure's Grant	£15,000	Existing
17	Reablement Services	Reablement Services	Other		Funding of reablement service to support hospital discharge			Medium	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,148,000	Existing
18	Early Supported Discharge Team	Early Supported Discharge Team	Integrated Care Planning and Navigation	Care Coordination				Low	High	Medium	Low	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£286,000	Existing
19	Community Occupational Therapists to	Community Occupational Therapists to	Community Based Schemes					Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£751,000	Existing

	undertake timely assessments and support discharge from hospital	undertake timely assessments and support discharge from hospital																		
20	Investment in Community and Residential Mental Health Services	Investment in Community and Residential Mental Health Services	Other		Community and Residential Mental Health Services			Medium	Medium	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,450,000	Existing
21	Adult Social Care - Community based Services (Inc care Homes)	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes					Medium	High	High	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£3,252,828	Existing
22	Impact of New Care Act Duties	Impact of New Care Act Duties	Care Act Implementation Related Duties	Other	Assessment and Care Management			Medium	High	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£529,000	Existing
23	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations				Medium	High	High	High	Other	Housing / adaptations	LA			Private Sector	DFG	£2,511,180	Existing
24	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local	Community Based Schemes					Medium	Medium	Medium	Medium	Social Care		LA			Private Sector	iBCF	£9,428,110	Existing

	provider care market	provider care market																		
25	Community Response Service investment to avoid acute admissions and discharge to support	Community Response Service investment to avoid acute admissions and discharge to support	Assistive Technologies and Equipment	Community Based Equipment				High	High	Medium	Low	Social Care		LA			Local Authority	Winter Pressure's Grant	£20,000	New
26	Care Home Contract	Funding to support price increases from April 2019	Other		Early fee increase to support local provider market sustainability			Medium	High	High	Medium	Social Care		LA			Private Sector	iBCF	£416,000	Existing
27	Carers Additional Support	Carers Additional Support	Carers Services	Carer Advice and Support				Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£10,000	Existing
28	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes					Medium	Medium	Medium	Medium	Social Care		LA			Charity / Voluntary Sector	iBCF	£35,000	Existing
29	Autism Social Worker	Specialist Social Work post	Other		Specialist social work post			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£13,007	Existing
30	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Other		Quality improvements in Car Homes across Tameside			Medium	Medium	High	Medium	Social Care		LA			Local Authority	iBCF	£439,300	Existing
31	Reablement Service - system investment costs	Reablement Service - system investment costs	Other		Cold weather kits for reablement staff			Medium	Medium	Medium	High	Social Care		LA			Local Authority	iBCF	£104,190	Existing

32	Shared Lives - additional Social Work capacity	Shared Lives - additional Social Work capacity	Community Based Schemes					Low	Low	High	Low	Social Care		LA			Local Authority	iBCF	£65,170	Existing
33	LD Employment Services	LD Employment Services	Other		Supporting LD clients into paid employment			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£38,620	Existing
34	Assessment and Care Management Capacity	Assessment and Care Management Capacity	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	High	Medium	Medium	Social Care		LA			Local Authority	iBCF	£97,881	Existing
35	Direct Payment Capacity	Direct Payment Capacity	Other		Promotion / awareness of Direct Payments			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£103,514	Existing
36	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's cases	Other		Approved Mental Health Practitioner and COP capacity to support DOL's cases			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£183,084	Existing
37	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes					Medium	High	High	Medium	Social Care		LA			Private Sector	iBCF	£97,942	Existing
38	Sensory Services	Additional sensory worker capacity	Other		additional sensory service capacity			Low	Low	Low	Low	Social Care		LA			Local Authority	iBCF	£29,292	Existing

4.6 High Impact Change Model

This sheet enables us to state our level of maturity for each of the eight High Impact Changes that are seen as important in managing transfers or care and Delayed Transfer of Care.

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Many elements of the High Impact Changes have been embedded across the Tameside and Glossop system. Predictive modelling is utilised in the Integrated Care Foundation Trust to support early identification of the need for additional capacity to manage more complex discharges.

A multidisciplinary approach which includes Primary Care, the Integrated Care Foundation Trust, Social Care, the Voluntary Sector and wider health and community organisations has been adopted to support people in their own homes where ever possible and promote effective discharge when admissions are required.

Relationships with Care Homes continue to be strengthened through the Care Home Manager Forum, Primary Care alignment with care homes, Digital Health and the Care Home Quality Improvement Team.

Patient and family choice continues to be a key challenge even with a choice policy in place. Delays are generally in the non-acute beds but further work may be needed to help families come to terms with the need to relocate to a care home and to make an informed choice regarding the new home. GM are focussing on Home First through the winter communications campaign.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020
Chg 1	Early discharge planning	Plans in place	Established
Chg 2	Systems to monitor patient flow	Mature	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Chg 4	Home first / discharge to assess	Mature	Mature
Chg 5	Seven-day service	Established	Established
Chg 6	Trusted assessors	Mature	Mature
Chg 7	Focus on choice	Mature	Mature
Chg 8	Enhancing health in care homes	Mature	Mature

4.7 Metrics

This sheet enables us to explain how we will deliver the ambition in four key areas.

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p>	<p>T&G have seen reductions in the number of NEAs. The extensive use of Ambulatory Care and Observation beds means that a significant number of NEA are 0 LOS where as previously they would have been several days in length.</p> <p>Where possible urgent care support is given in an individual's own home through the Integrated neighbourhood Teams, Integrated Urgent Care Team and Digital Health but when acute input is required a NEA may result.</p> <p>Integrated Neighbourhood Teams also hold MDTs to maximise opportunities to wrap support around vulnerable people and reduce their risk of an urgent care need arising.</p>

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	210.5	<p>The level of delays in hospital Acute beds is minimal as the Integrated Teams support Discharge to Assess. Where possible people return home direct from an acute bed but when a period of recovery or rehabilitation or a further assessment is required they will be transferred to the Intermediate tier beds. The majority of our delays are in our non-acute beds and are due to patients and family choice. Work continues to support families to find care homes with available beds. Transition beds have been funded from winter monies to help reduce delays and families remain supported by the integrated team until they are in their home of choice.</p> <p>The 29/20 Winter communications focus for GM is Home First.</p> <p>Close monitoring of DTOC and LOS continues and includes a weekly senior level meeting to identify where issues arise and put effective solutions in place to ensure prompt discharge.</p>

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	607	741	Data has been cleansed and monitoring processes have been reviewed so systems are more robust and accurate. The expectation is that the number of older people being admitted will increase, however the duration of placements will be expected to reduce, as people are being admitted only at critical stages, and are able to remain at home for longer.
	Numerator	241	300	
	Denominator	39,711	40,510	

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.5%	79.8%	A deep dive of the information has also taken place to understand performance. There is a new Gateway process being implemented, and this plan reflects the time anticipated for the process to be embedded. Data collection and monitoring processes are being reviewed in line with this.
	Numerator	371	380	
	Denominator	455	476	

4.8 Planning Requirements

This sheet enables us to confirm that plans meet the requirements of the BCF.

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
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NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	<p>Tameside MBC and Tameside and Glossop CCG are an integrated strategic commissioner with a joint CO and integrated budget. We have developed our first corporate plan, 'Our People Our Place Our Plan', to pull together the objectives of the Strategic Commission. Our plan reflects the priorities and guiding principles for our joint work and outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day.</p> <p>The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are Greater Manchester-wide idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.</p> <p>Senior Leaders across the economy have endorsed the plan and are working together to deliver on its ambitions.</p> <p>Link to Corporate Plan https://www.tamesideandglossopccg.org/corporate/corporate-plan</p> <p>The Better Care Fund supports the delivery of Care Together, the Locality Plan and the Corporate Plan</p>
	PR2	A clear narrative for the integration of health and social	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:	Yes	<p>The BCF is fully integrated into the Locality Plan which aligns with the Corporate Plan and the Care Together programme. The narrative within this return sets out the approach that will deliver the objectives of the BCF but the system does not create a separate BCF narrative plan as the</p>

		care	<ul style="list-style-type: none">- Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care?- A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care?- A description of how the local BCF plan and other integration plans e.g. STP/ICSs align?- Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description		system plan extends beyond the BCF.
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			of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?		
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes	There is a plan in place to fully utilise the DFG allocation. This plan aligns with the local housing strategy.
NC2: Social Care Maintenance	PR4	A demonstration of how the	Does the total spend from the CCG minimum contribution on social care match or exceed the	Yes	There is a local agreement to invest in excess of the national minimum requirement in social care services. The continued investment in community and social care services to this level

		<p>area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution</p>	<p>minimum required contribution (auto-validated on the planning template)?</p>		<p>ensures sustainability of key social care services, which support hospital discharge and enable individuals to live independently in the community.</p>
<p>NC3: NHS commissioned Out of Hospital Services</p>	<p>PR5</p>	<p>Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the</p>	<p>Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?</p>	<p>Yes</p>	<p>The investment plan confirms that the investment in NHS commissioned out of hospital services exceeds the minimum ringfence.</p>

		CCG minimum BCF contribution?			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear</p>	Yes	<p>The HICM has been operational within Tameside and Glossop for many years. Discharge planning for elective inpatients has in the past been the factor that has reduced the status of HICM 1 to plans in place. The Integrated neighbourhood approach has enabled opportunities for additional support to be planned for people awaiting admission for an elective care procedure and so completes the establishment of all 8 aspects of the HICM.</p>

			explanation and set of actions towards establishing the change as soon as possible in 2019-20?		
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties?- Funding dedicated to carer-specific support?- Reablement?	Yes	Metrics are aligned to the key areas of investment and performance will be reported as part of future, periodic submissions. Many of the investment areas are a continuation of the 2017-19 plan, any new areas of investment meet the criteria of the grant funding and support delivery of the 4 key national conditions. There is an agreed plan for the ASC Winter pressures grant, which is outlined in the Expenditure tab. This plan has been jointly agreed between the LA and NHS partners and has been approved through the joint governance process. The plan sets out how the investment in a number of key areas of social care will contribute to alleviating demand pressures in the NHS over the winter period. Specific funding is included in the investment plan for implementation of Care Act duties, carer specific support and Reablement.
	PR8	Indication of outputs for	Has the area set out the outputs corresponding to the planned scheme types	Yes	see investment plan in expenditure tab for further detail

		specified scheme types	(Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)		
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes	<p>The metrics reflect the continuous development of services to increase Healthy Life Expectancy. The Home First approach enables more individuals to be supported in their own homes with many being linked through social prescribing to a range of opportunities to reduce social isolation and increase independence. The nature of people being admitted to care homes has changed with many being older and or having more complex needs. The changing nature of care home residents is recognised and longer-term work is in place to develop housing stock that is more appropriate for older people who may be living with frailty but with suitable housing and the wider environment could remain in their own homes.</p> <p>The Age Friendly Tameside Strategy underpins the work to help people retain their independence.</p>

5 RECOMMENDATIONS

5.1 As set out at the front of the report.

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Agenda Item 5

Report to:	Health and Wellbeing Board
Date:	19 September 2019
Reporting Officer:	Councillor Bill Fairfoull, Deputy Leader and Executive Member Children and Families Richard Hancock, Director of Children's Services Debbie Watson, Assistant Director of Population Health
Subject:	STARTING WELL PARTNERSHIP UPDATE
Report Summary:	The report gives Health and Wellbeing Board members an update on progress on the Tameside Starting Well Partnership.
Recommendations:	Health and Wellbeing Board members are asked to note the progress outlined in the report.
Corporate Plan:	The Starting Well Partnership delivers on the Starting Well priorities of the Corporate Plan.
Policy Implications:	Health and wellbeing boards should ensure a focus on early intervention, within an overall understanding of a 'lifecourse' approach to provision. The vision of the Health and Wellbeing Board is to make an effective contribution to improving health and wellbeing outcomes and driving the development of healthy policies for children and families in Tameside.
Financial Implications: (Authorised by the statutory Section 151 Officer)	There are no direct financial implications arising from this report.
Legal Implications: (Authorised by the Borough Solicitor)	It is clear that we need to find place based solutions to some of the challenges we face that requires both public sector and voluntary agencies to work together to find new solutions. Such partnership working doesn't obviate the legal requirements for governance for Council/CCG policies and committing expenditure or using resources.
Risk Management:	The risks of failing to tackle some of the challenges within the borough will be to increase inequality.
Access to Information:	The background papers relating to this report can be inspected by contacting Debbie Watson, Assistant Director of Population Health
Background Information:	 Telephone: 0161 342 3358  e-mail: debbie.watson@tameside.gov.uk

1.0 INTRODUCTION

1.1 Following a children and families governance review presented at the Health and Wellbeing Board in September 2018, work has taken place to support the establishment of a Starting Well Partnership that will deliver public sector reform principles to support, enable and empower children, young people and families to lead happy and healthy lives.

