

# Greater Manchester Health and Social Care Strategic Partnership Board

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Date: 19 January 2018

Subject: Greater Manchester Approach to Carers: Carers Charter and Commitment to Carers

Report of: Steven Pleasant, Chief Executive Tameside MBC/Accountable Officer Tameside & Glossop CCG

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## SUMMARY OF REPORT:

In line with Taking Charge and the development of the Adult Social Care Transformation Programme, in February 2017, the programme was charged with delivering four transformation priorities (alongside two enabling themes), one of which was to re-shape the current offer and support available to unwaged carers across Greater Manchester.

## KEY MESSAGES:

This report sets out the background and emerging detail of the Support for Carers work programme, the key principles for supporting carers formalised through a Carers Charter and Commitment to Carers and how we can improve the offer for carers as a whole, by ensuring carers:

- ) are identified as a carer as early as possible, informed, respected and included by health and social care professionals;
- ) have choice and control about their caring role, get the personalised support they need as a carer to meet their and their family's needs;
- ) are able to stay healthy and well themselves, and for their own needs and wishes as an individual recognised and supported;
- ) are socially connected and not isolated;
- ) are supported to fulfil educational and employment potential, and where possible in maintaining employment; and

- ) young carer or young adult carers are supported so they are able to thrive and develop educationally, personally and socially, and protected from excessive or inappropriate caring roles.

#### **PURPOSE OF REPORT:**

The purpose of this report is to request that the Strategic Partnership Board (SPB) agree the contents of the:

- ) Commitment to Carers which sets out a commitment, agreed by organisations across Greater Manchester to support the implementation of an integrated approach to the identification, assessment and meeting the health and wellbeing needs of unwaged carers; and
- ) the Carers Charter which has been developed by carers for carers and which articulates what carers across GM can expect.

The report also provides an overview of the programme of work and delivery plan being progressed to make real and embed the Commitment to Carers and Carers Charter into everyday support. It also details the potential 'ask' of partner organisations going forward to support carers in GM.

#### **RECOMMENDATIONS:**

The Strategic Partnership Board is asked to:

- ) approve and sign off the Commitment to Carers, the Carers Charter and delivery plan as appended within.

#### **CONTACT OFFICERS:**

**Joanne Chilton, Interim Programme Director, Adult Social Care Transformation,  
Greater Manchester Health and Social Care Partnership**  
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## **1.0 INTRODUCTION AND BACKGROUND**

- 1.1. In December 2015, Greater Manchester (GM) published 'Taking Charge' and in doing, set out how the health and care economy will become clinically and financially sustainable by 2021 whilst addressing the significant health inequalities and poor outcomes that exist. There is a clear need to create public services that are community based and which support people to live at home for as long as possible. Currently, performance across GM is varied; there is significant variation in methodology, quality and effectiveness. A coordinated approach to transformation at GM level, supporting delivery through local care organisations is needed to secure significant opportunities to improve system resilience and make a tangible difference for people living in the region.
- 1.2. The Greater Manchester Health and Social Care Partnership (GMHSCP) has since established the Adult Social Care Transformation Programme which has seen system leaders, providers and commissioners come together to confront the reality of the social care challenge, whilst seeking to design and implement innovative solutions to radically improve outcomes for vulnerable people across the geographical footprint. Supported by the Strategic Partnership Board and through a structured and inclusive process involving people who use these services, in February 2017, the programme was charged with delivering four transformation priorities (alongside two enabling themes), one of which was to re-shape the current offer and support available to unwaged carers across GM.
- 1.3. Building on the initial work led by the Strategic Advisory Group (now the Strategic Carers Group) the GMHSCP have been working with partners from the public, independent and voluntary community sector to develop a Commitment to Carers and rights based Carers Charter which, alongside a clear delivery plan, will define what we intend to do to improve the support for carers of all ages in GM.

