AGENDA

HEALTH & CARE COMMISSIONING BOARD
Part I

Wednesday, 22 January 2020
14:00 – 16:00 Hrs
Salford Room, St James’s House, Salford

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Description</th>
<th>Lead</th>
</tr>
</thead>
</table>
| 1    | 14:00| a) Apologies for absence  
b) Declarations of Interest  
c) Minutes of last meeting and Action Log  
d) Matters arising | Chair |

For Decision

| 2 | 14:05 | a) All Age Integrated Carers Strategy |
| 2 | 14:30 | b) 0-19 Contract |
| 2 | 14:50 | c) Terms of Reference |

For Discussion

| 3 | 15:10 | a) Business Plan |
| 3 | 15:30 | b) Improving Sexual Health Outcomes |

Reports of Partnership Boards/Sub-Committees

| 4 | 15:50 | a) Adults’ Commissioning Committee Report  
b) Children’s Commissioning Committee Report  
c) Primary Care Commissioning Committee Report | Chair of ACC  
Chair of CCC  
Chair of PCCC |
| 5 | 15:55 | Reflection | Chair |
| 6 | 16:00 | Meeting close | Chair |

Date and Time of Next Meeting:
22 April 2020, 14:00 – 16:00 Hrs
Venue: Committee Room 4, Swinton Civic Centre, Salford
MINUTES OF HEALTH & CARE COMMISSIONING BOARD

13 November 2019,
14:00 – 15:15Hrs
Salford Room, St James’s House, Salford

Present:

Paul Dennett (PD) City Mayor, SCC (Co-Chair)
Dr Tom Tasker (TT) Chair, SCCG (Co-Chair)
Brian Wroe (BW) Lay Member for Engagement, SCCG
Dr Jeremy Tankel (JT) Medical Director, SCCG
Steve Dixon (SD) Chief Finance Officer, SCCG
Dr Peter Brambleby (PBr) Interim Director of Public Health, SCC
Francine Thorpe (FT) Director of Quality and Innovation, SCCG
Dr Nicholas Browne (NB) Neighbourhood Lead, SCCG
Cllr John Merry (JM) Lead Member for Children’s and Young People Services, SCC
Dr David McKelvey (DM) Neighbourhood Lead, SCCG
Joanne Hardman (JH) Chief Finance Officer, SCC
Cllr Bill Hinds (BH) Lead Member for Finance and Support Services, SCC
Charlotte Ramsden (CR) Strategic Director of People, SCC

In Attendance:

Alison Page (AP) Chief Executive, Salford CVS
Ross Baxter (RB) Senior Patient Services Officer, SCCG (Minutes)

Apologies:

Cllr Paula Boshell (PBo) Statutory Deputy City Mayor, SCC
Jim Taylor (JTa) Chief Executive, SCC
Cllr Gina Reynolds (GR) Lead Member for Adult Services, Health and Wellbeing, SCC
Anthony Hassall (AH) Chief Accountable Officer, SCCG
Karen Proctor (KP) Director of Commissioning, SCCG
Dr Tom Regan (TR) Clinical Director of Commissioning, SCCG
1. Apologies, Declarations of Interest, and Minutes

a) Apologies

The above apologies were noted.

b) Declarations of Interest

PD reminded committee members of their obligation to declare any interest they may have on any issues arising at the H&CCB meeting which might conflict with the business of the Integrated Commissioning organisations.

c) Minutes

H&CCB agreed the minutes from 4 September 2019 as an accurate record.

d) Matters Arising

It was noted that the All-Age Carers Strategy would be coming to the January meeting, and that the Locality Leaders meeting had not happened yet so the action was still ongoing.

2. For Information

a) NHS Bill

A paper on the NHS Bill was presented, noting that the NHS Long Term Plan included suggested changes to the law to help implement the Plan faster. Following both NHS staff and members of the public being invited to give their views, the NHS published its response to the views it received during the engagement and set out its recommendations to government and parliament for an NHS Bill, aiming to help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners.

It was highlighted that under existing legislation the NHS currently has to open up contracts for procurement, and part of what the bill is aiming to do is remove that requirement so that collaboration between services is the default position, not competition. This would mean that contracts should only go to full tender if it is in the benefit of local populations, and not be the default position.

It was also noted that the bill aimed to make work easier in terms of integrated commissioning, which should help both the CCG and the Council with existing workarounds that are in place. The proposals will have to go through full process at Parliament, however due to the upcoming general election this will not be a quick process.

BH stated that he felt that things described as providing value for money should always benefit the patient, as saving money in the short-term may cost more in the long-term. SD gave assurance that the CCG’s procurement policy stated that consideration should be given as to whether procurement is in the interest of
patients, as well as providing value for money, and noted that value for money does not necessarily mean cheapest.

DM queried whether there is anything that the CCG was concerned would be open to challenges in terms of commissioning. SD advised that the CCG has been operating within the framework where competition and choice is large in the legislation, and that it looks at alternative providers where it will benefit the Salford population, such as when statutory services can’t cope with demand, giving an example of independent providers that give diagnostic support. He noted that the approach around procurement tends to be going out to tender, and that this can be disadvantageous, for example if existing providers are performing well. SD also advised that the CCG only gets challenged if it doesn’t follow its own policy.

JM noted that it wasn’t clear what would be replacing the regulations under Section 75, and stated that the duty is to act in the best interests of the local population as a whole, not specifically patients. SD confirmed that social values are highlighted in the CCG’s procurement policy, and so this is taken into consideration. For revoking section 75, this talks about health services that fall outside of scope, for example ambulance services, termination of pregnancy and surgical activity. These cannot currently be put into a section 75 pooled budget arrangement, and SD believes there are talks about replacing the current arrangements with something that is all inclusive, allowing joint decisions between the CCG and the Council.

PD highlighted an article that he had read around an increase in patients being treated in private hospital, and noted that this needed to be thought about when procuring services in Greater Manchester. SD advised that current legislation provides a choice to patients, and that under this, patients can choose to have treatment in a private hospital, paid for by the NHS. He noted that around 50% of planned orthopaedic care in Salford happens at Oaklands, which is an independent provider, and that if all of those patients chose to use an NHS provider then the system would likely not be able to cope, so in this example Oaklands is supplementing the Salford Royal NHS Foundation Trust (SRFT) provision.

TT agreed with SD’s comments, stating that in his experience his patients like using Oaklands and the service they provide, but noted that significant amounts of money are going to independent providers. He advised that this has been tested across Greater Manchester to see if there is a desire to address the amount of money going to these providers, but that there doesn’t appear to be currently, and ultimately what matters is patients getting the treatment that they require.

PD asked about waiting lists and the success of interventions, and asked who was evaluating those areas. It was advised that this would be FT and JT, and FT noted that the majority of NHS hospitals take both scheduled and unscheduled care, and as unscheduled care takes priority it can lead to scheduled care moving to the independent sector. In terms of quality assurance, she advised that Oaklands is considered a main provider, and that the Quality Team monitor their standards just as they would for an NHS provider.

PD queried to what extent doctors’ choosing to work in private hospitals has an impact on the inability to meet demand, as well as what is happening for this in
workforce planning. JT advised that this is part of the issue, but also noted that if it didn’t happen, then the NHS couldn’t cope with the additional work due to a number of other factors, such as theatre availability and the number of beds, amongst others.

PBr noted that where a contract is in place with an NHS hospital, they may be sub-contracting out to private providers. He also stated that it’s important to remember that not all non-NHS spend goes to the private sector, as a lot goes into the local Voluntary, Community, and Social Enterprise sector, who hold contracts to provide work.

H&CCB noted the contents of the report and the recommendations to Government and Parliament for an NHS Bill.

b) Indices of Deprivation 2019

The report on the latest Indices of Deprivation was presented following publication by the Ministry for Housing, Communities and Local Government on 26 September 2019. The Indices give a picture of the level of relative deprivation across England. The report noted that Salford has seen a worsening of its rank since the previous release, moving from the 22nd most deprived area in 2015 to 18th most deprived in 2019, with 76,000 Salford residents (30%) living in areas of high deprivation. Crime is the area where deprivation has increased the most, and this is also true across Greater Manchester.

The report also highlighted that the Health Deprivation and Disability domain was one of two domains under which Salford improved its rank, rising to 12th most deprived area from 7th in 2015, with all four indicators contributing to this domain seeing an improvement. It noted that all local authority areas in Greater Manchester saw a worsening of national rank, with the exception of Manchester which improved by 1 place, although the ranking between the 10 authorities remained the same, with Salford remaining the 3rd most deprived district.

BH noted that there is currently a period of population growth within Salford with new people moving to the city, a number of whom are highly skilled workers. He stated that it was important to recognise that the number of people in work is good, but that more needed to be done to ensure that these jobs are well paid.

TT noted that this item had gone to the Health and Wellbeing Board (HWB) on 12 November 2019, and that the challenge to PBr had been what work was planned to improve this, and that PBr is bringing this back to HWB in February. TT asked what the plan is for this. PBr advised that the indices are built up from building blocks of data, and can therefore be aggregated into meaningful clusters. He confirmed that electoral ward level profiles will be brought to HWB in February, and this will allow the Council to add its own local intelligence and narrative, in order to provide richer and more specific data. He advised that this will then feed into the joint strategic leads assessment. There will also be work to look at what areas link increases in deprivation together, such as an increase in drug usage causing more violent crime.

NB asked what drives the number in health improvement within the indices, as he felt it is important to look at reducing the variation between the best-off and worst-off
within the city for morbidity and mortality. GA highlighted the images within the paper in this area that show there has been an improvement with Salford becoming less deprived in areas such as mental health and mortality.

DM noted that deprived areas tend to have improvements in education, which he feels is encouraging, and that he has concerns with regards to the differences between the rich and the poor. He asked whether the indices had an impact on funding for primary care going forward. SD noted that the health allocation formula has a large number of indicators, and that deprivation has a significant weighting, as well as mental health. There has been work looking at reviewing the formula, but this hasn’t happened yet, but there were draft changes last year that moved some of the focus from deprivation to age, however this didn’t have much impact on Salford’s funding allocation.

FT noted that the health indicators have improved, but asked if that is because Salford has healthier people moving in, and asked whether the inequalities are improving. PBr agreed that this has had an effect, but that the improvement cannot be entirely attributed to this as affluent people may move away as they approve.

PD noted that he has asked for an investigation into the crime figures to understand those, but he doesn’t feel this has come as a surprise as the reporting of crime has changed.

H&CCB noted the contents of the report.

c) Salford CCG Annual Engagement Report

Salford CCG’s Annual Engagement Report was presented, noting that Salford CCG has a legal requirement to engage with patients and the public in regards to planning and commissioning health care services, and that the CCG has a strong track record in this area. It was noted that the report demonstrates how the CCG executed its duties in relation to public involvement with respect to adult health and care, children’s health and public health, linking in to the objectives of the Salford Locality Plan.

BW highlighted that part of his remit as a Lay Member of the CCG is patient and public participation, and stated his support for this report and the work being done by Salford CCG’s Engagement team.

DM noted that there was no mention of asylum seekers as a group, but that there was mention of this within the action plan, and that he felt this is a particularly vulnerable group. Amanda Rafferty gave assurance that work is happening with this group, including through areas such as the BAME mental health group.

H&CCB noted the contents of the report.
3. **Reports of Partnership Boards/Sub-Committees**

a) **Adults’ Commissioning Committee Report**

The Adults’ Commissioning Committee (ACC) Report was presented, providing an update from the ACC on progress and next steps, as well as assurance to members that commissioning decisions are receiving appropriate oversight and support.

H&CCB noted the contents of the report.

b) **Children's Commissioning Committee Report**

The Children's Commissioning Committee (CCC) Report was presented, providing an update from the CCC on progress and next steps, as well as assurance to members that commissioning decisions are receiving appropriate oversight and support.

H&CCB noted the contents of the report.

c) **Primary Care Commissioning Committee Report**

The Primary Care Commissioning Committee Report was presented, providing assurance relating to the primary care commissioning programme, outlining key decisions made by PCCC.

H&CCB noted the contents of the report.

d) **Greater Manchester Joint Commissioning Board Report**

The Greater Manchester Joint Commissioning Board (JCB) Report was presented, providing members with an update on the details of the last JCB meeting.

H&CCB noted the contents of the report.

4. **Reflection**

Members reflected on the items discussed within the meeting.

5. **Meeting Closed**

The meeting closed at 15:15
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 2a

Item for: **Decision/Assurance/Information** (Please underline and bold)

22 January 2020

<table>
<thead>
<tr>
<th>Report of:</th>
<th>Adults Social Care Commissioning Strategy Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Paper:</td>
<td>10 January 2020</td>
</tr>
<tr>
<td>Subject:</td>
<td>Carers Strategy and Carers Service Specification</td>
</tr>
<tr>
<td>In case of query</td>
<td>Jessica Ta’ati</td>
</tr>
<tr>
<td>Please contact:</td>
<td></td>
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</tbody>
</table>

**Strategic Priorities:**

Please tick which strategic priorities the paper relates to:

<table>
<thead>
<tr>
<th>Quality, Safety, Innovation and Research</th>
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<tbody>
<tr>
<td>❑ Integrated Community Care Services (Adult Services)</td>
</tr>
<tr>
<td>Children’s and Maternity Services</td>
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<tr>
<td>Primary Care</td>
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<tr>
<td>Enabling Transformation</td>
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</tbody>
</table>

**Purpose of Paper:**

This report presents both the Salford All-Age Carers Strategy, that was previously presented to the H&CCB in September 2019 and the associated Carers Service Specification that responds to a number of the strategic recommendations of the Strategy, in preparation for a tender exercise for this contract that will run between February and October 2020.

Following the September meeting of the H&CCB members made a number of comments and the Strategy has been updated and re-presented to reflect changes following those comments and suggestions. These changes are covered in 2-12 of this report.

Alongside the Strategy, this paper also presents the Carers Service Specification for comment and approval. The paper sets out the process commissioners have undertaken to review and refresh the Specification and highlights the key areas of the Specification that responds to the requirements of the Strategy, in securing improved services and improved lived experience for carers in Salford. This is covered in section 13 of this Report.
Further explanatory information required

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</td>
<td>The Carers Strategy and Service Specification will set a new direction to make improvements for the life changes of all carers in Salford</td>
</tr>
<tr>
<td>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</td>
<td>Service redesign and financial investment will be required to secure improvements. These are references in the strategy</td>
</tr>
<tr>
<td>WHAT EQUALITY RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</td>
<td>Carers will be positively impacted as a result of the strategy</td>
</tr>
<tr>
<td>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</td>
<td>N/A</td>
</tr>
<tr>
<td>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</td>
<td>N/A</td>
</tr>
<tr>
<td>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</td>
<td>Carers services that are currently delivered by Salford Care Organisation, Greater Manchester Mental Health and the VCSE sector</td>
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Footnote:

Members of Health and Care Commissioning Meeting will read all papers thoroughly. Once papers are distributed no amendments are possible.
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<tr>
<th>Process</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments and Date (i.e. presentation, verbal, actual report)</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Public Engagement</td>
<td></td>
<td>x</td>
<td></td>
<td>The strategy and service specification has been designed through a group that included carers and a number of specific engagement sessions with carers groups have taken place: Carers Consultation January 2017 Carers Consultation 2018 - refresh</td>
<td>Included in the strategy and service specification documents</td>
</tr>
<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
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<tr>
<td>Clinical Engagement</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
<td></td>
<td></td>
<td></td>
<td>The objective and principles set out in the strategy support a social values approach to carers</td>
<td></td>
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<tr>
<td>Has ‘due regard’ been given to Social Value and the impacts on the Salford socially, economically and environmentally?</td>
<td></td>
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<tr>
<td>Has ‘due regard’ been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)</td>
<td>x</td>
<td></td>
<td></td>
<td>Cares are a local protected characteristic group – a Community Impact Assessment has been completed 08th September 2019.</td>
<td>Included in the strategy and service specification documents</td>
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<tr>
<td>Legal Advice Sought</td>
<td></td>
<td>x</td>
<td>x</td>
<td>This is being sought as part of the procurement exercise for the Carers Service</td>
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<tr>
<td>Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments /</td>
<td>x</td>
<td></td>
<td></td>
<td>Adult Social Care Commissioning Strategy Group 24/05/19 C&amp;YP Commissioning Group</td>
<td>Included in the strategy and service specification documents</td>
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<td>Approval?</td>
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<tr>
<th>Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>18/06/19</td>
<td>Joint Leadership Team (SCC) 22/07/19 Adults Advisory Board 23/07/19 Health and Care Commissioning Board 04/09/2019 Adult Social Care Commissioning Strategy Group 20/12/19</td>
</tr>
</tbody>
</table>

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
# Salford Carers Strategy and Carers Service Specification

## 1. Executive Summary

The All Age Integrated Carers Strategy was brought to the Health and Care Commissioning Board in September 2019. A number of comments were raised by the Board members resulting in actions to be completed before the sign-off could be granted.

The comments highlighted actions in relation to:
1. Carers as experts
2. Finances
3. Measuring success
4. Young people and police truancy initiatives
5. Grammatical errors
6. Equality and Diversity
7. Greater Manchester standards
8. Unidentified Carers
9. Neighbourhoods
10. Strengths based approach

Sections 2-12 of this report outline the amendments in light of the comments raised by the board and any other salient changes or amendments since September 2019.

The associated Carers Service Specification presents the response to a number of key strategic requirements of the Strategy:

- Identification
- Support – Carer/Caring role
- Health – Wellbeing
- Maintain Education
- Young Carers
- Vulnerable Groups
- Training
- Self-Care
- Hospital Support
- Specific MH service support

- Carers Assessment - proportionate
- Advice and Information
- Socially Connected
- Working Carers
- Parent Carers
- Experts by Experience
- Right time right place
- Neighbourhood/Peer Support
- Carers Advocacy

Section 13 of this paper sets out the approach taken to develop the Specification. Board members are asked review, comment and approve this Specification to enable Salford City Council to then proceed with a procurement exercise.
2. **Carers as Experts**

2.1 It was noted by the Board that carers themselves are the experts in what they do and they should therefore be asked to help inform how the services should be shaped.

2.2 In response to the above, section 5.2 of the strategy has been amended to:

‘5.2 On-going Engagement with the Community

To ensure that this strategy is meaningful, makes a positive difference to local people and correctly informs how services for carers will be shaped; engagement with individuals with lived experiences is essential.

Engagement with Salford carers and key stakeholders, on the overarching action plan and priority areas of work, will continue, on a regular basis, throughout the lifetime of the strategy. Engagement will be varied and flexible, offering local people choice about how they contribute to the on-going work for carers.

A suitable model for on-going engagement will be identified by the Carers Steering Group to ensure that the voice of carers is accessed from a range of neighbourhood areas.

Where possible, with adherence to procurement rules, Salford Carer representatives will be involved with the procurement of future services allowing the opportunity for carers to have their say on the services that they will ultimately access.’

3. **Finances**

3.1 Questions were raised by the Board in relation to the additional finances required and a line by line breakdown to ensure sufficient funding. Section 4.1.13 of the Strategy responds to this:

‘4.1.13 Resourcing Priority Areas of Work

This Strategy has confirmed a set of strategic priorities that reflect national guidance, Greater Manchester Health and Social Care priorities and local aspirations following extensive engagement with Salford stakeholders – including the views of carers.

The table below shows a summary of the strategic objectives and requirements of the draft all-age Carers Strategy set against the current commissioning financial and service investment.

The table shows that Salford’s current commissioning arrangements addresses the majority of the strategic objectives across a range of service areas (children and adult services). The table also highlights where there are commissioning gaps and also areas where there is duplicate commissioner investment.'
Assessment of the Strategic Carers Objectives against current commissioned investment/service

<table>
<thead>
<tr>
<th>Strategic Carers Objective</th>
<th>Salford Carers Strategy</th>
<th>GM Carers Charter</th>
<th>Recurrent sufficient commissioning investment</th>
<th>Service area</th>
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<td>Identification</td>
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<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/Primary Care/Carers Contract/VCSE</td>
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<td>Carers Assessment - proportionate</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>SCC/SCO/GM/Carers Contract</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Advice and Information</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Health - Wellbeing</td>
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<td>Yes</td>
<td>Schools/SCC/Carers Contract</td>
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<td>Maintain Employment/Working Carers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Some organisational HR resource - limited to statutory partners</td>
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<td>Young Carers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/Carers Contract</td>
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<td>Parent Carers</td>
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<td>Carers Contract/VCSE</td>
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<td>Training</td>
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<td>Yes</td>
<td>Yes</td>
<td>Carers Contract/VCSE</td>
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<td>Right time right place</td>
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<td>Self-Care</td>
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<td>Neighbourhood/Peer Support</td>
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<td>Hospital Support</td>
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<td>SCO/GM/Primary Care</td>
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<td>Carers Advocacy</td>
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<td>Carers Contract</td>
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<td>Specific MH service support</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>GM/Carers Contract/VCSE</td>
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</table>

The summary assessment indicates that commissioners should secure additional capacity in the following areas:

- The new priorities set in the Carers Strategy are:
  - Working carers
  - Locality Based support model

- The enhanced priorities in the Carers Strategy are:
  - Socially connected carers
  - Carers as experts
  - Right time right place approach
  - Support for carers in hospital care

A financial appraisal has been undertaken and commissioners have confirmed the investment plan to support the objectives of this strategy.

4. Measuring Success

4.1 The Board enquired about the metrics used to measure success.

4.2 Section 5.7 has been added to the Strategy drawing attention to the indicators within the action plan:

‘5.7 Measuring Success

Measuring the success of this strategy will be identified via the implementation of a holistic action plan (please see Appendix 1). Progress on the action plan will be monitored through the established Carers Strategy Implementation Group. The
following performance indicators (inclusive but not limited to) will be monitored via this group:

1. Identification of carers
2. Improving health and wellbeing
3. Carers as expert partners
4. Right help at the right time
5. Young carers
6. Working carers

The outcomes detailed within the action plan will contribute to the measurement of the indicators above.’

See Appendix 1 - Action Plan

5. Young People and Police Truancy Initiatives

5.1 Previous truancy initiatives initiated by the Police in Salford were highlighted noting that a number of very young carers were identified. There was a concern that, as the young carers identified were not already known, the strategy isn’t doing enough to find out about those carers.

5.2 In response to the above, a paragraph has been added to section 3.14 of the Strategy (Young Carers and Schools):

‘The development and implementation of the Early Help Service and School Co-ordinator Role will support schools in identifying students where there may be concern, young carers often struggle to attend and achieve in education and by undertaking a whole family assessment this will address issues at the earliest opportunity, putting in place support before they escalate and impact on that young person’s education.’

And section 4.1.7:

‘Identification of young carers needs to be improved so that carers are offered appropriate support early on, along with targeted work to support the identification of ‘hidden’ young carers and those young people who may not recognise themselves as carers or may have concerns about being identified as such.’

An action has also been added to the action plan under the schools section of the ‘Young People’ tab:

‘Review with schools to identify gaps and identify the support in place (leads, policies etc.)’

6. Grammatical Errors

6.1 It was noted that there were a number of grammatical errors within the Strategy.
6.2 In addition to the amended strategy being proof read, the document has been checked by the communications team in preparation for publication.

7. **Equality and Diversity**

7.1 It was noted that there are cultural differences that can lead to a very different attitude to caring between cultures. It was felt that there was little comment about equality and diversity in the strategy.

7.2 Since September, a Community Impact Assessment has been completed in relation to the strategy. Section 2.8 of the Strategy has been added to provide an overview:

‘2.8 Equality for Carers
This section gives an overview of the Community Impact Assessment (CIA) undertaken in conjunction with this strategy. The complete CIA can be found in Appendix 2.

The CIA covers the overarching aims and objectives of this strategy and recommendations for improvement.

The following protected groups have been considered within the CIA with the impact to each group established and mitigations formed:

1. Age – Children and young people
2. Age – working carers
3. Disability
4. Gender
5. Gender reassignment
6. Marriage and Civil Partnership
7. Pregnancy and maternity
8. Race
9. Religion and belief
10. Sexual orientation
11. Carers from travelling communities
12. Refugees and people seeking asylum
13. People on low incomes
14. Veterans
15. Intersectionality

The CIA explores the various engagement sessions held with carers to access the views of those individuals with lived experiences. The views gained have influenced the future commissioning intentions and service design.

To support the implementation of the strategy an action plan is being developed by the Carers Strategy Steering Group, this document will detail the activities to be undertaken for each key area of work. The action plan will cover the work required in relation to the above protected groups and will ensure that the objectives are being progressed and met by the dates stipulated.

As the activity progresses and the work programme is developed additional CIAs may be undertaken as and when identified. All CIAs developed will be monitored in line with the action plan.’
See Appendix 2 - Community Impact Assessment

8. **GM Standards**

8.1 GM work had been referenced within the Strategy however it was felt that a link would be useful.

8.2 A link to the GM Carers Charter has been added in the footnotes:

> Greater Manchester Carers Charter

9. **Unidentified Carers**

9.1 There was a question raised by the Board in relation to unidentified carers and being able to ensure that all services link with each other to make sure that carers known to one part of the system are known to all.

Section 4.1.6:

“The strategy recognises the need to ensure services coordinate their support for carers in order to ensure that best value and good outcomes are secured. This will be enabled through strong cooperation and partnership working across agencies. Through this approach, carers will be provided greater opportunity and choice in recognising where and how to access support. The Strategy also recognised the benefit of offer greater support to help carers navigate across the Salford system whilst securing their right to choose, including how and when to engage with services.”

9.3 Where permitted, services will share information to ensure a seamless experience for individual's accessing carers services. Within the existing carers service contract, with adherence to Care Act requirements, the service is to assist with partnership working. This requirement will continue upon identifying the provider to deliver services for carers from 1st October 2020 following a robust tendering exercise.

10. **Neighbourhoods**

10.1 In addition to section 9, there was a comment from the Board in relation to those carers having insufficient time to utilise the services that are on offer. There was a further comment relating to the importance of neighbourhood offers assisting with the identification of these individuals.

10.2 Section 4.1.11 of the Strategy, describes the locality offer required across Salford as a result of feedback from individuals with lived experiences. The need for a locality offer, identified in the strategy, within Salford neighbourhoods has shaped the future service offer for carers across the City. The information highlighted within the strategy relating to neighbourhood and the work administered on a local level has informed our commissioning intentions, thus informing the service specification for the service recommission. It will be the requirement of the provider, identified following the carers service recommission tender, to ensure there is a flexible approach to the
support available to carers across Salford. Links with existing community groups to ensure accessible support on a locality level, including encouragement and support for the establishment and maintenance of peer led groups if weekend or evening groups are needed.

“It is also recognised that neighbourhood level support should be flexible and responsive to the differing needs of carers, for example, working carers who might have limited availability to participate in activities delivered during traditional working hours.”

11. **Strengths Based Approach**

11.1 The Board queried whether a strength-based approach had been considered.

11.2 In terms of the assessment model used across Salford, referenced in section 4.1.2 of the Strategy, this is an approach that will be adopted in relation to the support provided to carers. The strategic partners, led by SCO are working closely with the National Development Team for Inclusion (NDTi) in develop strengths based approaches, including with carers on a locality level across Salford.

11.3 The Strategy recognises that developing a ‘strengths’ based approach is a long term programme of work and that the action plan identifies the needs to align carers to the work SCO are undertaking in this regard.

12. **Other**

12.1 In addition to the amendment made following feedback from the board in September 2019, further sections have been added. To bring the Board’s attention to these additional sections, they have been added below.

12.2 Section 3.1 of the Strategy states:

‘3.1 Carer Identification

There is a clear priority from both national and local evidence that Salford needs to improve mechanisms for identifying carers as they pass through a range of services. This will ensure that all carers within Salford are included and awareness of what it means to be a career is raised, leading to more carers self-identifying. This priority links to raising awareness of carer issues amongst professionals within various health and social care settings across Greater Manchester in addition to Salford.

Salford’s identification objective aims for carers to be identified as early as possible to ensure that appropriate support, advice and information are offered. Early identification can support the carer with the tools, knowledge and confidence to enable them to manage their caring role while still having a life of their own and maintaining their own health and wellbeing. Salford must ensure that carers are identified, their support needs are recognised and met to prevent carers only seeking or being offered support once they reach a crisis point.’
13. Carers Service Specification

13.1 Alongside the development of the Strategy commissioners have been reviewing the current Carers Service contract and service specification to respond to the requirements of the Strategy and in preparation for the end date of the current Carers Service contract – September 2020.

13.2 Commissioners have worked with a range of stakeholders to develop the service specification, drawing upon the findings of the Strategy, the Community Impact Assessment and learning from the performance of the current service. The review has adopted a holistic approach where, in addition to the existing and bespoke commissioned provision for carers, the overall strategic plan for carers support has been reviewed. The wider review has had a steer from individuals, with lived experience, via feedback obtained during engagement events. This feedback has been essential in developing the Carers Service Specification outlining the future commissioned intentions and offer for carers in Salford.

13.3 In line with the Greater Manchester Carers Charter, Salford’s Carers Specification objectives are as follows:

- Objective One: Identifying Carers
- Objective Two: Improving Health and Wellbeing
- Objective Three: Carers as Real and Expert Partners
Objective Four: Right Help at the Right Time
Objective Five: Young Carers and Young Adult Carers
Objective Six: Carers in / into Employment

13.4 The Carers Service Specification will provide high quality information, advice and support to carers to continue to care and have a life outside of caring.

13.5 The Carers Service Specification will support statutory partners to deliver the statutory duties in respect of carers under the Care Act 2014 and Children and Families Act 2014 by ensuring that they are identified as early as possible, through engaging in development activities with organisations in Salford so that they can both identify carers they have in their workforce, or are providing a service to and develop carer friendly policies and practices.

13.6 The elements of the Service Specification will be the provision of support to carers in the following categories:

- Identification
- Carers Assessment - proportionate
- Support – Carer/Caring role
- Advice and Information
- Health - Wellbeing
- Socially Connected
- Maintain Education
- Maintain Employment/Working Carers
- Young Carers
- Parent Carers
- Vulnerable Groups
- Experts by Experience
- Training
- Right time right place
- Self-Care
- Neighbourhood/Peer Support
- Hospital Support
- Carers Advocacy
- Specific MH service support

13.7 The contract will include provider obligations associated with Social Value and added value. The provider will be expected to deliver Salford’s priorities and standards in relation to Social Value by signing up to the City Mayor’s Employment Charter and the 10% Better Campaign. To ensure the provider is meeting the requirements of the contract, the outcomes achieved, as a result of social or added value, will be monitored via regular performance monitoring. This will meet the Council and CCGs policy aims to ensure a ‘social return’ from its investment by securing social value from:
• Doing responsible business and being a good employer
• Regeneration, housing and planning activity
• Business, economic growth/skills and work activity
• Internal providers, mutual and joint venture partnerships
• Applying Salford City Council’s new procurement strategy - which focuses on maximising social value
• Ensuring that the service will contribute to Salford’s Climate Change objectives

14. **Recommendations**

14.1 The Health and Care Commissioning Board is asked to:

- Consider the amendments made as a result of previous engagement
- Approve the All-Age Carers Strategy
- Approve the Carers Service Specification

Jessica Ta’ati  
**Integrated Commissioning Manager**
HEALTH AND CARE COMMISSIONING BOARD
PART I
AGENDA ITEM NO: 2a

Item for: Decision/Assurance/Information (Please underline and bold)

22 January 2020

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<th>Service and Finance Group</th>
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<td>15 January 2020</td>
</tr>
<tr>
<td>Subject:</td>
<td>Salford Carers Strategy – Service and Financial Appraisal</td>
</tr>
<tr>
<td>In case of query Please contact:</td>
<td>Paul Walsh</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:paul.walsh@salford.gov.uk">paul.walsh@salford.gov.uk</a></td>
</tr>
<tr>
<td>Strategic Priorities:</td>
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<tr>
<td>Quality, Safety, Innovation and Research</td>
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<td>Integrated Community Care Services (Adult Services)</td>
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<td>Children’s and Maternity Services</td>
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Purpose of Paper:

This paper is a financial appraisal for services to carers in Salford that responds to the final draft version of the Salford all-age Carers Strategy.

The paper sets out the key objectives of the final draft version of the Salford All-Age Carers Strategy and:
- how these objectives respond to the GM Carers Charter
- how commissioners currently invest in these objectives
- identifies gaps and duplicate investment
- proposes approaches to address those gaps

The paper sets out recommendations for commissioners to agree an investment approach to support the objectives of the final draft version of the Salford All-Age Carers Strategy for the next three years.

The H&CCB is asked to comment on the report and approve the recommended option 4, supported by the Service and Finance Group.
Further explanatory information required

<table>
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<th>Question</th>
<th>Answer</th>
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<tbody>
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<td>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF Salford Residents OR THE CLINICAL COMMISSIONING GROUP?</td>
<td>It will enable Salford to meet the strategic requirements of the new All-Age Carers Strategy, that include GM and Salford priorities</td>
</tr>
<tr>
<td>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</td>
<td>Cost impact of moving commissioning funding from SCO to the Carers Service. Mitigated by ensuring the Carers Service is fully involved in Strengths Based work</td>
</tr>
<tr>
<td>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</td>
<td>The Carers Strategy has a full CIA and the strategy responds to the actions from the CIA.</td>
</tr>
<tr>
<td>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</td>
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</tr>
<tr>
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<td>New roles within the Carers Service could result from the outcome of the report and the decisions around investing in the new carers Service.</td>
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Footnote:

Members of the Health and Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
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<th>Comments and Date (i.e. presentation, verbal, actual report)</th>
<th>Outcome</th>
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<td>The Carers Strategy and Carers Service specification are due to be approved in January 2020</td>
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<tr>
<td>Has ‘due regard’ been given to Social Value and the impacts on the Salford socially, economically and environmentally?</td>
<td>✓</td>
<td></td>
<td></td>
<td>As part of the development of the Carers Strategy through 2018 and 2019</td>
<td>The Carers Strategy and Carers Service specification are due to be approved in January 2020</td>
</tr>
<tr>
<td>Has ‘due regard’ been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)</td>
<td>✓</td>
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<td></td>
<td>A full CIA has been published as part of the development of the Carers Strategy</td>
<td>The Carers Strategy and Carers Service specification are due to be approved in January 2020</td>
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<td>Legal advice has been sought for the tender/procurement exercise from SCC legal services</td>
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<tr>
<td>Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)</td>
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<td></td>
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<td>As part of the development of the Carers Strategy through 2018 and 2019</td>
<td>The Carers Strategy and Carers Service specification are due to be approved in January 2020</td>
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Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
1. Executive Summary

The Salford All-Age Carers Strategy has confirmed a set of strategic priorities that reflect national guidance, Greater Manchester Health and Social Care priorities (GM Carers Charter) and local aspirations following extensive engagement with Salford stakeholders – included the expert views of Carers.

The new objectives and requirements of the strategy are set against the current service and financial investment and performance for support services commissioned for Carers, including any assessment of the potential to secure service and financial efficiencies or to re-prioritise service objectives in such a way that minimises the requirement to request additional commissioning budgets.

This report sets out a number of options to consider in allocating commissioning budget to support the delivery of the strategic priorities and objectives as set out in the draft all-age Carers Strategy and to support the development of the draft Carers Service specification that responds to the draft all-age Carers Strategy.

This paper has been prepared in collaboration with SCO executive leads and shared at the December 2019 Adult Social Care Commissioning Strategy Group for comment. The paper was accepted at this Group.

2. Background

2.1 The development of the draft all-aged Carers Strategy and the parallel review of the Carers Service contract has, over the last 18 months provided a thorough assessment of Salford’s strategic and service position in relation to carers and carers’ service in Salford.

2.2 The draft all-age Carers Strategy has confirmed a set of strategic priorities that reflect national guidance, Greater Manchester Health and Social Care priorities and local aspirations following extensive engagement with Salford stakeholders – including the views of Carers.

2.3 This financial appraisal is presented as an addendum to the work undertaken to review and present the objectives of the draft all-age Carers Strategy and the refreshed draft service specification for Carers Services.

2.4 Table One below shows a summary of the strategic objectives and requirements of the draft all-age Carers Strategy set against the current commissioning financial and service investment. The table shows that Salford’s current commissioning arrangements addresses the majority of the strategic objectives across a range of service areas (children and adult services). The table also highlights where there are
commissioning gaps and also areas where there is duplicate commissioner investment.

Table 1 – Assessment of the Strategic Carers Objectives against current commissioned investment/service

<table>
<thead>
<tr>
<th>Strategic Carers Objective</th>
<th>Salford Carers Strategy</th>
<th>GM Carers Charter</th>
<th>Recurrent sufficient commissioning investment</th>
<th>Service area</th>
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<td>Advice and Information</td>
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2.5 The summary assessment indicates that commissioners should secure addition capacity in the following areas:

2.6 The new priorities set in the Carers Strategy are:

- Working carers
- Locality Based support model

2.7 The enhanced priorities in the Carers Strategy are:

- Socially connected carers
- Carers as experts
- Right time right place approach
- Support for carers in hospital care

2.8 There are a number of strategy and service changes that have been identified through the development of Carers Strategy which suggest they are a range of efficiencies that can be made.

2.9 Over recent years there has been an underspend position in the Carers Personal Budget allocation held by SCO. In 2018/19 spend was £313k against a budget of £702k. SCO has indicated that the predicted year-end spend position for 2019/20 will be higher, but will still result in a significant underspend in the Carers Personal Budget allocation.
2.10 GMMH has confirmed (Appendix 1) that they provide carers support in a wider range of service areas than was the case when the current Carers Service was tendered (2016). This means the requirement for the Carer Service to delivery across a wide GMMH service footprint is reduce.

2.11 The Care Act requirement to deliver advocacy services for carers is an aspect of the current Carers Service Specification. However, the new approach described in the draft all-age Carers Strategy and draft Carers Service Specification means the carers service provider will be undertaking carer’s assessments. This means the provider of the carer’s service would not hold an independent position against the Care Act duty to undertake independent advocacy services on behalf of carers. Consequently the carers advocacy component of the Carers Service Specification will be removed, along with the funding for this and placed within the service specification for the general advocacy service – currently delivered by MIND in Salford.

2.12 The current Carers Service provider has provided information about the level of carer’s advocacy being delivered. Over the last 12 month period there have been 17 carer’s advocacy cases. These cases have on average taken 20 hours to complete. Salford adopts a GM spot purchase rate of £15 per hour for advocacy. This indicates a total cost of 17*20*15 = £5,100 per annum.