1.2 Running parallel and in partnership to this was the launch of the Tameside and Glossop Corporate Plan in February 2019, which highlighted four overarching priority areas for Starting Well:

- Very best start in life where children are ready to learn and encouraged to thrive and develop
- Aspiration and hope through learning and moving with confidence from childhood to adulthood
- Resilient families and supportive networks to protect and grow our young people
- Opportunities for people to fulfil their potential through work, skills and enterprise

1.3 The public sector reform principles will be key enablers to the success of the Starting Well Partnership and have been outlined within the Tameside and Glossop Corporate Plan as:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control.
- A place based approach that redefines services and places individuals, families, communities at the heart.
- A stronger prioritisation of wellbeing, prevention and early intervention.
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

1.4 Therefore, it is the purpose of this report to provide an overview of the work completed to date and outline the plan for Starting Well Partnership.

2.0 STARTING WELL - STRATEGIC CONTEXT

2.1 Whilst developing the Starting Well Partnership it has been important to understand the system wide priorities linked to the Starting Well agenda. Across Tameside and Glossop and Greater Manchester, there has been a drive to improve the outcomes for children, young people and their families. These have been documented in a number of strategies and frameworks, namely:

- [Tameside and Glossop Corporate Plan](#) (Our People – Our Place – Our Plan);
- [Greater Manchester Strategy](#) (Our People – Our Place);
- [Greater Manchester Children and Young People's Plan](#) 2019-2022;
- [Greater Manchester Children and Young People Health & Wellbeing Framework](#) 2018-2022; and
- [Greater Manchester Population Health Plan](#) 2017 – 2021.

Within these documents there are similar and interlinking priorities as tabled in **Appendix A**. These strategies provide seven priority themes of work, which mirror the Starting Well priorities in Tameside. These priority themes are bullet pointed as follows:

- Maternity/ Maternal Health
- School Readiness/ Child Development
- Education and Employment
- Mental Health
- Physical Health – Oral health/ Physical activity/ Long term conditions in children
- Special Educational Additional Needs and Disabilities
- Early Help and Social Resilience – Early Help/ Reduce ACEs/ Reduce LAC/ Reduce youth offending/ Reduce school exclusions/ Reduce criminal exploitation

2.1 The above priorities are delivered within the principles of ‘early intervention’, which is outlined by the Early Intervention Foundation as:

“Early intervention means identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental health problems, poor academic attainment, or involvement in crime or antisocial behaviour. Effective early intervention works to prevent problems occurring, or to tackle them head-on before they get worse.”¹

3.0 PROGRESS SO FAR

3.1 In preparation for the establishment of the Starting Well Partnership activity has included:

- Proposed membership of the Starting Well Partnership and the Starting Well Implementation Group.
- Development of Terms of Reference for the both the Partnership and the Implementation Group.
- Mapping the delivery groups existing to support the work from the Partnership.
- Hosting a Starting Well Priorities Workshop using the Signs of Safety methodology to recognise the local partnerships understanding of the term ‘starting well’, their worries and opportunities to work as a system. Please see **Appendix B** for the write up summary slides.

4.0 NEXT STEPS AND RECOMMENDATIONS

4.1 The first Starting Well Partnership is due to take place on the 10 October 2019. In light of the work completed so far. Initial priority tasks for the Partnership are listed below:

- Agree Terms of Reference and membership for the Starting Well Partnership and the Starting Well Implementation Group, acknowledging these may be subject to change as the Starting Well Partnership evolves.
- Reviewing the existing delivery groups that implement much of the ‘business as usual’ Starting Well work programme.
- Enabling a community research project to inform and co-produce the Starting Well Partnership’s priorities and work programme.
- Producing a theory of change model, using the values of the Starting Well Partnership and the public reform principles to form a work programme that will have a high level impact on themed areas of work noted in section 2. For example, how can asset based approaches make a difference to child development.

¹ <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

- Consider how the Starting Well Partnership will operate to ensure it reflects public reform principles.

5.0 RECOMMENDATIONS

As detailed at the front of the report.

System Wide Starting Well Priorities

Transforming Tameside and Glossop Our People – Our Place – Our Plan	The Greater Manchester Strategy Our People – Our Place
<ul style="list-style-type: none"> • Very best start in life – where children are ready to learn and encouraged to thrive and develop • Reduce rate of smoking at time of delivery • Reduce the number of children born with low birth weight • Improve school readiness • Children attending ‘Good’ and ‘Outstanding’ Early Years settings • Take up nursery at 2 yrs • Promote good parent infant mental health • Aspiration and hope through learning and moving with confidence from childhood to adulthood • Reading / writing / maths at Key Stage 2 • Attainment 8 and Progress 8 at Key Stage 4 • Young people going onto higher education • Children attending ‘Good’ and ‘Outstanding’ schools • Number of 16-19 year olds in employment or educated • Proportion of children with good reading skills • Promote and whole system approach and improving wellbeing and resilience • Resilient families and supportive networks to protect and grow our young people • Early Help Intervention • Reduce the number of first time entrants into Youth Justice • Increased levels of fostering and adoption • Improve the quality of social care practice • Improve the placement stability for our looked after children • Reduce the impact of adverse childhood experiences. 	<ul style="list-style-type: none"> • Children starting school ready to learn • By 2020, Greater Manchester will meet or exceed the national average for the proportion of children reaching a ‘good level of development’ by the end of reception • By 2020, 70 fewer very small babies will be born every year, narrowing the gap with the projected national average for the number of low birth weight, at-term births • By 2020, all early years settings will be ‘good’ or ‘outstanding’, an increase from 90% in 2016 • Young People equipped for life • By 2020, there will be 1,000 fewer looked after children in Greater Manchester, a reduction of more than 20% on 2016 levels • By 2020, we will meet or exceed the national average for the number of young people achieving the equivalent of 5+ A*-C GCSEs (including English and Maths), with all districts demonstrating significant progress in closing the attainment gap across their schools • By 2020, the number of 16-17 year olds who are NEET (not in education, employment or training) will be below the national average in all Greater Manchester districts, as will the number whose activity is not known to the local authority • By 2020, the number of unemployed 16-19 year olds will have fallen from 13,300 in 2016 to 12,000, a reduction of 10% over the period
Greater Manchester Children & Young People Health & Wellbeing Framework 2018-2022	The Greater Manchester Population Health Plan 2017 – 2021
<ul style="list-style-type: none"> • Early years and school readiness • Mental health and resilience • Preventing avoidable admissions, particularly for long-term conditions 	<ul style="list-style-type: none"> • To support localities to implement the core elements of the Greater Manchester Early Years model, including the development of an IMT

<ul style="list-style-type: none"> • Supporting and protecting children and families at risk • Working with schools to improve all children’s safety, physical and mental health and especially those with special needs • Transition of care for young people to adult services <p>Enabling Objectives</p> <ul style="list-style-type: none"> • Including children in planning based on a children’s charter • Delivering a modern, effective, safe and sustainable workforce • Using the power of digital technology to join up services • Sharing transparent and accessible data to hold us to account for performance 	<p>proposition to improve data processes to track progress and allow earlier intervention.</p> <ul style="list-style-type: none"> • To develop a sustainable, resilient and consistent Greater Manchester approach to stopping smoking in pregnancy. • To implement evidence-informed interventions at scale in a targeted and consistent manner across Greater Manchester to improve oral health and reduce treatment costs within 3-5 years.
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Greater Manchester – Children and Young People’s Plan
2019 -2022

- School readiness – The best start in life and the right support to be ready to learn are crucial factors for long-term successful outcomes for children and are already a key priority in the Greater Manchester Strategy
- Quality education and outcomes – Increasing the quality of education and educational achievement, especially in secondary schools, is crucial for the next generation of the workforce to match their skills and academic achievement with the jobs of the future.
- Special educational needs and disabilities (SEND) – All children and young people deserve the right to achieve their potential and a specific focus on those with SEND will help us support them to have the right start in life.
- Looked after children and care leavers – Each local authority as a corporate parent, and the Greater Manchester Combined Authority with a corporate parenting approach, has a special responsibility to these children and young people to enable them to have the support and opportunities that should be available to all.
- Ready for life – Transition to adulthood can be both exciting and challenging, and our job is to equip young people with the support they need to make that transition effectively and seamlessly; becoming the next generation of parents, workers and leaders.
- Healthy children and young people – The best health possible adds so much to the quality of life and the ability to live it to the full. We want all children and young people to have the best health they can, regardless of where they live, or any conditions they were born with.
- Safe children and young people – Safety is a complex issue and supporting children and young people to keep themselves safe, plus intervening to support and, if necessary, protect them when they are less than safe, is a crucial responsibility for us all. Safeguarding is everyone’s responsibility and we need to know what our role is if we are to make Greater Manchester as safe as possible for our children and young people.

Starting Well Priorities Workshop

Friday 28th June 2019, 9.00am – 12.30pm

The Write Up



Agenda

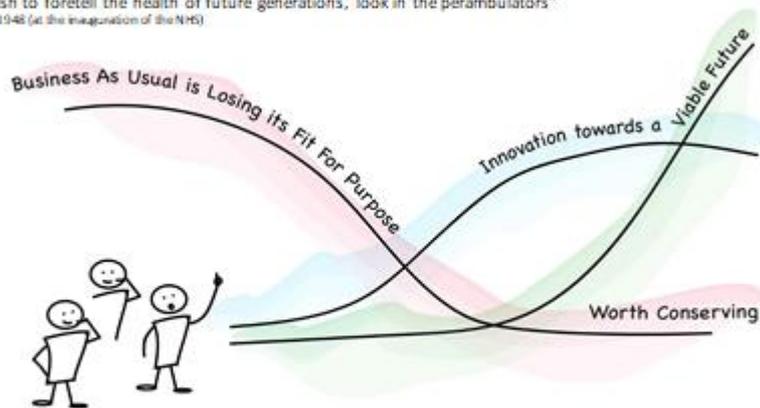
Timings	Item/ Activity
9:45am	Setting the context today's workshop
10.05am	What do we mean by Starting Well? (Activity 1)
10.20am	Capturing the good? (Activity 2)
10.40am	An honest conversation. What are we worried about? (Activity 3)
11.30am	Explore our areas of focus (Activity 4)
12.20pm	Summary and next steps
12.30pm	Close

Setting the Context

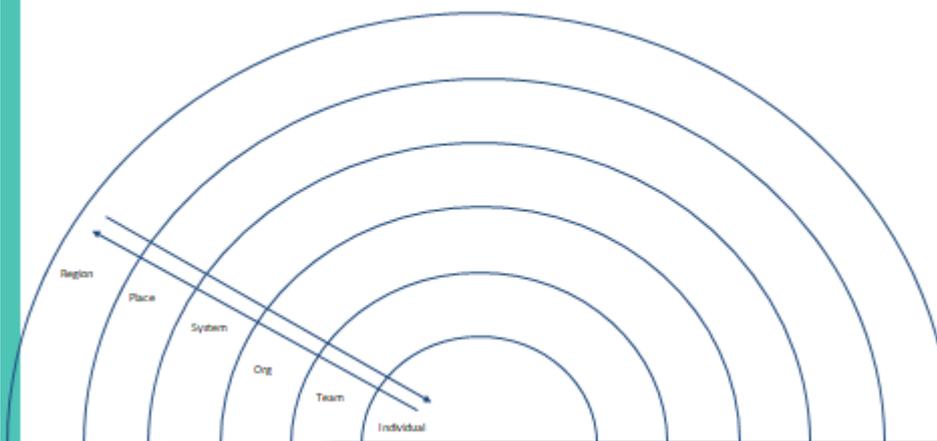
Regional and Local Priorities



"If you wish to foretell the health of future generations, look in the perambulators"
Nye Bevan, 1948 (at the inauguration of the NHS)



Map what to let go of, what to conserve, & transformative innovation to reach a shared vision.





What do we mean by Starting Well?

Activity 1



"Its easier to build a strong child that fix a broken man"

- Positive relationships with friends, teachers etc.
- Independence
- Having an identify
- Free from inequalities
- Love in life
- Being able to express
- Being kind
- Playing
- Hopes and Dreams
- Good relationships with parents
- Having experiences
- Learning
- Supportive Networks
- Aspirations in life
- Being healthy
- Happy
- Encouragement
- Being safe

What is working well for Starting Well in Tameside?



- Early Attachment Service and PIMH Pathway
- SOS Practice Model
- Tameside Loves Reading
- Sex and Relationships Curriculum
- Voice of Child Strategy
- LGBT Out Loud
- Immunisation Team
- Grow early help offer
- Young Parents Group
- Family Nurse Partnership
- Youth Council
- YP Mental Health Drop ins
- Police response to DA
- Alcohol Exposed Pregnancies Programme
- Teeth brush programme in schools

Lots & Lots More...