## **2.0 COMMITMENT TO CARERS AND CARERS CHARTER**

- 2.1. The Commitment to Carers (appendix one) was developed to encourage/drive/facilitate the commitment of organisations to improve the experience of unwaged carers in GM.
- 2.2. Representatives of carers believe that GM should be a place where carers are recognised, valued and supported, both in their caring role and as an individual. An integrated approach to identifying, assessing and supporting carers' health and wellbeing needs rest on a number of supporting principles, taken from the NHS England Carer's toolkit, and these subsequently underpin the Commitment to Carers.
- 2.3. Building on these principles, a Carers Charter (appendix two) has also been developed to support GM in adopting a rights based approach for its carer population and to articulate a universal offer of support to be made available. To ensure this is reflective of the views of carers in addition to those responsible for

commissioning and service provision in the health and social care system, collaboration was sought with carers and carers support organisations across the 10 localities. This engagement exercise was led by Lynne Stafford, Chief Executive Officer of the Gaddum Centre, who is also a member of the Carers Consortium, Manchester Carers Network, VCSE representative on the GM Strategic Carers Group and a member of the GMCVO. The outputs determined the contents of the Charter in terms of what carers felt were the priority areas to focus on and this was subsequently written in language that they wished to use. To ensure we are supporting the key priorities as identified by carers themselves and in language they understand, rightly so, we have had no input into the language used to articulate the expectations – enabling this to continue to be a Charter developed by carers, for carers.

- 2.4. The Carers Charter will be complemented by local easy read information that will describe the local models which 'talk to' the Charter and the Commitment to Carers and which will be accessible, clear, and readily available for carers locally in a format that works best for local people - in effect bringing the Charter to life as to what this means/is achieving in practice.
- 2.5. In order to ensure we deliver the commitments contained within the Charter there are six critical priorities which are now brought to life within a detailed delivery plan, this includes developing models of support that will be co-produced, tested and agreed.
  - ) Early identification of carers;
  - ) Improving health and wellbeing;
  - ) Carers as real and expert partners;
  - ) Getting the right help at the right time;
  - ) Young carers and young adult carers;
  - ) Carers in and into employment.

### **3.0 PROGRAMME OF WORK**

- 3.1. Work has been undertaken to ensure that the delivery and governance architecture of this programme is reflective of broader health and care economy, whilst ensuring that the voice of carers remains pre-eminent. In pursuit of creating increasingly integrated and aligned services, engagement has taken place with a broader group of organisations and representatives with connections developed across the system. This has been critical due to the multi-faceted nature of the challenges facing carers and the multiple programmes and projects across GM which relate to carers and has led to the development of a broader programme of work. For example, the primary care system reform programme has committed to pro-actively contacting carers to assist with their health needs through primary care hubs. Further work is required to ensure their engagement with other GM programmes

including the GM Children's Services, Learning Disabilities, Mental Health and employers.