2.13 The current Carers Service provider has indicated that some of their general carers support services will also provide advocacy so the total of 17 is likely to be an under-reporting position. Additionally, the implementation of the objectives of the all-age Carers Strategy could increase demand on advocacy service for carers. Whilst it is not possible to estimate with 100 percent accuracy the additional demand resulting from these factors it would be prudent to increase the £5,100 figure to £10,000 as a proposed budget allocation. This budget would be reviewed annually.

2.14 The current Carers Service has not been afforded an inflationary uplift since the contract commenced in 2016. The current contract price of £378k would rise to £409k with a 2% uplift applied from 2017/18 to 2020/21 or an increase of £31k. The 8% inflationary uplift is applied to each option as costs are based on current (2016) contract costs. Commissioners are including an inflationary uplift as an option to consider in this report.

2.15 Commissioners have set out four options to consider that demonstrate three change options and a ‘do-nothing’ option. All four options include a supplementary option for the inflationary uplift. Appendix 1 shows the detailed analysis. The options are set against national, GM and local priorities and also include the proposed cost changes and overall financial impact for the options for both commissioning and contract budgets.

2.16 **Option 1**

2.17 This option retains the service model as it is. It would result in no change to the commissioning or contract budgets for Carers should an 8% inflationary uplift not be applied.
2.18 An £31k increase in the Carers Service budget will allow an 8% inflationary uplift. This additional cost would be offset by a decrease in the Carers Personal Budget allocation from £702k to £671k.

2.19 This option would result in a number of priority aspects not being delivered. This includes the GM Carers priority on working carers and local Salford priorities on hospital support and neighbourhood/peer support. It would retain the level of budget for the Carers Personal Budget. It would retain duplication of mental health carers funding in a number of Greater Manchester Mental Health service areas. It would retain carers advocacy within the Carers Service which would create a challenge to the Carers Service developing a model to support carers assessment (as the advocacy service should be independent of the Care Act assessment process).

2.20 This option is not recommended on the basis that it does not deliver all the priorities identified in the Carers Strategy.

2.21 **Option 2**

2.22 This option ensures the Carer Service delivers the GM Carers priorities of working carers by allowing a £30k annual budget for a dedicated post and increases the capacity of the service to deliver enhancements to GM Carers aspects relating to carers being socially connected (£5k increase), supporting Carers as Experts (£10k increase) and right time right place responses (£5k increase).

2.23 This option does not address the local Salford priorities of supporting carers in hospital settings and the development of neighbourhood/peer support networks. It does propose to remove the mental health component of the current carers service contract (due to this service being addressed by GMMH), equivalent to the cost of 2 WTE at £25k per post and advocacy services (to be reassigned to the MIND advocacy contract) at a cost of £10k. It would result in a reduction in the contract value for the Carers Service by £10k (without a 8% inflationary uplift) and potential commissioner saving of £10k. With an 8% inflationary uplift the Carers Service contract value would increase by £20k and there would be no commissioner saving. The overall cost impact for commissioners would be a £30k investment.

2.24 This option is not recommended on the basis that it does not deliver all the priorities identified in the Carers Strategy.

2.25 **Option 3**

2.26 As Option 2 with the addition of funding in the Carers Service to deliver the local Salford priorities to 50% of the commissioner identified capacity. This additional capacity would allow the Carers Service to progress on aspects relating to neighbourhood/peer support and hospital support. This budget increase for the contract is based on an additional 1.5WTE members of staff (£37,500 increase), based on the cost of the current providers carers support worker post.

2.27 This option would result in an increase in the contract value for the Carers Service by £27.5k, without an 8% inflationary uplift and £61k with the 8% inflationary uplift. The overall cost impact for commissioners would be a £71k investment.
2.28 *This option is not recommended on the basis that it does not deliver all the priorities identified in the Carers Strategy.*

2.29 **Option 4**

2.30 As Option 3 with the local Salford priorities of neighbourhood/peer support and hospital support being delivered at 100% of the commissioner identify capacity. This would allow 3 WTE carers workers to deliver the priority work.

2.31 This option would result in an increase in the contract value for the Carers Service by £65k, without an 8% inflationary uplift and £101k with the 8% inflationary uplift. These additional contract costs, including retained £10k for the Carers Advocacy Service, would result in a commissioner investment of £111k.

2.32 *This option is recommended.*

2.33 **Additional financial implications**

2.34 Commissioners are mindful that the options assessment in this report should be set against the current financial position for Adult Social Care spend in Salford Care Organisation and whilst there is a known underspend in the current Carers Personal Budget allocation, this has to be seen against a overspend position across ASC as a whole.

2.35 Commissioners have discussed the approach in the options assessment with executive leads in SCO and they have stated that they are comfortable with supporting option 4.

2.36 The option to remove Carers Personal Budget monies from SCO to support an increase in the Carers Service contract was discussed but this was dismissed as it would result in an undesirable additional pressure on the ASC budget position that is already in an overspend position. It should also be noted that the current spend on the CPB is at about 50% of the budgeted amount of £700k. SCO are aware of the need to manage spend of CPB and their Strengths Based approach work will contribute toward this whilst at the same time ensuring the needs of carers are met.

2.37 SCO managers have stated that they are in agreement with this position. They would wish to ensure that the investment made into the Carers Service formed part of the developing Strength Based approach to Adult Social Care. They confirmed that the new Carers Service should become a vehicle for promoting and securing strengths based Carers Assessment and services that draw on a range of support systems for Carers in their neighbourhood and across their communities of interest.

2.38 To this end commissioners will ensure the SCO senior managers remain closely involved in the tendering process and then in service implementation, oversight and quality assurance.

2.39 The current provider of the Carers Service contract is a ‘foundation living wage’ employer and as such no allowance has been made in this financial appraisal for any uplift in this regard.
2.40 Any agreed commissioning budget for a new Carers Service will be advertised to the market through a tender process as a maximum contract price. Commissioners will seek to secure best value through the tender process which may result in a lower contract price than that initially advertised to the market.

2.41 The current Carers Service provider is delivering a carers transformation projects, funded by SRFT. The cost of this project is £106k per annum. The funding for the transformation project will end on 31 March 2020. It is proposed that commissioners should consider the options to pick up the funding of the project from 1 April 2020 to 30 September 2020. After this time the new contract and value will commence.
3. **Recommendations**

3.1 The Service and Finance Group provided support for Option 4. The Health and Care Commissioning Board asked to review and approve option 4 to allocate an additional £111,326 investment to support the new priorities for carers as set out in the Salford All-Age Carers Strategy from 1 April 2020.

3.2 This decision will enable the current carer’s service to operate at its current capacity including the current transformation investment that ends on 31 March 2020 up to the contract end date of 30 September 2020.

3.3 From the 1 October 2020 when the new Carers Service contract commences the new contract budget will be agreed for this service.

**Paul Walsh**  
*Head of Integrated Commissioning*
### Appendix 1 – GMMH Carers Support Investment

<table>
<thead>
<tr>
<th>Area of Service</th>
<th>Covered in GMMH Spec to carry out carers assessments</th>
<th>Assessments being done in practice?</th>
<th>GMMH providing Carers Personal Budgets / ongoing support?</th>
<th>GMMH providing carers information / Peer support?</th>
<th>Resources carrying out these tasks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult CMHT</td>
<td>Yes</td>
<td>Yes (Approx 95% of those identified)</td>
<td>Assessing Prac refers to LA via website</td>
<td>Share carers info</td>
<td>Care coordinators</td>
</tr>
<tr>
<td>EIP</td>
<td>Yes</td>
<td>Yes</td>
<td>As above (exploring potential of carers peer support network)</td>
<td>As above (exploring potential of carers peer support network)</td>
<td>Care coordinators / GMMH carer support worker (B3 staff member) who completes carers assessments and offers support. There is a Gaddum support worker co-located but limited input and communication with EI. They do not complete carers assessments.</td>
</tr>
<tr>
<td>HBT</td>
<td>Yes</td>
<td>Yes</td>
<td>As above</td>
<td>Share carers info</td>
<td>GMMH B4 Assistant Practitioner spends approx. ½ day per week completing carers assessments where pts aren’t under CMHT. If pt under CMHT, then CMHT will pick up carers assessment. Again Gaddum support worker attached to the team but limited communication and input. They do not complete Carers assessments.</td>
</tr>
<tr>
<td>Older Adult CMHT</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Information &amp; access to Coping carers group &amp; carer support by Reach Beyond</td>
<td>Care coordinators / 1 x GMMH carer support worker currently out to recruitment.</td>
</tr>
<tr>
<td>Older Adult MATs</td>
<td>No</td>
<td>No</td>
<td>Ongoing support</td>
<td>Info &amp; Peer support &amp; access to Coping carers group &amp; carer support by Reach Beyond</td>
<td>Care coordinators / 1 x GMMH carer support worker</td>
</tr>
<tr>
<td>Adult Inpatient</td>
<td>No</td>
<td>For those under CMHT they are referred to Care Co-ordinator to complete carers assessment. For those not under</td>
<td>No – would refer to LA website.</td>
<td>Gaddum support worker attends unit and sits in reception ½ per week</td>
<td>Would be of benefit if Gaddum workers could complete carers assessment for those that are not under CMHT.</td>
</tr>
<tr>
<td>Older Adult Inpatient</td>
<td>No</td>
<td>No – all under CMHT’s who complete this</td>
<td>Yes by all ward staff</td>
<td>Information given such as leaflets and carer support information. No peer support at present.</td>
<td>All carers assessments are completed by CMHT. Pilot by Gaddum centre in 2018 – outcome unclear</td>
</tr>
</tbody>
</table>

CMHT. Would refer these carers to LA website so they can self-refer for assessment. | (Wed morning). In process of recruiting a volunteer carer peer mentor, who would provide peer support (likely to start in Feb 2020). |
# Appendix 2 – Carers Commissioning Financial Assessment

## Aspects

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>No Change</th>
<th>-£</th>
<th>Cost Impact - Option 1</th>
<th>Cost Impact - Option 2</th>
<th>Cost Impact - Option 3</th>
<th>Cost Impact - Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support – Carer/Caring role</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice and Information</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health - Wellbeing</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socially Connected</td>
<td></td>
<td></td>
<td></td>
<td>Increase 5,000£</td>
<td>5,000£</td>
<td>5,000£</td>
<td>5,000£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Education</td>
<td></td>
<td></td>
<td></td>
<td>Increase</td>
<td>30,000£</td>
<td>30,000£</td>
<td>30,000£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right time right place</td>
<td></td>
<td></td>
<td></td>
<td>Increase</td>
<td>0,000£</td>
<td>0,000£</td>
<td>0,000£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Care</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital/Neighbour Support</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers Advisory</td>
<td></td>
<td></td>
<td></td>
<td>Move to Advocacy Contract 10,000-£</td>
<td>10,000-£</td>
<td>10,000-£</td>
<td>10,000-£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Miscellaneous supports</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P = Partial</td>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
<td>-£</td>
<td></td>
<td></td>
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</table>

**Notes:**

- P = Partial
- Gross Cost Impact

## Carers Service contract option  (exc 8% uplift)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Current Commissioning Budget</td>
<td>Current Commissioning Budget</td>
<td>Budget underspend factor</td>
<td>Budget underspend factor</td>
<td>Budget underspend factor</td>
</tr>
<tr>
<td>£ 378,000</td>
<td>£ 378,000</td>
<td>£ 381,000</td>
<td>£ 381,000</td>
<td>£ 381,000</td>
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</table>

## MIND advocacy contract (carers change)

<p>| | | | | |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>Carers Personal Budget (SCO) - unchanged</td>
<td>Carers Personal Budget (SCO) - reduced</td>
<td>£ 702,000</td>
<td>£ 702,000</td>
<td>£ 702,000</td>
</tr>
</tbody>
</table>

## SCO Budget Impact

<p>| | | | | |</p>
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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>SCO Budget Impact</td>
<td>SCO Budget Impact - CPB change*</td>
<td>£ 1,461,000</td>
<td>£ 1,461,000</td>
<td>£ 1,461,000</td>
</tr>
</tbody>
</table>

## Carers Commissioning Budget Impact - CPB no change

<p>| | | | | |</p>
<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioning Budget Impact - CPB no change</td>
<td>Commissioning Budget Impact - CPB no change</td>
<td>£ 1,461,000</td>
<td>£ 1,461,000</td>
<td>£ 1,461,000</td>
</tr>
</tbody>
</table>

## Commissioning Overall Budget Change** - with no CPB change

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioning Overall Budget Change** - with no CPB change</td>
<td>£ 30,176</td>
<td>£ 70,751</td>
<td>£ 111,326</td>
<td></td>
</tr>
</tbody>
</table>

*SCO would have a budget reduction with this option and this would add to their overspend position. It would also require a contract variation to reduce this value from the contract*

**Commissioner would commit to additional investment and therefore this would be no change to the Carers Personal Budget and therefore not impact on the overall SCO budget.

SCO current spend on CPB is about 10% of the budget. Should SCO spend more than current spend this would have a negative impact on their overall budget position.
Salford City Partnership

Salford All Age Carers Strategy April 2019 – 2024

An Integrated Commissioning approach: how we plan to make life better for carers in Salford
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3. Support currently available for carers in Salford

4. Improving support for carers in Salford - Our Priorities

5. Implementation, governance and monitoring of the Carers Strategy

6. Appendices
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   - Appendix 2 Community Impact Assessment
   - Appendix 3 GM Exemplar Model of Support to Carers
Foreword

We are pleased to present Salford’s Integrated All Age Carers Strategy which sets out our vision to create a ‘carer friendly’ Salford by placing carers at the centre of decisions about them. The strategy is a call to action to all partners to recognise the value of carers and work to ensure that the wellbeing of all carers is maximised.

Carers play a vital role in our communities and caring is a fundamental part of family life. However, carers are too often unseen; their role comes with responsibilities and complex emotions which are difficult to fully understand until we are asked to be, or become reliant on, a carer ourselves. Yet, without the support of carers, our health and social care system would struggle to provide the level of care and support that people need to continue living in their own homes and communities.

A very real sense of satisfaction can be drawn from caring for a loved one and carers often feel a deep sense of pride and enjoyment from this responsibility. However, we do recognise that caring often has a significant impact on the health, wellbeing and independence of carers undertaking this role. Too many carers are unaware of, or perhaps are reluctant to ask for, support.

As we deal with an ageing population and longer life expectancies, more than ever we need to support people to live in their own homes and communities for as long as possible and carers are a key partner in making this happen. When people take on this extremely important role, we are determined to ensure that they receive the personalised support they need to feel fulfilled, independent and healthy.

This strategy has been produced in collaboration with carers, key partners and professionals supporting carers. It embraces the work that has been done across Greater Manchester developing the Carers Charter and the Carer Exemplar model, and builds on our previous strategies and the progress we have made so far in identifying and supporting carers.

It is a key priority for Salford that carers are supported and empowered to continue on their caring journey in the way that they choose. We look forward to working together to make this a reality.

Paul Dennett (City Mayor)
Tom Tasker Chair, Salford NHS CCG
Acknowledgements
This strategy has been developed through a Carers Steering Group with representation from a wide range of partners to reflect the integrated all age approach to the strategy. The strategy has also been informed by the lived experience of carers in Salford through extensive engagement and reference to the Carers Needs Assessment.

The Carers Steering group included representation from:

- Salford CVS
- Salford Age UK
- Healthwatch Salford
- Salford Carers Service
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Salford Care Organisation
- Salford Public Health
- City West Housing Trust
- Salford Parent Voice
- Salford Adult Social Care (ASC)
- Salford City Council
- Carer Social Workers
- Clinical Commissioning Group Communications and Engagement team
- Salford Royal NHS Foundation Trust
- Clinical leads
- Primary Care
- Integrated Commissioning for Adults
- Commissioning for Children

The Carers Steering Group would like to thank everyone who shared their experience, knowledge and expertise throughout the development of this strategy. This involvement has ensured that the themes and priorities identified in this strategy are those of most importance to Salford carers and that the implementation of the action plan will have the biggest impact to support carers in their everyday lives.

Partners in the Development of the Carers Strategy
Introduction

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.¹

Much work has been done across Greater Manchester to better understand the need of carers. The Greater Manchester Health and Social Care Partnership (GMHSCP) has worked closely with the Greater Manchester Carers Consortium to develop an integrated approach to the identification, assessment and meeting the needs of carers in relation to their health and wellbeing. This is outlined in the ‘Commitment to Carers’² and the ‘Charter for Carers’³. Appendix 3 is a flow chart outlining the GM Exemplar model of support to carers.

Salford has fully adopted the Greater Manchester carers model and this strategy outlines how we are going to deliver this here in Salford.

The strategy reflects statutory duties and national policy drivers as outlined in section two. The strategy has been informed by extensive engagement work hearing the lived experience of carers across Salford. The views of carers have been published in a separate document, the Carers Needs Assessment⁴

Whilst developing this strategy we have been able to review and evaluate current work to recognise our achievements so far and identify areas where we need to focus going forward. This strategy has been developed through a steering group with broad representation of local health and social care providers, local voluntary sector organisations and carers.

Our vision, aim and objectives

Vision

Our vision is a ‘carer friendly’ city where the diversity of our carers is recognised and key partners from health and social care work together to ensure that a carer’s wellbeing is maximised through appropriate and accessible support offering the right support at the right time. We want all carers in Salford to be supported and empowered to continue on their caring journey in the way that they choose.

Aim

This strategy aims to reflect the lived experience of carers across Salford and Greater Manchester. It aims to recognise the needs of carers so that this can inform our work supporting carers in Salford. The strategy gives an overview of local and national policy drivers to inform the strategic priorities outlined in the plan and ensure that all partner agencies are aware of their statutory responsibilities.

The strategy aims to evidence to carers, and all those concerned about carer issues, how our priorities in Salford have been created through reviewing current provision of carer services and hearing the experiences of carers in Salford.

Objectives

In line with the Greater Manchester Carers Charter, Salford’s objectives are as follows:

- Objective One: Identifying Carers
- Objective Two: Improving Health and Wellbeing
- Objective Three: Carers as Real and Expert Partners
- Objective Four: Right Help at the Right Time
- Objective Five: Young Carers and Young Adult Carers
- Objective Six: Carers in / into Employment

Principles

Underpinning these objectives are a number of core principles that will inform our approach to working with carers in Salford which include:

- Carers must have choice and control about their caring role
- Carers will be valued and respected as expert care partners
- Carers will be supported to have a life of their own alongside their caring role
- Carers will be supported in a range of ways emotionally and practically
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and will be treated with dignity
- Young people will be supported to undertake an agreed and appropriate caring role to support their need to learn, develop and thrive and to enjoy positive childhoods

Informed by the National Carers Strategy 2012⁵ and the Greater Manchester Carers Charter⁶.

1. Why Do We Need a Carers Strategy?

This section gives an overview of legislation, national and regional policy drivers to outline the legal requirements and policy commitments that are in place to support carers.

1.1 What Do We Know About Carers Nationally?

Over the past few years the significant contribution of the carer role to health and social care services has been highlighted⁷. It is vitally important that we ensure that services for carers meet

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carers’ expectations and requirements, enabling them to continue caring for as long as they wish to do so.

Nationally, there are an estimated 6.5 million unpaid carers, accounting for 1 in 8 adults and estimates suggest they save the state £119 billion a year.\(^8\)

Carers have fewer opportunities to do the things that other people may take for granted, such as access to paid employment, learning opportunities or having quality time to spend on their own, or with friends. For young carers, it can often compromise their education and social life; limiting their life chances.\(^9\)

70% of carers were over £10,000 worse off as a result of reduced earnings

45% of carers said their financial circumstances were affecting their health

54% of carers have experienced depression because of their caring role; carers also felt more anxious (77%) and more stressed (83%) because of their caring role.\(^10\)

It has been recognised that healthcare staff are not always proactive in signposting carers to relevant support or information; when information is given, it comes from charities and support groups.\(^11\) Findings from a study in 2013 highlight that 70% of carers come into contact with health professionals, yet only 10% of these are identified as carers.\(^12\) It has been recognised that healthcare staff are not always proactive in signposting carers to relevant support or information; when information is given, it comes from charities and support groups.\(^13\)

Findings from a study in 2013 highlight that 70% of carers come into contact with health professionals, yet only 10% of these are identified as carers.\(^14\)

42% of carers have missed out on financial support as a result of not getting the right information and advice.\(^15\)

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12 Shoneguard 2013
14 Shoneguard 2013
1.2 Legislation

1.2.1 The Care Act 2014
This statute replaces previous legislation regarding carers and people being cared for and outlines the duties of the Local Authority to:

- Carry out carers’ assessments and needs assessments, which may be combined with an adult’s assessment
- Determine who is eligible for support
- Charge for both residential care and community care

The Care Act describes the following changes in relation to carers:

- All carers’ have the right to an assessment when they appear to have needs
- All carers have the right to support if they meet eligibility criteria
- Local Authorities are required to provide information to Carers
- Local Authorities may arrange for other organisations such as charities or private companies to carry out assessments
- Local Authorities have a duty to promote an ‘individual’s wellbeing’
- Local Authorities must support carers to achieve the outcomes they want in day-to-day life
- Local Authorities must have regard to whether the carer works or wishes to do so
- Local Authorities must have regard to carer participation in education, training and recreation

The Care Act puts carers on an equal legal footing with those they care for. For those assessed as having eligible needs, authorities are required to provide advocacy and personal budgets.

1.2.2 Young Carers
The Care Act 2014 also makes specific provision for young carers aged 16/17 in the transition from children’s to adult’s services. A young carer is someone aged under 18 who helps look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. Young adult carers are young people aged between 16 and 25 who are caring for another child or young person, or an adult.

In relation to young carers, the Care Act requires that:

- Where it appears to a local authority that a young carer is likely to have needs for support after becoming 18, the authority must assess
  - Whether the young carer has needs for support and if so what those needs are
  - Whether the young carer has needs for support after becoming 18, and if so what those needs are likely to be

1.2.3 Assessments for Young Carers
The Care Act 2014 requires local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide care. In these circumstances the local authority must consider whether the care

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being provided by the child is excessive or inappropriate; and how the child’s caring responsibilities affects their wellbeing, education and development.

Local authorities should ensure that adults’ and children’s services work together to offer young carers and their families an effective service, able to respond to the needs of a young carer, the person cared for, and others in the family. This avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times.

1.2.4 The Children and Families Act 17
The Children and Families Act 2014 gives young carers the entitlement to the same help and support as adult carers. The legislation means that all young carers under the age of 18 are entitled to an assessment of their support needs. The Local Authority has to consider what services it can provide to meet these needs. Specific duties for Local Authorities under this legislation are:

- Taking reasonable steps to identify the extent to which there are young carers in their area with needs for support and, if so, what those support needs are
- Carry out an assessment for young carers upon request

1.2.5 The Children Act 1989
A Local authority in England must assess whether a parent carer within their area has needs for support and, if so, what those needs are. A local authority in England must take reasonable steps to identify the extent to which there are parent carers within their area who have needs for support.

1.3 National Policy Drivers

This remains the current national policy for supporting carers. 18. The plan sets out the cross-government programme of work to support carers until 2020. It is structured around the following themes:

- 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

The plan draws on responses to the Carers Strategy ‘call for evidence’ 2016. 19.

1.3.2 The Prime Minister’s Challenge on dementia 2020 20

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17 Children and Families Act 2014, legislation.gov.uk


The Prime Minister’s challenge on dementia 2020 sets out a vision to create a society where those with dementia, their carers and families, receive high quality compassionate care from diagnosis to end of life across all settings; at home, hospital or care home. Carers of people with dementia undoubtedly provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether carers feel able to take a break from their caring responsibilities and providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life.

1.3.3 NHS England’s Commitment to Carers 2014
Identifies 8 priority areas for the development of increased support to Carers in Primary Care.
These are:
1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

1.3.4 NHS Long Term Plan (Jan 2019)
This plan outlines a revised health model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Supporting carers is recognised as an important strand to this model, and in particular the following priorities are identified:

- greater recognition and support for carers in both primary and secondary care (including the implementation of Quality Markers for GP practices developed by CQC)
- particular focus on supporting carers in vulnerable communities
- a more proactive approach to identifying and supporting young carers
- develop digitally enabled support
- include carers themselves in the development of carer services

1.3.5 NHS Care Quality Markers 2019
NHS are introducing Care Quality markers that have been created through working in partnership with Carers Trust, Carers UK and The Children’s Society, and have been endorsed by the Care Quality Commission (CQC).

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The markers are based on what carers have said matters most to them, and consist of six questions that can be used by care services to demonstrate how effective they are in recognising and supporting carers.

The questions have been based on what carers, and their representatives, have told us matter most to them, and require the care service to show how they go about supporting carers for each of the six themes identified. Each question is supported by a number of practical ideas that care services can put into place to help them develop the support they give to carers. The care service completes an annual declaration as evidence of how it is supporting carers and this evidence can be used for CQC inspections.

1.3.6 Social Care Institute for Excellence (SCIE) and Carers UK
Guidance issued June 2019 on providing and commissioning carers' breaks, plus advice and information for carers on how to get a break24.

Research by Carers UK shows 46 per cent of unpaid carers were unable to get a break in the last five years, even though they wanted one. Evidence indicates that there needs to be a wider choice of breaks available, and to ensure they are accessible, personalised and enjoyable for both the carer – and the person they care for.

1.4 Regional Policy Drivers

1.4.1 Greater Manchester Health and Social Care Partnership work for Carers
National policy documents outlining themes and priorities for carers work, as outlined above in this section, echo the priorities set out in the Greater Manchester Carer’s Charter. Salford has made a decision to align this Carers Strategy to the Greater Manchester exemplar model in order to align our work here in Salford with the broader work going on in Greater Manchester, and has adopted the GM Carer objectives in this strategy to reflect this.

The Carer Exemplar model identifies the key elements that should be available to carers across Greater Manchester wherever they live.

In line with the Greater Manchester Carers Charter, Salford’s objectives for carers are:

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

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

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

**Objective Four: Right Help at the Right Time**
Carers identified the provision of reliable and flexible care that is available to suit them and the person they look after, as being essential to enable them to continue caring with confidence. Information, advice and support will be readily available, easily accessible and appropriate to the needs of carers. Having access to appropriate information can give carers the knowledge to allow them to take control of their caring role. Information provided by professionals will be honest and transparent.

**Objective Five: Young Carers and Young Adult Carers**
With so many adult responsibilities, young carers often miss out on opportunities that other young people have to play and learn. Many struggle educationally and are often bullied for being ‘different’. They can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. They are often afraid to ask for help as they fear letting the family down or involving services that would then lead to more formal processes that they may not feel they have any control over.

**Objective Six: Carers in / into Employment**
It is recognised that it is hard for carers to hold down jobs and to enter into employment, as policies need to be flexible and tailored to individual caring roles. There is a risk of carers leaving organisations in their later working life when they have built up experience and skills, if organisations do not implement policies that are flexible to their needs. GMHSCP has worked regionally to create a best practice guidance for employers in supporting carers in the work place called ‘A Greater Manchester Working carers Toolkit’.

### 1.5 Local Policy and Key Drivers

Salford carers are a diverse group. Improving the wellbeing of carers in Salford and ensuring that all are offered the right support at the right time is a cross cutting priority that requires a whole system approach. Below are some key local drivers that also outline on-going work to support carers.

#### 1.5.1 Salford Locality Plan: Start Well, Live Well, Age Well

The Salford Locality Plan outlines how services in Salford will be developed to improve health and wellbeing across Salford and remove health inequalities. It explains how NHS Providers and Commissioners, Salford City Council and the Voluntary, Community and Social Enterprise sector will build on what is already in place so that services will be more effective, closer to people’s homes and be more efficient. This is a five year plan 2017 – 2022 that will enable all Salford residents to start well, live well and age well.

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The Locality Plan identifies the following priorities for Carers in Salford:

- Supporting those with caring roles to identify themselves at an early stage, recognising the value of their contribution, and involving them in the design and planning of care packages
- Enabling those with caring responsibilities to meet their learning and employment potential
- Personalised support for carers and those they care for, to have a family and community life
- Supporting carers to be mentally and physically well
- Protecting young carers from the impact of caring

1.5.2 Local Plan for Salford City Council ‘A Fairer City’
This is due to be published September 2019 and will develop further some of the broader principles outlined in the Salford Locality Plan working to create a place where all Salford citizens, including carers can thrive.

1.5.3 Salford’s Anti-Poverty Strategy27
The Anti-Poverty Strategy recognises that carers are a group particularly at risk of poverty and promotes a vision of “a fairer and more inclusive Salford, where everyone is able to reach their full potential and live prosperous and fulfilling lives free from poverty and inequality.” In order to deliver the strategy, three priority areas are referenced in the strategy, namely:
- Supporting people who are struggling in poverty now.
- Preventing people from falling into poverty in the first place.
- Influencing the Government and other national organisations to get a better deal for Salford people.

1.5.4 Salford Mental Health All Age Strategy 2019 - 2024 28
The strategy sets out our local commitment to addressing mental health and wellbeing in Salford, and demonstrates a joined-up approach which actively encourages engagement from all agencies across Salford. This strategy identifies a number of issues for carers either using mental health services themselves or supporting someone using mental health services and these are also priorities for this Carers Strategy. They include:
- Supporting carers with improved understanding and training around mental health awareness
- Supporting parents and families with additional needs e.g. children with disabilities, young carers supporting parents with mental health needs
- Improving the advice and information provided to people with mental health conditions, their families and carers at the point of diagnosis
- Navigation of care and support for people in the community who are diagnosed with dementia and their carers
- Mental Health Care Pathway Redesign: review the impact of the Carers Support Transformation Project, with a view to revising the carers support offer for carers of people under the Early Intervention Service, Home Treatment Teams and Inpatient Units.


1.5.5 Salford Care Organisation Dementia Strategy
This strategy embraces the Prime Minister’s Challenge on Dementia 2020 outlining a vision to create a society where those with dementia, their carers and families, receive high quality compassionate care from diagnosis to end of life across all settings; at home, hospital or care home. This strategy involved significant consultation with people with dementia and their carers to ensure that their priorities are recognised.

1.5.6 Salford Early Help Strategy for Children, Young People and Families 2018 - 2021
The idea of early help can be simply stated as working together with children, young people and families to prevent problems occurring, or provide better support when they do. It’s about identifying needs within families early, and providing preventative support and intervention before problems become complex and entrenched. The strategy recognises the significant role that young carers play and the need to support young carers as part of an all family approach.

1.5.7 Shaping Our City 0-25 Transformation Projects
Shaping Our City projects create closer working between Salford City Council and partners to support children, young people and families. The aim is to ensure that children and young people achieve their potential. The Transformation projects which are likely to have the greatest impact on young carers are:

- The Bridge – A single front door for all concerns and information requests about families in Salford, including information and referrals for young carer and parent carer assessments
- Early Help – Four locality teams made up of staff from different organisations to work together to provide early help to families, ensuring that young carers and their families receive the advice, help and services they need, on the basis of an assessment
- Integrated Working Test Cases - Closer working between the City Council and NHS Salford Clinical Commissioning Group, in three specific areas working together to develop and deliver more streamlined services in a more cost effective way. Test cases will focus on: emotional health and wellbeing; children with disabilities and children with speech, language and communication needs

1.5.8 The Salford Standard
The Salford Standard describes the level of care that can be expected when visiting a GP practice in Salford. Launched in April 2016, the aim is to make it easier to see a GP and for everyone in Salford to get the same level of service and care whichever GP practice they go to. The Salford Standard consists of 10 domains with Key Performance Indicators (KPI’s) in each. Carers are classed as a vulnerable group and three performance indicators are included:

- Carers aged 18 and over, registered within the practice
- Carers aged 17 and under, registered within the practice
- Carers offered a health check

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‘GP’s surgeries should give out more information and signpost. Some are very good but others not so good” (Time out for Carers Group)

The legislation outlined in this section will inform this strategy to ensure that Salford is delivering on its statutory responsibilities to carers. The GM six priorities for carers that this strategy has adopted clearly align to the national legislation and regional policy drivers summarised in this section. Below, the strategy summarises the issues and priorities that carers in Salford have told us about. This strategy will consider national and regional policy drivers in light of the experience of Salford carers.

2. What Do We Know About Carers in Salford? What Have Carers Told Us?

This section gives an overview of what we currently know about carers in Salford from the following sources:

- Survey of Adult Carers in England (SACE 2016)
- Census 2011 data
- Reviewing and projecting 30 years of population growth and demographic change in Salford (2007 to 2036)
- Local Engagement and surveys conducted with Salford carers
- The current provision of support in Salford for carers

All the above has been collated into the Carers Needs Assessment report

What the Data Tells Us

Data from the Survey of Adult Carers in England (SACE) 2016 and the Census 2011 gives us a wealth of data and a broad picture of the range of Carers in Salford and key issues for carers. Key aspects are highlighted below:

2.1 Numbers of Carers in Salford

The census 2011 found that 12.2% of the Salford adult population (aged over 16 years) are carers, in line with 12% in England in 2011. Salford’s population in 2018 was 254,408 which indicates there were 24,755 adult carers, aged over 16 years, in Salford.

Carers Known to Services and Being Supporting in Salford

Statutory and voluntary services in Salford support a good number of carers, however it is difficult to accurately determine how many of the 24,755 carers were supported in 2018. This is due to possible duplication of carers on different records and information going out of date as the role of the carer is very fluid and changes.

The number of carer’s assessments completed in the last year is one indicator that can be measured and we would be looking for this number to increase year on year. In 2018, 3449 carer’s assessments were completed.

Carers Needs Assessment 2019

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32 Table KS301EW Provision of Unpaid Care in 2011
The needs assessment brings together the key data to help understand the demographics and outcomes of those providing and receiving care and has been used to inform this strategy and the associated action plan.

The needs assessment has provided information on the following characteristics of Salford carers:
- **Age:** the Personal Social Services Survey of Adult Carers in England (SACE) 2016/17 identified that within Salford the 35-44 and 45-54 age groups are substantially higher than the national average.
- **Disability:** the needs assessment recognises the impact on carers mental and physical health and that carers are twice as likely to suffer ill health than non-carers, however there is a lack of detail on those carers with a disability.
- **Gender:** The gender split of carers in Salford mirrors the national breakdown with 57% female and 43% male.
- **Ethnicity:** Data from the 2016 SACE survey highlighted that within Salford 81% identified themselves White (81.4%) and 6% as BME, with 13% refusing to answer the question. Based on projected population trends, by 2051 in Salford it is estimated that the BME population will have increased to approximately 32% of the total population.

The needs assessment has supported an increased understanding of Salford carers and has identified some areas of the population where there need to be more focused work to meet the diverse needs of Salford Carers.

To mitigate against those risks a Community Impact Assessment has been undertaken, focusing on the following:
- BME Carers
- Carers from travelling communities
- Lesbian, gay, bisexual and transgender (LGBT) carers
- Refugees / asylum seeker carers
- Disabled carers

The CIA recognises the changing diversity of Salford and the implications for the future needs of carers will be addressed in the action plan aligned to the strategy, which in turn will result in the current CIA being reviewed and revised as necessary.

**2.2 Future Trends and Projections**

It is projected that there will be a 252% increase in people aged over 65 with one or more conditions by 2050. Figure 1 shows the proportion of the population in each five year age band, split by gender, in 2005, 2015 and projected figures to 2035. It indicates that Salford’s older population is likely to grow substantially - the over 50s’ population in Salford could increase from 75,600 in 2014 to 97,100 in 2035. Approximately 21% of the Salford population currently have a limiting long-term illness (LLTI). If this proportion stays the same, the numbers of people with a LLTI will increase due to population growth alone.

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In 2034 Salford’s population is projected to be 284,000 which suggests there will be 35,000 adult carers, aged over 16 in Salford, an increase in more than 10,000 from 2011.


2.3 Health Outcomes – Survey of Adult Carers in England (SACE) 2016
This survey of Salford carers found that providing care and support can have a detrimental impact on the health of the carer themselves.

Over 1/3 of carers in the survey said their health had been affected by their caring role.

Over 50% of Salford carers reported a general feeling of stress.

The pattern and order of reported health is the same as England although the proportions affected are slightly lower.

Over 40% of Salford carers felt that they were neglecting themselves.

One Salford carer said...

‘Explore other ways of reaching out to carers who are too “bogged down” with stress and often exhausted to look out for themselves’

2.4 Carers and Employment - Survey of Adult Carers in England (SACE) 2016

Less than a quarter (23.4 per cent) of carers responding to the SACE in Salford are in paid employment (either part-time, full-time or self-employed). Of these carers, less than half are employed on a full-time basis. A quarter of carers feel unable to work because of their carer responsibilities. Just over half of the respondents to the SACE survey were retired, this correlates with the age group of respondents the majority (45%) of whom are aged over 65 years.

The majority of carers are typically aged between 50 and 64 years therefore may be at the peak of their careers in terms of skills and experience. The numbers in this group will rise in the next 50 years as the dependency ratio falls from 4:1 to 2:1. There are significant costs to individuals and families, businesses and the wider economy when carers feel that they have no option other than to give up work, reduce their hours or take lower paid or part-time jobs. Carers UK (2013) identified that approximately 2.3 million adults gave up work to care for an elderly parent or disabled/seriously ill loved one.

‘I can feel shame about being a carer and needy or not dependable because I need to take time off or make personal calls. Managers have the privilege of listening to what is the most difficult part of your caring role and the complexities and emotions that are involved when you disclose and sharing that information can leave people feeling vulnerable’ (working carer in Salford)

‘I told my manager early on in my employment that I have caring responsibilities so they understood that I would need to take time off work, and they have been supportive. It helps that I can tell my colleagues, but sometimes I don’t want to talk about it at work’ (working carer Salford)

‘One key area is more staff awareness and a bit more understanding on the role of a carer - my experience has been devastating, watching the gradual deterioration of someone you love’ (working carer Salford)

2.5 Social Contact and Isolation - Survey of Adult Carers in England (SACE) 2016

The SACE (2016) results for Salford recorded that overall 37.4 % of carers reported they have as much social contact as they want with people they like, 48% have some social contact but not enough and 14.6 % reported they have little social contact and feel socially isolated. Analysis of the survey findings suggests that there is a link between carers feeling lack of control in their lives and feeling isolated. When adding the amount of control respondents have into the feelings of social isolation, 88.1% of respondents who feel they have no control over their lives also feel that they have little or no social contact with other people.