Activity 2 Commitment Partnerships Passion We are doers



What are we really worried about?



Activity 3

What can we do about it?



Listen and invest in the community	Enable and empower meaningful relationships - professional to professional, professional to family & family to family
Build on the good	Be stubborn!

Activity 4

Conclusion



- Starting Well is a way of life
- Relationships of every form are powerful
- Communities is where the magic happens
- Partnerships, collaboration and co-production is important
- Be asset based
- Be bold, be stubborn – move from knowledge to wisdom!

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Agenda Item 6

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 September 2019
Executive Member:	Councillor Eleanor Wills, Executive Member Adult Social Care and Population Health
Reporting Officer:	Stephanie Butterworth, Director – Adult Social Care
Subject:	AGE FRIENDLY COMMUNITIES UPDATE
Report Summary:	<p>Further to the initial report on age friendly communities presented to the Health and Wellbeing Board in January 2019, this report provides a progress update on the development of the strategy and Greater Manchester events that facilitate this agenda. Co-production with older people and wider stakeholders is and has been pivotal to the strategy and to embed system ownership.</p> <p>Our older people are members of diverse communities and present opportunities to offer the expertise and flexibility to develop our Age Friendly Tameside together. Engaging older people throughout the strategy's time period is essential for the success and ownership of this work.</p> <p>The draft terms of reference for the Tameside Age Friendly Partnership are also provided with a summary of its core objectives.</p>
Recommendations:	The Health and Wellbeing Board is requested to note progress against and support the development of, a borough Age Friendly Strategy and Action Plan linked with the priorities of the Greater Manchester Age Friendly Strategy.
Links to Corporate Plan:	Local action to promote age friendly communities aligns with the Tameside and Glossop Corporate Plan, particularly within the Ageing Well life course though all other life-course areas will have an impact to this objective. Living Well improvements will help individuals to prepare and plan for a good later life.
Policy Implications:	This report proposes an outline structure for a Tameside Age Friendly Strategy, overseen by a multiagency Partnership Group with a reporting relationship to the Health and Wellbeing Board.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications arising from this report
Legal Implications: (Authorised by the Borough Solicitor)	Reducing health inequalities will reduce demand on limited and reducing budgets. This reports sets out the approaches being developed to accelerate this work.
Risk Management :	There are no risks associated with this report.
Background Papers	<p>Background papers referenced: Global Age-friendly cities: A Guide. WHO :2007 The background papers relating to this report can be inspected by contacting Lauren Foster, Population Health Programme Officer</p> <p> Telephone: 0161 342 3358</p> <p> lauren.foster1@tameside.gov.uk</p>

1. INTRODUCTION

- 1.1 The purpose of this report is to provide a progress update on the development of the draft Tameside Age Friendly Strategy further to the initial report presented to the Health and Wellbeing Board in January 2018. It also highlights the ongoing initiatives across Greater Manchester that support our local work.

2. BACKGROUND

- 2.1 An age friendly approach responds to both the challenges and opportunities created by ageing in our society. Culturally, there is a tendency to perceive ageing as a problem rather than viewing the potential for a life-enhancing stage of life; both for older people and the communities to which they belong.
- 2.2 The World Health Organisation (WHO) Age Friendly Framework promotes a comprehensive active and healthy ageing that places people in later life at the heart of decision making and working across sectors to bring partners together. The WHO describes 8 domains for an age friendly city as seen in Figure 1 below.¹ In essence an age friendly community adapts its structures and services to be accessible to and inclusive for older people who will have varying levels of need and capacities.

Figure1. World Health Organisation 8 Domains for an Age Friendly City



3. GREATER MANCHESTER AGE FRIENDLY COMMUNITIES

- 3.1 Since January 2018 there have been several significant achievements in driving the age friendly agenda forward across GM. The following developments are summarised below:
- GM Age Friendly City Region
 - The Festival of Ageing
 - The GM Mayor's Age Friendly Challenge: Phase 1 and 2
 - GM Moving: promoting physical activity for people aged 40-60 with long term conditions
 - GM Sports Partnership Active Ageing Programme: incl. Ashton St Peters and Stalybridge
 - Age-Friendly Businesses "Take a Seat" Campaign.

- Ageing In Place: Stalybridge

3.2 **Greater Manchester Age Friendly City Region**

Greater Manchester became the UK's first age-friendly city region as recognised by the World Health Organization on March 16th 2018. The bedrock of this achievement has been the commitment demonstrated in the Greater Manchester Age Friendly Strategy. This has twelve headline statements cited below, including the requirement to develop an age-friendly plan for each local authority council area.

1. Establish age-friendly communities across GM, promoting volunteering and bringing generations together.
2. Become a world leader in research and innovation for an ageing society.
3. Increase housing choice to promote social connections and wellbeing in later life.
4. Create opportunities to maximise skills and experience of older workers.
5. Build a health and social care system that works for older people.
6. Show leadership in developing age-friendly initiative at all levels and across all sectors.
7. Create a transport network that supports older people to stay connected and active.
8. Engage and involve older people in arts and cultural activities across GM and establish a Centre for age-friendly Culture – a world first.
9. Support more people to be physically active as they age.
10. Make sure access to entitlements and benefits is easier and simpler.
11. Develop an age-friendly plan for each local authority council.
12. Campaign for positive change in the way older people are viewed.

3.3 **The Festival of Ageing 2018**

This was delivered via the Ambition for Ageing programme, taking place across Greater Manchester between July 2nd-15th and was a celebration of positive and diverse images of ageing. It was also intended to encourage policy-makers to take the action needed to improve the lives of Greater Manchester's 907,000 older people, a figure set to rise to 1.1million in the next twenty years. The Festival offered a range of activities and opportunities for individuals and communities to join in or create their own festival fringe event. As part of the GM events the Tameside Festival of Ageing was held on the 10 July at Ashton Market and a range of stalls and activities could be found celebrating life over 50.

3.4 **The Mayor's Age Friendly Challenge**

This was launched during the Festival of Ageing with the aim of asking people to put forward their ideas for making Greater Manchester a great place to grow old. Phase 1 is asking the VCSE sector, public services and older people groups to submit their best practical examples of age friendly schemes within communities and neighbourhoods. It is seeking for groups or partnerships to work collaboratively when presenting a submission; the deadline for which is 1 December 2019. Successful applications will achieve accreditation and support from the Big Lottery funded Ambition for Ageing to further develop plans. Phase 2 will invite submissions around age friendly issues such as housing, employment and culture. It will be targeted at cultural organisations, businesses and other organisations. We will need to collaboratively develop our Age Friendly Challenge presentations that represent the diversity of collaborative work across the borough.

3.5 **GM Moving Local Pilots**

Sport England's Local delivery pilot includes people aged 40-60 years old with long term conditions as one of its 3 target population groups. Focus groups have been held involving a wide range of partners across the region on how we can approach this. It's building on the momentum of the Greater Manchester Get Moving plan by adopting a whole system approach and this fits in with the Age Friendly Strategy's objectives. The Tameside programme will expand on the current Live Active (Exercise on referral) scheme but will be linked to Active Parks and an enhanced outdoor offer. Also targeting those that are workless or at risk of worklessness, naturally this will include some older people, to work with employers to adopt active workplace policies to support staff to actively travel and to be active throughout the working day. The Bikes into Work scheme is for those who are

unemployed which will also naturally cover those over 50. Growing the capacity of volunteer led health walks linking in with the GM Walking Programme

3.6 **Age-Friendly Businesses: “Take a Seat” Campaign**

To help older people feel more confident about leaving their homes, the housing provider Southway Housing are encouraging local businesses across Greater Manchester to sign up to the ‘Take a Seat’ scheme in a bid to make our region more inclusive, accessible and age-friendly. Inspired by a similar project in New York City, the scheme asks local businesses to make seats, toilets and a drink of water available to people who may need them. Businesses that sign up to the scheme are also given a checklist of ways to make their premises more age friendly and dementia friendly. They are encouraged to display clear signs, store items within easy reach, and keep floors clutter-free. The scheme has already been successfully implemented and delivered in South Manchester by Southway Housing and Tameside took up this scheme with the housing provider earlier this year.

So far, the Tameside ‘Take a Seat’ scheme has 19 shops/businesses signed up in different areas of Tameside, with a number of others in the pipeline. The next targeted areas to benefit from the project are Stalybridge, Denton, Hyde and Ashton.

4. DEVELOPING A TAMESIDE AGE FRIENDLY STRATEGY

- 4.1 A document published by the UK Urban Ageing Consortium, “A Research & Evaluation Framework for Age Friendly Cities” (2014) provides key facts, evidence reviews and summaries for each of the WHO Age Friendly domains. This was used to create practical information to include in the strategy using real life suggestions from older people.
- 4.2 Co-production with older people is fundamental to the development of the Tameside Age Friendly Communities Strategy as is the wider involvement of other stakeholders. Therefore a starting point and a key thread in this strategy’s progress has been reference to public engagement. Since January 2018 the following events have influenced the work.
- 4.3 **The Partnership Engagement Framework (February 2018)**
A facilitated workshop was held to collate thoughts and ideas about developing our local strategy for age friendly communities. The themes included housing, transport, outdoor spaces and buildings; social participation and volunteering; community support and health services; and communication and information.
- 4.4 **The Ambition for Ageing Celebration Event (March 2018)**
Tameside people were asked, “What is going on in Tameside you are already involved with and where?” and “What does an Age Friendly Tameside look like?”. Participants were asked to focus on one of the 3 themes of bereavement, transport or information. The Ambition for Ageing report included many comments about all aspects of life from the environment to statutory services.
- 4.5 **Council, CCG and ICFT Officers’ Workshop (July 2018)**
A workshop was held with officers who hold responsibility for the WHO domains identified for age friendly communities. The officers were introduced to the age friendly communities’ concept and provided with an overview of work at a GM level. They were then invited to be aspirational in the articulation of their ideas for an Age Friendly Communities Strategy, linking with wider GM strategic initiatives and the outcomes of our engagement with older people.
- 4.6 **Bespoke Engagement Event on the draft strategy(August 2018)**
An early version of the draft Age Friendly Communities strategy was discussed with Partnership Engagement Network members, with an interest in older people’s wellbeing. We needed to ensure our core work on the strategy resonated with older people and representative organisations. The engagement event members were positive about the

direction we are undertaking. This has enabled us to move forward confidently with building the strategy.

- 4.7 The resultant draft structure of the Strategy encompasses a short introduction to a WHO Domain followed by some key facts; where we are now; and a “You said” section. A succinct strategic action plan is then provided.

5 NEXT STEPS

- 5.1 The Tameside Age Friendly Partnership is a subgroup of the Health and Wellbeing Board as agreed in January 2018. The purpose of the Partnership is to provide system leadership and adopt a collaborative approach for age friendly developments. It is led by the Director for Adult Social Care as the life course lead for Ageing Well. In summary its responsibilities are to:

- Serve as a champion for the community by developing a vision; gathering momentum and encouraging action.
- Develop a co-ordinated approach across the Health and Wellbeing Board partnership, businesses, service providers and community organisations to make age friendly communities. This will be firmly rooted in collaboration with older people.
- Oversee and promote the implementation of an action plan that relates to the GM Ageing Strategy priorities.

- 5.1 The subsequent Age Friendly Communities strategy is in the final stages of development by the Tameside Age Friendly Partnership, and it is proposed that the final strategy and action plan will be endorsed by the Health and Wellbeing Board in January. We aim to continue to engage with older people throughout the strategy period and aim to adopt an approach that offers the flexibility and specificity to explore ideas, projects or questions together as we develop Age Friendly Tameside.