- 3.2. To support development of the work programme, an initial stocktake was carried out as to what localities commission/provide to support carers. This looked at support aimed at all carers – not necessarily those already known to adult social care, and a number of the outcomes from this informed the programme of work going forward. Some key messages noted that there was significant variations in spend and support offers across localities with funding ranging from circa £100k to £500-600k per annum. A further particular area of concern was in relation to the provision of support for young carers. Therefore, to ensure that the voice of young carers is embedded throughout the programme and the suite of offers being developed is most effective, a co-production and consultation exercise specific to young carers and young adult carers is taking place throughout January - March 2018. Facilitated by young carers and VCSE representatives across GM, the outcome of this exercise will provide a detailed understanding of the needs of young carers and young adult carers including what support/services they feel are needed. In addition, we recognise the specific role, needs and context of parent carers and therefore, working with our partners, in spring 2018 are ambition is to hold a GM wide co-production and consultation exercise so that we fully embed their needs within the 6 priority workstreams.
- 3.3. The delivery plan is being progressed through the workstreams, a summary of which is included at appendix three. Each workstream is led by an identified lead from within GM (public/VCSE) supported by project delivery groups comprising of representatives from Local Authorities, the NHS and Voluntary and Community sector across GM to ensure a wide reach of influence and participation. Workstream plans have been confirmed and initial key deliverables identified which will support the Commitment to Carers and Carers Charter become a reality.
- 3.4. Through co-production, the wealth of knowledge of carers will be utilised recognising them as experts, in supporting decision making, and designing commissioning principles. Carer support representatives have been identified and matched to each group to ensure what we do is underpinned and influenced by carers and families. In addition, this will be further supported through the re-design of the GM Carers Partnership (which has been an initial outcome of workstream 3 'carers as real and expert partners'). The Partnership, led by Lynne Stafford, CEO of The Gaddum Centre, meets monthly and consists of approximately 15 lead representatives from the VCSE sector with all 10 localities within GM represented and this is further opened up every quarter involving wider participation from carers and affiliated carer support organisations. In addition, through the GM Carers Partnership and building on the initial stocktake, a short mapping exercise is being undertaken, to identify what further support is available across GM including non-commissioned activity and specific support for carers from communities of interest or identity e.g. Mental Health, Learning Disabilities, BAME and LGBT in each area.
- 3.5. Furthermore, it has been agreed to appoint an Independent Chair/Carers Champion, who will play a key role in ensuring carers issues are represented at the highest level across GM. This role will also be a key influencer and develop and

strengthen relationships across sector in order to maximise support and opportunities for carers.

- 3.6. It is important to note that although the work is currently housed in Adult Social Care, the delivery of improvements will relate to the whole system including responsibility of such. The agreement of both the Adult Social Care Transformation Programme and 'Taking Charge' and their subsequent implementation affords GM a significant opportunity to work collectively and in collaboration with health, social care, CCGs, the voluntary sector, carers groups and carers themselves to form a new more effective approach to meet needs of unwaged carers across GM.
- 3.7. The GM Carers Charter helps to provide a framework to support local responses in shaping their offer/local carers strategies and to support the delivery of the priorities and related desired outcomes which carers in GM feel should be of focus. The models/standards resulting from the GM programme will be provided to localities who will be asked to review their current position against these. This will support them to then determine their level of delivery against identified best practice, which elements to take forward in their locality and the best way of introducing these over a time period based on their local position on the pathway to excellence.
- 3.8. To illustrate what this might mean for partner organisations we have detailed a number of areas where it is anticipated each partner may need to develop/tailor current practice, systems and/or support mechanisms in order to meet the Commitment to Carers and the Carers Charter locally, appendix four gives an overview of the potential 'asks' going forward. This includes (but is not limited to):
  - ) asking GPs to commit to the delivery of GM Primary Care Standard 5;
  - ) ensuring all organisations have employment practices which effectively support working carers;
  - ) involving carers as real and expert partners in the assessment and planning of care and support for the person they care for (including the take up of personal budgets) and also shared decision making around reviewing services/designing commissioning principles;
  - ) committing to adopting best practice models.
- 3.9. It is important to note each workstream is in the process of developing best practice models/standards (from identifying what good looks like, reviewing a range of services and processes on offer and through co-production) which once complete will be consulted on across the GM system. As these are under development and will focus heavily on co-production and consultation (whilst being mindful not to undermine this work ongoing) the information in appendix four provides an outline of the current thinking of the workstreams as to some initial commitments and best practice. The asks of the system and partners will be developed further as the models are co-produced alongside clear communication and engagement including through appropriate governance, to further secure commitment.

**4.0** Finally, we will continue to ensure that the roles and needs of Carers are recognised by commissioners and planned for. This work will be 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 all 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. Therefore, whilst the Greater Manchester programme has identified 6 specific workstream priorities, local transformation improvement plans will, nevertheless, 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 our partners.