Unsurprisingly, respondents to the SACE 2016 survey reported having less social contact with people when the amount of hours spent caring increased. Just over two thirds (67.5%) of those caring for 100 hours or more reported having limited or no social contact. This is in contrast to those who care for less than 10 hours per week, the majority of whom (85.3%) felt they had enough positive social contact.

36 Supporting working carers, ADASS, 2017
Salford carer’s view...

“We need a central point of contact to either ask for help, raise questions or sign posting to the right service” (survey)

What carers said about training for front line staff to recognise, identify and signpost carers for support:

‘I have always been a carer and it has not been easy to find information ’ (survey)

‘I feel there is a lack of staff training, and I’m just directed from department to department’ (survey)

What Salford carers said about developing better access to information through the carers centre:

‘I would like to know what more is available from the carers centre’ (Waterside carers group)

‘We need a central point of contact to either ask for help, raise questions or sign posting to the right service’ (survey)


The SACE 2016 survey found that in Salford, almost 42% of carers had suffered financial difficulties to some extent in the previous 12 months. Further to this, research carried out by Carers UK in 2016 provided a snapshot of caring. In terms of finances the survey found that:

- 44% are struggling to make ends meet, rising to nearly half (48%) of those caring for 35 hours or more per week
- A quarter of carers (26%) report that they have been, or are currently, in debt as a result of their caring role

Three quarters (73%) of carers who are struggling to make ends meet, say worrying about their finances is affecting their health.

There is a link between income and health and wellbeing, with low income being a risk factor to poorer health. If caring reduces a carer’s ability to work full-time or to work at all, this may cause financial difficulties and have a negative impact on the health and wellbeing of the carer, including mental health as a result of stress related to finances.

2.7 GM Young Carers Survey

As part of the GM Support for Carers Programme an online survey was designed and developed by the GM Young Carers Survey steering group, comprising of 18 young carers and young adult carers from the across the conurbation.

The survey had 245 responses, of which 23% were from Salford young carers and young adult carers. These responses combined with a review of commissioned services have supported the development of the GM Young Carers Minimum Standards which have been adopted by Salford and will be the drivers in the action plan.

1. **Young Carers Service**: available to all young carers requiring support up to the age of 25 with a single point of contact and a clear pathway from children’s to adults services.

2. **Young Carers Assessments**: all identified young carers to receive an assessment that takes a whole family approach, is carried out collaboratively with joint responsibility for identification of Young Carers across children’s and adults services, including health and education.

3. **Young Carers Support**: Local Authorities to develop a clear and transparent offer of support to young carers and their families which is published and readily available for Young Carers and their family.

4. **Participation**: young carers to be supported to participate in regional events and activities and to contribute to a GM young carers Board where they wish to.

5. **Young Carers Strategy**: multiagency strategy is developed with young carers themselves and an action plan is regularly monitored by a strategic group including membership from Health, Education and Social Care with clear engagement from young carers.

6. **Leadership**: Local Authority and CCG to ensure young carers have access to senior leaders and are regularly consulted on their needs and requirements, this may be through a young carers Board or other medium.

7. **Schools**: supported to identify young carers, and encouraged to participate in the young carers in Schools programme and adoption of the carers passport.

8. **Young Carers Champion**: every school and college to identify a young carer’s champion who actively supports young carers in education.

9. **Engagement**: plan for engagement with businesses, employers, Further Education and Higher Education establishments to raise awareness of young adult carers’ issues.

10. **Strategic Support**: young carers identified as a vulnerable group in all key mental health and raising participation strategies, policies and partnerships.

Salford Young Carers said...

‘Some teachers don’t know about me being a young carer and don’t really understand why sometimes I can’t get as much work done’

‘Simply to have someone, who understands young carers, come in and can talk to us about how we’re managing in school, as well as if there’s anything the school can do to help would be great’

‘In my school we’re not allowed phones, which worries me a little bit as I can’t check on my mum throughout the day.’

Young carers said they wanted to be given the skills to care:

‘Young carers should be made aware of the help available already, like bursaries and nurses and social workers available to help when they can’t.’

‘More help caring for the person they care for so they don’t need to stress and worry.’

2.8 Equality for Carers

This section gives an overview of the Community Impact Assessment (CIA) undertaken in conjunction with this strategy. The complete CIA can be found in Appendix 2. The CIA covers the overarching aims and objectives of this strategy and recommendations for improvement.
The following protected groups have been considered within the CIA with the impact to each group established and mitigations formed:

1. Age – Children and young people
2. Age – working carers
3. Disability
4. Gender
5. Gender reassignment
6. Marriage and Civil Partnership
7. Pregnancy and maternity
8. Race
9. Religion and belief
10. Sexual orientation
11. Carers from travelling communities
12. Refugees and people seeking asylum
13. People on low incomes
14. Veterans
15. Intersectionality

The CIA explores the various engagement sessions held with carers to access the views of those individuals with lived experiences. The views gained have influenced the future commissioning intentions and service design.

To support the implementation of the Strategy an action plan is being developed by the Carers Strategy Steering Group, this document will detail the activities to be undertaken for each key area of work. The action plan will cover the work required in relation to the above protected groups and will ensure that the objectives are being progressed and met by the dates stipulated.

As the activity progresses and the work programme is developed additional CIAs may be undertaken as and when identified. All CIAs developed will be monitored in line with the action plan.

3. Support for Carers in Salford

This section aims to give an overview of how we are currently working to support carers in Salford. Salford has a diverse range of communities with carers from all walks of life and differing support needs. Some carers are elderly themselves and care for a partner, others are still in paid employment and juggling the demands of the two roles. Salford also has many young carers aged 3 – 25 years, who have very specific challenges in being a carer at such a young age. Salford services aim to reflect this diversity in our carers and their support needs.

3.1 Carer Identification

There is a clear priority from both national and local evidence that Salford needs to improve mechanisms for identifying carers as they pass through a range of services. This will ensure that all carers within Salford are included and awareness of what it means to be a career is raised, leading to more carers self-identifying. This priority links to raising awareness of carer issues amongst professionals within various health and social care settings across Greater Manchester in addition to Salford.

Salford’s identification objective aims for carers to be identified as early as possible to ensure that appropriate support, advice and information are offered. Early identification can support the carer with the tools, knowledge and confidence to enable them to manage their caring role while still having a life of their own and maintaining their own health and wellbeing. Salford must ensure that
carers are identified, their support needs are recognised and met to prevent carers only seeking or being offered support once they reach a crisis point.

3.2 Carers Assessments
A carer’s assessment is an opportunity to discuss with the Local Authority what support or services are needed by the carer. The assessment will look at how caring affects the life of the carer, including for example, physical, mental and emotional needs, and whether they are able or willing to carry on caring.

Any carer who appears to have a need for support is entitled to an assessment regardless of the amount or type of care provided, their financial means or the level of need for support. The carer does not necessarily have to live with the person they are caring for or be caring full-time to have an assessment.

As outlined in section 1.2 of this strategy, the Local Authority has a duty under the Care Act 2014 to make provision for carers assessments, however, not all carers may wish to have an assessment.

Current Assessment Model
Currently most assessments are conducted by social workers or other practitioners and some assessments are done by the Carers Service as part of the Enhanced Carers pilot based at Salford Royal Foundation Hospital. These assessments are recorded on the ASC recording system to ensure that information is shared appropriately and that carers do not need to duplicate information. The model is not as flexible as it could be to addressing carer’s needs at the time of the assessment and provision of assessments is not consistent. There is a need to have a system that recognises carers may need different conversations and responses depending on their situation at the time of the assessment. Consideration should be given to developing a more strengths based and person centred model of assessment for carers moving forward. In children’s services, assessments of parent carers are conducted by Carers Assessment Workers.

Feed- back from carers and services suggest that currently in Salford some carers are not clear how to access an assessment or the purpose or benefit of an assessment. A carer’s assessment is not perceived by carers to be a tool for gaining additional support where needed, with some carers believing that it is assessing their ability to care. Some carers have said they have been waiting a long time to access the service for an assessment.

• “I’ve just had a carer’s assessment and waiting to hear if there is any support available. It did make me feel better to offload on someone”. (YANA group)
• “I have been offered a carers assessment at GP’s”. (Irlam & Cadishead Group)
• “We need more information about what we do in crisis, do we turn to social services or carers centre?”. (Dementia Carers Group)
• “What benefit is a carers assessment, how do people find out about these?”. (Hug in a Mug group)

Salford will explore aligning the assessment model to a strengths based approach that focusses on the immediate need of the carer and allows for a person centred and proportionate assessment to the circumstances at that time. Consideration will be given to an assessment model where a simple pre- assessment conversation identifies those eligible for a carers assessment. This would reduce the waiting time and enable a broader set of people to have the initial conversation, resulting in appropriate referrals then being made for full carers assessments.
Sharing of Information on Carers between Agencies

It is recognised that information sharing systems in partner agencies currently do not facilitate good sharing of information in relation to identified carers and their support needs. There are plans for digital transformation in Salford and Greater Manchester that will enable digital records to be shared more easily across agencies in compliance with data protection as outlined in the Local Health and Care Record exemplar (LHCR). This will enable the identification of carers to be conveyed between agencies and systems.

Young Carer’s Assessments

Assessments of young carers and the people they care for are intrinsically linked. This is why the legislation allows local authorities to combine assessments. This may mean that children’s needs are assessed by professionals who will not have the same familiarity with children’s needs as social workers employed by children’s services.39

As part of the Greater Manchester Adult Social Care Transformation Programme providers and commissioners have been working in partnership to review, design and implement innovative solutions to improve outcomes for people across GM. A key area of the work programme was support for young carers resulting in the development of the GM Young Carers minimum standards.

Young Carers Assessments in Salford

Salford has not had a clear pathway for assessment of young carers and this is an area of priority that has been identified. The implementation of the ‘Early Help Integrated Model’ across Salford has provided an opportunity to review the current process of undertaking young carers assessments and to develop a clear pathway ensuring that young carers have access to the Early Help Family Assessment that takes into account the needs of the whole family.

The new pathway is still under development, however once fully embedded young carers and their families in Salford will be offered an assessment and supported regardless of which service is contacted in the first place.

All requests for young carers assessments will be made via the Bridge, an online multi-agency hub that screens all contacts, which will be key in monitoring the impact of the pathway as it is implemented.

“I think that workers and services can talk to us more to support my family and me”. (GM Young Carers Consultation)

“Communicate more between the services as information is vital in supporting families”. (GM Young Carers Consultation)

3.3 Carer’s Personal Budgets (CPBs) and Direct Payments

In Salford, Carer’s Personal Budgets and Direct Payments are available to support carers. A CPB can be applied for if:

39 Young Carers Needs Assessment Supporting Guidance
(Accessed 20.05.19)
• the carer’s assessment shows that they have needs that cannot be met another way
• the person applying is an unpaid carer (carers allowance is not classed as payment) and the person they care for lives in Salford

As an outcome of an assessment of need, and depending on the level of other support available and the ability to continue with their caring role, a carer could receive a CPB at the Low, Middle or High rate. There is a maximum amount that can be paid for each level.

All carers are given a CPB in the form of a Direct Payment – this is Salford specific and not necessarily the case in all local authorities across England. The CPB can only be used to fund one item or service at each application and can only be received once per year.

Carers have fed back in our engagement that they find the current system of applying for a Carer’s Personal Budget or Direct Payment difficult. It is recognised that the systems in Salford for Carers Personal Budgets and Direct payments need revising so that they offer truly personalised solutions that work for people. These systems are being revised as this strategy is written in the summer of 2019.

‘More provision and support with planned respite is needed, especially for holidays’ (Time out for carers)

‘I needed additional support in finding the right care home when my husband was at home, but none was available’ (Dementia Carers Group)

One carers experience of a Direct payment:

‘I became an employer of carers for my Mum which just added to my stress and I feel that there was very little support in helping me with this. The big question that was not answered how I could stop being the employer on her behalf and go back to normal payments’ (Time out for Carers group)

3.4 Carers Breaks
Breaks are essential – they make a real difference enabling carers to continue caring and to maintain their own health and wellbeing. They support positive relationships. Good breaks, as part of a range of support, help prevent ill-health, stress, isolation, crisis and breakdown.

Breaks can be many different things – from short breaks in residential care, sitting services, through to family holidays, shared activities or time out to relax. Good breaks are personalised, planned, offer flexibility, a positive experience and are enjoyable. Carers Personal Budgets can enable carers to tailor breaks that work for them and their situation.

3.5 Advocacy for Carers
An advocate is a statutory role to support a carer to voice their wishes and views and those of the person they care for. An advocate can also ensure that the support needs of the carers are understood and recognised and that the carers has access to all the information they need in order to support them to make decisions and choices.

In Salford, advocacy for carers is provided by the Carers Service and MIND have a contract to offer advocacy to meet all other statutory requirements. This arrangement with two advocacy providers will be reviewed when the contracts are renewed.
3.6 Salford Carer’s Service
The commissioned Salford Carers Service offers an all age support service for carers across the city. The service offers a range of information and support services including:

- 1-to-1 information, advice and emotional support
- Events and activities for all carers
- Sign-posting to other services
- Support to access a carers assessment.
- Outreach services in the localities
- Support to carers to set up and run peer support groups
- Delivery of carer focus courses
- Carers awareness training to partner organisations and health professionals
- Carers outreach support within Salford Royal and GMMH Mental Health wards
- A young carers and young adult carers service which works closely with educational providers
- Volunteer recruitment and befriending.

Salford carers do not always find current services easy to navigate or access. There was a general view that the single point of access to carers services in Salford needed strengthening and that professionals need to be more knowledgeable on where to refer carers for support.

‘I’d like to know where to turn when difficulties arise’ (survey)

‘You seem to get passed from service to service. Endless phone calls with very little outcome’ (survey)

3.7 Carer Support in Secondary Care
National and regional research shows that carers need more support around secondary care. When either the carer or the patient is being admitted to hospital, there is often an urgent need to review and support a in a number of ways. It is also a key point to identify carers who may be stepping into a caring role for the first time. This strategy will reflect and address the recognised needs of carers in relation to secondary care.

3.8 Support for Carers at Salford Royal Hospital
Salford Royal inpatients and Northern Care Alliance are committed to improving the service offer available to carers and we are in the process of co-producing a new Carers Charter to help close current gaps for carers and improve their overall experience.

A local task & finish group has formed with local service providers to co-design the Charter based on feedback and input from all relevant stakeholders. This will also align to national and local guidance around carers. The group is already observing benefits from linking together with key partners, in understanding what each organisation offers in order to maximise support for carers. Additionally, there have been positive discussions around aspirations such as the development of a carer information and support hub.

3.9 Enhanced Carer Support Project
In April 2017 transformation funding was approved to deliver a project to test a new model of intense support targeted at carers at the point of hospital admission of the person they care for. It
was recognised that carers are often in need of support at this critical time, and that it would be good to pilot a model where there was intense targeted support at this key crisis point.

Project evaluation demonstrated that the type of support offered through this service tended to be related to areas related to the person being in hospital such as supporting carers to be an advocate, particularly in relation to hospital discharge and supporting carers to ensure that they receive all the correct benefits and that hospital discharges are well planned.

Comments from carers:

“Excellent - if my carer support worker wasn’t there my head would have fallen in. Brilliant. Excellent. Really thankful for what they've done”

“The support gave me my life back. I realised it wasn’t all about caring for my partner. I applied for a Carer’s Personal Budget and I bought a tablet with it. I went on a computer course that the support service got me on.”

Comments from professionals:

“We have found the support that this service offers to carers and families is invaluable and it enables them to fulfil their carer role confidently as they have support as and when they need it. An invaluable service.” Charge Nurse

3.10 Support for Carers in Mental Health Services
Greater Manchester Mental Health NHS Foundation Trust provide mental health services across Salford. This includes The Meadowbrook Unit, Woodlands Hospital, Home Based Treatment/Early Intervention services and a number of community mental health teams across the Borough. Over recent years GMMH has increased their investment into supporting carers across a wider service footprint. This has had a positive impact on carer identification and support.

Each ward/team has at least one staff member allocated to the role of ‘Carer Champion’. The Carer Champion receives additional training and resources to ensure the whole team is more ‘carer aware’ and working to identify, support and involve carers.

The commissioned Salford carers Service has carers workers attached to Meadowbrook Unit and the Home Based Treatment Team, whilst the Carers Centre does currently support carers for people with mental health needs, they do not complete carers assessments as routine and there may be some occasions where support to carers is best embedded within the mental health service. Greater Manchester Mental Health (GMMH) have recently appointed one carer support worker within the EIP/EDIT service to support the identification assessment and support of carers using the mental health services.

The community teams have also commenced carer clinics to support the care co-ordinators with giving better access to carers assessments for those service-users with severe and enduring mental health needs.

It is recognised that many more carers are being identified within the mental health services in Salford than are having assessments and that there is a need for increased access to assessments
and closer working relations with carer support networks in the voluntary sector. Further work will be required to explore the requirements of provision for carers of people with mental health needs.

3.11 Support for Carers caring for a Person with Dementia
There are a variety of services and support groups available in Salford for people caring for a person with dementia. The services and support groups are provided by Greater Manchester Mental Health NHS FT’s Memory Assessment Team, Age UK Salford and other community/voluntary groups. There is a commitment to on-going engagement to understand the needs of people caring for a person with dementia and co-producing dementia services.

Salford Care Organisation has committed to a number of pledges outlined in the Salford Care Organisation Dementia Strategy to meet the needs of carers of people with dementia:

- We will identify carers across all services
- We will signpost and where appropriate provide carers assessments and on-going review of holistic needs for all carers of people with dementia
- We will work with carers to promote good health and wellbeing
- Access to appropriate support for carers to continue to do the things that are important to them
- Support for carers to enable the best care for people with dementia
- Opportunity for involvement of carers in on-going care of people with dementia

3.12 Bereavement Support for Carers
Appropriate bereavement support and a bereavement assessment will be available to carers.

3.13 Support for Carers Provided by the Voluntary Sector.
There are a range of services and support groups available to carers through the voluntary sector. These range from larger voluntary organisations offering specific services through to smaller carers groups organised in a specific locality due to local need. Groups and services change regularly, one of the findings from the engagement is that there is a need for an up to date overview of carers services available that is readily available to carers. This will be built into the strategy and will be taken on as a function of the steering group. Current support groups for carers can be found on the Salford CVS website: https://www.salfordcvs.co.uk/support-carers-vcse-sector

3.14 Young Carers & Young Adult Carers in Salford
The Salford Carers Service provide a range of support to young carers, including:

- Information and advice to young carers
- Awareness raising through a range of events and activities such as ‘Salford Young Carers Day’ and ‘Carers Rights Day’
- Providing one to one support
- Advocacy
- Delivering group based sessions and activities:
- Promoting young carer awareness and services in schools and colleges
- Supporting schools to implement young carers groups
- Supporting schools with the identification of young carers
- Engaging young carers in the development of campaigns, awareness raising and activities
• Supporting young carers transition into high school:
• Providing residential trips:
• Supporting young carers and young adult carers with accessing specialist services / advice
• Supporting young carers to participate in meetings and events such as GM Young Carers Board

Delivering training sessions for professionals to increase awareness and understanding of the needs of young carers, including GP training and local housing providers.

Young Carers and Schools
Ensuring that all young carers are thriving is a priority for Salford, and schools play an important part in the awareness raising, identifying and supporting young carers, without which can impact significantly on the young carers capacity to achieve and enjoy their time in school.

Many schools in Salford provide excellent support for young carers however that offer is not consistent across all schools, which was reflected in the GM young carers survey responses:

‘Make sure school support is consistent so we can focus on doing well’

In 2016 Salford City Council issued a young carers briefing note asking Salford schools to identify pupils who are ‘Young Carers’ in their school and make sure the school has a policy outlining how these pupils should be supported. There are three specific objectives in the briefing note:

• that schools develop or updates a Young Carer’s Policy that outlines the actions to be taken to identify and support any pupils who may be carers and delegate the approval and monitoring of the policy to an appropriate governing board committee
• That schools assign a member of staff who will act as an advocate for young carers
• That governing boards appoint a governor with responsibility for young carers. This could be the same governor who already has responsibility for safeguarding or for looked after children.

Further work is required to understand the impact of these objectives for young carers in schools and these matters will the addressed in the action planning of the strategy.

The development and implementation of the Early Help Service and School Co-ordinator Role will support schools in identifying students where there may be concern, young carers often struggle to attend and achieve in education and by undertaking a whole family assessment this will address issues at the earliest opportunity, putting in place support before they escalate and impact on that young person’s education.

The GM minimum standards for Young Carers, which Salford has signed up to, has been developed in response to the issues highlighted by young carers and the following commitments linked to schools have been agreed:

• Carer Friendly Schools: supported to identify young carers, and encouraged to participate in the young carers in Schools programme and adoption of the carers passport.
• Young Carers Champion: every school and college to identify a young carer’s champion who actively supports young carers in education.
“Without going to Young Carers services I wouldn’t have any friends” (GM Young Carers Survey)

3.15 Carers’ Social workers in Adult Social Care (ASC)

Salford has five dedicated Carers Social Workers who are based in localities and work across the city with partners to raise the profile of carers and to work with more complex cases. Having a separate social worker for the carer can be particularly important in cases such as safeguarding cases or other cases where there could potentially be a conflict of interest between the cared for person and their carer. This model ensures that the carer receives appropriate support for them in their caring role.

Carers Social Workers are currently based in the localities of: Swinton, Walkden, Irlam, Cadishead and Eccles, Broughton, Ordsall and Claremont. The fifth Carer Social Worker is based in the Learning Disabilities team. Being based in the localities enables the Carers Social Workers to hold knowledge on local services for carers and support the development of these. This fits with the locality model outlined in the Salford Locality Plan: Start Well, Live Well, Age Well (see 1.5.1). There is also a part time Carers Assessment Officer in Children’s services who works closely with the adults’ Carers Social Workers and supports young carers and parent carers in a similar way.

The Carer Social Workers have a clear development role and support events to raise awareness of carer’s issues such as Carer’s Week and Carer’s Rights Days. The specialist Carer Social workers enable ASC to contribute to the development of carers support in Salford and work with more complex issues or where there are conflicts of interest between the carer and the cared for and two workers are required. It should be noted that all ASC social workers do work to support a carer’s wellbeing as part of their on-going work with adults in need of care or support.

3.16 Supporting Working Carers

In Salford this is a relatively recent area of work. A number of our key partners have already adopted the GM Working Carers Tool Kit (http://www.gmhsc.org.uk/wp-content/uploads/2018/11/GMCSU-Working-Carers-Toolkit-Interactive.pdf) and are working with the carers they employ to better understand how to support them in the workplace through more flexible arrangements, for example Salford City Council and Greater Manchester Mental Health.

In response to the Working Carers toolkit, Salford City Council have worked with a group of their carers and developed an action plan to address the needs of carers in the workforce. The Council also have a page on the GM Employers for carers website.

Carers UK has established a scheme called Employers for Carers and Salford City Council is now part of the umbrella membership of this scheme. Membership of the scheme is based on organisations commitment to identifying and supporting working carers, and the benefits of membership include access to a digital platform, consultancy support, networking events, training and promotional materials. Salford Council has also established a Working Carers Focus Group facilitated by a lead officer in the Council’s HR team.

Support has been provided to the focus group by Salford Carers Centre, Welfare Rights and Debt Advice, Carers Social Workers and Unison to enable them to share their valuable lived experiences of balancing working and caring and offer individual support and advice. This has further led to the focus group co-designing the Council’s Commitment to Working Carers; suggesting ways to communicate to employees in the workforce who may not identify as a carer or want to disclose that they are a carer, identifying useful resources and information to raise awareness with managers.
and carers in the workforce and developing a carers passport for council employees. All these resources will be available on Salford’s GM Employers for Carers website for partner organisations and SME’s in Salford to use alongside the Working Carers toolkit.

Based on feedback from the Working Carers Group, it was identified that Council practice of completing a form to apply for carers leave does not meet the needs of working carers. The group agreed that developing a Carers Passport would offer better support as when an employee discloses that they are a carer, their manager should be understanding and offer confidential conversations at appropriate times to establish what support can be offered. The Carers Passport is a tool to help facilitate a conversation between an employee and their line manager about caring responsibilities and any support needs.

The Council is also committed to support the wider partnership, including SMEs to develop similar approaches for working carers

4. Improving Support for Carers in Salford – Our Priorities

This section draws on a range of information from partners and what carers have told us to outline priority areas of work, gaps in current provision and recommendations to improve support for carers in Salford. These Salford priorities align to the Greater Manchester six objectives that frame this strategy, but give the detail of what we have identified as important here in Salford.

The key areas of work identified below will inform the action plan of this strategy. Some of these priority areas will require services to be re-shaped within existing commissioner investment. Other priority areas are new or require development that is likely to require additional investment.

4.1 Priority Areas of Work that Require Re-shaping of Existing Services

4.1.1 Identification of Carers

Given the estimated number of carers in Salford and current annual number of carers assessments it is evident that there are a significant number of carers in Salford who we are not managing to reach (see section 2.1). There is a clear priority from both national and local evidence that Salford needs to work hard to improve mechanisms for identifying carers as they pass through a range of services (particularly primary care services). This links very much to raising awareness amongst professionals of carer issues: This is a priority in Greater Manchester as well as in Salford.

Our Enhanced Carers pilot providing support at point of hospital entry has demonstrated that this is an important way to identify and support carers not known to us. The work implementing the Carer Strategy will monitor numbers of carers year on year and work to increase the number of carers who are known to services and offered appropriate support.

In addition, there are many people providing help and support to a family member or friend who has not identified themselves as a carer, or even recognise the term ‘carer’, and as result are less likely to access support. The Greater Manchester Exemplar Model for Carers Support identifies the need to identify these ‘hidden carers’. For many people, looking after an ill, older or disabled loved one doesn’t have a name, it is ‘just something you do’. However, not recognising you are carrying out a caring role can be a real barrier to accessing vital support. If you do not see yourself as a carer, then you are unlikely to consider asking for a carer’s assessment, applying for Carer’s Allowance, or seeking advice from others who find themselves in similar circumstances. Not recognising you are
caring means missing out on help, advice and information, with serious personal and financial implications (*taken from GM Exemplar*).

Awareness raising and better understanding of what a carer is central to achieving the outcomes in the strategy, with communication targeted at children, young people, families and the wider community, running alongside awareness raising with professionals and services. It is important to work with groups who do not traditionally identify members of their communities as carers, ensuring that information, support and services are provided in an appropriate way and are accessible to all. In particular focusing on:

- BME Carers
- Carers from travelling communities
- Lesbian, gay, bisexual and transgender (LGBT) carers
- Young carers

### 4.1.2 Carers Assessments

It is recognised that Salford needs to raise awareness across agencies and carers themselves about the purpose of an assessment and the benefits. Salford needs to increase the number of carer’s assessments that are completed, as the current number is low compared to the number of carers who are being supported across Salford and the numbers of ‘hidden carers’ that will be identified by improved identification particularly in GP practices, secondary health care settings and schools.

Actions identified to improve carers assessments in Salford include:

- Implement Strengths Based Approach (SBA) assessment model
- Review assessment model of pilot where the Carers Service provide assessments
- Develop the pathway training / document
- Review of the service to ensure enough finance and staffing in place
- Relevant staff training
- Raising awareness campaign around assessments
- Provide some milestones and timescales.

Local feedback from carers suggests that some carers may be anxious of an assessment believing that it is an assessment of their ability to care rather than an assessment of their support needs. Therefore work needs to be done across Salford to review the language we use in relation to assessments to ensure that the carer’s assessment and the benefits of the assessment are fully understood by all agencies and carers themselves.

### 4.1.3 Carers Passports

A Carers Passport helps to improve and embed identification, recognition and support for carers in the day-to-day life of an organisation or community. The passport can support awareness raising and identification of carers, making carers feel valued and identify what support is needed.

The Greater Manchester Working Carers Toolkit outlines the benefits of embedding the passport within an organisation, balancing the needs of the individual with the needs of the business, within existing company policies. The Carer Passport also provides a straightforward way to document flexibility and support so it can be carried into an employee’s future roles, without having to repeat the same conversations.
Young Carers and Young Adult Carers

The adoption of the carers passports within educational settings can support the identification of young carers, that the setting is one where young carers are recognised and will be understood, with the personal circumstances and needs of individual young carers taken into consideration. The passport can be used to develop a personalised support plan so that young carers can fulfil their educational / training opportunities.

4.1.4 Carer’s Personal Budgets and Direct Payments

There is a need to review how CPB’s are allocated and assessed as our engagement suggested that carers are often struggling with the process of application and that allocation is not always fair or consistent. As outlined previously in this strategy Carer’s Personal Budgets and Direct Payments offer carers flexibility in how they receive support.

Currently the take up of Direct Payments in Salford is low and this needs to be monitored to ensure that this flexible support offer is maximised to give flexibility to carers in support arrangements. It is essential that all carers taking up Direct Payments are given the information, advice and support they need to ensure that Direct Payments is a positive experience for them.

As outlined earlier in this strategy work has already started to revise the system of Direct Payments in Salford (see section 3.2) and the revised systems will be reviewed through the Carers Strategy to ensure that they are better able to meet the flexible needs of carers.

4.1.5 Respite and Breaks

Findings from the engagement with both carers and practitioners in Salford suggest that current provision is not adequate and does not offer the ability to forward plan or the flexibility that carers require from respite.

Direct Payments is most likely to offer this more flexible support offer and there is currently work being led by Salford Care Organisation to improve provision of DPs in Salford. Consideration will need to be given as to whether there are potential cost implications in developing this model further. Consideration will also need to be given to how DPs and Carers Personal Budgets would work alongside each other to give the most appropriate support offer to carers in Salford.

The recent SCIE guidance on provision of appropriate respite for carers could be used by the Carers Steering Group to support this work in Salford. The SCIE guidance recognises that; ‘Good breaks are personalised, planned, offer flexibility, a positive experience and are enjoyable, and that supporting carers to sleep or attend medical appointments is not a break.’

‘More provision and support with planned respite is needed, especially for holidays’ (Time out for carers)

4.1.6 Better Access to Support

Currently, carer support within the different localities of Salford varies and is inconsistent. Each carer’s group visited had different variations of how it was organised and run. The Irlam group appeared to have a committed group and an effective referral system from the GP, which gave members the opportunity to sign up with the carers centre and gain weekly guidance from a social

Worker and a Health Improvement Worker who engaged with other groups and professionals in the local community.

This should be seen as a good practice example for other groups and the model shared with other localities to develop carer groups in their local community. Some groups have not been able to access this level of support and feel it would benefit them in the future.

There was a strong message through the carer engagement that carers would like a more varied and community based support offer and in particular a more formalised offer of training. This could probably be developed through working with already existing training providers to firm up the training offer for carers, however, it could have some financial implications.

The strategy recognises the need to ensure services coordinate their support for carers in order to ensure that best value and good outcomes are secured. This will be enabled though strong cooperation and partnership working across agencies. Through this approach, carers will be provided greater opportunity and choice in recognising where and how to access support. The Strategy also recognises the benefit of offer greater support to help carers navigate across the Salford system whilst securing their right to choose, including how and when to engage with services.

“It has been so important we can attend this group to get information and support from each other” (Time out for Carers Group)

“We are lucky as we get our information at the group through the chair and the professionals who attend” (Waterside Carers Group)

“We get our information from our group and the others in the dementia community” (Dementia Champions Group)

“We need more continuous professional support with the group for marketing, planning and funding”. (Time Out for Carers Group)

4.1.7 Young Carers & Young Adult Carers

Young carers in Salford and partner organisations working with them have identified the following key gaps in provision to support young carers:

- **Identification** of young carers needs to be improved so that carers are offered appropriate support early on, along with targeted work to support the identification of ‘hidden’ young carers and those young people who may not recognise themselves as carers or may have concerns about being identified as such.
- **Young carers assessments** - so that all identified young carers receive a young carers assessment that takes a whole family approach, is carried out collaboratively with joint responsibility for identification of young carers across children’s and adults services
- **Schools** - supported to identify young carers, and encouraged to participate in the young carers in schools programme and adoption of the Carers Passport.
- **GP’s supported to identify more young carers**
- **Young carers support** - a clear and transparent offer of support to young carers and their families which is published and readily available - young carers in Salford would like their own service up to 25 with a single point of contact and a clear pathway from children’s to adult’s services. All of which will be supported by a comprehensive communications plan,
which in turn should increase the number of young carer having the confidence to self-identify.

- **Participation** - young carers to be supported to participate in regional events and activities and to contribute to a GM Young Carers Board

- **Young Carers Champion** - every school and college to identify a Young Carers Champion who actively supports Young Carers in education

- The support needs of young carers in some of the minority communities to be better recognised and addressed such as young carers’ supporting family members who are asylum seekers.

A young carers group has been formed across Greater Manchester to oversee the implementation of these priorities. We will need to ensure that this work feeds into the Carers Steering Group in Salford.

### 4.1.8 Professionals that are Carer Aware and Knowledgeable of Local Services

**Training for front line staff to recognise, identify and signpost carers for support**

Engagement with Salford carers suggested that some carers did not perceive themselves as a carer because they primarily saw themselves in other roles such as Mum or Dad. This made them reluctant to access the support they could have, as they did not identify as a carer. Carers are not always easy to recognise e.g parent carers.

Some carers said they felt like they have been passed from ‘pillar to post’ with no favourable solution. If certain staff were more aware of the support available to carers they may be able to identify and encourage carers who need support and signpost more effectively.

“I have always been a carer and it has not been easy to find information” (survey)

“GP’s surgeries should give out more information and signpost. Some are very good but others not so good” (Time out for Carers Group)

“I would have thought the social workers and GP would have given me information, I had to google and research” (survey)

“Lack of staff training, just go from department to department” (survey)

### 4.1.9 Access to the Right Professionals and Support – The Development of a Carers Pathway

Some people felt they had the right access to professionals and support in the groups as they were already connected. However carers expressed some confusion around the changes in services, and were not clear where and who to go to for additional support.

It was felt that the ASC Contact Centre staff could be more aware of the range of services available. The development of the carer’s pathway could support better signposting to enable carers to access the right professionals and support at the right time. Carers suggested that they should be referred to the Carers Service as a single point of contact, as currently they often go to ASC Contact Centre in the first instance.

“I received extra support after endless phone calls” (survey)
“You seem to get passed from service to service”. Endless phone calls with very little outcome (survey)

“I can’t seem to get any support from Social Workers. How do I get a Carers Assessment I don’t even know if I have had one” (Time Out for Carers Group)

“Who should we be contacting because Social Services is very difficult and they never get back to you” (Dementia Carers Group)

“I needed additional support in finding the right care home when my husband was at home, but none was available” (Dementia Carers Group)

4.1.10 Better Access to Training for Carers
Training for carers is currently provided by the Carers Service and aims to create bespoke training as required. Additionally Salford Parent Voice run training for parent carers around a range of issues. Engagement with Salford carers found that carers felt there needed to be more flexibility in the training offer with more evening opportunities to meet the individual carer’s needs to plan ahead and avoid crisis. People are becoming aware they need to self-help more and are more willing to attend training to make their lives easier.

Most carers found it challenging to access the training without the support to care for their loved ones. It would be advised to develop training around “Introduction to the Carer Journey” to explain what benefits and additional support is on offer to assist carers on their journey. Carers may feel more confident to attend further training if they know they have support.

Salford may wish to consider building in a more formalised training element to the next carers contract so that the provider delivers training to professionals to raise awareness of carer issues and services and support available in Salford. This model could include developed materials for partners to deliver in house through a train the trainer model also. This would improve awareness and consistency of information given to cares across Salford, and help with issues of terminology used.

‘We need to have some choice about how and where to learn how to use a computer as a group so we can support each other. This would be the best way for us to connect and get to find out things, but the training was not appropriate’ (Time out for Carers Group)

‘It costs too much to get all the legal documents in place’ (Irlam & Cadishead group)

4.1.11 Locality Based Support Model
There is a clear message from carers in Salford that they would like a wider range of support and advice options. More support within the locality bases is required, and community based resources need to be carer aware and supportive. Carers are asking for a wider range of peer support and less formal support options e.g. peer support and befriending services that would be best delivered through a community resource model and this will need to be explored and considered for development.

The diverse range of carers and differing support needs must be recognised in the development of this model acknowledging that whilst some carers want more face to face support and someone they can talk to, others, perhaps working carers require more access to information digitally. It is also recognised that neighbourhood level support should be flexible and responsive to the differing
needs of carers, for example, working carers who might have limited availability to participate in activities delivered during traditional working hours.

The Carer Social Workers are based in the localities and hold a lot of knowledge of localised services and work in their locality, and could potentially work with the provider service to develop more localised support for carers.

4.1.12 Communication Strategy
Many people were aware of the Salford Carers Centre but not all the services they offer. There were many queries around additional support. Findings from our engagement with carers reflect that communications need to be aimed at certain target audiences in a language and format that people understand, and more readily available for carers. The communication strategy needs to include a range of different ways of communication, including the use of social media, as whilst some carers clearly stated that this was not their preferred method, for others, such as working carers, this is a preferred way of communicating. Salford needs a clearer approach for communication around all aspects of issues for carers;

- How to disseminate info re services
- How to identify new carers
- How to raise awareness in community
- How to raise awareness in the workplace

There is a requirement to consider how partners across Salford develop a joined up multi-agency approach to communication with carers in Salford. Consideration needs to be taken of disability and equality and diversity in the city when communicating and engaging with carers to ensure the best possibilities of them accessing the information and support.

To ensure a holistic approach is adopted when developing the Communication Strategy, this piece of work will be designed with individuals who have lived experience and other relevant stakeholders.

“I would like to know what more is available from the carers centre” (Waterside Carers Group)

“We need a central point of contact to either ask for help, raise questions or sign posting to the right service” (survey)

“We do get a sporadic newsletter from the carers centre, but need the paper one as I do not use a computer” (Time Out for Carers Group)

“Better communication and information as not everyone can access the internet” (survey)

4.1.13 Resourcing Priority Areas of Work
This Strategy has confirmed a set of strategic priorities that reflect national guidance, Greater Manchester Health and Social Care priorities and local aspirations following extensive engagement with Salford stakeholders – including the views of carers.