6.0 RECOMMENDATIONS

- 6.1 As detailed on the report cover

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Age Friendly Tameside

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Stephanie Butterworth,
stephanie.butterworth@tameside.gov.uk



WHO Domains

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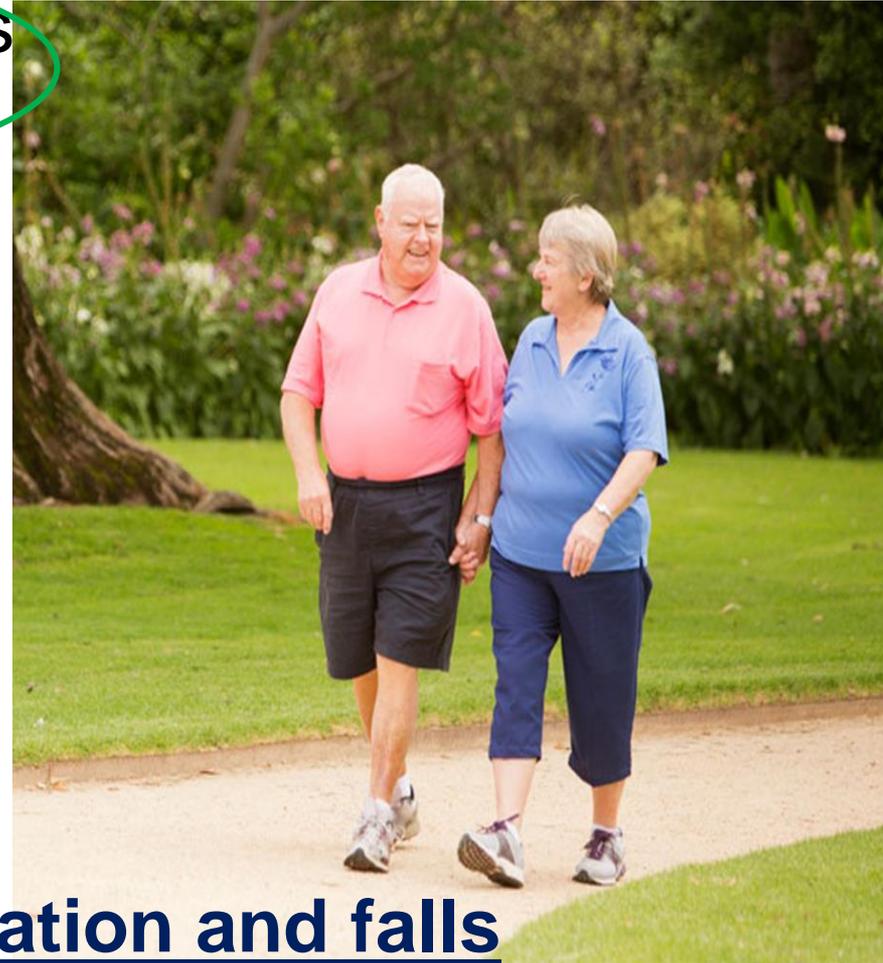
Where we live, work, play and socialise are important in older years

Outdoor spaces and buildings to encourage **active ageing**.

Appropriate and affordable housing.

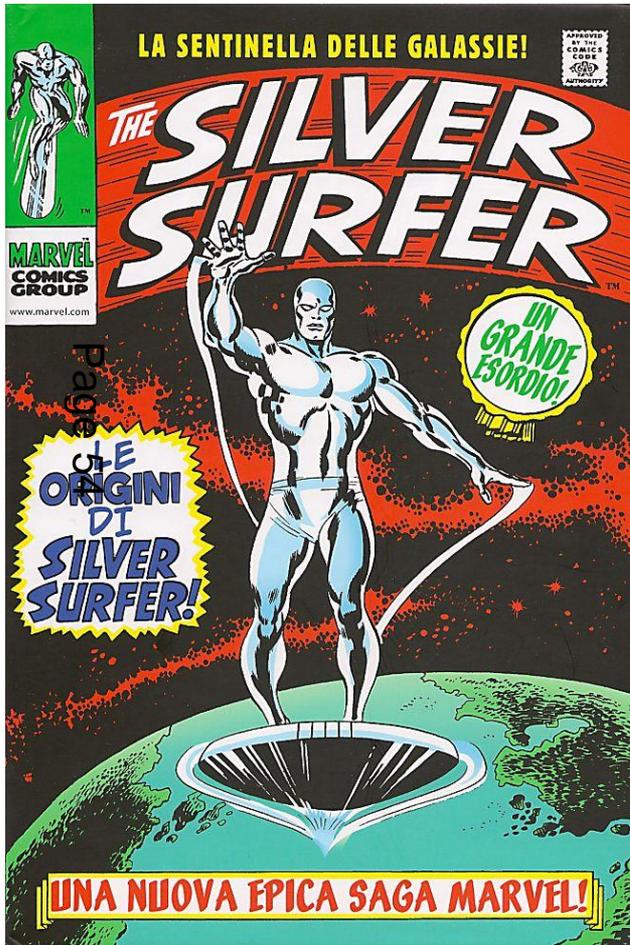
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Accessible and affordable transportation.



Reduce social isolation and falls

The Silver Surfers are here.....



Key issues: Environment

- Around half of those aged 65+ face problems getting outdoors, largely due to environmental barriers and risk of falls, which puts them at risk of **becoming socially isolated**.
- Those living within 10 minutes walk of a local open space are twice as likely to be satisfied with life compared with those that live further away.
- Older people spend more time in their immediate neighbourhood.
- Older people are much more likely to be dissatisfied with their **local area** than they are with their home environment.
- Targeting the over 50's allows us to soften the transition to both older age and retirement.



Age Friendly Neighbourhoods

Phase 1 GM Accredited Age Friendly Neighbourhoods:

- Tameside Mottram
- Tameside Denton South
- Tameside Newton
- Tameside Waterloo

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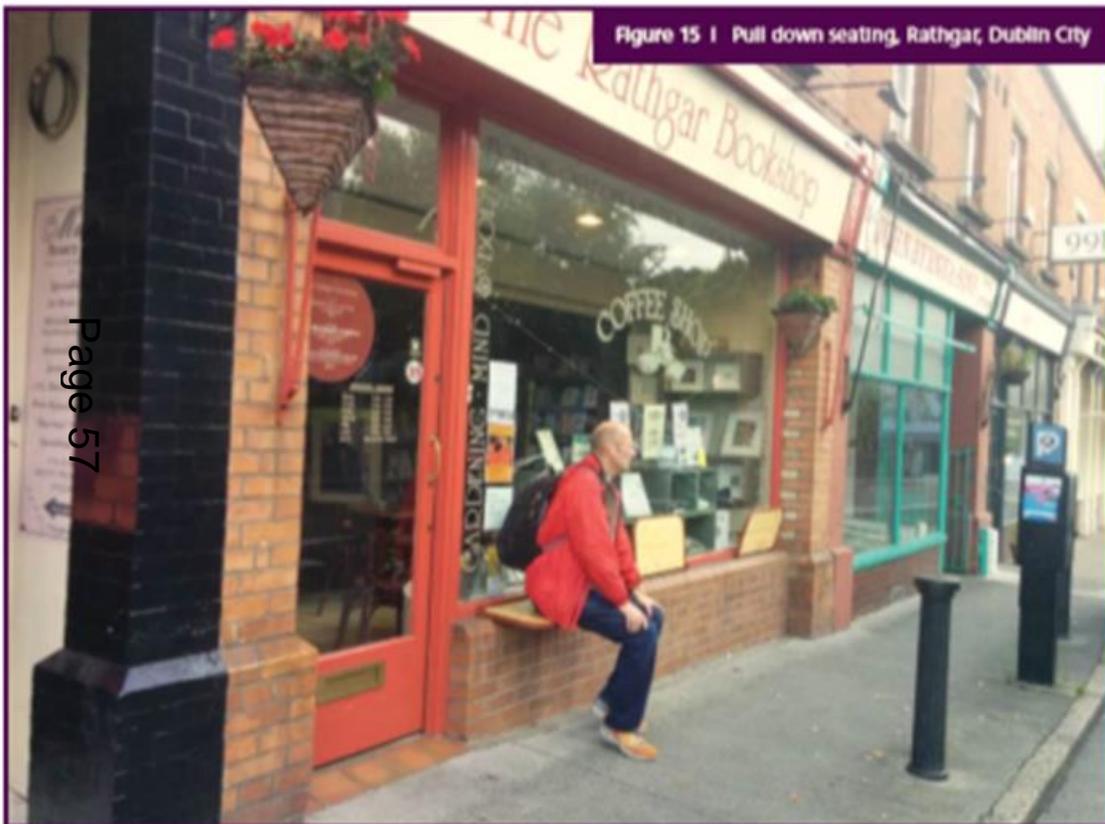
Mayors Challenge Phase 2...embrace wider partnerships with local residents/community groups.

- Tameside Denton North
- Tameside Denton West End
- Tameside Droylsden

(Results due September 2019)

“If you design for the young you exclude the old, but if you design for the old you include everyone”

http://agefriendlyireland.ie/wp-content/uploads/2016/11/AF_PublicRealm_online-1.pdf



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Pull Down Seating

This innovative, flexible and temporary approach to seat provision works well in Rathgar.

Age Friendly Walkability

Burden (2010) walkability: “The extent to which the built environment is friendly to the presence of people walking/ living/shopping/visiting/engaging or spending time in an area”

Improving Age Friendly Walkability

- Conduct an Age Friendly Walkability Audit, report here: <http://agefriendlyireland.ie/wp-content/uploads/2015/10/AFI-Walkability-Report-LR-18615-23-6.pdf>
- Increase age friendly seats available at key points every 100m along popular walking routes; consider lighting, noise, climate, arm rests, bins etc.
- Older people need more time to cross, often double the usual time, those with visual impairments/disabilities need longer .



AGE FRIENDLY
PARKING FOR
OLDER PEOPLE

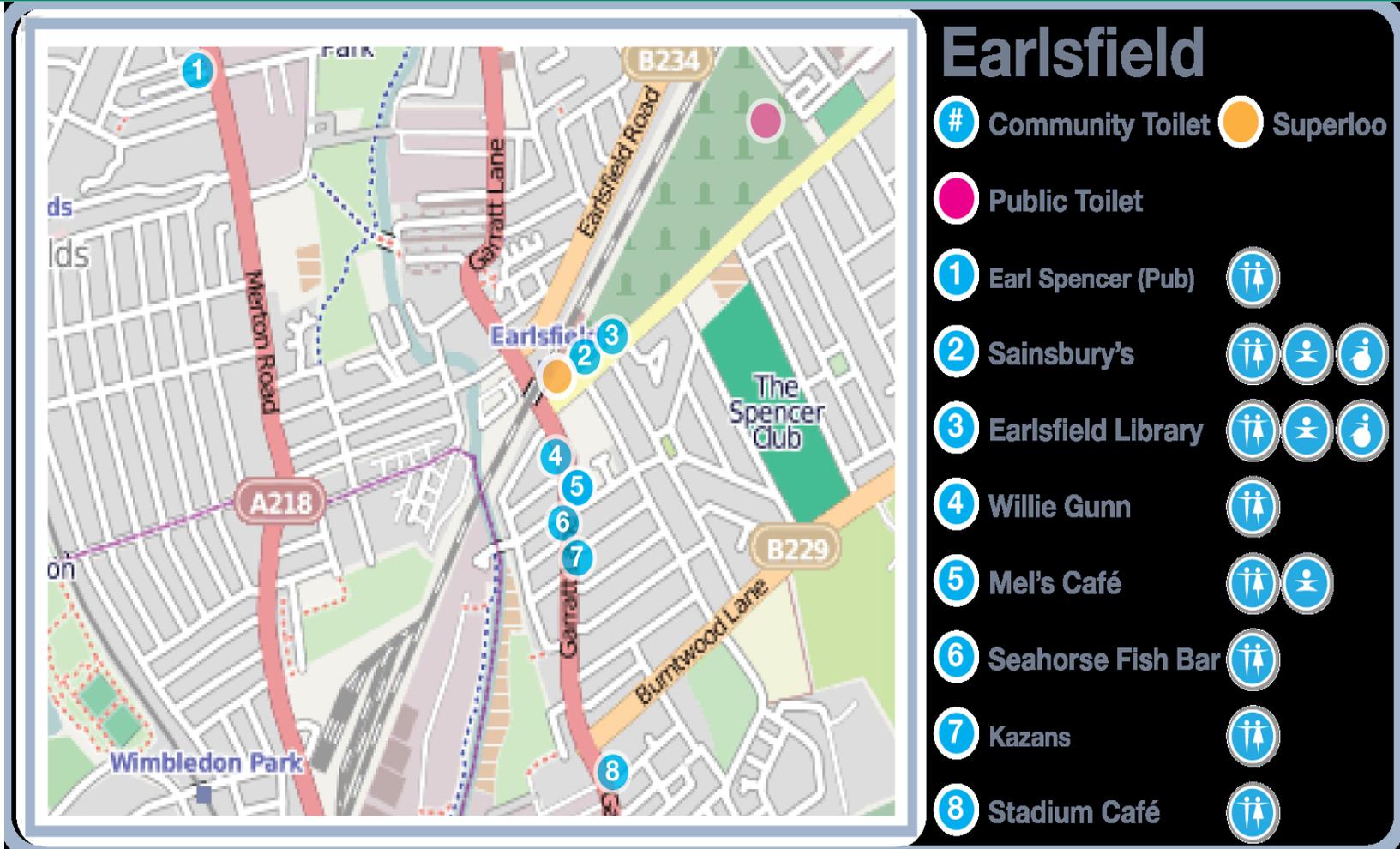
Strategically place AF parking at popular AF locations (near post offices or shopping centres) to encourage older people to walk even part of the journey, knowing key services are easily accessible.