## **5.0 NEXT STEPS**

- 5.1. It is proposed that a public launch of the Commitment to Carers and Carers Charter takes place later on in the year.
- 5.2. The Public Launch event will focus on carers and any emerging outcomes from the delivery plan. A detailed plan in relation to what the launch will look like will be developed further alongside the VCSE representation, carers and the GM Carers Partnership.
- 5.3. As described above, work is also progressing to ensure that the programme begins to articulate what the realisation of the Charter and Commitment to Carers will look like, where each locality is in relation to the best models and what the gaps are both in terms of activities and funding.

## **6.0 RECOMMENDATIONS**

- 5.1 The Strategic Partnership Board is asked to:
  - ) approve and sign off the Commitment to Carers, the Carers Charter and delivery plan as appended within.

## APPENDIX ONE – COMMITMENT TO CARERS

### 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, CCG's, 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:

- a) Support and encourage the independence and physical and mental health of carers and their families;
- b) Empower and support carers to manage their caring roles and have a life outside of caring;
- c) Ensure that carers receive the right support, at the right time, in the right place;
- d) 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.
  - o 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.

Signatories:

**Signatories on behalf of Greater Manchester Health and Social Care:**

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

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

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**Andy Burnham, Mayor of Greater Manchester**

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**Lynne Stafford, Voluntary, Community and Social Enterprise representative Chair of Greater Manchester Carers Partnership and**

**Chief Executive of Gaddum Centre**

**19 January 2018**

### Carers Charter for Greater Manchester

In 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.

The Greater Manchester Health and Social Care Partnership, Local Authorities and Voluntary & 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.

#### 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.

#### We commit to work together in partnership to –

- ) Ensure the independence and physical and mental health of all Carers and their families
- ) Empower and support all Carers to manage their caring roles and have a life outside of caring
- ) Ensure that all Carers receive the right support, at the right time, in the right place, including when caring comes to an end.
- ) 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
- ) 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.

#### Across Greater Manchester carers will be 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.

## APPENDIX THREE – PROGRAMME DELIVERY PLAN: SUMMARY

### The programme will

#### Improve identification of carers

- Work with primary care to improve identification of carers in line with primary care standard 5. In addition work to increase the identification of carers linked to the top 20% of individuals that are most at risk of hospital admission and ensure those carers are offered support in line with primary care standard 5
- Work on the potential development of social prescribing for carers understanding the opportunities to align carers work with neighbourhood models, exploring the use of Care/Community Navigators being developed in some locality neighbourhood models
- From identification of what good looks like, develop models to support early identification co-produced or existing models changed to form part of the exemplar model
- Carry out a marketing campaign to raise awareness of carers, promote their rights and how they can get help
- Develop a mandatory level of awareness and identification training available across partner organisations

#### This will result in:

An increase in the number of carers identified as such by GPs and other stakeholders at the earliest point possible, with carers finding it easier to find help, advice and information

#### Best practice specification

- Look at having a GM Digital platform or alternative digital solution
- Co-produce an exemplar model including incorporation of best practice models which give value for money and improved outcomes. This will cover a proactive identification model, increased awareness, IT/TEC plan, information, advice and guidance, short breaks

#### This will result in:

Consistently available universal support for all carers across GM; available to more people; leading to improved (measurable) well-being; and reduction on acute and primary services via an effective statutory model

#### Ensure carers are real and expert partners

- Further establish the GM Carers Partnership to support carers having a strong voice and representation across GM, with them also being recognised as experts in the field
- Complete the mapping of carers organisations across GM including specific support for carers from communities of interest or identity e.g. Mental Health, Learning Disabilities, BAME and LGBT in each area
- Develop practice standards for the involvement of carers in the care of the person they care for, across health and social care including the NDIS
- Identify carers who they can offer training and development to around these areas
- Involve carers in testing and developing the models - at each quarterly collaborative network via GM Carers Partnership. Alongside this, workstream leads will also take work to carers via their local carers centres and the carers support organisation reps on their group

#### This will result in:

An increase the number of carers support organisations as affiliate members of the GM carers partnership leading to a strong voice representing carers across GM. An increase in involvement of carers, recognised as expert carers