The table below shows a summary of the strategic objectives and requirements of the draft all-age Carers Strategy set against the current commissioning financial and service investment.
The table shows that Salford’s current commissioning arrangements addresses the majority of the strategic objectives across a range of service areas (children and adult services). The table also highlights where there are commissioning gaps and also areas where there is duplicate commissioner investment.
Assessment of the Strategic Carers Objectives against current commissioned investment/service

<table>
<thead>
<tr>
<th>Strategic Carers Objective</th>
<th>Salford Carers Strategy</th>
<th>GM Carers Charter</th>
<th>Recurrent sufficient commissioning investment</th>
<th>Service area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/MH/Primary Care/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Carers Assessment - proportionate</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>SCC/GM/MH/Carers Contract</td>
</tr>
<tr>
<td>Support – Carer/Caring role</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/MH/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Advice and Information</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/MH/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Health - Wellbeing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/MH/Primary Care/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Socially Connected</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial</td>
<td>Schools/SCC/Carers Contract/VCSE</td>
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<tr>
<td>Maintain Education</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/Carers Contract</td>
</tr>
<tr>
<td>Maintain Employment/Working Carers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Some organisational HR resource - limited to statutory partners</td>
</tr>
<tr>
<td>Young Carers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/Carers Contract</td>
</tr>
<tr>
<td>Parent Carers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/Carers Contract</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>School/SCC/SCO/GM/MH/Primary Care/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Experts by Experience</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial</td>
<td>Carers Contract/VCSE</td>
</tr>
<tr>
<td>Training</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Carers Contract/VCSE</td>
</tr>
<tr>
<td>Right time right place</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial</td>
<td>Carers Contract/VCSE</td>
</tr>
<tr>
<td>Self-Care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Schools/SCC/SCO/GM/MH/Primary Care/Carers Contract/VCSE</td>
</tr>
<tr>
<td>Neighborhood/Peer Support</td>
<td>Yes</td>
<td>Partial</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Hospital Support</td>
<td>Yes</td>
<td>Partial</td>
<td>Partial</td>
<td>SCO/GM/MH</td>
</tr>
<tr>
<td>Carers Advocacy</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Carers Contract</td>
</tr>
<tr>
<td>Specific MH service support</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>GM/MH/Carers Contract - duplicate investment</td>
</tr>
</tbody>
</table>

The summary assessment indicates that commissioners should secure additional capacity in the following areas:

- Working carers
- Locality Based support model

The enhanced priorities in the Carers Strategy are:

- Socially connected carers
- Carers as experts
- Right time right place approach
- Support for carers in hospital care

A financial appraisal has been undertaken and commissioners have confirmed the investment plan to support this objectives of this strategy.

5. Implementation, governance and monitoring of the Carers Strategy

5.1 Taking Action

This strategy forms the basis for our approach to achieve our shared vision for carers in Salford: a ‘carer friendly’ city that ensures that the wellbeing of our diverse carers is maximised. The strategy is a ‘call to action’ across the Salford partnership to grasp the opportunities and deliver the changes that will further enhance the lived experience of carers in Salford.

This strategy describes the national and local strategic context of carers and goes on to outline Salford’s current provision of carers support. It then appraises and analyses our current position, to draw conclusions about what is working well, what could work better and where the gaps are.

The strategy describes opportunities for improvement and, in order to secure these opportunities partner agencies, groups, communities and different parts of the Salford system are being called to
action to consider their response to the strategy. Developments and actions need to be identified by partners and communities and systems need to be reviewed.

Partners are asked to develop their own action plans on how they will work towards the vision and objectives of the strategy and make a difference for carers in Salford. Strategic Commissioning will ensure action plans and developments will be joined up and partners will be supported so there is a consistent understanding of progress.

5.2 On-going Engagement with the Community
To ensure that this strategy is meaningful, makes a positive difference to local people and correctly informs how services for carers will be shaped; engagement with individuals with lived experiences is essential.

Engagement with Salford carers and key stakeholders, on the overarching action plan and priority areas of work, will continue, on a regular basis, throughout the lifetime of the strategy. Engagement will be varied and flexible, offering local people choice about how they contribute to the on-going work for carers.

A suitable model for on-going engagement will be identified by the Carers Steering Group to ensure that the voice of carers is accessed from a range of neighbourhood areas.

Where possible, with adherence to procurement rules, Salford Carer representatives will be involved with the procurement of future services allowing the opportunity for carers to have their say on the services that they will ultimately access.

5.3 Co-design of an Overarching Action Plan
An overarching action plan will be developed by the Carers Steering Group. The overarching action plan will be underpinned by an assessment of the strategic priorities, current progress, finance requirements and capacity to undertake the work which will help us to manage our approach to the range of recommendations in the strategy. Action plans developed by partners and other working groups will feed into the overarching action plan.

The overarching action plan will ensure that local Salford people will be able to hold the work to account and fully engage with developing and implementing the approaches arising from the strategy.

5.4 Monitoring of the Action Plan
The Carer’s Steering Group, with representation from all key partners, will meet regularly to monitor the implementation of the overarching action plan and ensure that the views of carers are informing all developments.

5.5 Governance of the Strategy and Action Plan
Governance of the carers’ strategy through the implementation of the action plan will be through the Adults Commissioning Committee where six monthly updates on the implementation of the strategy and action plan will be given.

Additionally progress on the delivery of the action plan will be monitored through engagement with carers groups through the engagement model agreed by the Carers Steering Group.

5.6 Other Funding Opportunities
During the course of this strategy, the need for additional funding in order to achieve a certain aspect of work might become apparent. Funding may be identified for specific projects as they emerge through applications for transformation funds or grants. For example, some of the young carer’s priorities may need to be delivered on a GM footprint that would require a specific funding stream. Consideration should be given to ring fencing an allocated resource to fund specific carers projects as they emerge, with the view of achieving some of the broader objectives outlined in this strategy.

5.7 Measuring Success

Measuring the success of this strategy will be identified via the implementation of a holistic action plan (please see Appendix 1). Progress on the action plan will be monitored through the established Carers Strategy Implementation Group. The following performance indicators (inclusive but not limited to) will be monitored via this group:

1. Identification of carers
2. Improving health and wellbeing
3. Carers as expert partners
4. Right help at the right time
5. Young carers
6. Working carers

The outcomes detailed within the action plan will contribute to the measurement of the indicators above.
6. Appendices

APPENDIX 1

Action Plan

Action Plan.xlsx
APPENDIX 2

Community Impact Assessment

All Age Carers
Strategy - CIA Final.
APPENDIX 3

GM Exemplar Model of Support to Carers
SECTION 1
SERVICE SPECIFICATION

<table>
<thead>
<tr>
<th>Service</th>
<th>Salford Carers Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner Lead</td>
<td>Salford City Council – Integrated Commissioning</td>
</tr>
<tr>
<td>Period</td>
<td>01st October 2020 – 30th September 2025</td>
</tr>
</tbody>
</table>

1.0 Strategic Context

1.1 Introduction

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.

Much work has been done across Greater Manchester to better understand the need of carers. The Greater Manchester Health and Social Care Partnership (GMHSCP) has worked closely with the Greater Manchester Carers Consortium to develop an integrated approach to the identification, assessment and meeting the needs of carers in relation to their health and wellbeing. This is outlined in the ‘Commitment to Carers’ and the ‘Charter for Carers’. Please see flow chart in Appendix 1 outlining the GM Exemplar model of support to carers.

Salford has fully adopted the Greater Manchester carers model and the Salford Carers Strategy outlines how we are going to deliver this here in Salford.

The Carers Strategy reflects statutory duties and national policy drivers as outlined in section two. The Carers Strategy has been informed by extensive engagement work hearing the lived experience of carers across Salford. The views of carers have been published in a separate document, the Carers Needs Assessment.

Whilst developing the Carers Strategy we have been able to review and evaluate current work to recognise our achievements so far and identify areas where we need to focus going forward.

The Carers Strategy has been developed through a steering group with broad representation of local health and social care providers, local voluntary sector organisations and carers. This specification outlines the service required to meet the needs indicated in the Carers Strategy.

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1.2 Vision

Our vision is a ‘carer friendly’ city where the diversity of our carers is recognised and key partners from health and social care work together to ensure that a carer’s wellbeing is maximised through appropriate and accessible support offering the right support at the right time.

We want all carers in Salford to be supported and empowered to continue on their caring journey in the way that they choose.

1.3 Strategic Aims

The Carers Strategy aims to reflect the lived experience of carers across Salford and Greater Manchester. It aims to recognise the needs of carers so that this can inform our work supporting carers in Salford.

The Strategy gives an overview of local and national policy drivers to inform the strategic priorities outlined in the plan and ensure that all partner agencies are aware of their statutory responsibilities.

The Strategy aims to evidence to carers, and all those concerned about carer issues, how our priorities in Salford have been created through reviewing current provision of carer services and hearing the experiences of carers in Salford.

1.4 Strategic Objectives

In line with the Greater Manchester Carers Charter, Salford’s objectives are as follows:

- Objective One: Identifying Carers
- Objective Two: Improving Health and Wellbeing
- Objective Three: Carers as Real and Expert Partners
- Objective Four: Right Help at the Right Time
- Objective Five: Young Carers and Young Adult Carers
- Objective Six: Carers in / into Employment

1.5 Principles

Underpinning these objectives are a number of core principles that will inform our approach to working with carers in Salford which include:

- Carers must have choice and control about their caring role
- Carers will be valued and respected as expert care partners
- Carers will be supported to have a life of their own alongside their caring role
- Carers will be supported in a range of ways emotionally and practically
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and will be treated with dignity
• Young people will be supported to undertake an agreed and appropriate caring role to support their need to learn, develop and thrive and to enjoy positive childhoods

Informed by the National Carers Strategy 2012⁵ and the Greater Manchester Carers Charter⁶.

In 2019, a revised Salford Carers Strategy was developed with the key priorities aligned to the Greater Manchester priorities. This Strategy can be found in Appendix 2 and is next due to be updated in 2024.

2.0 Aims of a Carers Service

The Carers Service will provide high quality information, advice and support to carers to continue to care and have a life outside of caring.

The Carers Service will support statutory partners to deliver its statutory duties in respect of carers under the Care Act 2014 and Children and Families Act 2014 by ensuring that they are identified as early as possible, through engaging in development activities with organisations in Salford so that they can both identify carers they have in their workforce, or are providing a service to and develop carer friendly policies and practices.

The elements of the service will be the provision of support to carers in the following categories:

• Adult carers
• Support for carers hospital settings
• Young carers and young adult carers
• Working carers.

Core principles for service delivery:

• To provide timely and efficient access into the carers service
• Identification of carers from hard to reach communities to ensure they receive the information and support that they need.
• Offer support and services to carers to promote positive well-being
• Deliver training and awareness about carers and caring to professionals, employers and other interested groups
• Identify and respond appropriately to safeguarding issues
• Be a member of Salford All Age Carers Steering Group
• The provider will also be responsible for all data returns in respect of these services
• To ensure the whole service delivery is outcomes based and recognises and builds on the strengths of the carers and families

• Be responsible for closer working relationship with partners, complimenting not replicating partners’ responsibilities in particular the Police, the Council, Salford Royal Foundation Trust (SRFT), Greater Manchester Mental Health Trust (GMMH), Schools, GP based services, Advocacy, Police, Drug and Alcohol services, Domestic Abuse services, Housing, Employment, Welfare Rights, Schools and Colleges.
• To ensure that carers have the opportunity to participate in co-designing and reviewing the service and actively participating in co-producing ongoing service development.

2.1 Evidence Base

The Salford Carers Service is being commissioned in line with the requirements and outcomes of the following national legislation and local strategies.

National Strategies:

• Care Act 2014: The Care Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities
• The Government’s Carers Action Plan 2018 – 2020 ‘Supporting Carers Today’
• NHS England’s Commitment to Carers 2014
• The NHS Long Term Plan (Jan 2019)
• NHS Care Quality Markers 2019
• Social Care Institute for Excellence (SCIE) and Carers UK Guidance

Regional Strategies:

• Greater Manchester Health and Social Care Partnership work for carers

Salford Strategies:

• Salford All Age Carers Strategy April 2019 – 2024: which sets out our vision to create a ‘carer friendly’ Salford by placing carers at the centre of decisions about them
• Salford Locality Plan: Start Well, Live Well, Age Well
• Plan for Salford City Council ‘A Fairer City’
• Salford’s Anti-Poverty Strategy
• Salford Mental Health All Age Strategy 2019 – 2024
• Salford Early Help Strategy for Children, young people and Families 2018 – 2021
• Shaping Our City 0 – 25 Transformation Projects
• The Salford Standard

2.2 General Overview

**Adult Carers**

The Care Act 2014 places a responsibility on the local Authority to “assess the needs of carers where it has been identified that the carer has a caring responsibility. In Salford this duty is co-ordinated by the City Council, but is be carried out by Salford Care Organisation and Greater Manchester Mental Health.

At the initial stage a discussion is had with a referrer about the process of the assessment and whether it would be a joint assessment, i.e. undertaken as part of an assessment for the cared for person or a Carers Individual Assessment which focuses on the needs of the carer. In both the assessment has to consider the impact the caring role has on their health and well-being, their ability to work, study or have their own leisure time.

Once agreed the outcomes of the assessment are then developed into a support plan which identifies the services to support the carer. The assessment and support plan are reviewed annually to ensure any changes are documented and support plan is amended accordingly.

The Carers Support Service will play a key role in supporting the statutory Carers Assessment process undertaken by Salford Care Organisation and Greater Manchester Mental Health.

**Young Carers and Parent Carers**

The Children and Families Act 2014 places a responsibility on the Local Authority to assess whether a young carer and parent carer in their area has needs for support, and if so, what those support needs are. The Local Authority must consider the impact of the needs of the family on the well-being of the young carers and any child in the family, in particular on their education and personal and emotional development.

The implementation of the ‘Early Help Integrated Model’ across Salford has provided an opportunity to review the current process of undertaking young carers assessments and to develop a clear pathway ensuring that young carers have access to the Early Help Family Assessment that takes into account the needs of the whole family. The Care Act 2014 requires a Local Authority to carry out a Transition Assessment on a young carer as they approach 18.

The Carers Support Service will play a key role in both meeting the advice and information needs of all carers in the City, and also those carers who are identified as needing additional support both in order to access an appropriate assessment and/or to maintain their caring responsibilities.

**2.3 Service Approach**

The Thrive framework is an integrated, person centred, and needs led approach to delivering services and has been adopted by Greater Manchester and is an integral part of the Transformation programme in Salford.
The Thrive framework is being used to organise the provision of services and to help people access the most effective information, support and / or interventions. It places the person at the centre of any support and surrounds them with different types of help and support. It recognises that people may need more or less support at any given time and as such, the offer of support should be flexible, and encourage services, communities and individuals to work towards a common goal: supporting someone to thrive.

Thrive model of delivery:

There is an expectation that the Carers Service will work to the Thrive model to respond to carer’s needs, with a standard delivery model that is explained to each carer at point of entry so that they have a shared expectation of the advice and support that they can receive. This should include:

- **Information & Advice** – open access to a range of resources, information and signposting available to all carers
- **Triage** – a system to triage carers support needs at the point of referral into low, medium or high so that appropriate level of support can be offered
- **A standard support offer** - for those meeting medium or high priority (for example a 12 week set programme of support that can then be reviewed at the end of the period)
- **A system to evaluate the impact of the service** by measuring a carer’s wellbeing at the beginning and end of the service.

### 2.4 Service Elements

The City Council and its partners see the Carers Support Service as an integral component of the advice and support offer to all carers in the Salford.

In order to undertake this the Carers Service will be required to provide a range of activities which are designed to support the delivery the overall carers pathway for information, advice and support which operates within the City.

This pathway is based on the following key principles and assumptions:
- All organisations in Salford take responsibility for identifying carers and developing and delivering carer friendly policies and procedures
- Salford Care Organisation and Greater Manchester Mental Health being responsible for ensuring the delivery of Care Act compliant carers
assessments and co-ordinating the undertaking of these through a range of agencies

- All carers being able to access advice and information which will support them in their caring role
- The recognition that carers in certain circumstances will need additional support in order that they are able maintain their own health and wellbeing and be in a position where they can continue to provide support for the carer for and that this additional support will be delivered by a number of agencies.

In order to support the overall delivery of this carers pathway, the Carers Service will operate at the heart of this pathway and will be required to undertake the following key activities:

- Carer identification
- Advice, Information and support
- Carers assessments
- Neighbourhood delivery
- Support for carers in hospital
- Carers as experts
- Support for working carers
- Young carers and young adult carers
- Support for parent carers
Carer Identification

The Carers Service will also play a key role to raise awareness of carers’ issues in Salford, so that agencies and professionals are able to identify carers at an early stage and ensure their needs are met.

This will be delivered through the service working in partnership with:

- Primary Care
- Secondary care (SRFT and GMMH)
- Linked health service and professionals
- Schools / education establishments
- Children’s services
- Adult Services
- Voluntary and community sector
- Wider community

To support increased understanding a training offer will be developed for professionals, employers and other interested groups. Ensuring that carers are identified and / or self-identify, that their needs are recognised and that they are provided with access to support and advice which will help them fulfil their caring role.

The service will also have a lead role in working with local communities to identify carer’s issues within particular communities to ensure that carer’s needs are met and where appropriate, support the development of locally based carers services.

Adult Carer Identification

One of the key priorities of Salford all Age Carers Strategy is to raise awareness of carers issues, to support services in the early identification of carers and to support carers to identify themselves as carers.

It is expected that this will be undertaken by the Carers Service engaging with all organisations in the Salford to encourage them to identify carers in their workforce and in their areas of service delivery.

This element of the service will therefore involve:

- Developing effective links with all GP practices in Salford supporting them to identify carers and signpost them for services, which may include health checks.
- Advise GP practices to enable them to meet the Salford Standards linked to carer support.
- Develop links with Salford Royal Foundation Trust and Greater Manchester Mental Health Trust to support them in identifying carers and providing advice and support.
- Working with local communities across a neighbourhood footprint, making best use of community assets to effectively engage with all carers in Salford recognising the needs of different communities and the needs of those carers.
• Providing information, advice and guidance to statutory and voluntary services on how to identify and meet the needs of carers within their own service delivery area.
• Engagement with businesses in Salford to support them in developing carer friendly policies and processes to support working carers.
• Support professionals, services and providers to become more carer aware within their day to day work to ensure carers are identified as early as possible.

The Service will support and enable a wide range of agencies to identify, recognise and support carers, to enhance the support, access to appropriate training including the promotion of eLearning to help support the caring role and the carer’s wellbeing. As a priority this will include:

• GP practices
• Pharmacists
• Salford Royal Foundation Trust
• Housing organisations
• Greater Manchester Mental Health
• Salford Early Help Locality Teams
• Health Improvement Teams

Advice and Information

The service will enable carers in Salford to access advice and information on the full range of issues, such as:

• Welfare benefits/rights
• Assessments
• Legal rights
• Carers groups
• Health and wellbeing

This advice, information and support will need to be able to be accessed in a variety of ways recognising the diverse population of Salford, with consideration of carers from hard to reach communities to ensure equitable access to information and advice.

The service will be expected to provide a range of information and advice to all carers within Salford, which will be targeted to ensure that:

• Carers are aware of the impact that caring can have on their own health and wellbeing
• Carers understand the importance of managing their own health
• Carers are aware of their legal rights
• Carers are aware financial support available to them
• Carers are aware of how to access a carers assessment
• Carers are aware of the range of services which exist to support carers in the City and how to access them.
It is recognised that the level of information and advice a carer will require to support them in their caring role will vary according to a person’s individual needs. For those carers who require more than just access to advice and information to help support them in their caring, additional one-to-one support is available which is currently provided for within the scope of this contract or which are alternatively commissioned in Salford.

This element of the specification is therefore designed to ensure that all carers in Salford are able to access information and advice, with referrals coming from carers themselves and from a range of partner agencies.

In addition, as research on a national and local basis has clearly indicated the need to target advice and information services to hidden carers, the service will need to develop a range of partnerships with advice and support agencies and community based groups in order to ensure that carers in all of Salford’s neighbourhoods and communities can access appropriate advice and information. In order to deliver this element of the service, the service will therefore be expected to:

- maintain a comprehensive range of information on all topics of interest to carers in a range of appropriate formats; this information should be distributed in a variety of ways to maximise accessibility
- produce, update and distribute information packs to adult and young carers
- work in partnership with other advice organisations in the City to provide information to carers
- maintain a database of carers registered with Salford Carers Service
- produce, on a regular basis, newsletters for adult and young carers
- lead in the identification of new and hidden carers – through information provision, publicity, awareness raising with other agencies/organisations, Carers Week activities, etc
- work in partnership with GP’s, schools and other relevant agencies to maximise the benefits of information provision and recognition of carers
Carers Assessments

The Carers Service will support statutory partners in carrying out proportionate carers assessments by raising awareness and understanding of what an assessments is, how to access them, and where applicable completing the assessment. Such assessments will be proportionate to the needs of the carer.

The Carers Service will work directly with Salford Care Organisation and Greater Manchester Mental Health to ensure the approach to carers assessments are in line with local policy. The provider will develop operational protocols with Salford Care Organisation and Commissioners.

Adult carers assessment: The Care Act 2014 states that any carer who appears to have a need for support is entitled to an assessment regardless of the amount or type of care provided, their financial means or the level of need for support. The carer does not necessarily have to live with the person they are caring for or be caring full-time to have an assessment.

Young carers assessments: The Children and Families Act 2014 states that A local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are. The implementation of the ‘Early Help Integrated Model’ across Salford has provided an opportunity to review the current process of undertaking young carers assessments and to develop a clear pathway ensuring that young carers have access to the Early Help Family Assessment that takes into account the needs of the whole family. The Carers Service will work in partnership with the early help hubs, supporting the undertaking of assessments and taking the role of lead professional is appropriate.

The Carers Service will deliver high quality carers assessment that will, as necessary, build on the assessments undertaken by statutory partners or provide stand-alone carers assessments.

The Carers Service will ensure that all carers assessments undertaken will be shared with Salford Care Organisation to ensure a complete picture of carers assessments is maintain through complete data recording.

The Carers Service will ensure that it collaborates with Salford Care Organisation and Greater Manchester Mental Health to ensure that carers assessments are delivered to a strengths based approach, are of high and reliable standards and are jointly undertaken when they need to be.

The Carers Service will agree a shared protocol with Salford Care Organisation and Greater Manchester Mental Health for the delivery of carers assessments. This protocol will be shared with commissioners and form part of the contractual arrangements with Salford City Council.

The Carers Service will develop and maintain a strong operational relationship with the Carers Leads in Salford Care Organisation and Greater Manchester Mental
Health in order to undertake the requirements of carers assessments in this service specification.

**Carers Support**

The Carers Service will deliver a package of support to meet the needs of all carers following a strengths based assessment who are referred or self-refer to the service. This support will be more comprehensive that the provision of general advice and information.

The support should be tailored for the following groups of carers:

- Young carers
- Young adult carers
- Adult carers
- Working carers

The support offered will match the requirement of the strengths based assessment and seek to enable the carer to maximise their caring role and their own health and wellbeing in undertaking their caring role. The Carers Service will adopt an outcomes focussed and adaptable approach to provide support that enables the carers to achieve and maintain their goals and aspiration, and also to reflect changes in circumstances.

The Carers Service will review the support offered to carers, at six weeks following the initial referral and the at least every three months to ensure the support is reflective of current needs.

The Carers Service will seek to close cases once the carers has achieved and maintained their goals. In closing any case the Carers Service will ensure that an appropriate ‘maintenance’ plan is agreed with the Carers, which might include, signposting to other services, community assets, support groups, the provision of information, an agree re-referral process etc.

The Carer Service will support carer choice in recognising where and how carers can access the support they need. This will include offering support to help carers navigate across the Salford system whilst securing their right to choose, including how and when to engage with services

The Carers Service will monitor and record the goals and outcomes of each support service provided.

**Neighbourhood Delivery Model**

It is expected that the Carers Service will outreach into all of Salford’s local communities to engage with carers to develop and build on the full range of services that are available locally.

The Carers Service will develop a range of support and advice options within neighbourhoods and community bases. The service will provide a range of peer
support and informal support options including befriending, activities of interest and knowledge based/learning opportunities that will delivered through a community resource model.

The Carers Service will respond to the diverse range of carers and differing support needs will be recognised in the development of the service acknowledging that whilst some carers want more face to face support and someone they can talk to, others, perhaps working carers may require more access to information digitally. The Carers Service will reflect the Equality Act in the approach to this work, ensuring the specific needs of carers from protected characteristic group are reflected and supported in the delivery of a neighbourhood delivery model.

The Carers Service will also draw upon and strengthen the experience, knowledge and skills of carers in the service’s approach to the neighbourhood delivery model ensuring that, where possible carers take a lead role in this approach.

The Service will facilitate a range of carers’ support and special interest groups in appropriate locations across Salford providing a forum for peer support, respite and the development of friendships in an understanding, safe environment. Encouraging groups to become self-sustaining.

**Support for Carers through Hospital/Home Based Treatment**

National and regional research shows that carers need more support around secondary (in hospital) care. When either the carer or the patient is being admitted to hospital (or are being supported by the Home Based Treatment (HBT) team to remain out of hospital), there are often significant changes in circumstances that impact on either the carers ability to undertake caring duties or the cared-for person level of independence, that would require a need to review and support a in a number of ways. It is also a key time to identify carers who may be stepping into a caring role for the first time.

The Carers Service will provide a flexible, responsive and targeted service within SRFT, Woodlands Hospital, Meadowbrook and the HBT team to identify and support carers through their own or their loved-ones treatment. The Carers Service will provide proportionate assessments, advice, information and support services as described in this specification and will also help and support the carer to have a voice and be better informed within the hospital / HBT setting. The Carers Service will work in collaboration with hospital / HBT colleagues to ensure there are agreed approaches to the support offered and to ensure that carers and those they care for have good outcomes. The Carers Service will also help to support any transition of care ensuring the Carer is connected into the neighbourhood services offered by the Service. This might include referring onto the neighbourhood delivery model as described in this service specification. The hospital / HBT based service will work to transfer any support/case within 1 week of discharge.

It is important that the Carers Service is able to identify and work with those carers who need additional support, acknowledging that some carers will be able to manage within their own resources and some might benefit for additional support. In this way the Carers Service in the hospital / HBT will be able to target resources
where they are most needed. To do this the Carers Service in SRFT, Meadowbrook and Woodlands will work alongside social care practitioners based on the wards and develop strengths based pathways and a service response that compliments and adds to the existing support offered to carers.

The Carers Service will adapt the approach to supporting carers in the different hospital settings, different wards and HBT responding to the particular system and approaches applied in each setting. As such the Carers Service will work with SCO and GMMH to development appropriate referral and service protocols to ensure the Carers Service based in the hospitals / HBT provides and effecting, effective, complimentary and outcomes focussed service to meet the needs of the carer. The service will also, as appropriate, support the planning and delivery on transfers of carer for those people who are delayed by provide support to the carer.

**Carers as Experts**

Building on the extensive engagement of carers in developing the All Age Carers Strategy the service will continue to support the involvement of carers in local planning and service development. It will do this by supporting and facilitating networks of carers across Salford to enable their voices and views to be heard.

The service will ensuring that the lived experience of carers across Salford continues, recognising their expertise and knowledge and championing their involvement as equal partners.

**Working Carers**

The service will provide a specific and targeted approaches to enable working carers to remain in work by supporting employers to embed flexible working approaches and effective support structures within their organisations.

The need to identify and provide support for working carers has been highlighted through the work of Greater Manchester Greater Manchester Health and Social Care Partnership and the development of the GM Working Carers Toolkit.

Within Salford this has been identified a priority in the All Age Carers Strategy and is a new area of focus for carer support in the city. The Carers Services will support the development of this priority by:

- Raising awareness and understanding of working carers
- Access to resources and information available for working carers
- Identifying and supporting working carers through the service
- Sharing best practice and guidance with local employers
- Promoting and supporting the carers passport scheme
- Provide advice and support for employers to set up carer forums / networks

**Young Carers, Young Adult Carers and Parent Carers**
The aim is to provide a young carers service which can provide a targeted service to Salford young carers, young adult carers aged up to 25 years and parent carers, working in partnership with the Local Authority, Education, Health and other key agencies.

In addition to the development of the GM Carers Charter a set of minimum standards for Greater Manchester Young Carers and Young Adult Carers have been developed in partnership with young carers and partners across the conurbation (please see Appendix 3). The standards have been approved and are being adopted across all 10 GM local authorities, the expectation is that the Provider will support the local authority in achieving the key priorities identified.

The key objective of the service will be:

- Young Carers identified early and given appropriate support to reduce inappropriate caring responsibilities
- Increase the number of Young Carers supported, including those who are hard to reach and/or isolated and identified as hidden
- Support young carers and young adult carers to achieve the same level of wellbeing, education and development as their peers
- Improve the quality of life of all Young Carers regardless of their age, gender, ethnicity and background
- Enable young carers to have their voices heard
- The Provider will act as a champion and expert on the local needs of Young Carers.

To support the Local Authority to meet the requirements of the Children Act 1989, The Care Act 2014 and the Children and Families Act 2014 with the following key activities:

1. Identifying young carers, young adult carers and parent carers

- Work with statutory, community, and voluntary sector organisations to identify young carers and young adult carers, including those from “hard to reach groups” for example BME communities
- Increase awareness, understanding and recognition of young carers and their needs amongst services, professionals and wider community
- Provide information and awareness raising on young carers’, young adult carers’ and parent carers needs and issues to GP practices, community mental health teams, drug and alcohol services, Health Visitors and School Health Advisors
- Support Employers / training providers have a better understanding of the needs of young adult carers
- Where there are safeguarding concerns the provider will take the necessary action following the Salford safeguarding process

2. Assessments
• Raise awareness and support young carers accessing an assessment that takes a whole family approach
• Follow Salford City Council’s referral processes and pathways to ensure that young carers and their families receive assessments and appropriate support

3. Schools

• Support in raising awareness of Young Carers (Assemblies; PSHE/workshops; Open Days)
• Support in identifying young carers and their right to an assessment
• Promote and support adoption of Carers Passport
• Support schools to become carer friendly
• Provide schools with access to a range of information / resources for pupils, staff and families
• Transition support into secondary / colleges

4. Support for young carers and young adult carers

• Provide tailored information and advice Provide individual and/or local group based support
• Support young carers with understanding and undertaking assessments
• Support with their emotional well being
• Develop information and resources to support service and organisations to better identify young carers and young adult carers
• Support young adult carers to prepare for adulthood and fulfil their aspirations
• Support in accessing education, training and employment

5. Participation

• Enabling the voice of young carers to steer local policy
• Support young carers and young adult carers and their families to access community based services
• Support engagement and facilitation with Salford / GM young carers board

6. Partnerships

• Work in partnership with Salford’s Early Help teams
• Acting as lead professional and where appropriate participate in Team around the Child and Child in Need meetings
• Contribute to Salford Safeguarding Children Partnership training programme, delivering training sessions on young carers to Local Authority staff and professionals from partner agencies

Specific Service Areas of Focus
The Carers Service will maintain and develop links with specialist drug and alcohol services, ensuring there will be an essential function of the carers service.

However, the prevalence of problems associated with drugs, and particularly alcohol, means that other services have to be capable of addressing the needs of those with problems that are below the threshold of specialist drug and alcohol services. The Carers Service will therefore ensure that all carers service frontline staff are able to:

- Screen for drug and alcohol use.
- Deliver brief interventions that address identified use.
- Appropriately make onward referral to specialist drug and alcohol services in line with mutually agreed thresholds.

The Carers Service will develop and maintain close working relationships with Learning Disability/Complex Needs Teams, Physical and Sensory Disability Teams, Mental Health Teams and Older People Teams recognising that carers of people with vulnerabilities will often require the support of the Carers Service. The Carers Service will identify key operational relationship with colleagues across these service areas and demonstrate a proactive approach to developing and maintain referral routes and service links.

The carers service will work alongside Salford City Council’s Children’s Services in support of their statutory work with parent carers.

**Informal Low-level Advocacy**

A significant amount of preventative work is addressed by providing advocacy interventions outside of the statutory advocacy remit. The service will provide carer specific, non-statutory advocacy support to meet a range of desired outcomes for carers living in Salford.

The interventions will broadly fall into the following categories:

a) **Case Advocacy**

When someone advocates with or on behalf of the carer on a particular issue to achieve specific objectives. The advocate will work on a 1:1 basis with people to support them to understand options, be in control of their lives and work on particular issues to achieve certain objectives.

b) **Self-Advocacy**

When the intervention of the service gives individuals the appropriate advice and support to develop the skills to advocate for themselves.

Self-Advocacy can often be an outcome of Case Advocacy where the individual, through the intervention of a Case Advocate, develops their skills and feels more empowered to advocate on behalf of themselves.
The service will develop an intervention plan in partnership with the service user which clearly details the reasons, aims and expected outcomes from the advocacy intervention. This will enable the service to manage expectation and workloads effectively.

The service will act completely impartially on behalf of the individuals accessing the carer support, representing their interests. The service shall have in place a code of conduct and will work to ensure that the Salford Advocacy Charter (outlined below) is being adhered to.

Statutory Care Act Advocacy is excluded from this service. The Provider is expected to link in and develop a strong working relationship with Salford’s statutory advocacy service to ensure good outcomes and seamless support for carers.

**Ending a Service with a Carer**

Support to carers will usually be case/outcome focused i.e. once the desired outcome or issue has been resolved the case will be closed. This will be made clear to the carer at the outset through effective support planning.

However, at the end of any support package, all carers will be offered the option of having their contact details included in the carers database so they can receive ongoing support in the form of the receipt of advice and information e.g. newsletters/e-mail alerts/invitation to carers events/signposting to carers support networks.

**Self-Care and Patient and Carer**

The service aims to maximise carer’s potential for independence and self-care, providing them with the information, advice and support they need to maintain their own health and wellbeing and have breaks from caring to enable them to continue in their caring role.

Therefore, at the heart of every service intervention will be the maximising of the use of personal networks and community based support activities

**Promotion and Communication**

The Provider will ensure that the Service is well marketed including a wide range of marketing materials and media and attendance at health and social care promotion events and public events in local communities.

The Provider is required to produce and disseminate materials to promote the carers service. Promotional materials could include, for instance, printed (e.g. posters) and digital (e.g. online banners) resources. Social media should also be utilised. Service promotion and communications will be monitored through regular performance monitoring meeting between Commissioning and the Carers Service.
Outcomes

The Salford Carers Service will be expected to support delivery of the following outcome frameworks as appropriate:

- **Adult Social Care Outcomes Framework 2018/19**

The Adult Social Care Outcomes Framework (ASCOF) has a clear focus on promoting people’s independence, quality of life and experience of care. It encourages care and support that is both personalised and preventative and serves as a key tool to track progress locally and nationally towards the transformation of care and support.

This Carers Support service will therefore contribute towards meeting the following ASCOF outcome measures:

- Domain 1: Enhancing quality of life for people with care and support needs.
- Domain 3: Ensuring that people have a positive experience of care and support.

The Carers Service will enable and support the Salford system to improve performance on the follow carers related ASCOF measures:

- The proportion of carers who receive self-directed support
- The proportion of carers who receive direct payments
- Carer-reported quality of life
- The proportion of carers who reported that they had as much social contact as they would like
- Overall satisfaction of carers with social services
- The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- The proportion of carers who find it easy to find information about support

**The NHS Outcomes Framework (2018/19)**

The Carers Service will contribute towards meeting the NHS Outcomes Framework (2018/19) which incorporates the following indicator under domain 2 ‘Enhancing quality of life for people with long-term conditions’ 2.4: Health-related quality of life for care.


- Raising the profile of carers;
- Education, training and information;
- Service development;
- Person-centered, well-coordinated care;
Early Help Strategy for Children, Young People and their Families 2018-2021

The Strategy is for children and young people aged 0 -25 and their families and sets out an approach to early help across all agencies in Salford with the aim to enable every child to achieve their potential. The Carers Service, in partnership with local services an agencies will be expected to contribute towards meeting the following:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

2.5 Service Model

The model of service delivery will be discussed and agreed by the Lead Commissioner and the provider in advance of service commencement and will be based on the presentation given by the provider within this tender process.

Management & Accountability

It is expected that the Provider will recruit a staff team to deliver the service which has the necessary skills and abilities to undertake all the tasks expected of it, in a way that meets best practice.

The Provider shall also have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure that the required service quality is maintained.

It is also expected that the service will demonstrate significant service user involvement in the management and delivery of the service and work towards the principles of a User Led Organisation. The service will ensure that Individuals accessing the service are given the opportunity to be involved the recruitment process and participate in interview panels for staff and volunteers. The service will also explore ways of building capacity in developing peer advocacy.

Workforce

Values-based Recruitment and Retention

Our values define us and influence who we are; what we believe is important in life; the way we live and how we treat people.
In the workplace our values are guiding principles linked to behaviours that help people deliver exceptional care and support.

A values-based approach to recruitment and retention involves establishing strong workplace values and ensuring that your workforce matches them.

The Carers Service will develop and demonstrate a values-based approach to recruitment and retention.

**Workforce Training**

The Provider shall have in place a robust training program for all staff (including volunteers) that is appropriate to their level of responsibility. A record of training undertaken will be maintained for audit purposes. Workforce training will include, but is not limited to:

- Data sharing and recording of data
- Health and safety
- Service User experience
- Cultural awareness
- Safeguarding children and vulnerable adults
- Strengths based approaches to personalisation

The Provider will offer induction and basic training for new members of staff and volunteers, appropriate to their role, within a reasonable period of being appointed.

**General Requirements**

The Provider will ensure that the workforce has sufficient capacity and capabilities to ensure the provision of safe, effective services, that is resilient to fluctuations in staffing levels (e.g. annual leave and sickness) and demand. The Provider will ensure appropriate ratios between staff and individuals accessing the service.

The Provider must ensure that staff and volunteers who have contact with individuals accessing the service or their data have an enhanced Disclosure and Barring Service (DBS) check. Approvals should be renewed on a periodic basis.

The Provider will develop, adopt and implement relevant workforce policies, processes and practices. The Provider must adhere to employment legislation.

The Provider is required to maintain a structure chart including managerial relationships.