Tameside and Glossop
Clinical Commissioning Group

Take a Seat Campaign/Toilets map

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Housing

- Adapt homes so that people can live for longer in their own homes, including those with dementia
- Make homes supportive of active and healthy living

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- Prevent falls through adaptation/modification (preferably pre crisis), tailored physical activity, enhanced strength and balance, and assistive technology.
- The Tameside Housing Strategy is due for publication in Autumn 2019 and within this one of the key 5 priorities is delivering for an ageing population.
- Accessibility and walkability is an ongoing concern, particularly on housing developments in our town centres.

Ageing In Place

- The programme will bring together all relevant partners in line with the Reform White Paper across the ten GM Districts.
- **For Tameside we have chosen Stalybridge.**

The Ageing in Place seeks to address the challenges of:

- **P** Leadership: how do we assemble effective local leadership for these programmes?
- **P** Policy and programmes: how are the WHO age-friendly domains prioritised at a local level?
- **P** Workforce: what constitutes an effective workforce to deliver ageing-in-place?
- **P** Shared resources: how can local government, health agencies, housing providers and others combine investment and resources to reduce duplication and reduce costs?

Taxi Drivers: Dementia Friends

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Local Pilot

- Target audience: those aged 40-60 with Long Term Conditions.
- Expanding on the current Live Active (Exercise on referral) scheme but will be linked to Active Parks and an enhanced outdoor offer.
- Also targeting those that are workless or at risk of worklessness, naturally including some older people, to work with employers to adopt active workplace policies to support staff to actively travel and to be active throughout the working day.
- Bikes into Work scheme for those who are unemployed which will naturally cover those over 50.
- Growing the capacity of volunteer led health walks linking in with the GM Walking Programme

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Age Friendly green spaces, pocket parks and parklets

- Not all spaces need to be 'green'. Areas for brief rests such as pocket parks can be just as useful for older people making their way around.
- Consider the visual perspective, comfortable, sheltered age friendly seating where they feel safe: well lit and clearly visible to the public.
- A space for exercise, even if small



Greenspace Heroes

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Age Friendly Wayfinding, Signs & Bus Stops

- Locate a strategically placed base map with complementary fingerpost signs in strategic areas.
- Include time, distance and if relevant gradient icons on signs.

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Age friendly **bus stops** provide a safe, sheltered and comfortable designated area to wait for the bus. Place in open well lit areas near day care centres, post offices and general main street areas that are frequented regularly by older people.

Age Friendly transport issues

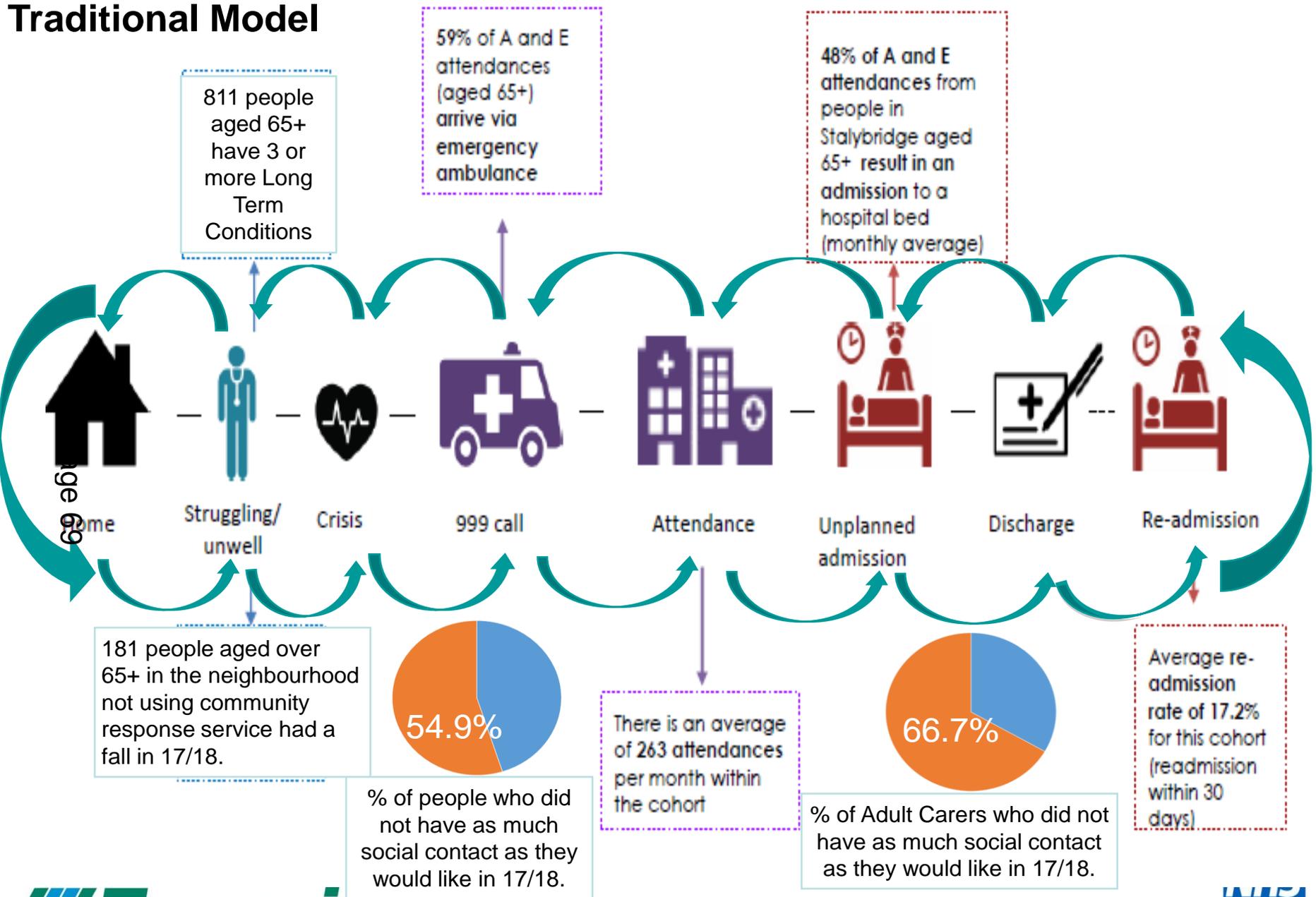
- Walking: Pavements: poor quality/upkeep & obstructions associated with falls; pedestrian crossings; speeding traffic; lack of benches/toilets/street lighting; pollution
- Cycling: Benefit all travellers if dedicated cycle paths were built.
- Public Buses: Bus driver awareness of older people's issues; Location of bus stops e.g. top and bottom of hills; better inter-operator journeys, signage/information and more seating; increase grab rails on buses. Extend free bus pass to before 9:30am.
- Community transport/ring and ride services: promote this service, increase awareness of eligibility and convenience of this service.
- Rail service: Lack of help/seats, confusing tickets, accessibility, cleanliness.
- Driving: Difficulty obtaining a temporary blue disabled badge. Lack of drop off points near health centres/bus stops, cars parked on the road/ pavement can be an issue.
- Policy: Lack of involvement in transport decisions, lack of confidence in reporting, too long to make any changes. Underinvestment in areas outside of London.
- Transport Action Group, community toilets, Take A Seat and audio-visual bus stops.

Frailty myths

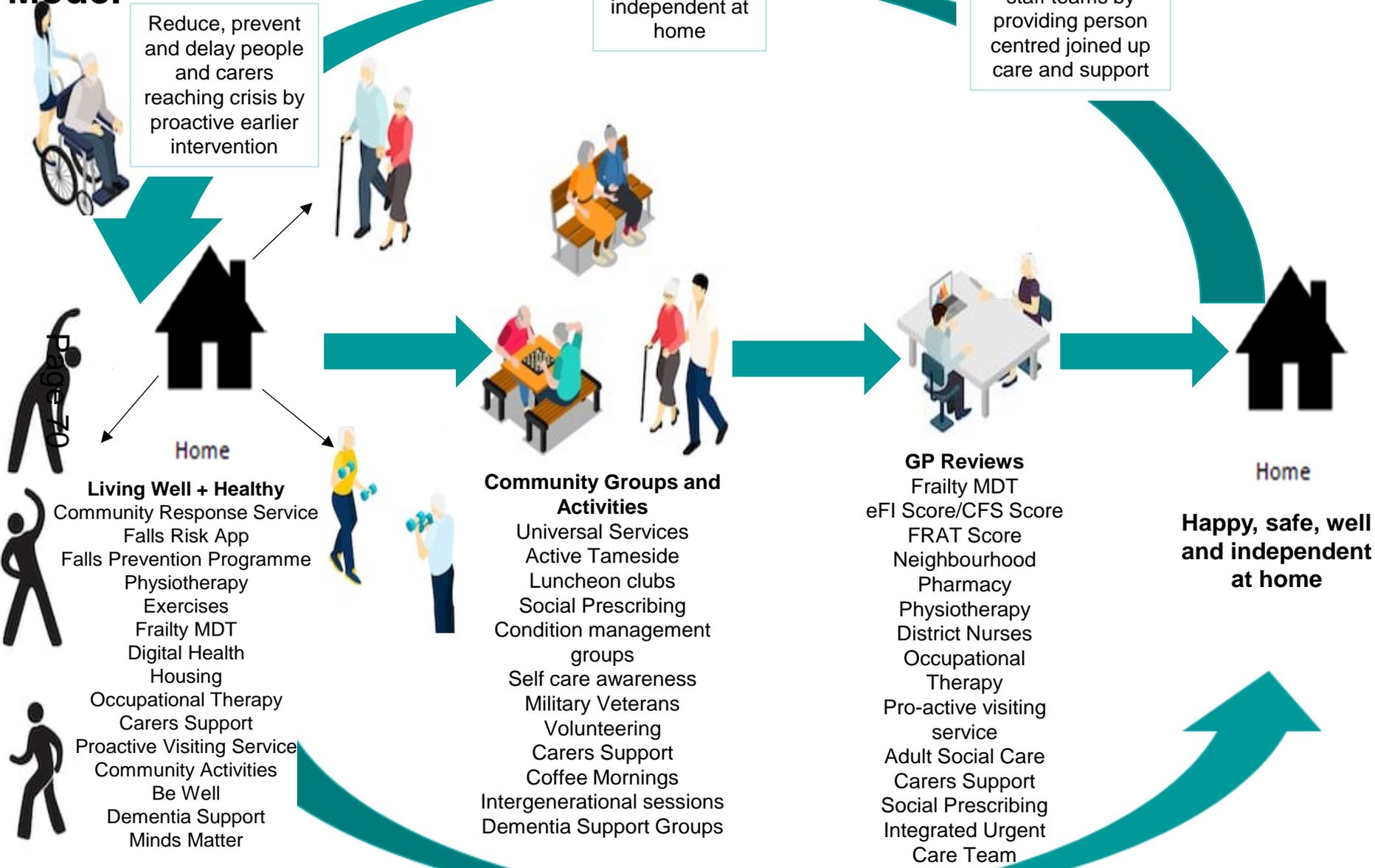
- Not an inevitable part of ageing , 20% over 90s are fit
- May be made better or worse
- Mr Singh 104 years old



Traditional Model



New Integrated Model



LIFE IN TAMESIDE & GLOSSOP

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JSNA web portal

www.lifeintamesideandglossop.org

- Each community asset has a page with brief information about what they do and how to contact them.
- The intention is that the ‘Support’ area of the website will be owned and managed by people working across the system in social prescribing roles.

Partnership

- A partnership will be created from the workshop invitees, to take this Age Friendly Communities strategy and action plan forward and ensure that the actions are delivered.
- We need a responsible person or team for each area to drive the actions and ensure completion.