#### Ensure Carers are getting the right support at the right time

- Develop a best practice carers assessment
- Develop practice standards for the workforce, co-produced with carers
- A training module co-produced with carers which is based on these standards
- Agreement of one approach to carers personal budgets across all localities

#### This will result in:

increase the number of carers assessments undertaken; numbers of carers in receipt of carer specific services; and take up of personal budgets to support in ensuring carers get the right help is provided at the right time

#### Improve support and opportunities for young carers

- Co-facilitate a consultation exercise with young carers across GM, through which to have a detailed understanding of the needs of young carers and young adult carers and what services they feel are best at supporting their needs
- Review suite of offers of support for young and adult carers, including confirmation as to how individuals will be supported to make important decisions
- Identify engagement mechanisms to empower schools in understanding and planning to improve education attainment for young carers, and offering emotional and physical wellbeing support
- Standardise / streamline processes across GM which would be of benefit to improve outcomes for young people. Areas being considered include assessment, range and quality of respite, service criteria (inc. age range, transport and travel, GP identification of young carers), support planning, capacity building in schools and with health providers, better access to self referrals, school champions, peer mentoring, certification

#### This will result in:

increase the proportion of young carers and young adult carers identified by key services (education/ health/ social care) where they will be supported to exercise choice and control over their lives and fulfil their potential going into adulthood

#### Support carers in and into employment

- Begin discussions with other organisations, each challenged to agree actions that give working carers space and time to support each other in the workplace, to encourage flexible working, to support their carers to access services and activities that help them to stay healthy, assist each of them individually to access support, to enable a good work-life balance, and importantly organisations to put their working carers at the heart of the design and production of services and policies that may impact on them as employees
- Using GM's role as pace setter and to lead by example, The GMCA and GMHSCP will aim to launch a pledge relating to the above alongside an action plan about how that will be embedded within those organisations
- Considering care-friendly policies and employment practice, establish a model of good practice for application across GM localities based on the ACASS Top Tips, feedback from the employers and working carers surveys (across all localities). This will also include examples of how organisations will measure success against these
- Work with each organisation in those localities, to identify what is needed to bring them up to the good practice standards and support them with individual action plans to help them achieve this
- Identify opportunities for young carers and returning carers including through new apprenticeships, traineeships, Internships etc

#### This will result in:

Support to more working carers to maximise their ability to remain and progress in the workplace, their health and wellbeing needs will be met, enabling them to effectively balance working and caring. More carers will be enabled to access new employment.

## APPENDIX FOUR – THE ‘ASK’ OF PARTNER ORGANISATIONS

) The GM Carers Charter helps to provide a framework to support local responses in shaping their offer/local carers strategies and to support the delivery of the priorities and related desired outcomes which carers in GM feel should be of focus. The models/standards resulting from the GM programme will be provided to localities who will be asked to review their current position against these models and standards. This will support localities to determine their level of delivery against the exemplar, which elements to take forward in their locality and the best way of introducing these over a time period based on their local position on the pathway to excellence.

) It is important to note that each workstream is in the process of developing best practice models/standards (from identifying what good looks like, reviewing a range of services and processes on offer and through co-production) which once complete will be consulted on across the GM system. As these are under development, the following information provides an outline of the current thinking of the workstreams.