**External Pathway(s)**
The service will need to establish a broad range of care and referral pathways to ensure that the service is meeting the needs of a wide range of Individuals.

It is expected that the Carers Service will strive to reach all sections of the community in Salford, particularly those communities who services have traditionally found difficult to reach, for example people with Autistic spectrum conditions, BME communities, LGBT Community.

It is expected that the organisation will employ a variety of outreach methods and approaches of engagement appropriate to the needs and requirements of different communities and groups and demonstrate that they are assertively outreaching to maximise engagement and service take up. Activity around engagement with communities will be monitored by the Lead Commissioner and targets may be set in order to ensure that the service is reaching all sections of the community

**Location(s) of Service Delivery**

It is expected that the Salford Carers Service will establish a Carers Centre base which has public access and where carers can access the range of services which are expected to be delivered as part of this specification. Any rental costs for this base form part of the funding available for this contract.

The actual location of this Centre will be determined by the provider in consultation with the Lead Commissioners.

However, in recognition of the geographical make up of Salford, the priority for the service will be to ensure that equality of access is offered to residents of Salford irrespective of where they live.

In order for this to be achieved, it is expected that delivery of key elements of this service will be predominantly delivered within Salford neighbourhoods and organisations.

**Days/Hours of Operation**

The Carers Service will operate core hours of 09:00 – 17:00, Monday to Friday. The Carers Service will adopt a flexible and responsive service to ensure that outside these core hours carers can be supported as per any planned service between 07:00 and 21:00, Monday to Friday and 09:00 to 17:00 Saturday and Sunday, excluding Bank Holidays.

**Referral Route**

It is expected that referrals for advice and support will come from a variety of sources including:

- Self-referrals
- Families or friend
• Health and social care professionals
• Voluntary of community sector bodies
• Educational establishments

Eligibility

The Carers Service will be available to all carers who are a Salford resident and / or registered with a Salford GP, and young carers and young adult carers attending a Salford school / educational establishment.

The service will also provide support to those carers who do not live in Salford but the person they are providing care for is a Salford resident.

Data Assumptions

The Provider should note the following assumptions. Attendance data for the existing service within Salford has been collated from local performance data.

This activity data is indicative for tender purposes; activity thresholds will be agreed with the Provider upon contract award. The Provider and Commissioner will monitor activity and analyse data on a quarterly basis.

Referral figures reported by the current provider for 2018/19 financial year are:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (25+)</td>
<td>518</td>
</tr>
<tr>
<td>Young Carers (-16)</td>
<td>175</td>
</tr>
<tr>
<td>Young Adult Carers (16-24)</td>
<td>16</td>
</tr>
<tr>
<td>Hospital Enhanced Offer</td>
<td>132*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>694</strong></td>
</tr>
</tbody>
</table>

*Figure based on average of 11 referrals per month.

Please note that the data provided in relation to the enhanced offer only relates to activity within one Salford based hospital setting. Therefore, consideration will need to be made by the provider in relation to the estimation of further referrals incorporating the demand from other hospital settings across Salford, as detailed in section 2.4 of this specification.

2.6 Service Approach

Carer Involvement and Co-design

The expectation is that carers who access the service have the opportunity to feedback, and to support the development / improvement of services they receive, to achieve this the provider will:

• Provide opportunities for involvement with service development e.g. recruitment of new staff.
• Ensure that processes are put in place arrangements to ensure and demonstrate the person supported is at the heart of decision making about the service they receive.
• Support people to be empowered to influence the way their care and support is provided and are able to make decisions that directly affect their quality of life
• Carry out Carer satisfaction annual / bi-annual surveys, and where requested, support additional surveys required by the Council in relation to the service
• Clear processes for carers and professionals to share complaints / compliments, and where necessary, clear guidelines for responding
• Support carers to be part of the governance and organisational arrangement of the Carers Service and be involved in service planning

Whole System Relationships

The Carers Service will be part of a whole system model of care which meets the support needs of both the carer and the cared for person to support and maintain the caring arrangements. Elements of the service will work to a clearly defined support plan which meets agreed needs and objectives.

Interdependencies

The Carers Service will need to develop constructive working relationships with all stakeholders which would be expected to include the following (this list is not exhaustive):

- Health and Social Care Teams and Community Based services across all service areas
- Advice and Information Services
- Hospitals (SRFT and GMMH)
- Housing
- Community & Voluntary Sector
- Legal Services
- Advocacy Services
- Advice and Information Services
- GPs
- Dementia Support Services
- Stroke Support Services
- Public Health
- Schools
- Colleges

2.7 Contract Monitoring and Oversight

Monitoring Arrangements
Monitoring arrangements will be led by Salford City Council and fall under the responsibility of the Integrated Commissioning.

The provider will be expected to complete quarterly monitoring of performance against the output measures and outcomes which are detailed within this specification and which will be agreed within the first three months of contract start date.

In addition, the provider will be expected to attend quarterly monitoring meetings

**Baseline Performance Targets – Quality, Performance & Productivity**

This section may be subject to change following contract award, in line with the successful organisations submission.

The Provider will be required to prepare quarterly performance information reports for submission to the Lead Commissioner. These reports must be received two weeks before the quarterly performance review meetings

**Organisational Management**

- Staffing posts broke down into:
  - i. Management
  - ii. Paid staff
  - iii. Volunteers
- Number of complaints received
- Number of compliments received

**Service Delivery**

Service delivery measures will include, but not limited to, information relating to the following:

- Carer identification
- Advice, Information and support
- Carers assessments
- Locality Based Delivery
- Mental Health
- Carers as experts
- Young carers & young adult carers

An outcomes framework will be developed with the Provider upon contract award.

**Annual Reporting and Year 3 Review of Commissioned Service**
An annual service report will be required, the scope of which will be agreed with commissioners. Commissioners will undertake a full commissioning review of the service after year 3 that the provider is expected to full participate in.
APPENDIX 1

GM Exemplar Model of Support to Carers
APPENDIX 2

Salford Carers Strategy

[INSERT]
APPENDIX 3

GM Young Carers and Young Adult Carers Minimum Standards

Appendix 3 - YP
Minimum Standards
<table>
<thead>
<tr>
<th>Outcome/Action</th>
<th>What needs to happen/Work summary activity</th>
<th>Lead</th>
<th>By when</th>
<th>Key deliverables</th>
<th>Update/Evidence</th>
<th>Rag status</th>
<th>Percentage Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider working group to develop and monitor raising awareness programme using a neighbourhood outreach approach.</td>
<td>Trudy Taylor</td>
<td>01/04/2020</td>
<td></td>
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<tr>
<td>CCG to develop a learning and development programme for raising awareness</td>
<td>To be identified</td>
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<tr>
<td>Build raising awareness training into new specification for carers contract for provider to offer training</td>
<td>Anne Brooking/Jane Roberts</td>
<td>01/09/2019</td>
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<tr>
<td>Ensure that the GP standard references; identification of carers at registration</td>
<td>Jenny Walton</td>
<td>01/03/2020</td>
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<tr>
<td>Embed carer awareness throughout</td>
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<tr>
<td>Identifying carers from patient lists</td>
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<tr>
<td>Embedding carer campion role in GP practices</td>
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<tr>
<td>Establish monitoring process for this</td>
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<tr>
<td>Review Enhanced Carer pilot funded through transformation funding to evaluate the benefits of carer support service based at SRFT for identification and support of carers. To inform further delivery of service in the new contract April 2020 onwards</td>
<td>Sarah Cannon</td>
<td>01/03/2020</td>
<td>Update April 2019 Report presented to ICAB on benefits of the 15 month project. Data collections and qualitative evaluation has been reviewed for next 13 months of the First meeting April 2019 project.</td>
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<tr>
<td>Provider Task and finish group to identify ways to raise awareness of carer issues and carer services across all wards and professional groups</td>
<td>Trudy</td>
<td>01/03/2020</td>
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<tr>
<td>Review the benefits and challenges of carer support services located in the Mental Health wards to ensure that resources are best used to offer a support service to carers of patients using MH services</td>
<td>Clare Mayo/Ann Brooking</td>
<td></td>
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<tr>
<td>Provider working group to identify plan to implement a carer campion role to support with raising awareness of carer issues and identification of carers</td>
<td>Trudy Taylor</td>
<td>01/04/2020</td>
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<tr>
<td>Build single point of contact into new carers specification.</td>
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<td>Steering group to oversee implementation and evaluation of this</td>
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<tr>
<td>Provider working group to map out carer pathway supported by carers Sw’s Steering group to oversee and monitor development of this</td>
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<tr>
<td>2.1 Primary Care - Annual Health checks</td>
<td>Increase number of Health checks for carers through developing carer registers to ensure health checks are consistently offered. Develop a young carers health check for GP's Ensure support for carers is linked to the health check</td>
<td>To be Identified</td>
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<td>2.2 Staying healthy advice for carers - Carer Provider Service to increase offer of 'staying healthy' advice and information for carers</td>
<td>Staying healthy advice for carers - Carer Provider Service to increase offer of 'staying healthy' advice and information for carers</td>
<td>Steering group to oversee implementation</td>
<td>Sam Palmer - Gaddum</td>
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<td>2.3 Support for carer at point of hospital admission – Ensure there is a carer pathway to identify and support carers when a patient is admitted to hospital through a carer service located at the hospital</td>
<td>Support for carer at point of hospital admission – Ensure there is a carer pathway to identify and support carers when a patient is admitted to hospital through a carer service located at the hospital</td>
<td>Provider task and finish group to review and improve this model</td>
<td>Trudy Taylor (SRFT), Neil Grace (GMMH)</td>
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<td>2.4 Review allocation of Personal Budgets to support carers with wellbeing and breaks to ensure that process for allocation is fair and appropriate</td>
<td>Review allocation of Personal Budgets to support carers with wellbeing and breaks to ensure that process for allocation is fair and appropriate</td>
<td>ASC to review process for assessing and allocating carers payments and create transparent process and guidelines. Could consider if provider allocates these</td>
<td>Isobel Watson</td>
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<td>2.5 Peer mentoring/counselling /befriending services – continue to develop these to support carers based on a neighbourhood model</td>
<td>Peer mentoring/counselling /befriending services – continue to develop these to support carers based on a neighbourhood model</td>
<td>To be written into new specification for provider service – Steering group to oversee implementation of this</td>
<td>Ann Brooking</td>
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<td>2.6 Review respite and sitting service offers to carers - to enable carers to have time out to support their own health and wellbeing</td>
<td>Review respite and sitting service offers to carers - to enable carers to have time out to support their own health and wellbeing</td>
<td>Ann Brooking</td>
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<td>3.1 Develop a Salford carer’s engagement group to oversee and direct the implementation of the carer’s strategy in Salford.</td>
<td>CCG engagement team and carer commissioner to work together to create a group that meets regularly to comment on the implementation of the carer strategy and key priorities for carers in Salford.</td>
<td>Caroline Allport/Amanda Rafferty</td>
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<td>3.2 Direct payments – increase awareness amongst professionals and carers to increase number of Direct payments to support carers more flexibly.</td>
<td>Carer Provider service.</td>
<td>Ann Brooking</td>
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<td>3.3 Engagement with BAME groups to ensure that the experiences of all carers are informing service provision.</td>
<td>Develop a neighbourhood approach to carers support to ensure the voices of all carers informs the implementation of the carer strategy.</td>
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<td>3.4 GM Carers Partnership - ensure Salford carers are actively involved to enable the voice of Salford carers to be heard and reflected in decision making.</td>
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<td>3.5 Awareness raising training to emphasise the value of listening to the expertise of the Carer when making decisions about the cared for person.</td>
<td>Steering group &amp; engagement group to monitor All training delivery.</td>
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<td>3.6 Accessible information.</td>
<td>Review information available to carers – ensure it is readily available, in formats for all carers so they can make informed choices.</td>
<td>The Gaddum</td>
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<td></td>
<td>Develop publicity events – in a range of community settings, including reaching BAME and diverse groups.</td>
<td>The Gaddum</td>
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<td>Improve access to carers assessments</td>
<td>Review carers assessment model to consider a strength based, 3 conversation model.</td>
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<td>Improve time taken to get a carers assessment</td>
<td>Review who assesses carers to ensure model is proportionate and offers quick and easy access to high quality assessments - including review of enhanced carer pilot where provider service has conducted carer assessments.</td>
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<td>4.1 Improve quality of carers assessments</td>
<td>Ensure assessments consider contingency planning – and have recorded on health and social care documentation</td>
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<td>4.2 Develop a person centred plan for all carers following assessment</td>
<td>Research best practice and develop a plan template to include: Better financial advice; Better carer respite availability and guidance; List of support and activities available; Guidance of what to do in a time of crisis; Local contact support line information</td>
<td>Sam Palmer</td>
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<td>4.3 Improve information available to carers</td>
<td>Provider working group to create monthly calendar of services and events for carers</td>
<td>Trudy Taylor</td>
<td>01/09/2019</td>
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<td>4.4 Improve Training available to carers</td>
<td>Current provider to review training offer for remaining 12 months of contract</td>
<td>Sam Palmer</td>
<td>01/04/2019</td>
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<td>Review training available to carers and ensure that as part of revised specification for re-tender of carers contract a clearer training offer is available to carers specifically in: ITT training to gain information and be able to network; Financial &amp; legal planning guidance; Respite planning guidance; Care in the home &amp; care home planning guidance</td>
<td>Sam Palmer</td>
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<td>4.5 Respite care- Review the process for respite and where possible address any process issues and explore alternative options</td>
<td>Commissioner to review training offer in specification for re-tender</td>
<td>Jessica Ta'ati/Paul Walsh</td>
<td>01/01/2020</td>
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<td>4.6 Sitting services</td>
<td>Review current provision – gap in market – need to consider for new carer specification</td>
<td>Ann Brooking/Jane Roberts</td>
<td>01/09/2019</td>
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<td>4.7 Carers passports - Explore the development of Carers passports' for all ages</td>
<td>Review training available to carers for MH and other specific health conditions</td>
<td>Neil Grace GMMH Carers lead</td>
<td>01/04/2020</td>
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<td>4.8 Assistive technology - Review Current Carer service provision and consider innovative ways of working with carers and exploring assistive technology in Salford to benefit carers</td>
<td>Support the development of virtual carers groups using social media on a locality based model</td>
<td>The Gaddum</td>
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<td>4.9 Ensure work on carers' issues from the dementia strategy and Mental Health strategy is fed into the carers strategy updates for monitoring and comment.</td>
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<td>Ann Brooking</td>
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<td>Early identification of young carers - the sooner young carers are identified and recognised, the easier it is to support them in their caring role and if necessary prevent them from taking on inappropriate levels of care.</td>
<td>Develop communications plan to highlight key days / carers week, raise awareness of needs, hidden carers, case studies to raise awareness of the need to identify young carers</td>
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<td>Develop / deliver briefings to raise awareness of statutory duty and responsibility of all professional for young carers</td>
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<td>Services to identify young carer champions to promote and embed good practice.</td>
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<td></td>
<td>Clear pathway developed for professionals to support early identification and next steps</td>
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<td>Multi-agency training / awareness sessions for workforce to increase understanding of the needs of young carers and how to support / assessments</td>
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<td>Increase the identification of young carers in training / employment settings through awareness raising</td>
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<td>5.1</td>
<td>Service available to all Young Carers requiring support up to the age of 25.</td>
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<td>5.2</td>
<td>Single point of contact for young carers.</td>
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<td>5.3</td>
<td>Clear pathway from Children’s to Adult’s services to ensure that Young Adult Carers have an assessment of their needs.</td>
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<td>5.4</td>
<td>Young Carers Service to link into Early Help teams / model to support assessments and ongoing support</td>
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<td>5.5</td>
<td>Development of online resources for young carers</td>
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<td>5.6</td>
<td>Young Carer passports into schools</td>
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<td>Support schools to create systems to identify young carers before and after admission - develop information for young carers transitioning from primary to high school</td>
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<td></td>
<td>Introduce young carer passports into schools</td>
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<td>Promote the use of Young Carers Assessments across schools</td>
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<td>A designated named school lead with responsibility for young carers</td>
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<td>School Nurses</td>
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<td>Support young carers to participate in GM Young Carers Board</td>
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<td></td>
<td>Young Carers supported to engage with Young Carers day / Carers week activities</td>
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<td>Promote the role of Young Carers on School Councils</td>
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<td>Young Carers feedback on their experiences of services they have accessed to support service developments / improvements / access.</td>
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<td>6.1</td>
<td>Assess SCC, CCG, SRFT &amp; GMMH, policies and procedures regarding support to carers in line with the requirements of the Carer’s Charter</td>
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<td>6.2</td>
<td>Monitor work plans for core statutory agencies to ensure implementation</td>
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<td>6.3</td>
<td>Work with local employers and encourage to sign up to the GM tool kit for employers with advice on how to support carers and develop policy</td>
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<td>6.4</td>
<td>Collate feedback from worker engagement events held by core statutory partners and other working carers (e.g Gaddum) on how to better support working carers in Salford</td>
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<td>6.5</td>
<td>Revise Carer Specification to ensure that services to support working carers are built into the contract for the carer provider service</td>
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<td>6.6</td>
<td>Work with Ambition for Aging to assist carers over 50 into employment</td>
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Community Impact Assessment (CIA)

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<thead>
<tr>
<th>Title of proposal:</th>
<th>Refresh of Salford all age carers strategy (2019-2024)</th>
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<tbody>
<tr>
<td>Service Group/ Team:</td>
<td>Integrated Commissioning; NHS Salford Clinical Commissioning Group / Salford City Council</td>
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<tr>
<td>Date of assessment:</td>
<td>8th September 2019</td>
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<tr>
<td>Lead CIA Officer:</td>
<td>Paul Walsh</td>
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<tr>
<td>Officers in Assessment Team:</td>
<td>Jane Roberts</td>
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<td>Review Date:</td>
<td>1 April 2021</td>
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</table>

The findings of your CIA MUST be included within the report for decision and this document attached as evidence of your consideration of potential impact on communities.

Summary of Community Impact Assessment

Brief summary of proposal or what you are impact assessing

Salford’s All Age Carers Strategy April 2019 – 2024 sets out our vision to create a ‘carer friendly’ Salford by placing carers at the centre of decisions about them. The strategy is a call to action to all partners to recognise the value of carers and work to ensure that all carer’s wellbeing is maximised.

This Community Impact Assessment covers the All Age Carers strategy, covering the overarching aims and objectives. To support the implementation of the strategy an action plan is being developed by the Carers Strategy Steering Group, this document will detail the activities to be undertaken for each key area of work, and as the activity progresses and the work programme is developed additional CIAs may be undertaken as and when identified.

How did you approach the CIA and what did you find?

The strategy has been developed through a Carers Steering group with representation from a wide range of partners to reflect the integrated all age approach to the strategy.

The strategy has also been informed by the lived experience of carers in Salford through extensive engagement.

This impact assessment takes account of the following:

- Carers engagement – hearing the lived experience of carers across Salford
- Analysis of current service data on Salford Carers collected by Gaddum
What are the main areas requiring further attention?

The steering group will be meeting to jointly develop the action plan, aligned to the objectives as below:

1. Identifying Carers
2. Improving Health and Wellbeing
3. Carers as Real and Expert Partners
4. Right Help at the Right Time
5. Young Carers and Young Adult Carers
6. Carers in / into Employment

Under each objective the implementation plan will detail what needs to happen to achieve the objective, ensuring that all areas of work take into consideration the needs of the whole population of Salford carers.

Summary of recommendations for improvement

- Action plan – development of the action plan in collaboration with carers, key partners and professionals supporting carers.
- Engagement with Carers – continue the engagement work hearing the lived experience of carers across Salford ensuring that representation reflects the diversity of Salford carers
1. The proposal

This section should outline details of the proposal. This could include (where applicable)

- Description of the current service (policy, procedure, strategy, function)
- Explanation of the proposal
- Reason for the proposal
- Aim or purpose of the proposal
- Who should benefit from the proposal
- Who are the key stakeholders
- What outcomes are required from the proposal
- Details of other services on which the proposal could impact
- Social value considerations

Salford’s Integrated All Age Carers Strategy 2019-2024 sets the vision to create a ‘carer friendly’ Salford by placing carers at the centre of decisions about them. The strategy is a call to action to all partners to recognise the value of carers and work to ensure that all carer’s wellbeing is maximised.

**Aim:** This strategy aims to reflect the lived experience of carers across Salford and Greater Manchester, recognising the needs of carers so that this can inform our work supporting carers in Salford. To evidence to carers, and all those concerned about carer issues, how our priorities in Salford have been created through reviewing current provision of carer services and hearing the experiences of carers in Salford.

The strategy gives an overview of local and national policy drivers to inform the strategic priorities outlined in the plan and ensure that all partner agencies are aware of their statutory responsibilities.

The strategy has been informed by extensive engagement work hearing the lived experience of carers across Salford. The views of carers have been published in a separate document, the Carers Needs Assessment. Whilst developing this strategy we have been able to review and evaluate current work to recognise our achievements so far and identify areas where we need to focus going forward.

**Objectives:** In line with the Greater Manchester Carers Charter, Salford’s objectives are as follows:

- Identifying 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 / into Employment

**Principles:** Underpinning these objectives are a number of core principles that will inform our
approach to working with carers in Salford which include:

- Carers must have choice and control about their caring role
- Carers will be valued and respected as expert care partners
- Carers will be supported to have a life of their own alongside their caring role
- Carers will be supported in a range of ways emotionally and practically
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and will be treated with dignity
- Young people will be supported to undertake an agreed and appropriate caring role to support their need to learn, develop and thrive and to enjoy positive childhoods

Priorities: The Salford priorities align to the Greater Manchester six objectives that frame this strategy, but give the detail of what we have identified as important here in Salford and will inform the action plan linked to the strategy.

1. Identification of carers: There is a clear priority from both national and local evidence that Salford needs to work hard to improve mechanisms for identifying carers as they pass through a range of services (particularly primary care services), ensuring that all of Salford’s carers are included and that raised awareness of what a carer is will lead to more carer self-identifying. This links very much to raising awareness amongst professionals of carer issues. This is a priority in Greater Manchester as well as in Salford.

2. Carers Assessments: It is recognised that Salford needs to raise awareness across agencies and carers themselves about the purpose of an assessment and the benefits. Salford needs to increase the number of carer’s assessments that are completed, as the current number is low compared to the number of carers who are being supported across Salford and the numbers of ‘hidden carers’ that will be identified by improved identification particularly in GP practices, secondary health care settings and schools.

3. Carer’s Personal Budgets and Direct Payments: There is a need to review how CPB’s are allocated and assessed as out engagement suggested that carers are often struggling with the process of application and that allocation is not always fair or consistent. Currently the take up of Direct Payments in Salford is low and this needs to be monitored to ensure that this flexible support offer is maximised to give flexibility to cares in support arrangements.

4. Respite and Breaks: Findings from the engagement with both carers and practitioners in Salford suggest that current provision is not adequate and does not offer the ability to forward plan or the flexibility that carers require from respite. Direct Payments is most likely to offer this more flexible support offer and there is currently work being led by Salford Care Organisation to improve provision of DP’s in Salford.

5. Better access to support: Currently, carer support within the different localities of Salford varies and is inconsistent. There was a strong message through the carer engagement that carers would like a more varied and community based support offer, ensuring the offer is inclusive and open to the diverse carer population in Salford, and also a more formalised offer of training.

6. Young carers & young adult carers: Young carers in Salford and partner organisations working with them have identified the following key gaps in provision to support young carers:
• Identification – including hidden carers, BME young carers
• Young carers assessments
• Schools
• GP’s supported to identify more young carers
• Young carers support
• Participation
• Young Carers Champion

7. Professionals that are carer aware and knowledgeable of local services: Training for frontline staff to recognise, identify and signpost carers for support

8. Access to the right professionals and support: The development of the carer’s pathway could support better signposting to enable carers to access the right professionals and support at the right time.

9. Better access to training for carers: Engagement with Salford carers found that carers felt there needed to be more flexibility in the training offer with more evening opportunities to meet the individual carer’s needs to plan ahead and avoid crisis.

10. Communication Strategy: Many people were aware of the Salford carers Centre but not all the services they offer, communications need to be aimed at certain target audiences in a language and format that people understand, and more readily available for carers

In addition to the above, the following areas have been identified but will require additional funding to implement:

Support for carers in secondary care: the Enhanced Carers Pilot is now in the last phase of running, the pilot offer a carers support service located at Salford Royal Hospital offering bespoke support to carers at a point of crisis enabling carers to feel more resilient at the point of discharge and more able to continue in their caring role.

Working carers: Support for working carers has been highlighted through the work of Greater Manchester and is not an area of support that has previously been offered, and there is a need for a designated resource from within the carers provision to co-ordinate Salford’s approach and encourage a range of employers to adopt and apply the Working Carers Toolkit.

Locality Based support model: Carers are asking for a wider range of peer support mentoring and befriending networks and less formal support options e.g. peer support and befriending services that would be best delivered through a community resource model, across a neighbourhood footprint, making best use of community assets and technology/social media. As the model is developed consideration will be made as to the best way to effectively engage with all carers in Salford recognising the needs of different communities (of interest) and the needs of those carers.

Growth: The strategy identifies population growth and demographic changes that have and will continue to impact on commissioning investment decisions. Based on an assumed growth factor of 4%, commissioners are proposing a carers growth investment model based on the current investment.

The full breakdown of the commissioning investments is detailed in the strategy.
The Carers Strategy will support the 10% more Social Value objectives by addressing issues for young carers in education, working carers, improving volunteering opportunities for carers and improving the experience of carers living in Salford.

The Carers Strategy will impact on care services deliver by the Council, Salford Care Organisation, Greater Manchester Mental Health, Independent Sector social care service providers and the VSCE sector.
### 2. Evidence and research

What equality information (qualitative and quantitative), research or other intelligence have you used to develop this proposal?

This can include; equality monitoring information, census data, customer satisfaction surveys and feedback, inspection reports, desktop research (local, regional and national), professional journals, feedback from individuals and groups. Details of information considered when assessing the impact should be published (whilst ensuring individual confidentiality).

<table>
<thead>
<tr>
<th>Information source</th>
<th>What has this told you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioned service data</td>
<td>Quarterly contract monitoring/ performance data including: referrals, interventions / activities, demographics, case studies, outcomes and impact of service</td>
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</table>
| Carers Needs Assessment 2019              | The Carers Needs Assessment brings together key data to better understand the demographics and outcomes of those providing care. The census 2011 estimated that 12.2% of the Salford adult population (aged over 16 years) are carers, and when applying the 2011 census proportions of young carers in the North West to the most recent Salford population estimates gives a figure of 860 young people aged 5-17 years who are carers within Salford.

The Needs Assessment highlights a number of key messages about health and social outcomes for carers. Caring can have a significant impact on health, with the pressures of providing care taking a toll on both carers’ physical and mental wellbeing. Carers are twice as likely to suffer from ill health as non-carers. More than half of those who provide more substantial care have suffered physical ill health as a result of caring.

For young carers, it can often compromise their education and social life; limiting their life chances.

The highest proportion of carers in Salford, at almost one third, are aged 50-64 years which has remained the same since 2001. The gender split in Salford mirrors the national breakdown at 57% female and 43% male.

The respondents to the 2016 SACE survey, in Salford, identified themselves as White (81.4%) and BME (5.6%) with 13% refusing to answer the question. Those from a BME background are culturally more likely to care for elderly or infirm relatives. Based on projected population trends, by 2051 in Salford it is estimated that the BME population will have increased to approximately 90,000 people (31.7% of the total population). There will be a
particularly noticeable increase in the elderly BME population. The changing diversity of Salford will have implications for the future needs of carers and on future commissioning investment decisions.

Improved identification of carers and awareness raising of carers needs, ensuring that carers have access to support, advice and information earlier in their caring role, with improved earlier identification of hidden carers across the city that include BAME carers, LGBT+ carers and young carers.

**GM Carers Charter**

At the Greater Manchester level the Carers Charter for Greater Manchester (2018) builds on the aims of the Care Act 2014 and agrees to acknowledge, respect and provide support and opportunities for carers in Greater Manchester. It also sets out a plan for the key priority areas for action and the Greater Manchester Health and Social Care Partnership’s commitment to ensuring that the roles and needs of carers are recognised by commissioners in Greater Manchester.

**Input from key partners and stakeholders / Carers strategy steering group**

The strategy has been developed through a Carers Steering group with representation from a wide range of partners to reflect the integrated all age approach to the strategy. The Carers Steering group included representation from:

- Salford CVS
- Salford Age Uk
- Healthwatch Salford
- Salford Carers Service
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Salford Care Organisation
- Salford Public Health
- City West Housing Trust
- Salford Parent Voice
- Salford Adult Social Care (ASC)
- Salford City Council
- Carer Social Workers
- Clinical Commissioning Group Communications and Engagement team
- Salford Royal NHS Foundation Trust
- Clinical leads
- Primary Care
- Integrated Commissioning for Adults
- Commissioning for Children

**Salford Locality Plan: Start Well, Live Well, Age Well**

The Locality Plan identifies the following priorities for Carers in Salford:

- Supporting those with caring roles to identify themselves at an early stage, recognising the value of their contribution, and involving them in the design and
<table>
<thead>
<tr>
<th>Planning of care packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enabling those with caring responsibilities to meet their learning and employment potential</td>
</tr>
<tr>
<td>• Personalised support for carers and those they care for, to have a family and community life</td>
</tr>
<tr>
<td>• Supporting carers to be mentally and physically well</td>
</tr>
<tr>
<td>• Protecting young carers from the impact of caring</td>
</tr>
</tbody>
</table>

**Salford Mental Health All Age Strategy 2019 - 2024**

The strategy identifies a number of issues for carers either using mental health services themselves or supporting someone using mental health services and these are also priorities for this Carers Strategy. They include:

- Supporting carers with improved understanding and training around mental health awareness
- Supporting parents and families with additional needs e.g. children with disabilities, young carers supporting parents with mental health needs
- Improving the advice and information provided to people with mental health conditions, their families and carers at the point of diagnosis
- Navigation of care and support for people in the community who are diagnosed with dementia and their carers
- Mental Health Care Pathway Redesign: review the impact of the Carers Support Transformation Project, with a view to revising the carers support offer for carers of people under the Early Intervention Service, Home Treatment Teams and Inpatient Units.

**Salford’s Anti-Poverty Strategy**

In order to deliver the strategy, three priority areas are referenced in the strategy, namely:

- Supporting people who are struggling in poverty now.
- Preventing people from falling into poverty in the first place.
- Influencing the Government and other national organisations to get a better deal for Salford people.
3. Engagement / Consultation

When considering your proposal, you should be engaging with individuals and groups covering the following protected characteristics (You can use evidence from existing consultations if this evidence is relevant to your proposal):

- Age
- Disability
- Gender
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sexual orientation

We also advise you to consult people on a low income, carers, ex-offenders, refugees and people seeking asylum, gypsies and travellers, where appropriate.

You should detail below your engagement activities (Please note; you must ensure individual confidentiality)

<table>
<thead>
<tr>
<th>Date(s) of engagement</th>
<th>Who was involved?</th>
<th>Main issues identified</th>
</tr>
</thead>
</table>
| In 2018 the Greater Manchester Young Carers online survey, designed and developed by young carers, was disseminated across GM. | Young Carers and Young Adult Carers. Across GM 245 young carers completed the survey, of which 25% live in Salford. The age range of respondents was 6 - 24 years of age, and the gender breakdown was 64.6% female, 34.6% male, 0.8% | Key areas highlighted in the GM young carer’s survey responses:  
- A single point of contact for Young Carers and Young Adult Carers – to have the support of others who understand their situation.  
- No ‘wrong door’ - Young Carers and their families should be supported regardless of which service is contacted first.  
- Young Carers Pathways - to enable practitioners to navigate support available to young carers.  
- Early identification - the sooner young carers are identified and recognised, the easier it is to support them in their caring role and if necessary prevent |
<table>
<thead>
<tr>
<th>Carers Consultation</th>
<th>Salford CCG and Salford City Council undertook engagement with carers via the use of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2017</td>
<td>- Online survey</td>
</tr>
<tr>
<td></td>
<td>- Visiting local focus groups and carrying out workshops.</td>
</tr>
<tr>
<td></td>
<td>- Questionnaires</td>
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<td></td>
<td>- Consideration of past engagement</td>
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</tbody>
</table>

One issue stood out from the responses at focus groups were that different conditions and disabilities need different levels of care, and carers need different types of support to make life easier.

- Supported Living - If the person they cared for was in supported living their carers wanted support with being involved and informed in the service delivery.
- At home – If they were caring for someone at home access to information and support was most important
- Care homes – If they were caring for someone in a care home they felt access for carers to advice and training was most important.

The consultation has resulted in the following recommendations:

Developing better access to Information through the carers centre

- Training for front line staff to recognise, identify and signpost carers for support
- Better access to support groups
- Developing more flexible and informative training calendar for carers
- Access to the right professionals and support
- Easier Access for a carers assessment

<table>
<thead>
<tr>
<th>Carers Consultation</th>
<th>Further consultation was carried out in 2018 to evaluate the extent to which the priorities identified in 2017 were still relevant. An online and printed survey was conducted to coincide with Carers’ Week along with 10 face to face interviews</th>
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<tbody>
<tr>
<td>2018 - refresh</td>
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</table>

Overall outcomes were very similar to the previous consultation in 2017 that more work needs to be done in the following areas:

- Better identification of carer especially by GP practices and more information available about-
  - what the benefits would be as an identified carer
  - what support is available in the community
  - carers assessments
conducted per organisation. Details were sent to approximately:

- 200 individual residents
- 30 groups
- 85 organisations including the voluntary sector

Online survey - 77 carers responded, of which 87% were female, 42% were working carers and 25% stated they had a disability or long term condition.

- A clear person centred plan for the carer to show:
  - Better timely access for assessments
  - Better financial advice
  - Better carer respite availability and guidance
  - List of support and activities available
  - Guidance of what to do in a time of crisis
  - Local contact support line information

- Shared information between organisations and monitoring plan
- Carer Service Referral Information in the right format in the right places especially GP’s
- Carers awareness training for staff so they are aware of the support they require not just the person the care for.
4. Assessing the impact

From your evidence gathering, you will have identified potential disproportionate negative impacts. Please provide details and your actions to overcome these below. We would also like to know if there will be any positive impacts that your proposals will make to improve equalities:

- **Potential impact:** If the proposal could result in some groups (including customers and/or staff) being disadvantaged or treated unfairly
- **Mitigations and actions:** Where there is a potential for disadvantage or unfair treatment, what are your plans to eliminate, reduce, mitigate or justify it? Could making these changes have a negative effect on any other group(s)? Explain why and what you will do about this. You should include details of who will be responsible for the actions and target dates for completion:
- **Promoting Equality:** Could the proposal result in an opportunity to promote equality or inclusion? Explain how.

Please note: this table will form the basis of your action plan.