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WHO Domains... introducing the Tameside Age Friendly Strategy



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Report to:	HEALTH AND WELLBEING BOARD
Date:	19 September 2019
Reporting Officer:	Councillor Wills Executive Member for Adult Social Care and Population Health Stephanie Butterworth - Director of Adults
Subject:	TAMESIDE AND GLOSSOP JOINT CARERS STRATEGY 2019-2022 UPDATE
Report Summary:	This report outlines the direction of travel for carers' health and social care provision nationally and regionally which have been used to formulate and refresh Tameside and Glossop's Joint Carers Strategy 2019-2022, alongside comprehensive local engagement of carers and key stakeholders.
Recommendations:	The Health and Wellbeing Board is asked to: <ol style="list-style-type: none">1. Note the Greater Manchester Carers Charter, Commitment to Carers and Exemplar Model which all localities have been asked to adopt and align local carers work to,2. To note the Tameside and Glossop's Joint Carers Strategy 2019-2022.3. To receive progress updates on the local delivery of the Carers Strategy.4. To note Tameside Council's Working Carers Strategy 2019.
Corporate Plan:	The report aligns to the priorities in the Corporate Plan.
Policy Implications:	No policy implications identified.
Financial Implications: (Authorised by the statutory Section 151 Officer)	There are no direct financial implications arising from this report.
Legal Implications: (Authorised by the Borough Solicitor)	Under the Care Act for the first time, carers were recognised in law in the same way as those they care for. A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation. The Care Act relates mostly to adult carers – people over 18 who are caring for another adult. This is because young carers (aged under 18) and adults who care for disabled children can be assessed and supported under children's law. The Act also makes rules about working with young carers, or adult carers of disabled children, to plan an effective and timely move to adult care and support to understand how to get support themselves. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially. If both the carer and the person they

care for agree, a combined assessment of both their needs can be undertaken. When the assessment is complete, the local authority must decide whether the carer's needs are 'eligible' for support from the local authority. The Council therefore has a statutory duty in common with all other local authorities and therefore it makes sense to address a strategy at a Greater Manchester level.

Risk Management:

Effective governance of Tameside and Glossop's Joint Carers Strategy 2019-2022 has been set up through the Carers Strategy Delivery Group. Any risks to the delivery of the strategy will be managed as they arise through that forum.

Access to Information:

The background papers relating to this report can be inspected by contacting Reyhana Khan, Programme Manager



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1. INTRODUCTION

- 1.1 Every year more and more people take on a caring role. The enormous contribution of our country's carers not only makes an invaluable difference to the people they support, it is an integral part of our health and social care system and it deserves to be better recognised.
- 1.2 To the people they help they are the indispensable family members, friends, and neighbours that make each day possible. Within our communities they are vital partners, bridging the gap between local health and care services.
- 1.3 Carers have their own needs too. We must be alert and responsive to those needs, or we risk compromising their health and wellbeing and, by association, the recipients of their care.
- 1.4 It has been recognised nationally that too often carers feel they are on their own, do not feel respected, valued and supported for the huge contribution they make. They feel that what they do is sometimes taken for granted and overlooked, which often takes a toll on their own wellbeing.
- 1.5 Carers need to be recognised and valued. They need access to information and support to provide the best care they can and they need to balance their caring responsibilities with their own employment and to preserve their personal health and wellbeing.
- 1.6 This report presents the Greater Manchester response to the carers agenda and ensuring that carers are recognised and supported and how our local strategy has been developed.

2. NATIONAL CONTEXT

- 2.1 In recent years there has been greater emphasis nationally on supporting carers across health and social care, recognising the support that carers provide and the need for integrated care systems to support them in being able to maintain their caring role and prevent them from falling into crisis.
- 2.2 The State of Caring Report published in July 2019 is based on a survey of over 7500 people currently caring unpaid for family and friends, the majority of whom provide over 50 hours of care every week.
- 2.3 The results showed the huge personal and financial cost of caring unpaid for a loved one. Key findings include:
 - almost 2 in 5 (39%) carers say that they are struggling to make ends meet
 - over half of carers who are receiving Carer's Allowance (53%) are struggling to make ends meet
 - over two thirds of carers (68%) regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for
 - 1 in 8 carers (12%) reported that they, or those they support, received less care or support services during the previous year due to a reduction in the amount of support from social services
 - 53% of carers said that they are not able to save for their retirement
 - almost two thirds of carers (64%) say that they have focussed on the care needs of the person they care for, and not on their own needs.
- 2.4 Following on from the 'Call for Evidence' in 2016, the Department of Health and Social Care also published the National Carers Action Plan 2018-20. This plan sets out the cross government programme of work to support carers over the two year period and structured on:

- services and systems that work for carers
 - employment and financial wellbeing
 - supporting young carers
 - recognising and supporting carers in the wider community and society
 - building research and evidence to improve outcomes for carers
- 2.5 The NHS Long Term Plan published in 2019 has greater focus on Carers and recognises their contribution to the health and social care system with a focus on improving the support they receive.
- 2.6 Following on from the need for GPs to maintain Carers Registers as part of CQC requirements, the Long Term Plan pledged to develop Quality Markers for primary care that highlight best practice specifically in carer identification and support. These Quality Markers have been worked up with the CQC, and will be accepted as evidence as part of their inspections of GP Practices.
- 2.7 Furthermore, the NHS will roll out ‘top tips’ for GPs which have been developed by Young Carers, including access to preventive health and social prescribing, and timely referral to local support services. This is in response to data which shows that up to 40% of Young Carers report mental health problems arising from their experience of caring.
- 2.8 To support the implementation of these the NHS Commitment to Carers Team will support systems to build a more carer-friendly NHS by:
- launching the Quality Markers framework for primary care, in summer 2019, to better identify and support carers locally
 - starting work to include carers’ plans in Summary Care Records, and to improve adoption of carer passports
 - developing better support for carers in emergencies. Throughout 2019/20 national work will focus on the ways the NHS can support carers in emergencies. This includes agreeing a format that can be shared across integrated care records, to improve the identification and wellbeing of unpaid carers. By 2024, it is hoped that at least 100,000 carers will have benefitted.
- 2.9 Collectively, this national context highlights the importance of carers and recognises their invaluable impact across integrated health and social care systems.

3. GREATER MANCHESTER CONTEXT

- 3.1 As part of the Greater Manchester Adult Social Care Programme, a Greater Manchester (GM) Carers Programme was initiated using all of the information nationally, and with comprehensive local carer engagement. A full suite of documents and tools have been developed by this programme for each locality to ensure support is consistent no matter where somebody lives.
- 3.2 The GM Carers Programme started by developing a Carers Charter (see **Appendix A**) and a Commitment to Carers with 6 defined principles (**Appendix B**) in January 2018.
- 3.3 The GM Exemplar Model for Carer Support (**Appendix C**) was then developed. This brings together best practice from local and national reviews, listening to local carers, and highlights examples of good practice across GM. It is a comprehensive resource that localities are using to strengthen and improve local services for carers. The exemplar model has been developed by partners – VCSE, commissioners, providers and carers collaboratively.

- 3.4 A GM Working Carer Toolkit for Employers was also finalised in November 2018¹ to encourage employers to introduce good practice outlined within the toolkit into your organisation in order to provide better opportunities for carers living and working in Greater Manchester.
- 3.5 These have been signed off by the GM Health and Social Care Partnership Board, and all localities have been asked to adopt these and implement them.
- 3.6 The Health and Wellbeing Board is therefore asked to note the GM Carers Charter, Commitment to Carers, Exemplar Model and Working Carer Toolkit which all localities have been asked to adopt and align local carers work to.

4. DEVELOPMENT OF TAMESIDE AND GLOSSOP'S JOINT CARERS STRATEGY

- 4.1 Using the tools and frameworks made available nationally and regionally Tameside has worked with local carers and key stakeholders to develop a Tameside and Glossop Joint Carers Strategy (**Appendix D**).
- 4.2 Carers are regularly asked about their views and what is important to them, however, a wider and more extensive engagement event was held in January 2017 where carers were asked about their lives and what they need to support them to continue in their caring role (questions were based on the four the key priority areas of the National Carers Strategy). 118 carers attended on the day and 39 carers responded by post.
- 4.3 A further stocktake event was held with key stakeholders in July 2018 to refine this and included carers, Tameside and Glossop Integrated Care Foundation Trust, Community Nursing, Pennine Care, Commissioners and the VCS.
- 4.4 This supported the system to develop and localise our Joint Carers Strategy which was launched on 10 June 2019 in conjunction with National Carers Week.
- 4.5 The Health and Wellbeing Board is asked to note Tameside and Glossop's Joint Carers Strategy 2019-2022 and receive progress updates on the implementation of the strategy.

5. JOINT CARERS STRATEGY IMPLEMENTATION

- 5.1 To ensure the Strategy can be implemented effectively, a more detailed action plan has been drafted with identified work stream leads.
- 5.2 As part of the implementation of the Carers Strategy, Tameside Council have developed a Working Carers Strategy 2019 (**Appendix E**), which was developed after holding focus groups with employees. This was signed off by the Senior Leadership Team in June 2019. The NHS Tameside and Glossop Integrated Care NHS Foundation Trust is following suit and has scheduled in employee focus groups to be able to develop their own aligned Working Carers Strategy.
- 5.3 The Carers Strategy Group is being refreshed to transition into a Carers Strategy Delivery Group, with updated Terms of Reference and includes membership of wider partners. The Delivery Group will be tasked with oversight of the strategy implementation, providing necessary support and challenge.

¹ <http://www.gmhsc.org.uk/wp-content/uploads/2018/11/GMCSU-Working-Carers-Toolkit-Interactive.pdf>

- 5.4 A new Carers Champions Network is being formed to ensure that carers' voices are heard and they are involved in co-producing and shaping the way local services are developed. This Network will feed into the Delivery Group.
- 5.5 In this way the delivery of the Carers Strategy can be monitored robustly, with a more joined up approach across partners to recognise carers and transform the provision to support them.
- 5.6 Regular updates to the delivery of the Carers Strategy will be presented to the Health and Wellbeing Board.
- 5.7 The Health and Wellbeing Board is asked to note Tameside Council's Working Carer's Strategy 2019.

6. RECOMMENDATIONS

- 6.1 As set out at the front of the report.

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.



GREATER MANCHESTER VCSE
DEVOLUTION REFERENCE GROUP

GMCA
GREATER
MANCHESTER
COMMISSIONING
AUTHORITY

NHS
In Greater Manchester

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.

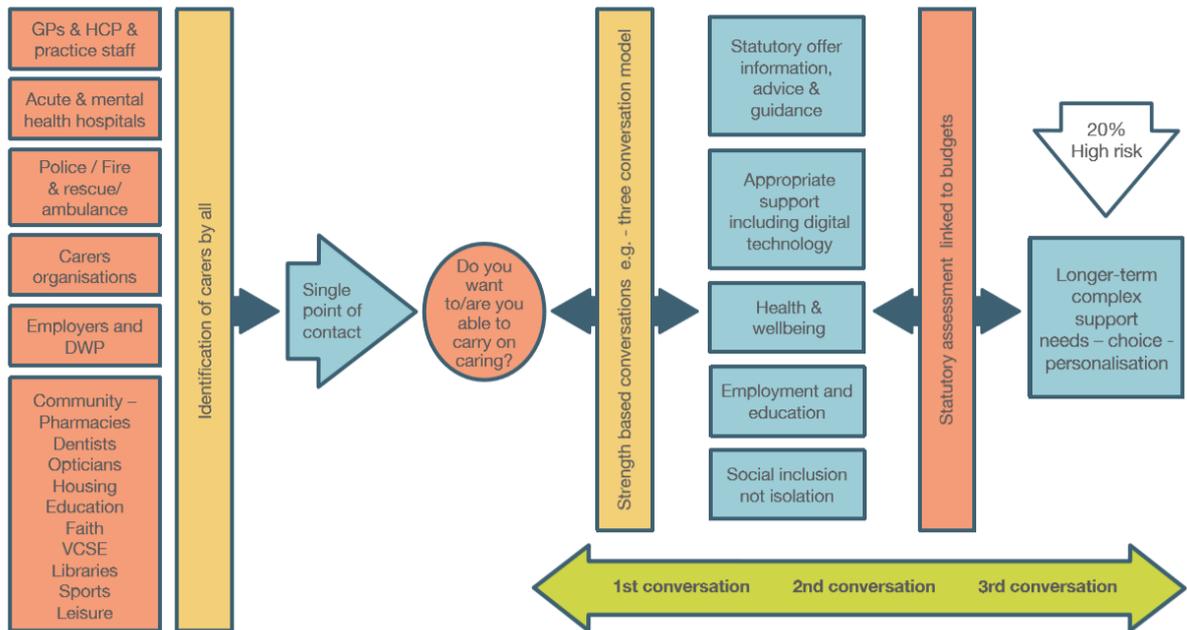
APPENDIX C

GM Exemplar Model (overview of framework)

The full GM Exemplar Model can be found here:

<http://www.gmhsc.org.uk/wp-content/uploads/2019/03/10a-Greater-Manchester-Support-to-Carers-Appendix-A.pdf>

However, an overview of the model is presented in the below diagram:

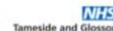


Tameside and Glossop Joint Carers Strategy



Care for the Carer

Tameside and Glossop's Joint Carers Strategy 2019-2022



Our Vision

The aim for our Carers Strategy is for Tameside and Glossop to be a place where Carers and Young Carers feel valued, respected and included in decisions around the person they care for. Carers told us they wanted anyone looking after someone to feel well informed and empowered to be able to balance their caring role while maintaining their own identity and desired quality of life.