Impact against organisations 18/19	The ‘ask’	Impact ✓ = low ✓✓ = medium ✓✓✓ = high					
		Early identification of carers	Improving health and wellbeing	Carers as real and expert partners	Right help at the right time	Young carers and young adult carers	Carers in and into employment
<b>GPs</b> (in line with primary care standard 5)	) <b>Commit to the delivery of GM Primary Care Standard 5, which includes:</b> Z identifying a carers lead within the practice; Z having a carers register which is maintained and updated; Z ensuring that all staff, including receptionists, are ‘carer aware’ and have a basic understanding of support available; Z offering carers an annual health check (where eligible); offering annual flu vaccination (where eligible); Z referring / signposting carers to relevant services and support; and -- undertaking an assessment of mental wellbeing for carers.						
	) Work to increase the identification of carers linked to the top 20% of individuals that are most at risk of hospital admission and ensure these carers are offered support in line with primary care standard 5.	✓✓✓	✓✓✓	✓	✓	✓	
	) Work with the VCSE and health and social care commissioners on the development of social prescribing for carers also linking to care navigation roles currently being developed within some locality neighbourhood models.						
	) <b>Ensure the role of the carer is embedded within patient advisory/participatory groups to ensure the wealth of knowledge of carers as experts for the person they care for informs practice and developments.</b>						
<b>Foundation Trusts</b> (as employers, as care providers)	) <b>As employers, develop and/or strengthen support for working carers linking into identified best practice guidance such as the ADASS ‘Top Tips for Supporting Working Carers’;</b> Z develop and agree actions that give working carers space and time to support each other in the workplace; Z encourage flexible working; Z support carers to access services and activities that help them to stay healthy; Z support each carer individually to access support to enable a good work-life balance; Z importantly, put working carers at the heart of the design and production of services and policies that may impact on them as employees.	✓✓✓	✓✓	✓✓✓	✓	✓	✓✓✓

Impact against organisations 18/19	The 'ask'	Impact ✓ = low ✓✓ = medium ✓✓✓ = high					
		Early identification of carers	Improving health and wellbeing	Carers as real and expert partners	Right help at the right time	Young carers and young adult carers	Carers in and into employment
<b>Foundation Trusts</b> (as employers, as care providers)  Cont...	<p>J) <b>Linking into identified best practice, develop and/or strengthen collaboration and partnership with carers in the person supported and carer's journey through mental health services.</b></p> <p><i>For example, the 'Triangle of Care' approach developed by the Carers Trust and the National Mental Health Development Unit - described as a working collaboration or "therapeutic alliance" between the person supported, professional and carer that promotes safety, supports recovery and sustains well-being. The six principles of this are:</i></p> <p>Z carers and the essential role they play are identified at first contact or as soon as possible thereafter;</p> <p>Z staff are 'carer aware' and trained in carer engagement strategies;</p> <p>Z policy and practice protocols regarding confidentiality and sharing information are in place;</p> <p>Z defined post(s) responsible for carers are in place;</p> <p>Z a carer introduction to the service and staff is available, with a relevant range of information across the care pathway; and</p> <p>Z a range of carer support services is available.</p>						
	<p>J) Support to ensure a 'think carer' approach is embedded within care pathways, with a key focus on high impact LTC, as well as A&amp;E, diagnosis and discharge. ('think carer' - identify carers, include them in care conversations, signpost to carers' support).</p>						
	<p>J) Develop a carers lead/champion role on hospital sites to enable a continued focus on ward as well as strategic level, ensuring identified carers are provided with information, guidance and advice linked to their local carers support offer e.g VCS and primary care, carers centre and also any national offers.</p>						
	<p>J) <b>Ensure the role of the carer is embedded within patient advisory/participatory groups to ensure the wealth of knowledge of carers, as experts for their cared for informs practice and developments.</b></p>						
<b>Councils</b> (as employers, as social care leaders)	<p>J) <b>As employers, develop and/or strengthen support for working carers linking into identified best practice guidance such as the 'ADASS Top Tips for Supporting Working Carers';</b></p> <p>Z <b>develop and agree actions that give working carers space and time to support each other in the workplace;</b></p> <p>Z <b>encourage flexible working;</b></p> <p>Z <b>support carers to access services and activities that help them to stay healthy;</b></p> <p>Z <b>support each carer individually to access support to enable a good work-life balance;</b></p> <p>Z <b>importantly, put working carers at the heart of the design and production of services and policies that may impact on them as employees.</b></p>	✓✓	✓✓✓	✓✓	✓✓✓	✓✓✓	✓✓✓