<table>
<thead>
<tr>
<th>Protected characteristic or other group</th>
<th>Potential impact</th>
<th>Mitigations and actions</th>
<th>Responsible officer</th>
<th>Target date</th>
<th>Promoting equality</th>
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</thead>
</table>
| Age – children and young people        | Young people (under 16) providing care, may be a reluctant to self-identify, concerns about being taken into care | Awareness raising across schools and communities; Awareness raising with professionals ([Strategy Objectives 1 & 5](#)) | Children’s Services commissioning; commissioned young carers service; All Age Steering group | Mar 2021 | Communications plan to highlight key days (e.g. young carers day)  
Raise awareness and understanding of needs of young carers  
Training / briefings to raise awareness of statutory duty and responsibility of all professional for young carers |
<table>
<thead>
<tr>
<th>Protected characteristic or other group</th>
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<th>Mitigations and actions</th>
<th>Responsible officer</th>
<th>Target date</th>
<th>Promoting equality</th>
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</table>
| Age – Working carers                    | Working carers may feel uncomfortable talking about their caring role at work, may feel that their employer won’t understand, which can be stressful and have a negative effect on their health, wellbeing and finances | Salford City Council to adopt the Greater Manchester Working carers Toolkit *(Strategy Objective 6)* | SCC | Mar 2021 | SCC to develop a carer commitment and introduce the carer passport  
Work with local employers and encourage to sign up to the GM tool kit for employers with advice on how to support carers and develop policy |
<p>| Disability                              | The 2019 Carers Needs Assessment recognises the impact on carers mental and physical health and that carers are twice as likely to suffer ill health than non-carers, however there is a lack of detail | Carers assessments – Salford to explore aligning the assessment model to a strength based approach that focusses on the immediate need of the carer and allows for a person centred and | People’s commissioning; commissioned carers service; All Age Steering group | Mar 2021 | Improving awareness and access to assessments |</p>
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<tr>
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<tr>
<td></td>
<td>on those carers with a disability.</td>
<td>proportionate assessment to the circumstances at that time <em>(Objective 2 &amp; 4)</em></td>
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<td>Gender</td>
<td>The gender split of carers in Salford mirrors the national breakdown with 57% female and 43% male. However there may be lack of awareness / reluctance for male carers to self-identify</td>
<td>Information awareness raising of carers, focused work / comms on reaching male carers <em>(Objective 1)</em></td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td></td>
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<tr>
<td>Gender reassignment</td>
<td>Transgender carers may feel anxious about accessing services / support and have concerns that they may not be trans gender friendly or meet their needs.</td>
<td>Increase awareness and understanding of the needs of transgender carers <em>(Objectives 1 &amp; 2)</em></td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improving awareness and understanding of the specific need or trans gender carers; linking into the Manchester Carers Network and LGBT Foundation partnership</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Carers stress and breakdown and impact on marriage and civil partnership</td>
<td>At the heart of the Strategy is the drive to maintain and strengthen the ‘carer’ – ‘cared for’ relationship</td>
<td>People’s commissioning; commissioned carers service; All Age Steering</td>
<td>Mar 2021</td>
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<tr>
<td>Protected characteristic or other group</td>
<td>Potential impact</td>
<td>Mitigations and actions</td>
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<td>Pregnancy and maternity</td>
<td>Consequential impact of Caring duties as a result of pregnancy/maternity</td>
<td>The Strategy will seek to address and risk of Carer breakdown by providing necessary support and information</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improved identification of carers and awareness raising of carers needs, ensuring that carers have access to support, advice and information earlier in their caring role, with improved earlier identification of hidden carers across the city. Information, advice and support readily available, accessible in a range of formats and appropriate to the needs of carers to ensure carers receive the right help at the right time.</td>
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<tr>
<td>Race</td>
<td>Low levels of engagement within Salford’s BME community</td>
<td>To raise awareness and understanding of caring within community; links to key community groups / churches to identify carer champions <em>(Objectives 1 &amp; 2)</em></td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improved identification of carers and awareness raising of carers needs, ensuring that carers have access to support, advice and information earlier in their caring role, with improved earlier identification of hidden carers across the city. Information, advice and support readily available, accessible in a range of formats and appropriate to the needs of carers to ensure carers receive the right help at the right time.</td>
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<tr>
<td>Religion and belief</td>
<td>Low identification and engagement within the Orthodox Jewish Community (OJC) and</td>
<td>To raise awareness and understanding of caring within the community; links to key community</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improved identification of carers and awareness raising of carers needs, ensuring that carers have access to support, advice and information earlier in their caring role, with improved earlier identification of hidden carers across the city. Information, advice and support readily available, accessible in a range of formats and appropriate to the needs of carers to ensure carers receive the right help at the right time.</td>
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<tr>
<td>Other groups: Carers from travelling communities</td>
<td>Low levels of engagement within Salford’s travelling community. The 2011 census for England and Wales revealed that 14% of Gypsy/Travellers described their health as “bad” or “very bad”, more than twice as high as the white British population.</td>
<td>Increase awareness and understanding of the needs of carers (Objective 1) Young carers – link in with EMTAS to raise awareness of caring</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Young carers – link in with Salford Ethnic Minority and Traveller Achievement Service (EMTAS) to raise awareness of caring</td>
</tr>
<tr>
<td>Refugees and people seeking asylum</td>
<td>Refugees and people seeking asylum not</td>
<td>Increase awareness and understanding of the</td>
<td>People’s commissioning;</td>
<td>Mar 2021</td>
<td>All identified young carers to receive an assessment</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Low identification of LGBT+ carers by services</td>
<td>Increase awareness and understanding of the needs of LGBT+ carers (Objectives 1 &amp; 2) Access to carers assessments will support with the identification of specific needs of carers</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improve Equality &amp; Diversity monitoring by services supporting carers</td>
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<tr>
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<td></td>
<td>recognising they are a carer and so not accessing relevant support services. Many people who are refugees or are seeking asylum have un-met health and social care needs and can find themselves relying on their children to carry out their care needs.</td>
<td>needs of carers (Objective 1)</td>
<td>commissioned carers service; All Age Steering group</td>
<td></td>
<td>that takes a whole family approach, is carried out collaboratively with key partners</td>
</tr>
<tr>
<td>People on low incomes</td>
<td>Research carried out by Carers UK highlighted that 44% of carers are struggling to make ends meet, rising to nearly half (48%) of those caring for 35 hours or more per week</td>
<td>A person centred plan for all carers following assessment will include financial advice including benefits</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improving awareness and access to assessments</td>
</tr>
<tr>
<td>Veterans</td>
<td>Veterans may have more complex needs and recognising that their carers may been extra and / or specialist support</td>
<td>Access to carers assessments will support with the identification of specific needs of carers, with a person centred plan following the</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td>Improving awareness and access to assessments</td>
</tr>
<tr>
<td>Protected characteristic or other group</td>
<td>Potential impact</td>
<td>Mitigations and actions</td>
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<tr>
<td>Intersectionality</td>
<td>People with several protected characteristics - Age; disability; race; LGBT; low income;</td>
<td>Consideration in action plan and development work to acknowledge that some carers may fall into more than one protected group</td>
<td>People’s commissioning; commissioned carers service; All Age Steering group</td>
<td>Mar 2021</td>
<td></td>
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</tbody>
</table>
5. Assessing the impact on community cohesion

Community cohesion is what must happen in all communities to enable different groups of people to get on well together. A key contributor to community cohesion is integration which is what must happen to enable new residents and existing residents to adjust to one another.

An integrated and cohesive community is based on three foundations:

- People from different backgrounds having similar life opportunities.
- People knowing their rights and responsibilities.
- People trusting one another and trusting local institutions to act fairly.

And three ways of living together:

- A shared future vision and sense of belonging.
- A focus on what new and existing communities have in common, alongside a recognition of the value of diversity.
- Strong and positive relationships between people from different backgrounds.

Detail below if the proposals is likely to impact on community cohesion, including if there is likely to be a positive impact.

The Carers Strategy is planned to have a positive impact on community cohesion by recognising, promoting and supporting the role of carers and by enabling carers to play a full and active part in their neighbourhood.
6. Monitoring

You should ensure that any actions within your CIA are monitored and reviewed regularly within Covalent. You should review progress on your action plan annually.

7. Review

Your CIA should be reviewed after the proposals have been implemented to review actual impact. You should record an appropriate review date below.

| Review Date | 1 April 2021 |

8. Sign off

When you have completed your CIA, it must be signed off by a senior manager within your service group (Assistant Director or above).

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Walsh</td>
<td></td>
<td>01/11/2019</td>
</tr>
</tbody>
</table>

When your CIA has been signed off and after the decision has been made, send it to Equalities&Cohesion Team in Policy and Strategy for publishing on the council’s website.
Salford City Council - Record of Decision

I, Paul Dennett, City Mayor, co-chair of the Health and Care Commissioning Board, in exercise of the powers contained within the Council Constitution, do hereby approve


The Reasons are: To support improvements in service quality and in the lived experience for carers in Salford

Options considered and rejected were:
The Carers Strategy is based on broad stakeholder engagement and responds to national and GM guidance – no options considered
Service Specification options were consider and the preferred option agreed to support a new Carers Service specification

Assessment of Risk. Medium – not approving this Strategy, associated investment and Service Specification would mean reduced service quality, impact and outcomes for carers

The source of funding is: The integrated all-age pooled budget

Legal Advice obtained: Salford City Council, procurement advice

Financial Advice obtained: Salford Clinical Commissioning Group and Salford City Council finance leads

Procurement Advice obtained: Salford City Council

The following documents have been used to assist the decision process:

Salford All-Age Carers Strategy and associated financial appraisal
Salford Carers Service Specification

Contact Officer: Paul Walsh Tel No: 0161 212 4844
The appropriate scrutiny committee to call-in the decision is the Health and Social Care Scrutiny Panel.

Signed:       PAUL DENNETT    Dated:       28 January 2020

City Mayor

This decision was published on 29 January 2020.

This decision will come in force at 4.00 p.m. on 05 February 2020 unless it is called-in in accordance with the Decision Making Process Rules.
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 2b

Item for: **Decision/Assurance/Information** (Please underline and bold)

22 January 2020

<table>
<thead>
<tr>
<th>Report of:</th>
<th>Director of Public Health</th>
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</thead>
<tbody>
<tr>
<td>Date of Paper:</td>
<td>16 October 2019</td>
</tr>
<tr>
<td>Subject:</td>
<td>0-19 Integrated Children’s Health Service</td>
</tr>
<tr>
<td>In case of query</td>
<td></td>
</tr>
<tr>
<td>Please contact:</td>
<td>Debbie Blackburn/Michelle Whittaker 0161 793 3531</td>
</tr>
</tbody>
</table>

**Strategic Priorities:**

| Quality, Safety, Innovation and Research |
| Integrated Community Care Services (Adult Services) |
| **Children’s and Maternity Services** |
| Primary Care |
| Enabling Transformation |

**Purpose of Paper:**

The purpose of this report is to seek approval from the Health & Care Commissioning Board for a two year extension of the contract to Salford Royal NHS Foundation Trust for the 0-19 Integrated Children’s Health Service as part of the agreed 1+1 year extension period between 2020-2022.

**Recommendation:**

The Health & Care Commissioning Board is asked to note the contents of this report and support the extension period of two years 2020-2022 with a one year break clause. The approval will be made by the Health & Care Commissioning Board.
Further explanatory information required

<table>
<thead>
<tr>
<th>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</th>
<th>The 0-19 ICHS is commissioned as a universal and targeted service for Salford families and children educated in Salford. The services covers a wide range of high priority health areas, including (but not inclusive to) immunisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</td>
<td>If the extension period is not given a full tendering process will have to be initiated. This can be disruptive to service provision during transition. As part of the contract agreement over 3 years a 5% saving has been made by SRFT through integrated services and management costs, there is a risk a new provider will not be able to achieve the same level of saving for a new contract.</td>
</tr>
<tr>
<td>WHAT EQUALITY RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</td>
<td>N/A at this stage.</td>
</tr>
<tr>
<td>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</td>
<td>The 0-19 ICHS delivers interventions on a number of priority health areas for Salford and are key partner in children’s 0-25 strategic plans. Continuing to commission SRFT as the provider will maintain existing strong partnerships and pilots/transformational test cases.</td>
</tr>
<tr>
<td>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</td>
<td>N/A</td>
</tr>
<tr>
<td>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</td>
<td>0-19 Integrated Children’s Health Services</td>
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</tbody>
</table>

Footnote:
Members of Health & Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
### Document Development

<table>
<thead>
<tr>
<th>Process</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments and Date (i.e. presentation, verbal, actual report)</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Public Engagement (Please detail the method i.e. survey, event, consultation)</td>
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<td>✓</td>
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<td>Clinical Engagement (Please detail the method i.e. survey, event, consultation)</td>
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<tr>
<td>Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally?</td>
<td>✓</td>
<td></td>
<td></td>
<td>The tender process had a focus on a social value approach to the delivery of future services; social value had a weighting of 10% of the overall score tender submission score. Salford Royal Foundation Trust have demonstrated good understanding of social value and provide practical examples as part of the regular performance reporting</td>
<td></td>
</tr>
<tr>
<td>Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>An Equality Impact assessment was carried out as part of the procurement exercise</td>
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<tr>
<td>Legal Advice Sought</td>
<td>✓</td>
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<tr>
<td>Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)</td>
<td></td>
<td></td>
<td>✓</td>
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</tbody>
</table>

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
0-19 Integrated Children’s Health Service

1. Executive Summary

The 0-19 Integrated Children’s Health Service is a key universal and target service for children and families in Salford.

Services includes Health Visiting, School Nursing and Family Nurse Partnership.

Contract began on 1 April 2017 and end 31st March 2020, approved by Salford City Council Procurement Board with an option 1+1 year extension period between 2020-2022

This report seeks approval from the Children’s Commissioning Committee for a two year extension of the contract to Salford Royal Foundation Trust for the 0-19 Integrated Children’s Health Service until 31st March 2021 with a one year break clause.

The annual contract value for 2020-2021 is £5,270,472

2. Context and Background

2.1 Following the Health and Social Care Act 2012, the Local Authority adopted a mandated responsibility for the commissioning of some Childrens health services for our residents. These services are commissioned at a local level to meet the needs of the local population, including:

• Family Nurse Partnership
• School Health and
• Health Visiting

2.2 The early years are critical in shaping health and wellbeing throughout life. Improving outcomes for children, families and communities, as well as creating services that provide better access and experience for children and families. Health visitors are public health-trained nurses and early-years experts, and as such lead the delivery of the evidence-based Healthy Child Programme (HCP) to improve health and wellbeing outcomes for young children and their families, working closely with Early Years, Children’s Centres and primary care.

2.3 On 1st October 2015 the City Council received the commissioning responsibilities for the Health Visiting and Family Nurse Partnership Service commissioned from Salford Royal Foundation Trust. The contractual arrangement for these and the school nursing services expired on 30th September 2016. The Public Health team sought approval to extend all three contracts by six months to enable a procurement exercise to take place using the public health procurement framework

2.4 This approach offered a number of benefits for the City Council including the integration and alignment of services and the combined management structure with financial saving. It also address one of the priority areas of the 0-25 Strategic review of transitions for children and young people between the services. The integrated
model demonstrate social value by developing the integrated workforce and increase opportunities for best practice sharing and learning across the services.

2.5 As part of the budget challenge faced by Salford City Council Public Health Budget, a commitment to reduce the 0-19 health budget by 5% from the 2016/17 baseline and was made and has been achieved as part of the service review and redesign.

2.6 No further savings have been applied to years 2-5. The service will not have an annual financial increase for staffing increments and the NHS staff pay agreement 2018. The service have a plan in place to manage this change and that has been shared with SRFT internal governance for approval.

2.7 The initial contract end date for the services is 31 March 2020 with an option to extend on a "1 + 1" basis for up to a further two years.

2.8 Annual Contract Values April 2017 to March 2022.

<table>
<thead>
<tr>
<th>Year:</th>
<th>Contract Value</th>
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<tbody>
<tr>
<td>Y1 2017/2018</td>
<td>£5,351,258</td>
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<tr>
<td>Y2 2018/2019</td>
<td>£5,270,472</td>
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<tr>
<td>Y3 2019/2020</td>
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<tr>
<td>Y4 2020/2021</td>
<td>£5,270,472</td>
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<tr>
<td>Y5 2021/2022</td>
<td>£5,270,472</td>
</tr>
</tbody>
</table>

3. Background Documents

3.1 Regulations 5A and 5B 2015/921

- The regulations describe an assessment and review of health and wellbeing (as described in the Healthy Child Programme 0-5 years) for the benefit of pregnant women, children under 5 years and their families. To be provided within a local authority area, as far as is reasonably practicable, at specific stages of development, where the review is provided once within the period.
- Eligible persons are:- Women more than 28 weeks pregnant, A child aged 1 day to 2 weeks, A child aged 6-8 weeks, A child aged 9 to 15 months, A child aged 24 to 30 months
- The review should also identify children and families in need of additional health and wellbeing support, children at risk or those suffering from poor health or wellbeing. The regulations do not specify how these additional needs are to be addressed.
- The reviews must be carried out by a health visitor or delegated to suitably qualified health professional or nursery nurse with guidance from and under the supervision of a health visitor. A health visitor is a registered nurse or midwife who is registered as a Specialist Community Public Health Nurse or a health visitor. A suitably qualified health professional is trained in child health and development.
• The obligations on the local authority, set out within the regulations, are that it must act to secure continuous improvement in the percentage of eligible persons participating in universal health visitor reviews.

• Mandation of universal health visitor reviews was explicitly introduced to provide the “context of a national, standard format, thus supporting universal coverage, and families’ overall wellbeing; and to ensure local authorities build on the momentum of the Health Visitor Programme working to increase capacity and hence a continuation of service transformation.”, and, most importantly “Mandation will also provide a degree of stability for families as the commissioning responsibilities transfer and embed into local authorities.”

3.2 Previous reports

Procurement Board Paper 26 May 2016  Approval for an Exception to Contractual Standing Orders to award a six month contract extension to Salford Royal Foundation Trust for 0-19 health services.

Procurement Board Paper  Approval for an Extension of Framework for Salford Public Health Services Procurement Framework for the period 1st December 2015 to 30th November 2016

Procurement Board 19th November 2014 - Approval to Award Places on the Salford City Council Public Health Procurement Services Framework.


Transfer of the commissioning function for early years health services to public health

AMB for Health and Wellbeing 27.07.14

AMB for Children & Young people and Early Years and Skills and Work 07.14

Getting it right for children, young people and their families: Maximising the contribution of the school nursing team: vision and call to action (2012)

Procurement Board November 2015 - Exception to contractual standing orders School nursing service

4. Governance, Evaluation and Tracking

4.1 Tracking and monitoring

The service has a number of outcomes and KPI including within the contract, these are under the high impact areas

• Breast feeding
• Childhood obesity
• Managing minor illness and reducing accidents
• Emotion Health and wellbeing – child and parents
• Child development and school readiness
• Transition into parenthood
• Looked after children
• Safeguarding
• Resilience and emotional wellbeing
• Keeping safe: Managing risk and reducing harm
• Improving lifestyles
• Maximising learning and achievement
• Supporting complex and additional health and wellbeing needs
• Seamless transition and preparation for adulthood

The services are monitored at 6 weekly contract review meetings with the commissioner and provide quarterly and annual updates against the KPIs and outcomes. This includes a combination of data request, service user feedback, case studies and audits. The service has consistently had good performance against KPI through the length of the contract, if any KPI are not at threshold they would be added to the risk register and a recovery plan requested. Full details of the KPIs are embedded in the documents in Appendix 1. An annual report of the outcomes for the service is used annually to direct areas for development and focus and a peer review process will be established in 2020/21 to ensure quality assurance for the contract.

Social Value

Monitoring of the social value of this contract is via the wider SRFT contract monitoring process, SRFT are committed to employing and training local people and supported internships.

5. Recommendation

5.1 The Health & Care Commissioning Board is asked to note the contents of this report and support the extension period of two years 2020-2022 with a one year break clause. The approval will be made by the Health & Care Commissioning Board.

Deborah Blackburn
Assistant Director Public Health Nursing and Wellbeing
EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

An Equality Impact assessment was carried out as part of the procurement exercise in 2017.

ASSESSMENT OF RISK:

High – Mandate service for health visiting and school nursing

SOURCE OF FUNDING:

Public Health

LEGAL IMPLICATIONS: Submitted by: Tony Hatton, Principal Solicitor, tel. 219 6323

When commissioning goods, services or works the Council must comply with the Public Contract Regulations 2015 (PCR) and its own Contractual Standing Orders (CSO’s) failing which the award of a contract may be subject to legal challenge. In that regard, the children’s health services described in the report were procured in 2017 for a 3 year period with the option to extend for up to 2 further years.

It is an established principle that an existing public contract is capable of being extended (or modified providing any modification does not affect the overall nature of the contract), where the original agreement makes provision for the extension. CSO’s also set out circumstances where contract extensions may be made.

When the contract was originally procured and awarded, it was made clear that the initial term would be subject to a potential extension of two years, hence any risk that any extension granted could be subject to realistic challenge by an aggrieved provider, on the basis that it ought to have been put out again to tender and advertised in accordance with PCR and CSO’s, is extremely low, and the option to extend within the agreement is now being properly exercised.

Also in accordance with CSO’s, where provision is made within an existing contract for an extension to the term, and the value is over £1,000,000, approval should be sought from Procurement Board for it to recommend the award to the City Mayor who can then take the decision.

Once approved the extension will commit the Council to the two year period outlined in the report, and Legal Services will be happy to assist in drafting appropriate extension documentation on receipt of instructions.

FINANCIAL IMPLICATIONS: Submitted by: Michelle Cowley – Interim Finance Manager x2520

Funding for the extension of this service is available in the Children's Integrated Fund.
PROCUREMENT IMPLICATIONS: Submitted by: Christopher Conway, Procurement Category Manager, tel. 0161 686 6248

Procurement are currently in discussions with the CCG and SCC leadership team with regards to undertaking a joint strategic review of all joint pooled budgets/contracts which the 0-19 service is part of, whilst this work is being undertaken Procurement recommends that we take up the option to extend the current contract for an additional 2 years as the current contract has the provision to take up the extension for period 1\textsuperscript{st} April 2020 to 31\textsuperscript{st} March 2022 (as requested in the Procurement Board report).

Procurement recommends that following the outcome of the strategic review an options appraisal be undertaken with regards to future tendering options and this be completed by the 31\textsuperscript{st} March 2021 to allow time for possible retendering from 1\textsuperscript{st} April 2021 to 31\textsuperscript{st} March 2022.
Contents

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1. Introduction

1.1. Purpose

The aim of this specification is to set out an entitlement to universal health services for families with children from 0-19. We will set out a minimum standard for the 0-19 year’s health services to improve health and wellbeing of young children and their families.

Experiences during the early years of childhood (including before birth) have lifelong effects on health and wellbeing; giving each child the best start in life and keeping them safe is essential. The benefits of interventions during the early years of childhood (including before birth) are realised both in the short-term and over the entire life course of children.

The service is to be delivered by the integrated 0-19 year’s health services and will provide universal and targeted services, on the basis of a preventative approach to supporting families to succeed, that is safe, accessible and of a high standard.

The overarching aim of this commission is to create the 0-19 year’s health services; a single service with a single set of performance outcomes whereby the ultimate aim is that ‘children are developing well and ready for school, ready to learn and able to achieve their potential’.

The service will deliver the following functions:

- Function One: Delivery of the Health Visiting Service
- Function Two: Delivery of the Family Nurse Partnership targeted intervention
- Function Three: Delivery of the School Nursing Function
- Function Four: Work towards integration with children’s services in education, social care and third sector

1.2. National Context

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.

Key National reports over recent years have reinforced the significance of early intervention and the provision of more targeted support to children and their families.

The Local Authority must make arrangements to ensure that Early Childhood Services are provided in an integrated manner. This is to be achieved whilst ensuring sufficient support accessible to all families with young children, and targeted evidence-based interventions for those families in greatest need of support.

Since April 2013 Local Authorities have been responsible for commissioning public health services for school-age children and young people. From 2015, responsibility for commissioning services for 0 to 5 year olds and health visitors also moved from NHS England to Local Authorities.

1 (Fair society, healthy lives The Marmot Review 2010).
This has presented the opportunity for bringing together a robust approach for improving outcomes and reducing health inequalities for young people across both health and local authority led services for these children across the life course.

1.3. Local Context

Whilst the intention of this commission is to integrate key functions within 0-25 Services, the Local Authority recognises that this cannot be achieved in isolation and therefore the Provider(s) will work within a multi-agency context and strengthen effective partnership with external agencies to ensure delivery and co-ordination of Child Services. They will liaise closely with district/locality partners and establish Working Together Agreements to evidence expectations of each party and specify key deliverables.

Whilst National specifications are available for each service (Appendices), the commissioner would like to work with the provider to explore flexibility in service provision and think creatively in how services are delivered; the commissioner would like to commission a service which is flexible to the needs of children, young people and their families and integrates within the 0-25 programme within Salford. The commissioner would expect to work with the provider to design integrated management structures with key partner delivery agencies in locality models.

We will also need to work with the provider to create efficiencies over the life of the contract estimated to be in the range of 5-10% of the overall contract value. This will be designed in collaboration and with quality as a priority.

We are currently testing new models of working and the provider would be expected to flex the service to meet the needs of locality based working and innovative approaches to delivery. We need to ensure that services are working effectively with children, young people and their families flexibly and are not constrained by service need or settings. If the family has a relationship with a professional we need to ensure that it continues that services can stretch outside of a specification to respond to need.

This document focuses on the contribution of Health Visiting, Family Nurse Partnership and School Nursing services to the leadership and delivery of the Healthy Child Programme, recognising partners have a contributory role in delivery. It sets out the key components service specification for health visiting and school nursing services to lead and deliver the Healthy Child Programme, this should be done as a continuum of the child and families needs.

This specification details an integrated 0-19 health service which includes Family Nurse Partnership, Health Visiting and School Nursing.

Health visiting and school nursing services are based on four levels of intervention

1. Community,
2. Universal,
3. Universal Plus (short-term early/additional help),
4. Universal Partnership Plus (long term multidisciplinary support for example with social disadvantage, illness/disability, safeguarding).
The new system will provide integrated provision of the three programmes described and will seek to integrate further with local authority and partner provision as part of the 0-25 transformation programme within Salford.

As commissioners we will work directly with the Provider responsible for coordinating service delivery between agencies. We will also work directly with service users to ensure their needs are being met.

2. Health Visiting

This specification includes all infants and children resident in the local authority area. The specification covers child health surveillance, health promotion; health protection and health improvement and support outlined in the Healthy Child Programme 0-5 and the HV 4-5-6 service model, and includes:

- the role of the health visiting in the five mandated health reviews
- the role of the health visitor in the six high impact areas
- the role of health visiting and its contribution to safeguarding
- the role of the health visitor in supporting the early help offer through to vulnerable children and families
- the role of the health visitor in the troubled families programme
- the role of the health visitor in the UNICEF baby friendly accreditation
- the role of the health visiting in the Greater Manchester Early Years Strategy

Services for Health visiting are mandated, mandation means a public health step prescribed in regulations as one that all LAs must take. The regulations are made under section 6C of the NHS Act 2006.

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The mandated functions are 0-5 HCP namely:-

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment.
- 1 year assessment
- 2-2½ review.

2.1. School Nursing Services

This specification covers children and young people in maintained schools and academies and includes child health surveillance, health promotion, health protection and health improvement and support outlined in the Healthy Child Programme 5-19 and includes:

- the role of school nursing in transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
- the role of school nursing and the contribution to safeguarding
- the role of the school nurse in supporting vulnerable children and those not in school, e.g. children in care, young carers, home educated children or young offenders
- the support offered as part of the Troubled Families programme refreshed health offer

The responsibility for commissioning immunisation and screening lies with NHS England, via NHS teams. Local authority commissioners will work in partnership with NHS England teams and local general practices to increase both the health protection and public health input for children and young people through co-ordinated commissioning.

2.2. Family Nurse Partnership (FNP)

FNP operates under a license agreement and provides prevention and early intervention for some of the two most vulnerable populations (teenage mothers and their children).

- Works to improve access and engagement with other services (e.g. social care/children's centres).
- Works to improve child health and development (e.g. school readiness) so that this population develops in line with expectations for this age group
- Works to improve the life chances for mother and child by breaking cycles of disadvantage (e.g. focusing on supporting mothers to get back into education, employment or training)
- Delivers the Healthy Child Programme to first-time teenage mothers as per criteria of the programme
- Addresses the six early years high impact areas - transition to parenthood, maternal mental health, breastfeeding, healthy birth weight and nutrition, managing minor illness and reducing accidents, and supporting child development
- Invests now to save in the future.

Detailed specifications for each service are included as appendices to this overarching specification. The following information applies to the combined 0-19 health services:
3. Overview of Provider Roles and Responsibilities

The Provider will have responsibility for the whole 0-19 health services. Below are some of the key responsibilities, others appear within the detail of the specifications.

3.1. Responsibility for the system

The Provider will develop a system that offers individuals and families a choice of accessible and relevant services

The Provider will ensure the delivery of high quality health care.

3.2. Responsibility for meeting need

3.2.1 The Provider will ensure that development of services is based on the Salford Joint Strategic Needs Analysis (JSNA) i.e. be located at a population level but also describe key segments or groups at risk and vulnerabilities. This will reflect both a universal and targeted approach ensuring that the universal population, who will largely require minimal intervention based on the Early Years Delivery Model and described in the School Nursing and FNP specification. These universal families are clearly differentiated from those with more entrenched problems who will need to be targeted for much more complex and long term interventions.

3.2.2 The Provider will ensure that emphasis is placed on caseload profiling, risk stratification and long term case management of the most severe, complex cases, with the lowest levels of motivation and assets and provide enhanced support as set out in the Universal, Universal Plus and Universal Partnership Plus models.

3.2.3 The Provider will ensure the development of an assertive approach to seeking and finding new service users via schools and via referrals in from other areas. There will be a particular focus on those whose profile shows significant risk.

3.3. Responsibility for Budget

3.3.1 The Provider will ensure that the system is be affordable, sustainable, represents value for money and is informed by the notion of 'invest to save', so that the effectiveness of the system can be linked to savings elsewhere in local partnerships.

3.3.2 The Provider will provide economies of scale and better integration with services essential to promoting positive outcomes for children, young people and their families (e.g. housing, employment, education and training).

3.3.3 The Provider will avoid duplication and service blocking by ensuring that service users are referred as soon as is practicable to partner agencies to enable supportive approaches for families.

3.3.4 The Provider will work with the Commissioner to create efficiencies in the range of 5-10% over the life of the contract across all three services whilst retaining a high quality professional service. The Provider will deliver a 5% efficiency savings in preparation for a reduced budget in year 2 of the contract.
3.4. Responsibility for Service Delivery

3.4.1 The Provider will take account of national strategies and guidance.

3.4.2 The Provider will be creative in their approach, flexible in their response, and will work closely with commissioners and other agencies to develop implement and monitor consistent, appropriate, effective and efficient processes in line with all relevant national frameworks and guidance (outlined in Appendix 1 and 4).

3.4.2 The Provider will support a system that will boost the human, social, cultural, physical and economic capital of Salford.

3.4.3 The Provider will also encourage and support social enterprise to draw people into mutual aid and communities and engage with wider community activities.

3.4.4 The Provider will maintain the UNICEF Baby Friendly standards and demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.

3.4.5 The Provider will continue to deliver on the Greater Manchester Early Years Strategy.

The service will also need to link to the local strategies outlined below:

City Plan www.salford.gov.uk/cityplan.htm

Salford Locality Plan http://www.partnersinsalford.org/3201.htm

Living Wage City http://www.salford.gov.uk/cpia-livingwage.htm

Family Poverty Strategy www.partnersinsalford.org/familypoverty.htm

Family Poverty Framework www.salford.gov.uk/fpcommissioning.htm

Helping Families www.salford.gov.uk/troubledfamilies.htm

Social Value www.salford.gov.uk/pr-13-3608.htm

Restorative Justice www.salford.gov.uk/restorativejustice.htm

Equality & Diversity www.salford.gov.uk/eqprocurement.htm

Salford Safeguarding Strategy http://www.partnersinsalford.org/sscb/

Salford Safeguarding Children Compact http://www.partnersinsalford.org/sscb/


Positive for Youth Strategy http://www.partnersinsalford.org/youth.htm


Anti Bullying Strategy http://www.partnersinsalford.org/antibullying.htm

Children's and Young Persons Participation Strategy http://www.partnersinsalford.org/voiceofthechild.htm

Children healthy and Safety policy for children centres and homes policy

Schools Health and Safety policy

All providers’ safeguarding policies for both adults and children and young people must be consistent with the Council’s policies and procedures which can be accessed via the following internet links:

http://www.salford.gov.uk/adultabuse.htm

http://www.partnersinsalford.org/sscb/work.htm

3.5. Responsibility for People

The Provider will oversee the development of a balanced workforce with greater integration of provision with other services and more junior members of staff.

The Provider is expected to place emphasis on working with commissioners in developing Service User Representation.

3.6. Responsibility for Performance and Governance

The Provider will deliver routine reports on performance of the entire system and undertake longitudinal evaluation of its effectiveness.

The Provider will report on the governance of the whole system.

The Provider will ensure that there is an effective governance system in place around the delivery of services so that providers comply with the requirements of the commissioners and stakeholders.

4. Governance

4.1. Partnership Working and Interdependencies

4.1.1 The Provider will ensure that service design and delivery is transparent and informed by commissioner, service user and community priorities. Services must be demonstrably accountable to commissioning partners and to the clients and communities they serve. The Provider will ensure that services are outward looking and will engage with all relevant partners in order to achieve better lives for Salford residents. In doing so the Provider will take account of the following interdependencies:

- Acute Trusts
- Clinical Commissioning Group
- Community Safety Partnership
- Department of Work and Pensions / Job Centre plus – Work Programme
- Education providers
- General Practitioners
- Greater Manchester Fire and Rescue
- Greater Manchester Probation Trust
- Greater Manchester Police
• Greater Manchester Police and Crime Commissioner
• HM Prison Service
• Housing departments, private agencies and social landlords
• Integrated Commissioning Board
• Local neighbourhoods
• Mental Health Services
• Mutual Aid Groups
• NHS England
• National Probation Service
• Non-facilitated self help groups
• Pharmacies
• Prison Health Care
• Salford City Council Childrens services
• Salford Health and Well Being Board
• Working Together with Families
• Family Nurse Partnership National Unit

4.1.2 The Provider will adopt a partnership approach to the delivery of the new contract so that partnership targets, expectations, and statutory requirements are met within the resulting system.

4.1.3 It is of particular importance that relationships with Childrens services, GP practices and pharmacy staff and other primary care staff groups are well maintained.

4.1.4 The Provider will work with the Commissioner to align work between health, education and social care and with the third sector.

4.1.5 The Provider will facilitate the UNICEF Baby Friendly initiative and support partners to achieve and maintain accreditation through the development of appropriate training and local action plans.

4.1.6 The Provider will work with the Commissioner to align work across the key points of the system where the most vulnerable, high risk and high need patients will be identified – in General Practice, in Hospital, in children and young people and family services, and in the Criminal Justice System.

4.1.7 The Provider will work with the Commissioner to align work in neighbourhoods and directorates, notably adult social care and children’s services, as well as health and wellbeing services and mutual aid.

4.1.8 The Provider will develop highly flexible, localised, and mobile support for the whole range of families in Salford fostering relationships with Salford City Council Childrens Directorate, Housing Department, Social Landlords and the private sector landlords, as well as a range of social enterprises.

4.1.9 The Provider will contribute to the development of shared protocols with other health and social care organisations that are appropriate for the clients of the services. The Provider will ensure all policies and procedures have clearly stated objectives and stipulate who is responsible for implementation and monitoring arrangements.

4.1.10 The Provider must work closely with any community organisation or group that shares the aims of this contract to ensure the service is fully embedded within the Salford local economy and neighbourhood communities.
4.2. Working with Children's Services

4.2.1 The Provider will establish a Joint Protocol with Salford Children’s Service, which promotes effective communication and integration between health and children's services. The protocol will include a statement of purpose; it will reference national policy and guidance and will set out clear information sharing arrangements and referral pathways. The aim of the protocol will be to ensure services identify need as early as possible and work collaboratively to help families and reduce risk. The protocol will link to GM devolution principles and will be responsive to need.

4.1.2 The protocol will be supported by an implementation plan and a steering group to manage implementation of the protocol and monitor its progress. The protocol will state explicitly the questions to be asked at assessment to inform safeguarding and promote the welfare of children so that the need for action to protect children from harm is reduced.

4.1.3 The protocol will establish data sharing arrangements to determine the extent of crossover children's health and Child Protection, Child In Need, Early Intervention and Prevention and care proceedings.

4.1.4 Family services and the wider treatment system will also establish arrangements with Salford’s Bridge, which is the multi agency safeguarding hub which receives all level 2 concerns.

4.1.5 The service will prepare reports as required for reviews, core groups, case conferences and courts where health professionals are involved with the family.

4.1.6 Case management functions will be aligned with existing arrangements within Salford City Council e.g. Helping Families and Early Intervention and Prevention (EIP), Early Years Services, including Children’s Centres to promote joint working in order to achieve joint outcomes whilst avoiding duplication of function and resource allocation. The service will ensure services are delivered as appropriate in family homes or in accessible community venues such as children’s centres and schools.

4.1.7 The Provider will facilitate a regular (initially six monthly) data matching exercise with Children’s Services. This exercise will initially produce a summary of overlap between services.

4.1.8 Reciprocal training arrangements will be established with social workers in Children’s Services to cover thresholds, services available to parents and referral processes.

4.1.9 The service staff will deliver training to practitioners in Salford to raise the awareness of the health issues affecting children and will enable staff to deliver appropriate brief interventions. The service will develop a tool for practitioners when working with children and families. The tool will be subject to evaluation and updating as required.

3 http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf
4.1.10 The service will work with Children’s Services to monitor that training opportunities are fully utilised with an emphasis on training all staff in direct contact with high risk families.

4.1.11 The Provider will support Children’s Services to achieve and maintain Level 3 accreditation of the UNICEF Baby Friendly Initiative.

4.3. Legal Compliance

4.3.1 The Provider shall ensure that its employees, agents and sub-contractors comply with all relevant legislation, regulations and statutory circulars insofar as they are applicable to the service. These include, but are not limited to:

- Rehabilitation of Offenders Act 1974 (and pending 2012 reforms)
- Data Protection Act 1998
- Freedom of Information Act 2000
- Employment Act 2002
- Health and Safety at Work Act 1974 (and subsequent regulations)
- Food Safety Act 1980
- Food Hygiene Regulations 2006
- Environmental Protection Act 1990
- Health and Social Care Act 2012
- AIDS (Control) Act 1987
- Children Act 2004
- NHS and Community Care Act 1990
- Mental Health Act 2007
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004
- Work and Families Act 2006
- Equality Act 2010
- Human Rights Act 1998

4.3.2 The Provider must demonstrate that it is compliant with appropriate legal requirements and must demonstrate that it has an adequate range of evidence based policies, protocols and strategies in place. Where they are absent the Provider must demonstrate steps are being taken towards their development and evidence a timetable for delivery.

4.3.3 The Provider will share all policies and updates with the commissioners.
4.4. Assurance framework

4.4.1 The Provider is expected to develop and maintain an Assurance Framework in consultation with the commissioners. This framework will allow all partners in the contract to share and manage risk effectively, thereby ensuring a high quality service is provided at all times. Any relevant investigations (internally, locally or nationally) will be incorporated into the Assurance Framework.

4.4.2 The Provider will ensure that quarterly and annual compliance report are produced for the whole system are received no later than six weeks post from the end of quarter. A national and local reporting schedule will be developed to inform performance reporting meeting dates.

4.4.3 The Provider will work towards compliance with the
- NICE Guidance Health visiting NICE advice [LGB22],
- Department of Health and Public Health England's Maximising the school nursing team contribution to the public health of school-aged children,
- The Child and Maternal Health Intelligence Network's Child health profiles, The Department of Health's Health visitor implementation plan 2011 to 2015,
- The Department of Work and Pensions' Helping families thrive: lessons learned from the child poverty pilot programme,
- HM Government's Early intervention: the next steps,
- NHS England and Public Health England's Guide to the early years profiles to support interpretation and use of early years profiles data,
- The Department of Health's Factsheet: Commissioning the national Healthy Child Programme, Fair Society, Healthy Lives (The Marmot Review 2010) to achieve the outcomes, 'school readiness' (Domain 1), 'child development at 2–2 1/2 years' (Domain 2), 'population vaccination coverage' (Domain 3) and 'infant mortality' (Domain 4),

4.4.4 The commissioner reserves the right to conduct audits on the Provider or to bring in external auditors to monitor elements of service provision; the commissioners reserve the right to conduct such audits without prior notice to the provider.

4.5. Information Governance

4.5.1 Information Governance provides assurance to the commissioner as well as the provider. It is therefore essential that the Provider has recognised assurance in the field by way of a current annual approved Department of Health Information Governance Toolkit with Satisfactory rating. This includes providing staff training in this field. This submission can be audited or inspected at any time by the commissioning organisation. In addition the Provider must have a current Information Commissioners Registration Certificate. Information Governance must be supported by relevant and up to date Information Governance Policies. All breaches of information or confidentiality must be reported to the commissioner with 24 hours.

4.5.2 All services should have a clear confidentiality and data handling policy that is understood by all members of staff and complies with:
• Data Protection Act 1998
• Confidentiality: NHS Code of Practice

4.5.3 All services should give consideration to the potential for a client to dispute whether they have given consent to share their data. The Provider will ensure that services are able to evidence consent.