We will achieve this by strengthening and developing the links between the diverse range of services and organisations within Health, Social Care, Voluntary Sectors and Community in and around Tameside and Glossop.

We have adopted the Greater Manchester Carers Charter and commitment to enhance and develop support and opportunities for Carers across the region. As such we will be focusing on the following six priorities that we believe will have the greatest impact on Carers always ensuring focus on the Carer's point of view.



Our Priorities

The following table sets out our six priorities, where we want to be in 3 years' time and how we will achieve them.

	What we can do	What Carers can do	Outcome for Carers
1) Identifying and Recognising Carers	Identify Carers as soon as possible, using a whole system approach ensuring access to relevant support and information.	Have conversations with people in day to day settings to help them recognise they might be Carers. Actively engage with professionals and services.	More people are identifying themselves as Carers and registering with services. Informed and empowered Carers accessing appropriate integrated services and support when needed.
2) Supporting Carers to stay Healthy and Well	Strengthen and develop services across health, social care and the voluntary sector to improve Carers health and wellbeing.	Remember to Care for the Carer, without you at your best, the person you care for may suffer.	Carers who are healthy, happy and well and able to continue in their caring role as much as they want to.
3) Carers as real and expert partners	Recognise and respect Carers as expert partners, acknowledging their views and opinions.	Share your wealth of knowledge, ideas and opinions with health and social care professionals.	Carers feel valued, involved, empowered and well informed.
4) Getting the right help at the right time	Ensure Carers are assessed, informed empowered and supported as needed.	Engage with services, understand the levels of support and be open to change and new ideas.	Carers are supported and empowered, who are able to ask for help before reaching crisis point.
5) Young Carers	Identify, support, inform, prepare and empower Young Carers.	Recognise you are not alone and to Care for the Carer. There is help out there and to seek it when required.	Carers who are supported when needed to find or remain in employment, and understand their rights in employment.
6) Carers in / into employment	Help to get Carers into employment if they want to. Inform and support Carers of their rights, opportunities and responsibilities as working Carers.	Understand that you may be able to care for someone and be employed, whilst maintaining good health and wellbeing for yourself.	Carers who are supported when needed to find or remain in employment, and understand their rights in employment.



Priority 1: Identifying and Recognising Carers

3 Year Goals

People and frontline professionals will be more aware of what a Carer is and people will be able to recognise themselves as a Carer.

We will identify and increase the number of hidden Carers and focus on under-represented groups.

Upon being identified, Carers will have a clear understanding of the full range of support available to them, and feel confident in choosing the level of support they are comfortable with for themselves.

All health and social care frontline staff will have an awareness of the role of a Carer/Young Carer, note important information about them that could help them access flexible services, and be able to signpost people appropriately.

Tameside & Glossop's Carers Services will be thriving with effective support for all Carers.



How we will achieve this

Help people identify themselves as Carers by raising awareness in communities and the support that can be offered to them, reaching out to people as close to home as possible.

Increase awareness of Carers throughout health and social care developing "Think Carer" campaigns, Carers Networks and developing training for all staff so that Carers is "everybody's business".

Review the offer, guidance, support and advice to Carers across health and social care service in Tameside and Glossop and redesign the Adults Carers Centre.

Carers Services will further develop the offer to Carers by working together to develop what this will look like.

Develop a clear brand for Carers Services, with clear promotional materials around what services are available for Carers, and how these can be accessed, including a single point of contact for Adult Carers Services, and the Young Carers Project.

Increase social media presence and outreach engagements to empower and inform Carers on their rights and entitlements to help them make their own choices around the services on offer.

Adapt and/or design integrated systems across key partners' processes to streamline the identification and monitoring of Carers within the Carers Services.

Priority 2: Supporting Carers to stay Healthy and Well

3 Year Goals

More detailed identification of Carers needs across all aspects of a person's life to understand what helps our Carers to stay healthy and well.

Using risk stratification tools to identify the needs of Carers.

Carers to have the time and opportunity to understand the impact caring can/ will have on their own wellbeing.

Empower Carers to manage their caring role effectively, including recognising if they need to take a break.

Key health and social care services are flexible to carers needs, accessible at times when carers can be available and choose, and standards are in place to ensure Carers are considered in service developments.

A thriving voluntary, community and faith sector (VCFS) that offers dedicated services and support for carers.

Carers being able to access activities within their neighbourhood. Ensure any spaces used by Carers Services are as accessible as possible.

Carers are able to build and maintain social relationships.

Inform, support and empower Carers to understand the condition of the person they care for, including end of life pathway.

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.



How we will achieve this

Implement the Quality Markers for Carers in General Practice, and closer working with Social Prescribing.

Implement Triangle of Care/clear standards for Carers in hospital, promoting good practice in supporting relatives.

Consider what improvements can be made for carers if they, or the person they care for need hospital care.

Training for all services to recognise Carers in crisis and pathways to support.

Work closely with our Social Prescribing Service and the Third Sector to improve the services in the community for Carers, and access to them.

Develop Carer focused services and peer/advisor led support groups to enable Carers to keep well e.g. Carer Buddie/Mentoring scheme and Carer's Corners.

Promote awareness of Carers Champion Network, national help and advice lines and online support.

Ensure up to date and relevant health and wellbeing information around services is promoted through the Signpost Newsletter, social media and online.

Develop activities which support the person cared for while the Carer attends support group/activity.

Develop and promote training sessions aimed at Carers within the Community including specific training around the 'cared for' needs.

Priority 3: Carers as real and expert partners

3 Year Goals

Carers have strong representation and a voice across all health and social care through the development of a Carers Network.

Carers co-design and produce the local services to, and for Carers.

A clear understanding of Carers needs within each Neighbourhood..

Carer Champions to be active and visible in their roles.

Develop and put in place standards to involve Carers in any discussion around the needs of the cared for across health and social care.



How we will achieve this

Develop a new Carers Network which will empower and represent all Carers including Working Carers, Younger Adult Carers, relatives of people with mental health needs etc.

Offer regular opportunities for Carers to feedback comments and experiences.

Ensure real voices of Carers feedback through the health and social care systems to ensure they are heard to shape policies and procedures via positions on decision making boards.

Empower Carers to have a voice in the requirements for the cared through health and social care processes, including medication discussions with pharmacists.

Implementing the GM Carers Charter and commitment to Carers.

Encourage professionals to offer individual Carers Assessments in their own right, without the person cared for.

Create a Carers Network to feedback into services including Patient Participation Groups and the Partnership Engagement Network.

Explore potential opportunities for Carer volunteer work within the Carers Service.

Priority 4: Getting the right help at the right time

3 Year Goals

Every registered Carer is offered an annual assessment, focusing on Carers strengths which includes asking what they would like to achieve.

Once registered, both Young Carers and Adult Carers will have a single point of contact each.

Carers feel empowered to manage their caring role and have a life outside of caring.

Carers seek help and advice well before reaching a crisis point.

Carers are informed of, and have access to emergency support when they need it.

Carers feel respected in their decision as to how much care and support they are able to provide.

Carers receive swift personalised budgets based on assessment outcomes.



How we will achieve this

Review the Carers Assessment process, documentation and provide training to Assessors.

Promote all local universal services, support and guidance available to Carers via the Carers Assessment.

Deliver Carer Awareness Training to promote Carers Services in Tameside and Glossop for staff including Care Organisations/Agencies, preventing postcode lottery.

Improve integration processes between health and social care, for a holistic view of Carers including appropriate levels of information sharing.

Ensure information and advice is available of the needs for the person cared for.

Promote the Tameside Emergency Card, and ensure all Carers have one.

Creating Carers Information in a variety of formats including the use of online services, social media and leaflets.

Review the use of Personal Budgets and Personal Health Budgets to consider expanding the remit of these to include direct caring issues.

Priority 5: Young Carers

3 Year Goals

A single point of contact for Young Carers.

Young Carers identified earlier.

Young Carers are provided with the skills to care.

Young Carers feel valued and understand what services, support, advice and guidance is available to them.

Young Carers and families continue to be involved in creating lasting change using a whole family approach.

Young Carers to have the opportunity to meet each other and have regular trips and activities.

Young Carers supported to reach their full potential through education, training and other services.

Young Carers are supported to have time for themselves.

Young Carers needs and rights are recognised, promoted and advocated.

Young Carers pathways to be developed with relevant service areas.



How we will achieve this

Educate, inform and engage the wider health, social care and public sectors around Young Carers.

Identifying Young Carers and their needs, especially if a caring role becomes "too much" and how to support.

Consult with Young Carers and their families to establish and personalise their needs.

Create a Young Carers Forum to aid peer support.

Develop groups for specific age ranges.

Organise work experience and mentoring opportunities for Young Carers.

Develop Young Carer Champions in each School/College.

Develop strong ties with the Adult Carers Service to ensure a seamless transition.

Priority 6: Carers in / into employment

3 Year Goals

Employers are routinely identifying Carers in the workplace and Managers are trained to do so.

Employers are aware of who are Carers within their organisation.

Employers have a comprehensive understanding of Carers needs to support them, and have flexible working practices so that Carers can maintain a better work-life balance.

Carers are recognised and specified in policies and procedures, targeting support where it is needed.

Carers are informed of the support available to them in the workplace and getting into work.

Carers have health and wellbeing activities to support them in the workplace.

Understanding and promotion of a Carers Network within all organisations is explored.



Case Studies

Please note, the following case studies have been anonymised for confidentiality purposes.

Steve, Mia and Amy's stories:

Steve, Mia and Amy are all 11 years old and attend the Young Carers Project Group. Steve looks after his Mum while Mia and Amy look after their brothers. They all enjoy meeting up with friends, playing sports, doing the arts and crafts and playing games.

Mia is a big animal lover and would only change one thing about the group "I wish I could bring my dog!". Mia pointed out the time she spends at the group "Helps me get time away from my brother" at least for a little while.

Reyhana's story:

Reyhana is 10 years old and looks after her Nanna, she helps with cleaning, washing the dishes and dressing. Friends at school told her about the group and she has been attending for about a year now.

Reyhana said about coming to the Young Carers Groups "I like doing art" "It gives me a break" "I come here every other week and I would feel sad if I couldn't come here".

Paul's story:

Paul cares for his friend Yvonne who has diagnosed with Alzheimer's disease in 2014. Yvonne lived with her diagnosis for quite some time before telling her family and friends, including Paul.

Paul and Yvonne feel they are a really good team and support one another when they can and have a motto of "Live for today!"

How we will achieve this

Enable, implement, and promote good practice policies and procedures for working Carers to improve the culture in the workplace.

Develop a Working Carers Strategy for the health and social care system.

Promote and encourage flexible support for working Carers in Tameside and Glossop, for large and small employers in the locality.

Promote the rights of working Carers to help encourage and attract Carers into employment.

Develop training for managers and small businesses around working Carers needs and responsibilities.

Promote GM Toolkit and Carers UK Employers for Carers website.

Inform Carers about access to benefit information and support if giving up work is needed.

Look at developing a Carers Network within the workplace.

Better links to services for Tameside Carers within the new Tameside One building in Ashton-under-Lyne, including Welfare Rights and Job Centre Plus.



Care for the Carer Strategy Summary

Aims

The aim of our strategy is for Tameside & Glossop to be a place where Carers and Young Carers feel valued, respected and included in decisions around the person they care for. We want Carers to feel empowered, well informed and able to balance their caring role whilst maintaining their own identity and quality of life.

Key Priorities

1. Identifying and recognising Carers.
2. Supporting Carers to stay healthy and well.
3. Carers as real expert partners.
4. Getting the right help at the right time.
5. Young Carers.
6. Carers in/into employment.



Benefits

Carers are informed and empowered and able to access integrated care and support when needed.

Carers who are healthy and are able to continue in their caring role.

Carers feel valued, involved, empowered and well informed.

Carers are supported and empowered and able to ask for help before reaching crisis point.

Young carers are prepared for their future and supported on their journey to adulthood.

Carers are supported when needed to find or remain in employment.

WORKING CARERS STRATEGY 2019

- **Executive summary**

Working carers play a significantly valuable role in the lives of those they are caring for. They also play a critical role in the health and social care system, taking pressure and demand off services. The Working Carers Strategy demonstrates Tameside MBC's and Tameside and Glossop CCG's commitment to working carers and outlines the ways in which support for working carers will be enhanced.

The document builds on work taking place across Greater Manchester which has advocated the need for increased support of working carers. With an ageing population it is likely that the portion of the workforce balancing their work role with a caring role will increase. To ensure that we retain a healthy and productive workforce, it is necessary to improve our support for working carers.

We will **identify, understand, support, develop and retain** our working carers as a valuable part of our workforce

- **Vision**

A significant proportion of the workforce combines their work with caring responsibilities. Tameside MBC and Tameside and Glossop CCG support the Greater Manchester Carers Charter which aims to improve support for carers in the region. As an employer, the organisation wants to transform the way it supports working carers.

The strategy is aimed at enabling the organisation to identify, understand, support, develop and retain working carers in the workforce.

- **Aims**

To deliver this vision, our aims are to:

- Develop effective monitoring systems to support the identification of working carers.
- Create a culture which understands and values working carers.
- Ensure appropriate practical arrangements are in place to support working carers in balancing their work and caring role.
- Provide development opportunities for working carers.
- Recruit and retain carers.
- Develop effective monitoring processes to evaluate the success of our approach.

- **Who is a Carer?**

It is possible for anyone to be a carer; a carer may be a young person who cares for a sibling with epilepsy, a 50 year old who cares for a partner with cancer or a 70 year old who cares

for a partner with dementia. Someone may become a carer suddenly, after an unexpected incident or more gradually as an individual's needs change over a longer period of time.

The **Greater Manchester Carers Charter** defines a carer as “someone of any age who supports, unwaged in their carers role - a relative, partner or friend who due to physical or mental illness, disability, frailty or addiction could not manage without that support”. For the purpose of this strategy, a ‘working carer’ is somebody who does all of this, in addition to being in full-time or part-time paid employment.

- **Working Carers Rights**

Carers UK highlight the statutory rights which are of particular interest to working carers. These include:

- The right to request flexible working
- The right to time off in emergencies
- The right to parental leave
- Protection from discrimination – Equality Act 2010. Carers are associated with someone who is protected by the law. This means that carers cannot be subject to discrimination or harassment, for example; not offering someone a job because of their caring responsibilities.

These rights are reflected in the organisations policies which can be found on the intranet.

- **Why support working carers?**

As an organisation we value the working carers within our workforce and therefore need to ensure that we support them in remaining in work. In addition, it is vital that we enable carers within the local community to enter or re-enter the workforce. This will improve the mental health and financial circumstances of those who are providing care.

When carers leave the workforce, this does not only have a negative impact on themselves, but it is also detrimental to the organisation. Besides being good employment practice, enhancing carer's ability to balance their work and caring role can deliver benefits to the organisation. Supporting working carers will help to:

- Attract and retain staff
- Reduce stress, sickness leave and absence
- Reduce recruitment and training costs
- Increase resilience and productivity
- Produce cost savings
- Improve staff morale

Due to the ageing population in the UK, caring will progressively become a part of more people's lives. In addition, people are working longer which means the chances of becoming a working carer are increasing. The organisation recognises this, and therefore acknowledges the significance of supporting this group of people in our organisation. It is imperative to support our working carers in order to retain a healthy and skilled workforce.

- **National Context**

In the UK's 2018 Industrial Strategy, it was acknowledged that an ageing population is associated with greater caring demands on those of working age and that if action is not taken, Britain could face a reduction in the size of the workforce and a reduction in productivity.

The 2011 Census reveals that 3 million people provide care whilst remaining in employment. A recent report produced by Carers UK (2019) reveals that the number of individuals combining care and work is likely to be larger than originally thought, 4.87 million. This would mean that one in seven individuals in the workplace is combining care and work.

The economic value of the contribution made by the (estimated 6.5 million) Carers in the UK is estimated at a remarkable, £139 billion per year². Locally that figure means that 24,054 carers are contributing £9,886,194 to the local health and social care economy. (2017-18 figures)

- **Strategic Alignment**

Alignment with the organisation

The Corporate Plan aims to fundamentally change the way we work to improve outcomes for residents and service users. Some key ambitions of the organisation are to;

- Develop resilient families and supportive networks to protect and grow our young people.
- Provide opportunities for people to fulfil their potential - through work, skills, and enterprise.
- Ensure people have longer and healthier lives with good mental health through better choices and reducing inequalities.

Within the Tameside area, almost 11% of individuals provide unpaid care (Census, 2011). Considering that a significant proportion of the organisation's workforce is made up of local residents - 70% including schools, 69% excluding schools, supporting the working carers in our workforce will have a direct positive impact on the ambitions above.

The Working Carers Strategy is also aligned with the organisation's People Plan. The People Plan supports the delivery of our key priorities by ensuring we continue to attract, develop and retain our workforce so they can continue to deliver and commission high quality services to our citizens. Within the plan, the organisation commits to supporting working carers. We are committed to supporting dedicated pathways to encourage and enable care leavers and our vulnerable young people into employment and increase the percentage of carers in the workforce accessing and utilising policies, guidance and interventions

Alignment with Greater Manchester.

In January 2018, the **Greater Manchester Carers Charter** was signed which confirmed a commitment to enhancing the support and opportunities for carers in Greater Manchester. The signing was led by Greater Manchester Health and Social Care Partnership. The Charter builds on the objectives of the Care Act 2014. It specifies that carers can expect "To

² Value my care – calculating the value of unpaid care, Carers UK (2015)

be supported to fulfil educational and employment potential, and where possible in maintaining employment.”

Andy Burnham, Mayor of Greater Manchester stated:

“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.”

Work has been underway across Greater Manchester in order to set a baseline of standards for employers. A Toolkit for Employers has been developed which is based on established good practice, as well as feedback from carers within Greater Manchester.

A survey was carried out within the region, in total there were 427 respondents, with representation from carers working within all ten localities. The highest response rate came from local authorities and NHS employers, followed by education and charity / non for profit organisations. Here are some of the key findings;

It was revealed that 67% of working carers had made their employer aware, whilst 23% had not. Furthermore, carers were more likely to inform their employer when they worked in a smaller organisation.

Of those participants who were employed 51% felt they were supported by their employer, however over one third felt unsupported. Just over 10% felt they do not need support, and of those who are self-employed, half felt able to balance work and care, and half struggled to do so.

Six respondents stated that they are not in work due to their caring responsibilities

- **Greater Manchester and Locality Context**

Within Greater Manchester, one in ten people are known to be carers, however there are many more who are unidentified. Out of the 280,000 carers known;

- 70,000 spend 50 hours a week caring;
- 24,800 are young carers (under 25);
- More than 100,000 are between the ages of 25 and 49.

From an even more local perspective, based on the 2011 Census, within Tameside, out of 219,324 residents 24,052 were carers;

- 14,106 (6.4%) providing 1 – 19 hours unpaid care a week
- 3,594 (1.6%) providing 20 – 49 hours unpaid care a week
- 6,359 (2.9%) providing 50 or more hours unpaid care a week.

Around 12, 500 of those providing unpaid care were in employment (Census, 2011)

It is important to keep in mind that it is possible these figures have increased since the 2011 Census; between 2001 and 2011 the number of unpaid carers in Tameside increased by 8.1% and nationally there was a 600,000 increase in the number of unpaid carers, with the largest group being those who provide 50 or more hours of unpaid care a week. Another consideration is that these figures only reveal the number of carers who identify themselves as being such. Many remain 'hidden' as they see their role as helping out family or friends.

- **Priorities**

Within the Greater Manchester Toolkit for Employers is a self-assessment, which has guided our priorities, these are:

Identification

In order for us to engage effectively with our working carers it is imperative to have robust systems which enable us to identify them as early as possible. It is necessary for these systems to provide regular updates to ensure that our information is reliable. Making the identification of carers a priority will impact all carers, however, this may be particularly pertinent for those who are 'hidden' as a result of not being aware they are a carer or because of a perception that identifying as a carer may have a negative impact on themselves. Processes for identification are broad and the methods we use will incorporate the diversity of our workforce.

A key consideration here is that it is not a legal requirement for employees to identify themselves as a carer and therefore may only do so if they feel that they will be supported and there is no detriment to them doing so. This strategy outlines the ways in which we will create a workplace which is supportive of working carers, the expectation being that in turn this will encourage individuals to identify themselves as such.

Policy and guidance

It is important to make certain that there are practical arrangements in place to support working carers. This allows the organisation to demonstrate the value it places on ensuring working carers are able to balance their caring role with their work. The organisation is compliant with statutory employment rights relevant to carers and aims to ensure that these are easily accessible. We will ensure that carers are recognised within existing policies and work is in progress to review policies and guidance whilst considering these from a carer's perspective. We value the voice of carers and therefore will be involving them in the review and co-design of policies to ensure they are fit for purpose.

Providing support

Whilst policies will outline the support available, translating these into action requires consideration. Information will be made available to explain how carers can access both workplace and external support and services. Peer to peer networks for both managers and carers will also be developed so that support can be sought through more informal channels. In order to ensure the right support is provided, we will be engaging with our workforce and

local partners. Focus groups with working carers will be undertaken periodically to assess and understand needs of employees; these will help to inform the type of information and support which is required.

Line managers

Managers play a vital role in supporting working carers by ensuring that our approach is implemented at a local level. It will be necessary to ensure they understand the needs of working carers and the support available. Each carer's circumstances will require a unique response; line managers will need to consider how they best meet the needs of the individual employee. In addition to this it is important for employees to feel confident that they will not be treated unfavourably should they make use of the support available. Line managers play a key role in forming a culture which is understanding of carers by encouraging employees to utilise the available support whilst also promoting discussions about carers needs at a local level.

The Council, along with other local authorities across Greater Manchester has embarked on a new partnership with Carers UK – Employers for Carers. This provides the organisation access to the Employers for Carers online platform where there is a range of resources including; guides, best practice examples, information and support on health and wellbeing. This platform will be a critical resource for line managers and demonstrates one of the ways we can ensure they are fully equipped with the relevant resources to support working carers.

Champion

The existence of 'champions' helps to cultivate a supportive and proactive culture towards working carers. This presence of champions within different areas of the organisation, and from different levels of seniority will provide an effective way of reaching out to individuals within all areas of the organisation.

The development of a pool of 'health and wellbeing champions' is currently underway. It is intended to incorporate working carer champions within this resource, the specific role is yet to be determined.

Recruitment

We want to ensure that working carers have opportunities for employment and that their caring role does not become a barrier to entering or re-entering the workforce. Working is an important part of life, not only does it provide financial security, but it supports individuals health and wellbeing. Work can help to provide people with social identity, status and a sense of personal achievement. Conversely, unemployment is associated with poorer mental health, and poorer general health. Individuals with caring responsibilities are seen as people in their own right, not simply as a carer.

Research by Carers UK (2019) has revealed that 2.6 million individuals have left work in order to care for a loved one. Within the last two years, almost half a million have left their job – over 600 carers a day. It has been shown that re-employment enhances mental health, general health and self-esteem. One way of encouraging these individuals into re-employment is to ensure that job opportunities support application from working carers. In addition, the other aspects of support identified in this strategy are envisaged to reduce the number of carers leaving the workforce.

One way we aim to support applications from working carers, is to develop a guaranteed interview scheme for carers who are new to the job market, and those who have taken a career break to care. Another important way to encourage and support working carers into the workplace will be to ensure that where possible, advertised jobs offer flexible working opportunities.

Communication

To ensure that the policies and practical support developed are known throughout the workplace and consistently applied, good communication is essential. Multiple channels of communication will enable us to transfer information e.g. staff induction, the intranet, awareness raising sessions etc.

Evaluation

Carrying out regular evaluation will inform how successful our approach is and enable us to be responsive. There are several methods we can use to evaluate, such as; meeting with working carers to discuss what is working and what needs to be improved, producing reports to senior management on the effectiveness of the approach and including carers issues on employee surveys. It is also the intention to continue holding focus groups in order to gain feedback from employees.

To measure whether our approach is successful we should also see an effect on other key measures;

- % of carers in the workforce accessing and utilising policies, guidance and interventions
- Reduction in absence
- Reduction in staff turnover
- Increase in people identifying themselves as carers in the organisation
Increase in number of working carers reporting feeling that they are supported in their workplace

Sharing

Sharing the support we provide to our working carers will improve our organisation's reputation, increasing the likelihood of us being an 'Employer of Choice'. It will also allow us to share good practice across the region.

As a member of 'North West Employers' we will be able to share our positive achievements and lessons learnt with other local organisations. This should help to promote support for working carers across the region as well as in our own organisation.

- **Conclusion**

Much work has taken place across Greater Manchester to promote support for working carers. The organisation is committed to building on this work and beginning to implement the outcomes. Our priorities focus on identifying, supporting, understanding, developing and retaining our working carers. Ultimately this will ensure we can maintain a healthy and productive workforce as the number of people becoming carers increases. Above all, this will improve the lives of our working carers. The answer now lies in actioning our priorities - solidifying our commitment to working carers. The Working Carers Strategy 2019 sets out

the vision of how we aim to improve the journey of our carers. The road ahead requires commitment and is of utmost importance if our strategic aims are to be me

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