4.5.4 The Provider will also ensure that appropriate consent policies are in place should Personal Identifiable Data be shared with external organisations. The sharing of Personal Identifiable Data must occur via secure methods of data transfer.

4.6. Internal Governance

4.6.1 The Provider is expected to have a strong internal governance structure and organisational governance plan. This should cover issues including: communication between service users/carers/families and staff (including managers and clinicians), communication between staff across the service, effective reporting mechanisms, client records, service data, incident reporting and health and safety. Such governance arrangements will take into account all current or any future legislation that applies, for example the Data Protection Act 1998.

4.6.2 The Provider will ensure all policies and other relevant documentation (e.g. assessment forms, care plans) are Equality Impact Assessed prior to use.

4.7. External Governance

4.7.1 The Provider is expected to build and maintain high quality governance arrangements with partner agencies including the commissioners, and other providers/agencies and the community. A strong partnership of all related agencies and stakeholders will lead to better outcomes for all. The provider will have a clearly identified and accessible complaints and compliments procedure, and will act on all complaints in a timely manner. All complaints will be shared with the commissioners at contract management meetings, or earlier if the complaint impacts upon the Assurance Framework.

4.8. Clinical Governance

4.8.1 Appropriate Clinical Governance is of paramount importance to the commissioners and it is intended that Clinical Governance matters will be overseen by the commissioners as appropriate. This includes clinical supervision of staff in line with current guidance.

4.8.2 The Provider will have robust mechanisms and processes in place to manage all aspects of clinical governance including the management of medicines.

4.8.3 These governance arrangements will cover, but not be limited to, safeguarding, untoward incidents, risk reduction and prevention, dissemination of alerts, training and monitoring of services. Processes will include escalation and notification of events to commissioners as required.
4.8.4 All clinical interventions will be delivered in line with national guidance such as NICE and or local guidance, where applicable. The provider has a responsibility to keep up to date with changes in guidelines.

4.8.5 The Serious Untoward Incident Policy will be consistent with the guidance issued by the revised Serious Incident Framework published in March 2015. The Provider (and all sub contracted agencies) will refer to Council led safeguarding arrangements for children and adults.

4.8.6 The Provider is expected to have clear procedures for investigating and acting upon any Serious and Untoward Incidents findings.

4.8.7 The Provider will notify the commissioner within 24 hours of critical incidents (this must be the trigger to investigate the incident), and further provide quarterly reports to the commissioner.

4.8.8 Reports will be required on Serious Untoward Incidents, Adverse Health Care Incidents, and Near Misses.

4.8.9 The principal definition of a Serious Untoward Incident is any unexpected event; occurring on site or elsewhere whilst in the care of the Provider chain of supply services involving, service patients, relatives, visitors, staff, volunteers, students undertaking clinical or work experience and/or their tutors, contractors, equipment, and building or property. And which may, or has:

Serious Incidents include:

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
  - Unexpected or avoidable death\(^4\) of one or more people. This includes suicide/self-inflicted death; and homicide by a person in receipt of mental health care within the recent past\(^5\)
  - Unexpected or avoidable injury to one or more people that has resulted in serious harm;
  - Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:—
    - the death of the service user; or
    - serious harm;
  - Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:
    - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring\(^6\); or where abuse occurred during the provision of NHS-funded care.

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\(^4\) Caused or contributed to by weaknesses in care/service delivery (including lapses/acts and/or omission) as opposed to a death which occurs as a direct result of the natural course of the patient’s illness or underlying condition where this was managed in accordance with best practice.

\(^5\) This includes those in receipt of care within the last 6 months but this is a guide and each case should be considered individually - it may be appropriate to declare a serious incident for a homicide by a person discharged from mental health care more than 6 months previously.
4.8.10 This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident (see Part One; sections 1.3 and 1.5 for further information).

4.8.11 A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. See Never Events Policy and Framework for the national definition and further information;  

4.8.12 An incident (or series of incidents) that prevents, or threatens to prevent, an organisation’s ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:

- Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues (see Appendix 2 for further information);
- Property damage;
- Security breach/concern;  
- Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;
- Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
- Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/unit closure or suspension of services); or
- Activation of Major Incident Plan (by provider, commissioner or relevant agency).  

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6 This may include failure to take a complete history, gather information from which to base care plan/treatment, assess mental capacity and/or seek consent to treatment, or fail to share information when to do so would be in the best interest of the client in an effort to prevent further abuse by a third party and/or to follow policy on safer recruitment.

7 Never Events arise from failure of strong systemic protective barriers which can be defined as successful, reliable and comprehensive safeguards or remedies e.g. a uniquely designed connector to prevent administration of a medicine via the incorrect route - for which the importance, rationale and good practice use should be known to, fully understood by, and robustly sustained throughout the system from suppliers, procurers, requisitioners, training units, and front line staff alike. See the Never Events Policy and Framework available online at: http://www.england.nhs.uk/ourwork/patientsafety/never-events/  

8 This will include absence without authorised leave for patients who present a significant risk to themselves or the public.

9 Updated guidance will be issued in 2015. Until that point the Interim Guidance for Managing Screening Incidents (2013) should be followed.

10 It is recognised that in some cases ward closure may be the safest/most responsible action to take but in order to identify problems in service/care delivery, contributing factors and fundamental issues which need to be resolved an investigation must be undertaken.

11 For further information relating to emergency preparedness, resilience and response, visit: http://www.england.nhs.uk/ourwork/eprr/
• Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.\textsuperscript{12}

4.8.13 The Provider must ensure there is a policy and procedures regarding Infection Control for the whole treatment system.

4.9. **Independent Case File Audit**

4.9.1 The commissioners reserve the right to request an independent case file audit. The Provider will facilitate access to the full case file on an agreed sample basis at critical parts of the system so that the commissioning aims and objectives and interests of the service users, funders and people of Salford are fully realised.

4.9.2 This will be undertaken in a sensitive manner, in the spirit of learning and improvement. Key findings and recommendations will be acted upon to increase quality and improve performance and service user experience.

4.9.3 Service users will have a role in designing case audit questions which the Provider will then deliver on in a timely manner, in accordance with good data governance, but also public sector finance.

4.9.4 The Provider will ensure the necessary permissions (to include permission of the Provider organisation and all sub-contractors) are in place prior to the commencement of the contract.

5. **Workforce**

5.1 The Provider will ensure that all staff employed across the system are fully aware of the service specification and performance managed as to the performance and quality requirements of this service.

5.2 The Provider will evidence workforce development in an annual workforce analysis report.

5.3 The Provider must provide and maintain a detailed description of staffing structures across the treatment system inclusive of managerial relationships.

5.4 The Provider will ensure that all services have and adhere to a recruitment policy.

5.5 The Provider will ensure staff competence and professional development in line with any nationally accredited occupational standards. The workforce will be competent in dealing with issues concerning the children of service users and their families and carers.

5.6 The Provider is expected to create opportunities for volunteers, as well as making use of the existing volunteer workforce and provide placements for

\textsuperscript{12} As an outcome loss in confidence/ prolonged media coverage is hard to predict. Often serious incidents of this nature will be identified and reported retrospectively and this does not automatically signify a failure to report.
students and trainees from a variety of professions and work settings (e.g. nursing, social work and care, counselling).

5.7 The Provider will also be proactive in engaging volunteers in the delivery of the contract, and ensure that they receive the same support as paid members of the workforce.

5.8 The Provider will ensure that all services provide all staff and volunteers an induction and basic training programme appropriate for the needs of service users within a reasonable period of taking up appointment.

5.9 The Provider will ensure that all services are sufficiently staffed to ensure continuity of service, taking into account sickness, holidays and other absences.

5.10 The Provider will ensure that all staff have access to appropriate supervision and training to develop and maintain their professional competence and that staff qualifications are up to date, including those for whom periodic registration is required.

5.11 The Provider will ensure that all volunteers have access to appropriate supervision and training to develop the required skills to deliver the contract.

5.12 The Provider will ensure that staff fulfilling a managerial role have appropriate management competencies and that specialists have training and competencies in line with guidance from the relevant professional bodies / royal college. The competence of practitioners with regard to prescribing interventions is paramount.

5.13 The Provider will ensure that all services fully comply with statutory requirements (e.g. protection of vulnerable adults, safeguarding children, rehabilitation of offenders), conduct Disclosure and Baring Service checks for all applicants and monitor the existing workforce in this respect.

6. Service Users

6.1 The Provider will ensure that all services meet the following Care Quality Commission priorities:

- **Making sure that care is centred on people’s needs and protects their rights:** This means people being able to shape their own care around their needs, and to have a voice. To do this, they need up-to-date, relevant and accurate information so that they can make informed choices about their care.

- **Championing joined-up care:** This means coordinated and integrated health and social care, so that the services people receive are joined up and their experience is a good one. This also means the pathways, for example across primary and acute services, and when young people move into adult care. The Commissioner and Provider will work together, and with people who use services, so that outcomes for people are improved.
• **Acting swiftly to help eliminate poor quality care:** People have a right to expect that, if a service falls below the essential standards expected, this is identified and acted on quickly.

• **Promoting high quality care:** People should be able to access and experience high quality services that put them first and respect their rights. The Commissioner and Provider will work together to promote this.

• **Regulating effectively, in partnership:** The Commissioner and Provider will be sensitive to the requirements and imperatives of each other’s organisations for the benefit of local people, and make sure that the benefits to people significantly outweigh costs, including those incurred by others, in meeting expectations.

6.2 As a minimum the Provider will ensure that regular client consultation occurs at all levels of service and evidence to the Commissioner ways in which service user feedback has been incorporated into service planning and delivery.

6.3 The Provider will ensure that services are flexible and responsive to the needs of service users. Services will actively involve the individual and significant others in the treatment journey, allowing them to make informed choices based on the range of interventions available to them. All interventions will be fully explained and choices will be offered where appropriate. All users of the services offered will be treated with respect at all times.

7. **Social Value**

7.1 By social value we mean optimising and balancing the social, economic and environmental well-being of Salford and its people. It is about long-term investment, value and outcomes and should be applied according to the ethical values of openness, honesty, social responsibility and caring for others. Social value arrangements and impacts will be monitored and reported by both the Provider and Commissioners.

7.2 The principles of social value in Salford:

**A Growing City**
- Reducing worklessness
- Providing local jobs
- Improving education and skills
- Buying Salford goods and services
- Adopting the best working practices and conditions
- Increasing resilience of the workforce – keeping people in work
- Creating a better place for businesses to operate and grow
- Facilitating good links between local businesses

**A Co-operative City**
- Increasing opportunities for volunteers
- Increased ownership and involvement of service users and wider communities
- Actively promoting equalities
- Increasing positive role models
• Increasing community resilience – people’s ability to help themselves and each other

An Innovative City
• Improving local integration – operating within existing and new networks at a local level
• Demonstrating a clear role in reducing demand
• Improving the place – public spaces and parks
• Making services more accessible
• Reducing energy use
• Increasing recycling and reuse of resources
• Reducing crime and disorder

A Caring City
• Improving family life
• Raising people’s aspirations – including in education, employment, living standards and social interaction
• Tackling health inequalities – closing the health gap both within Salford and with the rest of the country
• Improving living standards and reducing poverty
• Supporting public sector services reach the people of Salford who need them

8. Overarching Delivery Requirements

8.1. Role of Families

The family will be central to Salford’s 0-19 health services. All aspects of the system must be designed, delivered and reviewed with the role of the family in mind. This will include a consideration of how the impact on each and every child of those in receipt of the service is assessed and addressed. It will include the development of systems, pathways and interventions that minimise any negative impact on children. In short, the voice of the child must be central to our system and evidenced in reporting.

8.2. Psychosocial interventions

8.2.1 The provision of psychosocial interventions should be seen as a key element of the 0-19 health system. All service users will be offered a range of interventions at the start of the journey, at each care plan review and actively encouraged to take part. This will include both 1 to 1 key working sessions and access to other interventions. The Provider will deliver a dynamic range of interventions that are regularly evaluated and reviewed to ensure effectiveness and accredited where appropriate.

8.2.2 Psychosocial interventions will be delivered in line with NICE guidance. The Provider will deliver a holistic family centred approach to care planning. It is expected that the range of support will allow for differing needs and approaches to match identified need.

8.2.3 The service will refer where appropriate to a full range of support programmes to build social capital, focusing on issues including:

• Substance misuse (including drug, alcohol and poly substance misuse).
• Relapse prevention.
• Housing.
• Relationships (including parenting).
• Education (including links with local educational providers and Early Years settings in the Private, Voluntary and Independent Sector and the Maintained Sector).
• Employment (effective links with Job Centre Plus, pre-employment and voluntary work groups).
• Life skills (e.g. budgeting, basic cooking skills, nutrition, anger management, social skill development).

8.2.4 Evidenced based alternative therapies will be used as required to promote health and well-being. The Provider will have an evidence based policy and clear procedures in place, agreed with local clinical governance. These interventions will be offered in a variety of ways (both internally and externally through other partners) to provide individuals and their carers/families with the social support and life skills development required to engage fully in society.

8.2.5 It is expected that the Provider will be proactive and creative in engaging individuals and groups, and flexible in the range of interventions offered so as to maximise the benefit of such provision and to best meet the needs of the individual. The Provider will develop strong working relationships with partner agencies to ensure effective delivery. Interventions should be delivered in a range of settings to encourage involvement.

8.3. Prescribing

8.3.1 The Provider is responsible for registering with the NHS Business Services Authority (NHS BSA) and informing the NHS BSA of all their prescriber details for ePACT and in order to obtain prescription pads. The Provider will cooperate with the commissioners around access requirements to ePACT and prescribing data.

8.3.2 The Provider will have a clear evidence based and cost effective prescribing policy and formulary and will take account of the latest guidance.

8.3.3 All instances of prescribing and all changes to prescribed interventions will be communicated with the service users GP; this must be communicated on the same day.

8.3.4 The Provider must ensure that comprehensive patient clinical records, including all prescribing, are maintained. The Provider will inform the Regional Accountable Officer for controlled drugs of all incidents where a controlled drug is involved even if the incident is later resolved. The reporting will be in the format required of the Accountable Officer. The Provider will co-operate with the regional Accountable Officer as required around prescribing data and any investigations.

9. System Detail

9.1. Overview

Eligibility
Service users must be resident and or educated in Salford.
Age
All service users aged 0-19 will be considered children and young people. This will be reflected in the support offered.

Family
Family and extended family of service users are eligible for those parts of the support system specifically aimed at families.

Location
Unless otherwise specified each element of the service will be located at convenient points around the city. Access points will be determined by service user consultation and provider engagement with the Joint Strategic Needs Analysis.

Exclusions and contra-indications
Users of the 0-19 service must have no contra-indications. All relevant need and risk will be assessed and managed. No one will be excluded from support entirely.

10. Information Technology

The Provider will have proven IT systems able to deliver the required performance data expected across the whole integrated service. Such systems must be fully compliant with national data sets and the Provider will be responsible for maintaining this compliance.

10.1. Objectives

- Compliance with the Data Protection Act.
- Compliance with Caldecott Guidance and Practice.
- Compliance with Information Commission Guidance and Practice.
- Timely and accurate delivery performance and other data requests from local, regional and national commissioners.
- Timely and accurate extraction of performance management, strategic data, and cohort data for ad hoc studies and longitudinal research into effectiveness.
- Seamless flow of service user records through the system.
- Assist with child protection and safeguarding needs.

The Caldecott Review and the Data Protection Act 1998 enforce strict legal guidelines to the storage, maintenance and access to service user information. The Freedom of Information Act 2000 and the Information Governance initiative both support the need to maintain the principles of effective confidential data control. Data sharing for the purposes of Community Safety must also comply with the overarching powers of the Information Commission.

10.2. Clinical Management System

Providers must have a clinical management system in operation. It must be able to record all relevant information for each individual throughout their treatment and recovery journey. This will include (but is not limited to) care planning; health care assessments; referrals in, out and through the system; activity occurring outside of structured treatment.
10.3. Reporting

The system must be capable of reporting on performance against local priorities. This is set out within the performance management section of this document and will be finalised during the transition phase following contract award.

10.4. Accessibility and usage

10.4.1 The Clinical Management System must be accessible to all parts of the system irrespective of location or specialism based on need. This will include any sub-contracted provision. The Provider must determine data responsibility roles and have agreements in place prior to the commencement of the contract.

10.4.2 The system must have sufficient licences for the number of users. Licence periods must be appropriate to ensure the continuity of service is not disrupted.

10.4.3 Significant changes to clinical management systems must not take place without providing the Commissioner with prior notification. Any changes, including upgrades, must be planned in order to avoid significant disruption to service delivery.

10.4.4 The Provider needs to ensure policies and protocols of all component parts of the system are aligned. This will include data flow across the health economy.

10.4.5 The IT system must be able to transfer records easily to a new system when required with minimum disruption to service delivery.

10.5. Case Management

10.5.1 A Case Management approach is a key priority to ensure that the right treatment is offered, at the right time, in the right place, for the right amount of time.

10.5.2 The Provider will ensure and oversee a central intelligence gathering, profiling and liaison function for all risk stratified service users, with a clinically significant presentation in accordance with the relevant national guidance as described elsewhere; the key functions are:

- Screening
- Assessment of risk
- Determination of need
- Allocation of resources

10.5.3 The provider will ensure that caseload management and care co-ordination are central to the delivery of high quality care, to ensure care plan objectives are met.

10.5.4 Outside of structured treatment the term case management will not include care-planning but does include:

- Community Care Assessments
- Fair Access to Care Service (FACS)
- Safeguarding
• Risk management
• Other factors relating to individual care (e.g. family and carer information, ETE, Housing, physical and mental health, social care)

10.5.5 The provider will regularly review provision to ensure that all interventions are meeting the needs of service users.

10.5.6 All service users will have an appropriate needs assessment and risk assessment as required. Those accessing structured treatment will have a comprehensive assessment and an active care plan.

10.5.7 Service users will experience care that is personally relevant to building assets and motivation, whilst mitigating complexity, and severity

10.5.8 The provider will ensure close working relationships with partners to ensure that those with a dual diagnosis receive effective interventions across the spectrum of need.

10.5.9 The provider will actively encourage the involvement of carers and families in the care plan.

10.5.10 The provider will ensure timely and effective communication with the wider clinical network, especially GPs and Pharmacists. This will include regular updates regarding reviews and/or significant changes to the care plan. Significant updates will be provided in writing.

11. Social Marketing and Communications

11.1. Aims

• To let the whole population know in a clear and accessible way that support in all forms is possible and present in Salford.
• To make the seeking of help a realistic and desirable option for all parents, children and young people

11.2. Objectives

• To increase numbers of unknown referrals into the system.
• To encourage self-treatment, primarily by raising self-knowledge, self-efficacy and self-help by accessing facilities such as 1:1 support, groups and fellowships, and web and book based resources.
• To enable and equip people to engage in their own care both individually and collectively via formal groups, informal groups and associations and fellowships – ideally at both a city wide and neighbourhood level.

11.3. Communications Strategy

The Provider will ensure the design and implementation of a communications strategy detailing how they will respond to the full range of communication requirements including a response to general enquiries, on-going care management issues and the handling of crisis and emergency situations.
The strategy will cover communications with service users, staff, partner agencies, the public, the media and commissioners.

11.4. Marketing Plan

11.4.1 The Provider must ensure the development, implementation and continuous evaluation of a comprehensive marketing plan. The provider will embed targeted communications and an overarching and effective communications process into the heart of service design and delivery. The provider is expected to use technology as a means to provide innovative communication solutions as a way of underpinning effective service delivery.

11.4.2 The provider will identify and develop effective and productive relationships with all media in Salford and Greater Manchester. The commissioners expect the Provider to be proactive and innovative in their approach to communications. The Provider will respond effectively to media enquiries and work with the commissioners and other partner organisations to generate a flow of positive, good news press releases (the target will be a minimum of 12 articles per year) and/or other media related issues.

11.4.3 The Provider will also work with the commissioner, to where appropriate, jointly respond to media related issues.

11.5. Social marketing

The Provider will develop a range of evidence based and locally relevant social marketing campaigns which will be delivered via multiple communication channels. The campaigns will be based on regularly updated and reviewed social marketing insight analysis and public consultation exercises – including at a neighbourhood level as service coverage improves. Campaigns must be targeted at an appropriate audience, credible, and realistic in their aims.

11.6. Service Delivery

11.6.1 The expectation is that the Provider will employ innovative channels of communication including internet, mobile telephones and applications.

11.6.2 It is recognised that behaviour change is most likely to occur and be sustained through a combination of population, community and individual-level interventions. A suite of guidance on behaviour change, including behaviour change at population and community level, NICE public health guidance.

11.6.3 The Provider will ensure high quality information is directed at parents and children about where to go for support.

11.6.4 The Provider will work with the commissioners to support related public health initiatives in the locality, including early year’s oral health, nutrition, infant feeding and babies first foods, managing obesity, mental health and further public health initiatives to be discussed.

11.6.5 The Provider will implement innovative communication systems to effectively engage with service users. Examples could include web based
communications, mobile phone reminders for appointments, blue tooth
messaging facilities etc.

11.6.6 The Provider will develop communication channels through which
professionals can gain access, for example to impart or request urgent
information. The organisation should be immediately available and be capable
dealing with such situations speedily and effectively.

11.6.7 The Provider will be responsible for the active promotion of all services
under the contract, featuring high quality and accessible information, to the
following audiences:
- The immediate service user group.
- The families, carers and concerned others of service users.

12 Contract value

12.1 The contract value for 2017/18 is £5,351,258, a reduction will be expected in
Year 2 and 3 of the contract, reducing the contract value to £5,270,472 per
annum. The commissioner will work with the provider to review the service
and manage reductions.

12.2 The amounts may be subject to change in the event that Local Authority
budgets are reduced. In such circumstances the Commissioners would work
with the Provider to manage the reduction.


<table>
<thead>
<tr>
<th>Year:</th>
<th>Contract Value</th>
<th>Payments monthly in advance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/2018</td>
<td>£5,351,258</td>
<td>12 x £445,938.17</td>
</tr>
<tr>
<td>2018/2019</td>
<td>£5,270,472</td>
<td>12 x £439,206.00</td>
</tr>
<tr>
<td>2019/2020</td>
<td>£5,270,472</td>
<td>12 x £439,206.00</td>
</tr>
</tbody>
</table>

ALL CHARGES, UNLESS OTHERWISE STATED, ARE INCLUSIVE OF VAT.

12.4 Mandated Facilities and Other Costs

12.5.1 The Provider is expected to provide and operate all required premises within
the contract value. As a minimum, venues will be available across Salford in
accordance with the picture of need, either from a permanent or shared site to
NHS clinical standards. Mobile provision from a centrally located site is
another option.

12.5.2 The Provider will ensure that all premises used for service delivery are of a
high standard and meet all legislative requirements. The unavailability of
appropriate accommodation shall not be a reason for service non-provision.

12.5.3 The Provider will conduct regular risk assessments on all premises utilised.
13. **Contract**

13.1. **Compliance**

13.1.1 The Provider is expected to meet the identified targets within the budget set for this contract. Failure to meet targets will result in the commissioners requesting an action plan to redress the unmet target. The commissioners reserve the right to issue a default notice in line with contractual requirements for failure to address performance issues following the implementation of an action plan.

13.1.2 The commissioners expect to build a strong and effective working relationship with the Provider, with shared values and vision regarding the delivery of this contract; a cultural alignment between commissioner and provider.

13.2. **Contract management**

13.2.1 The commissioners will manage this contract via contract management meetings which will be open to all relevant commissioners. The Provider will be invited and expected to attend, produce relevant reports including finance and evidence of delivery and outcomes as required by the contract and the associated Performance Management Framework and other monitoring documents. It is the commissioners aim to ensure that the governance arrangements applied to this specification are outward as well as inward looking and therefore views and experiences of stakeholder organisations in terms of the delivery of this service specification will be sought as part of contract management.

13.2.2 The provider will keep a risk register for all risk factors relating to this contract, which will be shared openly with the commissioners.

13.2.3 The provider is expected to be transparent in all areas of contract delivery and provide early warnings with an accompanying action plan for any areas of underperformance, detailed in an assurance framework.

13.2.4 On the expiry or termination of this Contract or termination of any Service the Provider must co-operate fully with the Authority to migrate the Services in an orderly manner to the successor provider, which shall include the transfer of all relevant case files and clinical data as appropriate to individual cases to inform continuity of care, and the Provider will maintain its own copies of any such information.

13.3. **Charges and Payment**

Payment Options:
   a) The Authority shall pay within 30 days of receipt of invoice
   b) The Authority shall pay via Purchasing Card

The Provider shall invoice the Authority for payment of the Charges in advance at the beginning of each quarter.

13.4. **Review of the service specification**

13.4.1 The commissioners may review and/or vary this Service Specification from time to time in the interests of service users. The service provider will be closely involved in this process to identify any implications (financial and human resources) for service delivery.
13.4.2 The commissioners will engage in a variety of change management processes with the Provider in the light of performance and evaluation of outcomes.

13.4.3 The commissioners reserve the right to review the content and detail of this service specification on an annual basis to take account of changes in national policy and funding. This may also include the inclusion or exclusion of specific elements of services.

13.5. Statement as to Transfer of Undertakings (TUPE)

The Provider will ensure that:

‘…Where TUPE applies to the existing employees within the service(s) the provider will comply with all of its obligations under the TUPE regulations…’

13.6. Performance management

The performance management of this contract will be done using a number of methods, including national data sets, a Performance Management Framework, qualitative reporting, financial and workforce reporting, service user, family, and carer satisfaction surveys, and public panels. This will ensure that both hard and soft measures are utilised to monitor the delivery of the contract. The Provider will be accountable for performance across all parts of the treatment system cover by this specification.

13.7. Performance meetings

Performance meetings will be formal meetings with Terms of Reference drafted and agreed by both parties. They will take place on a 6 weekly basis. Prior to the performance meetings the Provider will supply the commissioner with data and information in a format agreed and of any areas of underperformance or concern. The Provider will provide exception reports and will address any issues.

13.8. Reporting to Boards

Summaries of performance will be reported by the commissioners to relevant boards as required in the changing public sector.

13.9 Safeguarding

Safeguarding is a core part of the programme, which runs through the four levels of intervention. The provider will provide appropriate and effective safeguarding services and will be expected to adhere to relevant national and local requirements and guidance, and implement wherever necessary. Reference should be made to the supporting section of the service specification for requirements on staff, training, supervision, partnership working, information sharing and confidentiality.

The provider will:

- work in partnership with other key stakeholders to help promote the welfare and safety of children and young people. For example, contributing to keeping pupils safe from the dangers of radicalisation and extremism and promoting safe practices and a culture of safety, including e-safety
- work collaboratively to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family, and
referring children and families to specialist medical support, where appropriate

- contribute to reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Community, Universal and Universal Plus role
- support safeguarding and access and contribution to targeted family support, including active engagement in the Troubled Families (Family Focus) programme
- deliver accordingly in line with local inter-agency and internal safeguarding policies and procedures as determined by the local Children's Safeguarding Board
- be aware of children with an early help assessment, child in need, child protection or Looked After Child plan. Work with the designated school safeguarding lead and local authority services, providing assessments and reports as required
- contribute to multi-agency decision-making, assessments, planning and interventions, relating to children in need, children at risk of harm and Looked After Children. This includes providing Review Looked After Child health assessments (in accordance with Promoting the Health and Wellbeing of Looked After Children Statutory Guidance 2015) and reports in accordance with the local Safeguarding Children Board policies and procedures and national guidance such as Working Together to Safeguard Children (HM Government, 2015)
- Where appropriate and the child or young person is known to the provider, senior team members will attend child protection conferences or meetings when they are the most appropriate health representative and there is a specific outcome to contribute towards
- work within inter-agency and single agency protocols, policies and procedures and in accordance with Working Together to Safeguard Children (HM Government, 2015), and use the national Safeguarding pathway for health professionals to provide clarity on roles and responsibilities for this programme
- be responsible for all general enquiries, contributing to individual case management issues, handling or crisis and emergency situations with other partners as required, informing the commissioner of such activity through routine contract monitoring arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency

Local providers may also wish to utilise the safeguarding professional guidance.

13.10 Acceptance and inclusion criteria

The service must ensure equal access for all children and young people aged 0-19 years and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

Interdependencies – a whole system approach
Health visitors and school nurses as leaders and key delivers of the Healthy Child Programme must establish good working relationships with all local key partners outlined in the diagram below.

Figure 2 Interdependencies diagram

The commissioner would also like to see the following:

- provider representation on the Health and Wellbeing Board, Children’s Safeguarding Boards and Children’s Trust (if requested) and developing services in line with the board/trust’s priorities
- an area-based service structured in line with local children’s services, working together to deliver integrated services for children and their families, with a focus on promotion, prevention and early intervention
• A named health visitor/school nurse linked to each GP practice and appropriate setting (for example, school or Early Years setting) with an agreed schedule of regular contact meetings for referrals and collaborative service delivery (if requested) to ensure: Best start in life and beyond: Improving public health outcomes for children, young people and families
• direct partnership with schools to provide improved access and delivery of the Healthy Child Programme and, through this, the health and wellbeing core offer
• support for early years and education services in their delivery of health improvements to improve outcomes for children, young people and their families
• promotion of the wide range of support that children and their families are entitled to, and, as part of that process, encouraging children and young people to access the service
• promoting an integrated approach to improving child and family health locally, including leading partnerships with early years settings, schools and other partner agencies including social care
• health visitors and school nurses to link to wider stakeholder and services, for example, local A&E services and the local Troubled Families team and Early Help Services (or local equivalent)
• service user engagement needs to be established in the design, performance monitoring and evaluation of provision

13.11 Materials, tools, equipment and other technical requirements


13.11.2 Public health nursing teams (0-19) will be required to access:
• **validated tools** for assessing development and identifying health needs
• personal child health records (often referred to as ‘the red book’) - paper or electronic according to local provision
• validated tools for assessing **individual health outcomes**, eg outcomes star
• IT systems and mobile technology for recording interventions and outcomes in the CHIS; thus capturing **real time data** and reducing duplication
• access to equipment to support **agile working**, eg mobile phones and tablets
• equipment for measuring children’s weight and height
• use of social networking and other web-based tools to enable workforce training, professional networking and information and support for children, young people and families
• national and local campaign materials, for example, Start4Life, Change4Life
• health promotion materials
13.12 Looked After Children

13.12.1 Across Greater Manchester 0-19 services have continued to undertake Looked After Children health assessments and this is a mandated requirement of this Greater Manchester version of the national specification.

13.12.2 Looked After Children: The 0-19 service lead will be the Lead health professional for all Pre-school and school aged children on their caseload, as the Lead health professional they are responsible for:

- Ensuring the completion of Review Health Assessments within the statutory timeframe.
- Completing health summaries and health care plans which meet the quality standards.
- Attending or providing health information for statutory LAC reviews.
- Coordinating and reviewing any actions identified on the health care plan.
- Acting as a contact point for the child and their carer.
- To provide targeted clinical work with children as identified on their health care plan or by other form of assessment or referral.

13.13 Children with special needs and disabilities

13.13.1 This includes families with children with special educational needs (SEN). The Children and Families Act (2014) introduces major changes to support for children and young people with SEN, creating education, health and care (EHC) plans to replace SEN statements. The SEND reform programme will enable children and their parents or carers to be fully involved in decisions about their support and what they want to achieve. Councils and local health partners will jointly plan and commission services for children with SEND. The basic goals are to give families a greater involvement in decisions about their support and to encourage social care, education and health services to work together more closely in supporting those with special needs or disabilities.

13.13.2 The Act includes the requirement that EHC plans will need to reviewed regularly and cover people up to the age of 25 years old. Plans are subject to statutory annual review and can remain in place up to the age of 25 years.

13.13.3 The role of 0-19 service leads is to work in partnership with other services in supporting the supporting the integrated EHC needs assessment and planning process of the education health and care plans for children between 0-19 through sharing information about the child’s and family’s needs and reviewing in collaboration with other services what they can do to support the delivery of these plans. In addition make sure the appropriate health visiting services form part of the high intensity multi-agency services for families where there are safeguarding and child protection concerns but for whom an EHC plan is not required or appropriate.

14 Applicable quality requirements
14.1 The provider and the commissioner will work in collaboration to identify opportunities for leaner working and/or cost and efficiency savings at each quarterly review. This is likely Best start in life and beyond: Improving public health outcomes for children, young people and families to include consideration of how to make best use of modern technology and appropriate use of support staff within the health visitor and school nursing team and wider workforce.

14.2 The provider should highlight where there is an absence of local services for onward referral to more specialist support so that future commissioning plans can include mitigation for/provision of these. This is particularly urgent where need is identified but NICE guidance pathways are truncated at the onwards referral stage because local services do not currently exist.

15 Supervision

15.1 The commissioner needs to consider professional conduct on public health nursing (0-19) and ensure there is professional policy to provide both clinical and safeguarding supervision for all public health nursing staff (0-19). The safeguarding pathway will be of particular interest to providers to support supervision.

15.2 Providers should ensure they have policies and procedures in place to provide clinical supervision, safeguarding supervision and mechanisms of risk assessment for any public health nursing service involved. Best start in life and beyond: Improving public health outcomes for children, young people and families.

15.3 The Local authority is aware that all community public health nurses (SCPHNs) are required to revalidate their fitness to practice every three years. Revalidation is the term for the new mandatory process that all Nursing and Midwifery Council (NMC 2015) registered nurses, midwives and specialist community public health nurses (SCPHNs, including health visitors) will need to engage with to demonstrate that they continue to practise safely and effectively; and to allow them to renew their registration and remain on the professional register.

16 Record keeping, data collection systems and information sharing

16.1 In line with contractual requirements, providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and the safeguarding of personal data at all times. Providers should also refer to ‘Record Keeping: Guidance for Nurses and Midwives’, NMC, 2009.

16.2 In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies including other health care providers, children’s social care and the police to enable effective services to be provided to children and their families. Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children.
16.3 Providers must ensure information governance policies and procedures are in place and understood.

16.4 The Personal Child Health Record (PCHR) will be completed routinely by professionals supporting parents and carers to use proactively.

16.5 Appropriate records will be kept in CHIS or similar system to enable high-quality data collection to support the delivery, review and performance management of services.

16.6 Providers must ensure that staff are using and are trained to use suitable electronic record keeping equipment that includes data collection systems such as:

16.6.1 Ensure the 0-19 service is accessible to all families with young children. This may require the use of appropriate technology e.g. health promoting apps, secure text messaging with clients, secure email facilities with clients and other agencies.

16.6.2 The use, where necessary to meet needs and make the service accessible of remote access e.g. laptops and tablets, mobile phones, teleconference facilities, videoconferencing facilities.

16.7 **2-2.5 year review (Ages and Stages Questionnaire)** The PHOF indicator 2.5, development at age 2-2.5, will require the implementation of a data collection about the Ages and Stages questionnaire to be used in the 2-2.5 year review. The data items required are likely to include: date of birth of child, date of completion of ASQ-3 questionnaire, whether the questionnaire was completed as part of HCP 2-2.5 year review/integrated review, which questionnaire was used (eg24/27/30 month), ASQ domain scores (Communication/Gross Motor/Fine Motor/Problem-solving/Personal-Social), gestational age at birth, gender, postcode, ethnicity and date of birth of mother. Providers and Area Teams should make plans to ensure that the mechanisms for data collection of the 2-2.5 year review are in place in readiness for this collection.

16.8 **Assessment of children and families**

Initial assessments of children and families must be carried out by the 0-19 service. Certain re-assessments may be delegated according to the professional judgement of the SCPHN.

16.9 **SCPHNs must respond to all referrals.**

16.9.1 Referrals, from whatever source, (including families transferring in) will receive a response to the referrer within 5 working days, with contact made with the family within 5 working days.

16.9.2 Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact with the family within two working days. While it is preferable that urgent referrals are dealt with by the named service lead for the family involved, to ensure these visits are prioritised, providers should have a process in place for when the named service lead is not available.
16.9.3 When a child transfers into an area the HV must check newborn blood spot status and arrange for urgent screening if necessary.

16.9.4 Providers must develop their own local area newborn blood spot policies and pathways in partnership with local midwifery, CHIS and GP colleagues.

16.9.5 The HV must check status of, and record, all screening results including hearing, Newborn Infant Physical Examination (NIPE) and Hep B schedule, immunisation status and refer immediately for any follow up necessary.

16.10 Caseload holding

16.10.1 As a minimum there must be a named HV for every family up to 1 year of age and for all children 0-5 identified as having needs at the Universal Plus/Partnership Plus levels.

16.10.2 As a minimum there must be one school nurse per locality providing support to primary and secondary schools.

16.11 Pathway

16.11.1 The pathway for children and families will be seamless across the lifecourse they will work with practitioners who best meet their needs, the practitioner will seek to retain families whom they have worked with and have a good understanding of their needs. Where additional needs are identified the practitioner will signpost and work with other agencies to ensure needs are met whilst overseeing the provision of care and retaining responsibility for the health needs of the child and family.

16.11.2 Children being supported at Universal Partnership Plus must be formally identified to the 0-19 health Service as per local procedure in order ensure continued targeted support.

16.12 Removals out of area

16.12.1 Where a child moves out of area the 0-19 health Service must ensure that the child’s health records are transferred to CHIS for transfer to the receiving Childrens Health Service in the new area within 2 weeks of notification.

16.12.2 Procedures must be in place to trace and risk-assess missing children and those whose address is not known with systems in place to follow up and trace children who do not attend for 9 month and 2 year assessments.

16.12.3 Direct contact must be made to handover all child protection cases.

17 Provider’s Premises

17.1.1 Parents should be offered a choice of locations and times for visits which best meet their needs, e.g. GP surgeries, children’s centres, community health services, the home, health centres, etc. Locations must be easily accessible for all children and families who live in the local vicinity (including access by public transport and at times appropriate to the user), children and young family friendly, suitable for multi-disciplinary delivery of services in both individual and group sessions and be conducive to flexible availability (e.g. early mornings, lunchtimes, after school, evenings and weekends).
17.1.2 Specific locations are to be agreed locally following engagement with relevant interested parties and feedback from users. Reviews should be taken periodically to ensure the locations are suitable to local needs.

17.1.3 Joint contacts should be provided in partnership with other agencies where this is appropriate and reduces inconvenience for families, for example integrated 2-2.5 year review.

17.1.4 0-19 health service workforce needs suitable premises for office space and service delivery. The provider organisation must ensure that service delivery is not hampered by inappropriate premises and should work in partnership with local authorities and other providers to ensure that seamless and integrated service delivery is facilitated, for example, co-location of health visiting teams in Children’s Centres.

17.2 Days/Hours of operation

17.2.1 The core service will operate standard hours of 9am – 5pm Monday to Friday but with flexibility from 8am – 8pm to meet the needs of families. This may be delivered through a range of workforce planning options such as flexible shift times. Other working hours may be considered by local agreement to meet the needs of families.

17.2.2 The service should provide an equality impact assessment where changes to the existing contract are proposed.

18 Compliance with National and Local Specifications and data definitions

18.1 The provider will comply with the latest national specification and data sets and local agreed data and definitions. National definition as set out at https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

18.2 The provider will comply with the latest national metric and data reporting schedules and timetables where required. Currently these data items are reported via CYPHS until October 17 and via CSDS from that point.

18.3 Non mandated information flows will be provided directly to the commissioner on a quarterly basis.
1. Purpose

These Salford City Council particulars support the delivery of National Service Specification no.27 and the National Health Visiting service specification published April 2015, by the provider identified above. These particulars relate to either additional requirements specific to Greater Manchester, or requirements specific to the area served by this specification and the local enhancements.

2. Service Scope

Health Visitor Non Contract Activity

Health visiting services as described in the national health visiting service specification 15/16 are for all individuals and families within the scope of Salford City Council’s commissioning responsibilities, irrespective of GP registration or location.

The service is to be provided to all eligible families resident (permanently or temporarily) within the boundaries of the local authority specified.

3. Service delivery

Compliance with national service specification

The provider should demonstrate compliance with the national specification via a compliance plan. This plan should demonstrate compliance of the Child Health Information System to the National Child Health and Maternity Dataset.

The provider must have in place a ‘Transformation Plan’ covering the life of the contract agreed with the Local Authority commissioner which details progress to be made in order to deliver the full offer of the service specification in line with efficiencies by March 2018.

This plan should include the required health visiting developments in line with the roll out of the Greater Manchester Early Years New Delivery Model. Progress in implementing the transformation plan will be monitored through face to face meetings at 6 weekly intervals with the commissioners.

Significant non-compliance against the national service specification may result in a formal derogation notice which will be issued to the provider; such derogation notices will be escalated to regional and national commissioning assurance processes.

Provider derogation action plans will be performance monitored through routine contract monitoring mechanisms and will utilise contract sanctions where there is significant or persistent non-delivery against these plans.

Clinical and Corporate Governance

Client experience is important to the quality of the HCP programme / health visiting service. The views of parents and others should be sought regularly, and taken into account in designing, planning, delivering and
improving health care services. The provider should be able to demonstrate how user views have influenced service developments.

### 4. Quality Requirements

#### 4.1 Service Transformation Plans

Within the service transformation the provider must:

- Deliver the service as specified.
- Support the roll-out of the GMCA New Delivery model to meet requirements locally. This will include undertaking relevant training programmes and ensuring fidelity to license and programme requirements including supervision.
- Utilise the Greater Manchester Communications Pathway – Maternity, Health Visiting, Family Nurse Partnership and Children’s Centres.
- Ensure all teams are working towards clinical supervision and that all teams have safeguarding supervision in place for all team members
- Achieve universal levels of reach for the Universal Offer of the programme.
- Outline the baseline position; identify gaps and barriers to full delivery and detail actions and milestones in achieving full delivery by Q2 of each year of the contract
- Demonstrate that resources are allocated to meet the needs of local populations, and used effectively to achieve the overall aim of improving outcomes for children and families.
- Demonstrate full engagement with the LA and other partners in the development and delivery of the early years and troubled families strategies in line with GMCA Early years and Complex Dependency Public Service Reform developments as they evolve.
- Be able to evidence that when reviews/assessments are delegated by a qualified health visitor to another team member that NMC standards are met and that the recommendations of serious case reviews regarding access to family records are adhered to.

#### 4.2 Service outcomes

Providers must embed systems that allow improved reporting of outcomes, including reporting at sub-locality level.

The Provider is expected to be able evidence their contribution to Public Health Outcomes Framework and Health visiting High Impact Areas:

- Transition to parenthood and the early weeks
- Improving healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing hospital attendance and admission
- Improving Oral Health
- Reduction in unintentional injuries
- Support to be ‘school ready’
- Support to be ready to learn
- Increasing breastfeeding rates (local 6-8 week target to be agreed)
- Improving maternal mental health
- Reducing paternal smoking
- Increasing uptake of funded 2-year childcare places via the 2 year assessment as a proxy indicator, children need to be identified prior to 2 years of age
- Safe sleep.
- Healthy Start Programme
The Provider will share a minimum of 1 case study/client journey per prevention area across the 5 localities per year to evidence the quality of the services provided.

Progress towards achieving these objectives will be monitored in face to face meetings with the NHSE and Local Authority commissioners at 6 weekly intervals. Providers who are not meeting milestones in either workforce growth or service transformation must engage with the commissioner at more frequent intervals and provide action plans for recovery in progress towards achievement of these objectives. Non-compliance with these requirements may result in withholding of payments; this will be reviewed on a case by case basis.

In addition to the performance framework contained within the national health visiting specification, Greater Manchester commissioners require the following to be collated and reported:

5. **Key Performance Measures**

5.1 The following is a revised monitoring framework and will be reported quarterly unless stated otherwise. Additional information will required for submissions to PHE

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Key Performance Indicator</th>
<th>Thresholds</th>
<th>Method of Measurement</th>
<th>Target</th>
</tr>
</thead>
</table>
| **Identifying families at risk of poor outcomes, emotional, social and educational** | Number of mothers and fathers (when present) who are asked about their mental mood at 3 points, antenatal, new birth visit, 6-8 weeks  
Number of pre and post Edinburgh PND questionnaires completed.  
Number of mothers receiving listening appointments  
Total number of listening appointments  
Total number of onward referrals to mental health services and GP | Establish baseline  
Quarterly report broken down by locality for commissioners for all other measures. | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. | 100% of those seen                  |
<p>| C1: Number of Mothers receiving antenatal face to face contact with a HV at 28 weeks or above. | Establish baseline | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. | 100% offered to those aware of. |
| Number of antenatal notifications received and the % uptake of antenatal face to face contract with HV at 28 weeks or above | Baseline from 2016/17 – 380 quarterly | Notification reported quarterly broken down by locality for commissioners for all other measures. | 2 % annual increase |
| C2: Percentage of births that receive a face to face NBV within 14 days by a Health Visitor | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. | Quarterly report broken down by locality for commissioners for all other measures. | 95% |
| Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants who turned 30 days in the quarter Formula: Numerator/Denominator x 100 | | | |
| C3: Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. | Quarterly report broken down by locality for commissioners for all other measures. | 5% |
| Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken after 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total | | | |</p>
<table>
<thead>
<tr>
<th>C4: Percentage of children who received a 12 month review by the time they turned 12 months</th>
<th>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. Quarterly report broken down by locality for commissioners for all other measures.</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children who turned 12 months in the quarter, who received a review by the age of 12 months Denominator: Total number of children who turned 12 months, in the appropriate quarter Formula: Numerator/Denominator x 100</td>
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<thead>
<tr>
<th>C5: Percentage of children who received a 12 month review by the time they turned 15 months</th>
<th>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. Quarterly report broken down by locality for commissioners for all other measures.</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children who turned 15 months in the quarter, who received a 12 month a review by the age of 15 months Denominator: Total number of children who turned 15 months, in the appropriate quarter Formula: Numerator/Denominator x 100</td>
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<td></td>
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<table>
<thead>
<tr>
<th>C6i: Percentage of 2-2.5 year review complete</th>
<th>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items. Quarterly report broken down by</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denominator: Total number of children who turned 2.5 years, in the appropriate quarter. Formula: Numerator/Denominator x 100</td>
<td>locality for commissioners for all other measures.</td>
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| C6ii: Percentage of children who received a 2-2.5 year review using ASQ 3  
The number of children who received a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review.  
Denominator: Total number of children who received a 2-2.5 year review by the end of the quarter.  
Formula: Numerator/Denominator x 100 | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.  
Quarterly report broken down by locality for commissioners for all other measures.  
95% |
| Percentage of children scoring above the threshold in all five domains of the ASQ-3 | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.  
Quarterly report broken down by locality for commissioners for all other measures. |
| Percentage of children scoring above the threshold in the ASQ-3 communication domain | Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.  
Quarterly report broken down by locality for commissioners for all other measures. |
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<thead>
<tr>
<th>Measure</th>
<th>Reporting Frequency and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children scoring above the threshold in the ASQ-3</td>
<td>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.</td>
</tr>
<tr>
<td>gross motor skills domain</td>
<td>Quarterly report broken down by locality for commissioners for all other measures.</td>
</tr>
<tr>
<td>Percentage of children scoring above the threshold in the ASQ-3</td>
<td>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.</td>
</tr>
<tr>
<td>fine motor skills domain</td>
<td>Quarterly report broken down by locality for commissioners for all other measures.</td>
</tr>
<tr>
<td>Percentage of children scoring above the threshold in the ASQ-3</td>
<td>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.</td>
</tr>
<tr>
<td>problem solving domain</td>
<td>Quarterly report broken down by locality for commissioners for all other measures.</td>
</tr>
<tr>
<td>Percentage of children scoring above the threshold in the ASQ-3</td>
<td>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.</td>
</tr>
<tr>
<td>personal-social domain</td>
<td>Quarterly report broken down by locality for commissioners for all other measures.</td>
</tr>
<tr>
<td>C8i: Percentage of children who receive a 6-8 weeks review</td>
<td>Monthly to NHS Digital via the CYPHS/ CSDS for nationally mandated reporting items.</td>
</tr>
<tr>
<td>The number of children due a 6-8 weeks review by the end of the quarter</td>
<td>Quarterly report broken down by locality for commissioners for all other measures.</td>
</tr>
<tr>
<td>who received a 6-8 weeks review by the time they turned 8 weeks.</td>
<td>95%</td>
</tr>
<tr>
<td>Denominator: The total number of children due a</td>
<td></td>
</tr>
<tr>
<td><strong>Breastfeeding</strong></td>
<td>Number of mothers receiving antenatal infant feeding and breastfeeding support/information</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Numbers of mothers breastfeeding at primary visit</td>
</tr>
<tr>
<td></td>
<td>C8ii: Numbers of mothers breastfeeding at 6-8 weeks</td>
</tr>
<tr>
<td></td>
<td>Number &amp; % referred to specialist breastfeeding support</td>
</tr>
</tbody>
</table>

**Information Requests**

<table>
<thead>
<tr>
<th><strong>Improving access to public health and early intervention</strong></th>
<th>Number of families for whom the HV is Lead professional</th>
<th>Establish Baseline</th>
<th>Quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementing the Healthy Child</strong></td>
<td>Case studies to identify contribution to:</td>
<td>1 per prevention</td>
<td>Minimum of 12 case studies by Q4 each</td>
</tr>
<tr>
<td>Programme</td>
<td>Transition to parenthood and the early weeks • Improving healthy weight, healthy nutrition and physical activity • Managing minor illness and reducing hospital attendance and admission • Reduction in unintentional injuries • Support to be ‘school ready’ • Increasing breastfeeding rates (local 6-8 week target to be agreed) • Improving maternal mental health • Reducing paternal smoking • Improving oral health • Increasing uptake of funded 2-year childcare places via the 2 year assessment as a proxy indicator • Safe sleep. • Healthy Start Programme</td>
<td>area from across the 5 localities</td>
<td>year</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>0-19 Service annual review including social value Number of intervention above mandate visit User satisfaction</td>
<td>Annual review format as agreed with the commissioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of care pathways</td>
<td>Completion of local pathways with a clear role for health visiting. To include but not limited to maternal mental health, early attachment and healthy weight, babies first foods, oral health, breastfeeding peer support</td>
<td>Copies of completed local pathways provided.</td>
<td></td>
</tr>
<tr>
<td>Workforce capacity</td>
<td>Number of WTE Health Visitors</td>
<td>Quarterly report Broken down by</td>
<td></td>
</tr>
<tr>
<td><strong>Health Visitor:</strong> An employee who holds a qualification as a Registered Health Visitor under the Specialist Community Public Health Nursing part of the NMC Register and who occupies a post where such a qualification is a requirement. Not below Agenda for Change Band 6. Coded as occupation code N3H only in NHS Workforce information. (NHS IC, (2011) Occupation Code Manual Version 11)</td>
<td>ESR and Non-ESR</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of WTE Leavers</strong></td>
<td>Quarterly update</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of WTE Joiners</strong></td>
<td>Quarterly update</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workforce development plan in place with regular review and assurance</strong></td>
<td>Quarterly report – 0-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safeguarding</strong></td>
<td><strong>Quality Standards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of HV staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years</td>
<td><strong>Annual Audit of 50 randomly selected urgent referrals, including all safeguarding referrals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of urgent referrals, including all safeguarding referrals, who a) received a same day or next working day response to the referrer and b) received a HV contact with the family within two working days.</td>
<td>Numerator: Number of these 50 urgent referrals to HV who received a same day/next working day response to referrer. Denominator: 50 urgent referrals from whatever source</td>
<td><strong>Annual report</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ESR and Non-ESR</strong></td>
<td><strong>Quality Standards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Audit of 50 randomly selected urgent referrals, including all safeguarding referrals</td>
<td></td>
<td><strong>Annual report</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Numerator: Number of these 50 urgent referrals to HV who received a same day/next working day response to referrer. Denominator: 50 urgent referrals from whatever source</td>
<td><strong>95%</strong></td>
<td></td>
</tr>
<tr>
<td>Annual audit of 50 randomly selected referrals from any source</td>
<td>Numerator: Number of these 50 referrals where referrer received a response within 5 working days.</td>
<td>Annual report</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of all referrals from whatever source (including families transferring in) who a) received a response to the referrer within 5 working days and b) with contact made with the family within 10 working days.</td>
<td>Denominator: 50 referrals from whatever source (including families transferring in) to HV</td>
<td>Numerator/Denominator x 100</td>
<td>Numerator: Number of these 50 referrals where contact was made with the family within 10 working days.</td>
</tr>
<tr>
<td>Annual audit of 50 randomly selected cases with a transfer request received</td>
<td>Percentage of cases where a transfer request was received where the records were transferred within 2 weeks. Numerator: Number of these 50 children where the health records were transferred to the HV service in the new area within 2 weeks of notification. Denominator: 50 children where HV service has been notified as moved out of the area Formula: Numerator/Denominator x 100</td>
<td>Annual report</td>
<td>95%</td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of CP cases where there was direct contact with the HV team in the receiving area of these cases. Numerator: Number of these 50 children who were on a CP plan where there was direct contact</td>
<td>Annual report</td>
<td>95%</td>
</tr>
</tbody>
</table>
to HV team in receiving area. Denominator: Number of these 50 children who were on a CP plan where HV service has been notified that child has moved out of the area. Formula: Numerator/Denominator x 100

| CQC     | Adherence with CQC standards | Evidence should be available to commissioners on request | 100% |
1. Purpose

1.1 Context

School nursing is a universal public health service for children and young people of school age. The aim of the service is to ensure children, young people and their families have access to a core programme of preventative health care, with additional care based on need. Qualified school nurses are registered nurses who have completed a post registration graduate programme, and are registered as specialist community public health nurses (SCPHN). School nursing teams normally contain a mix of qualified school nurses, nurses and assistants.

1.1.1 Since April 2013 Local Authorities have been responsible for commissioning public health services for school-age children and young people. This presents new opportunities for bringing together a robust approach for improving outcomes for young people across both health and local authority led services. The local authority’s key responsibilities for child health include:

- Improving the health and wellbeing of school-age children and young people, 5-19 years
- Bringing together holistic approaches to health and wellbeing across the full range of their responsibilities;
- Optimising the ring-fenced public health budget to improve outcomes for children and young people;
- Leading commissioning of public health services, for example, health improvement, substance misuse and sexual health;
- Responding to emergency planning, including outbreak response in schools.

1.1.2 The core public health offer for school-age children and young people, which encompasses the Healthy Child Programme – 5-19 years (DH, 2009, amended August 2010)\(^1\) (HCP 5-19), includes:

- Health promotion and prevention by a multi-disciplinary team;
- Defined support for children and young people with additional and complex health needs;
- Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment (JSNA)

1.1.3 School nursing services are:

- The single biggest workforce specifically trained and skilled to deliver public health for; school-age children and young people
- Clinically skilled in providing holistic, individualised and population health assessment, with a broad range of skills at Tier 1 and Tier 2 health interventions;
- In a unique position within community and education settings to support multi- disciplinary teams, with relationships within primary and secondary care;
- Skilled in managing the relationships between child, family and school settings;
- Trusted and valued by children and young people;
- Part of the professional team ensuring that safeguarding need is identified and there is an
appropriate response.

This service specification is based on the national guidance ‘Maximising the School Nursing Team Contribution to the Public Health of School-Age Children’ (DH April 2014) and the Greater Manchester Service Specification: School Nursing Services.

1.2 Aims and objectives

The national guidance for commissioning of school nurses services notes that:

1.2.1 School nurses and their teams will use their autonomy, clinical skills and professional judgment to improve the health and wellbeing of children and young people and reduce health inequalities. Ensuring all children and young people receive the full service offer (HCP 5-19), including universal access and early identification of complex needs from school entry, with timely access to specialist services, by:

- Taking the lead in developing effective partnerships and acting as advocate to deliver change to support improvements in health and wellbeing of school-age children and young people;
- Leading, co-ordinating and delivering public health interventions;
- Ensuring children have a smooth transition into school and throughout all transition phases in life, building on the early years support to continue to lay down the foundations for healthy lifestyles which will prepare them for adulthood and to ensure they are ready to learn;
- Ensuring synergy between services provided by the health visiting team and recognising the contribution of key partners, for example, children’s services and education providers to support school readiness and reducing school absences through health related issues;
- Working in partnership with local communities to build community capacity, demonstrating added value, utilising asset-based approaches and best use of resources and outcomes;
- Working in partnership with other professionals, including for example, teachers and youth services to support children and young people to become healthy decision-makers in lifestyle choices, particularly in relation to: physical activity, diet, healthy eating, oral health, emotional wellbeing, smoking, sexual health and substance misuse. Particular attention should be paid to the vulnerable children who experience worst health outcomes, such as Children in Care, those not in education, employment or training (NEET), young offenders, children with disabilities, children with mental wellbeing issues and young carers;
- Supporting children, young people and families to navigate the health and social care services to ensure timely access and support;
- Ensuring timely action that focuses services so that the outcomes of the disadvantaged or most at risk children and families are not compromised by poor early experiences and environment;
- Ensuring the service takes a whole system approach to delivery of child centred evidence based practice, prevention and incorporating early intervention to achieve shared health and social wellbeing outcomes for children, young people and families;
- Promoting emotional wellbeing through the school-age years working alongside children and young people to support those with emotional and mental health difficulties, referring to CAMHS where appropriate;
- Ensuring care and support helps to keep children and young people healthy and safe within their community, working through the local safeguarding pathway to provide seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity;
• Ensuring early identification of children, young people and families where additional evidence based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing;

• Working in partnership with primary and secondary care colleagues to support children and young people with long term conditions or complex needs and facilitate appropriate management of health conditions to ensure hospital admissions are kept to a minimum;

• Ensuring providers offer a service delivery model that is based upon a holistic full service offer of care in line with ‘Getting it Right for Children and Families; the School Nursing Development Programme’ (DH March 2011)\(^3\).

1.3 National / local evidence base

1.3.1 The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Marmot\(^4\) and the Chief Medical Officer\(^5\) (CMO). The HCP 5-19 is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. School Nursing Services are a key component of the HCP 5-19 and support school-age children and young people to achieve the best possible health outcomes.

1.3.2 Marmot and the CMO both recognised the importance of building support in the early years and sustaining this across the life course for school-age children and young people to improve outcomes and reduce inequalities through targeted support. There will be challenges within a child’s or young person’s life and times when they need additional support. Universal and targeted public health services provided by school nursing teams are crucial to improving health and wellbeing of all school-age children and young people.

1.3.3 The Public Health Outcomes Framework\(^6\) clearly defines a range of outcome measures that are significant to the school-age population. The list below summarises those that apply to this age group:

• Improving the wider determinants of health
  o Reducing the number of children in poverty
  o Improving school readiness
  o Reducing pupil absence
  o Reducing first time entrants to the youth justice system
  o Reducing the number of 16-18 year olds not in education, employment or training

• Health improvement
  o Reducing under 18 conceptions
  o Reducing excess weight in 4-5 and 10-11 year olds (all sub-indicators)
  o Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people age 0-14 and 15-24 years
  o Improving emotional wellbeing of looked-after children
  o Reducing smoking prevalence – 15 year olds
  o Reducing hospital admissions as a result of Self harm

• Health protection
  o Chlamydia diagnoses (15-24 year olds)
  o Improving population vaccination coverage (all sub-indicators)

• Healthcare public health
1.3.4 The NHS Outcomes Framework 2014/15 also clearly defines a range of outcome measures that are significant to the school-age population. They are listed below for this age group:

- Preventing people from dying prematurely
  - Potential years of life lost from causes considered amenable to healthcare: children and young people
  - Reducing deaths in babies and young children - five year survival from all cancers in children
- Enhancing quality of life for people with long term conditions
  - Reducing time spent in hospital by people with long term conditions - unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Helping people to recover from episodes of ill health or following injury
  - Preventing lower respiratory tract infections in children from becoming serious – emergency admissions for children with LRTI
- Ensuring that people have a positive experience of care
  - Improving children and young people’s experience of healthcare - children and young people’s experience of outpatient services
- Treating and caring for people in a safe environment and protecting them from avoidable harm
  - Delivering safe care to children in acute settings – incidence of harm to children due to ‘failure to monitor’

1.3.5 School nursing teams lead and contribute to improving the outcomes for children and young people but are not solely responsible for achieving these, there needs to be a partnership approach. School nursing teams need to work with a number of partners including health and social care teams, teachers and youth workers to deliver the evidence based public health interventions as outlined in the HCP 5-19, and using the core principles of Making Every Contact Count for intelligent, opportunistic interventions.

1.3.6 Department of Health, NHS England, Public Health England and the Local Government Association (LGA) signed up to the pledge for Better Health Outcomes for Children and Young People in February 2013. The pledge puts children, young people and families at the heart of decision making and improving every aspect of health services, and sets out shared ambitions to improve physical and mental health outcomes for all children and young people and reduce health inequalities.

1.3.7 The CMO Report emphasised the commitment to:

‘Help children who grow up in the most at-risk families and to help parents give their children the best possible care. We also want to help children be as healthy as possible by preventing illness, and encouraging healthy behaviours from pregnancy onwards. The government is committed to improving all children’s chances in life by giving families the help they need to keep their children healthy and safe’.

1.3.8 There is strong evidence supporting delivery of all aspects of the HCP 5-19, which is based on Health for All Children, the recommendations of the National Screening Committee, guidance from the National Institute of Health and Clinical Excellence (NICE) (appendix 2) and a
review of health-led parenting programmes by the University of Warwick.

1.3.9 Additional or targeted support will be determined locally according to individual and population health needs as identified in the JSNA. This will include support to address specific issues. Separate or additional services may need to be commissioned and funded by the responsible agencies, specifically CAMHS, services targeting domestic abuse or bereavement support.

1.3.10 GM has an embedded Public Service Reform Programme, which is a key element of 'Stronger Together'\(^1\), the GM Strategy. The programme is about a range of local services working together to provide public services in new ways, delivering lasting change, improved services and more efficient and effective use of resources.

1.3.11 The reform programme focuses on developing a more co-ordinated approach to public services, ensuring funding and people working across public services are focussed on the issues that affect residents across GM. Priority issues are:

- integrated health and social care
- reducing issues of complex dependency
- work and skills
- early years
- justice and rehabilitation

The school nursing service should ensure that outcomes achieved in the early years aspect of the programme are supported and enhanced for school-age children and young people.

1.4 Evidence Base

The HCP 5-19 years was developed nationally and is based on relevant evidence. Full details can be found within:

- Healthy Child Programme – The two year review (DH, 2009)

1.5 Population Needs

1.5.1 Locally there needs to be a systematic, reliable and robust process to assess population health needs that provides a basis for designing and reviewing services. The service needs to be actively involved in developing school health profiles using data available locally. The service will ensure that these profiles, together with their workforce plans, are used to develop and provide an appropriately skilled workforce to deliver public health outcomes locally. The service will work collaboratively with the commissioner to review workload capacity and local needs including an acknowledgment of the number of primary and secondary schools, the number of children/young people, the increased upper age and the number of WTE school nurses.

1.5.2 Delivery of the universal elements of the HCP 5-19 will be underpinned by a robust process that identifies vulnerable and at risk groups, (including young carers, Children in Care, young offenders, NEET, children with mental wellbeing issues and children with disabilities) using the JSNA. These identification systems need to be shared with the commissioner and may include data-sharing protocols.

1.5.3 At an individual or family level, services will be developed to meet individual need and tailored to
1.5.4 It is expected that providers demonstrate a robust process to capture service user insight and the experiences of children and young people as service users. It is expected that the You're Welcome Quality Criteria will be incorporated within service elements and will form a vital part of the case study evidence put forward within the Key Performance Indicators (KPIs) for the contract.

2. Scope

2.1 Service Description


“Responding to local need, the school nursing service will work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils’ wellbeing, medical and long-term condition needs and developing schools as health-promoting environments. The Department of Health is developing a new vision for school nurses, reflecting their broad public health role in the school community”.

2.1.2 Some elements of the HCP 5-19 require clinical and specialist public health nursing, whilst other elements could be delivered by other members of the school nursing team and by using partners, with qualified school nurses taking leadership. The school nursing workforce is relatively small and cannot deliver the extensive HCP 5-19 in isolation. It is therefore important that the role of school nurses’ and partners’ contribution needs to be clearly defined locally and with robust arrangements in place to support multi-agency working.

2.1.3 The universal elements of the HCP 5-19 will be predominately delivered by the school nursing team in a way that is most appropriate to meet local health needs and across a range of settings with a clear focus on school-based delivery, but will include other community settings as determined locally, for example, youth centres and community centres.

2.2 Accessibility / acceptability

2.2.1 The service must ensure equal access for all school-age children, young people and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race - this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

2.2.2 The service must ensure that the HCP 5-19 is offered to vulnerable populations that are not in main-stream education. This includes those that are:

- NEET
- home educated
- excluded from school

2.2.3 The offer must also be made available to children who attend education settings other than maintained schools, academies and free schools. There is the opportunity within this specification to co-commission school nursing services with independent schools to ensure the
coverage of all school-age children and young people within a locality. This provision should be determined locally as the relationships grow with new and emerging schools within each locality. Providers are reminded that the service should be offered and provided to the child and not the school and this should be the underlying principle of all negotiations with education providers.

2.2.4 The HCP 5-19 offer should ensure that provision is made for specific communities e.g. Gypsy, Roma and Traveller and Orthodox Jewish communities, where a differing approach may be required in order to carry out the core public health functions. The school nursing team will share with the commissioner the approach that will be taken with these specific local communities.

2.2.5 An appropriate level of service should be maintained throughout the year, including during school holidays. Services need to be responsive and flexible e.g. early mornings, lunchtimes, after school, evening and weekends and should use technology and innovation to ensure that they reach children and young people.

2.2.6 The service will use the ‘You’re Welcome’ quality criteria to ensure that it is accessible and appropriate to the needs of service users. This can and should include electronic means to engage and communicate with service users for example text, e-mail, social media etc.

2.2.7 The service needs to work with all schools to ensure the service is promoted and individual contact details are available and easily accessible to all services users i.e. parents, children and schools. The service will be expected to work with service users to develop this information and determine how this is promoted locally.

2.3 Location of Provider Premises

2.3.1 The service should be available and accessible at times and locations that meet the needs of children and young people, including those noted above that are not in main-stream or maintained education settings. The primary location for delivery will be school or education settings. However, where possible, children and young people should be offered a choice of locations which best meets their needs e.g. community centres, youth groups, general practice and, where appropriate, at home.

2.3.2 Specific details of location agreed should be based on feedback from key stakeholders, children and young people. Reviews should be undertaken by the provider regularly to ensure the premises are suitable for local need meets user’s expectations.

2.3.3 A key component of delivery within secondary schools is the ‘drop in’ service, the service should ensure this is provided in a location suitable and appropriate to meet the needs of the children and young people attending, and that it can be accessed confidentially by young people.

2.4 Whole system relationships and Interdependencies

2.4.1 The provider must establish good working relationships with all local key partners outlined below:
2.4.2 Consideration should also be given to ensuring:

- The provider of the school nursing service will be represented on the Health and Wellbeing Board and Children’s Trust and develop services in line with the Board and Trust’s priorities.
- An area-based / co-located school nursing service, structured in line with local children’s services, working together to deliver integrated services for children and their families, with a focus on prevention, promotion and early intervention.
- Every education setting should have a named school nurse.
- The named school nurse will have access to and engage with local school management arrangements to:-
  a) Work in direct partnership with schools to provide improved access and delivery of the HCP 5-19 and, through this, the health and wellbeing core offer.
  b) Support education services in their delivery of health improvement to improve outcomes for children, young people and their families.
  c) Promote and describe the wide range of support that children and their families are entitled to, and, as part of that process, encourage children and young people to access the service.
  d) Promote an integrated approach to improving child and family health locally including
leading partnerships with schools and other partner agencies including social care e) Work in direct partnership with school to develop ‘school plans for supporting pupils with medical conditions’.  

- Service user engagement needs to be established in the design, performance monitoring and evaluation of provision.
- An effective electronic record system is in place that supports the efficient and safe delivery of the service and effective performance monitoring.

2.5 Immunisation and Vaccination Programmes

2.5.1 Since April 2013 commissioning of immunisations and screening has been the responsibility of NHS England, Greater Manchester Area Team (NHSE GMAT). School based immunisation programmes, as stipulated in the ‘Green Book’, are co-commissioned by NHSE GMAT and the Local Authority through this specification in line with the locality agreement.

2.5.2 Immunisations previously administered by school nurses prior to the transfer of commissioning responsibility to Local Authorities in April 2013 are included in the baseline funding allocation, for example school leaver booster. HPV and any new immunisations are funded directly by NHSE GMAT including HPV, and Men C.

2.5.3 Aim of the school based immunisation programme is:

To ensure children and young people are protected against vaccine preventable disease as recommended by Public Health England (PHE). Delivering the programme in an accessible, equitable way to the population who need it.

2.5.4 Ensuring the immunisation status of every eligible young person is assessed at every contact and appropriate immunisations administered. Any incomplete or missed immunisations are proactively followed up in a timely manner as per national guidance as set out in the Green Book and PHE document ‘Vaccination of individuals with uncertain or incomplete immunisation status’. Particular vaccines e.g. BCG and Hep B may be required for some children in an at risk group. Where school nurses cannot vaccinate relevant referral should be made to facilitate this.

2.5.5 Providers must ensure they maintain and improve current immunisation coverage with the aspiration of 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DH/ PHE guidance.

2.5.6 In order to achieve this providers must:

- agree a schedule of vaccination,
- local catch up arrangements must be specified,
- opportunities to remind the eligible population of the importance of vaccination must be taken,
- immunisation status of a young person must be actively considered.

2.5.7 School based immunisations are commissioned by NHS England who are co-commissioners with Local Authorities who lead on the commissioning of the wider school nursing service. The budget for HPV and Men C (adolescent dose) and any in year immunisations introduced will be allocated and paid by NHS England and will be reviewed and confirmed annually to the provider.
2.5.8 The provider must ensure that the requirements of the Green Book are met in regard to:

- consent (Green Book chapter 2)
- good practice requirements prior to immunisation (Green Book chapter 2)
- vaccine administration (Green Book chapter 3)
- vaccine storage and wastage (Green Book chapter 3)
- vaccine ordering (Green Book chapter 3)
- documentation (Green Book chapter 3)

2.5.9 Procedures must also include systems in place to identify, follow-up and offer immunisation to eligible individuals. The provider must work with their local Child Health Information Services (CHIS) to ensure updated child health information and recording of immunisation status is captured.

2.5.10 In relation to staffing, the provider must ensure an appropriate occupational health policy is in place to offer and vaccinate staff in accordance with national policy and Green Book recommendations, to provide protection of staff and their clients against vaccine preventable diseases. These include measles, Mumps, and Rubella and hepatitis B).

2.5.11 Appropriate equipment and suitable premises are needed to deliver a successful immunisation programme. Providers should develop appropriate relationships with educational providers to ensure suitable premises are available and risk assessed. Appropriate equipment, including disposable equipment, should meet approved quality standards. The provider should ensure that Anaphylaxis equipment is available at the point of immunisation.

2.6 Immunisation Recording and Reporting Requirements

2.6.1 Recording and reporting requirements are laid out in the Green Book chapter 4. The collecting and reporting of data is essential in order to maintain population safety and health. It has several key purposes including the local delivery of the programme and the monitoring of coverage at national and local level, outbreak investigation and response as well as providing information for ministers and the public. In-depth analysis underpins any necessary changes to the programme, which might include the development of targeted programmes or campaigns to improve general coverage of the vaccination. Accurate, accessible records of vaccinations given are important for keeping individual clinical records, monitoring immunisation uptake and facilitating the recall of recipients of vaccines if required.

2.6.2 The requirements set out in the Green Book include:

- recording in the General Practice record
- providing to the DH via Immform
- including in population immunisation registers, in most cases the CHIS
- recording HPV vaccination status on the NHAIS (Exeter System)

2.6.3 There is a requirement for adverse reactions or events to be reported via the Yellow Card Scheme (chapter 9 of the Green Book)

2.6.4 As part of this specification, providers are also required to report coverage to the local commissioner in order for planning and updating of the local programme to be undertaken.

2.6.5 The provider will collect and submit to both the Local Authority commissioner and NHSE GMAT
as appropriate, minimum data sets as required and defined by NHS England. The provider must meet all reporting requirements, including timeliness and accuracy, as specified nationally by NHS England. Providers should supply any reasonable ad hoc request from NHSE GMAT for activity data to support service delivery, improvement and planning. The Local Authority commissioner, NHSE GMAT and PHE will ensure the data is shared in order to ensure national requirements are met.

3. **Service Delivery**

3.1 **The School Nursing Service will:**

- Lead and co-ordinate local delivery of the HCP 5-19 requirements and use the school nurse vision as a framework to support delivery;
- Provide an integrated Public Health Nursing Service linked to children’s centres, general practice and education settings by having locality teams and nominated leads known to the stakeholders, including a named school nurse for every education setting;
- Deliver the universal HCP 5-19 through assessment of need by appropriately qualified staff, health promotion advice, screening and surveillance, engagement in health education programmes, involvement in key public health priority interventions for adults and communities, as specified within the HCP 5-19;
- Deliver Public Health interventions to school-age children and young people, including smoking cessation, physical activity, diet, healthy weight, oral health, emotional health and wellbeing, sexual health and healthy relationships, substance misuse, injury prevention, and work to keep children safe;
- Work with school leaders and school improvement services to identify population health needs;
- Undertake joint visits with other professionals in response to contact from families, where appropriate;
- Ensure there is a clear protocol of addressing the health needs of priority groups;
- Ensure and be able to evidence that the experience and involvement of families, carers and children will be taken into account to inform service delivery and improvement;
- Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect;
- Build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the family to support the outcomes for children;
- Build personal and family responsibility, laying the foundation for an independent life;
- Demonstrate the impact of the service provided through improved outcomes and service user feedback.
3.1.1 The school nursing service provides public health, social and emotional wellbeing and interventions at 4 levels. Figure 1 below shows what this will mean for children, young people and families.

An opportunity for school nurses to re-claim their role as Leaders and deliverers of public health to school-age children

Community

Universal services

Universal plus

Universal Partnership plus

Your Community describes a range of health services (including GP and community services) for children and young people and their families. School nurses will be involved in developing and providing these and making sure you know about them.

Universal services from your school nurse team provides the Healthy Child Programme 5-19 to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks; protecting health e.g. by immunisation; and identifying problems early.

Universal Plus provides a swift response from your school nurse service when you need specific expert help which might be identified through a health check or through providing accessible services where you can go with concerns. This could include managing long term health needs and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental wellbeing.

Universal Partnership Plus delivers ongoing support by your school nursing team as part of a range of local services working together and with you/your family to deal with more complex problems over a longer period of time.

Level 1 community offer: to provide advice to all school-aged children and their families with the local community, through maximising family support and the development of community resources with the involvement of community and voluntary resources.

Level 2 universal offer: Working in partnership with children, young people and families to lead and deliver the Healthy Child Programme 5-19 working with health visitors to programme a seamless transition upon school entry.

Level 3 universal plus offer: to identify vulnerable children, young people and families, provide and co-ordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex health needs.

Level 4 universal partnership plus offer: to work in partnership with partner agencies in the provision of intensive and multi-agency targeted packages of support where additional health needs are identified.

**Figure 1 The vision and model for school nursing**

3.1.2 School nurses have a crucial role in leading, coordinating and delivering the HCP 5-19. The school nursing team provides clinical expertise and will work across a range of setting and organisations including education services, general practice, secondary care and children’s services.
3.1.3 Health Promotion:

- Promoting health and wellbeing;
- Supporting injury prevention and reducing risk taking behaviours;
- Contributing to Personal, Social and Health Education (PSHE).

3.1.4 Identifying individual and population health needs:

- Assessing the child’s, young person’s and family’s strengths, needs and risks;
- Assessing physical health, growth and development and immunisation status;
- Leading, co-ordinating and delivering the National Child Measurement Programme (NCMP) and associated interventions and referrals identified;
- Developing school health profiles and working with school health improvement services to address needs;
- Identification of health needs through individual health needs assessment;
- Providing children, young people and parents / carers the opportunity to discuss their health concerns and aspirations;
- Identifying any mental or emotional health issues;
- Ensuring that appropriate support is available to meet health needs such as speech, language and communication;
- Undertaking recommended health assessment and reviews including:
  - Using reception / year 1 (age 4-5) school entry assessment (transition from 0-5 HCP to 5-19 school entry questionnaire);
  - Providing year 6/7 (age 10-12) assessment at transition from primary to secondary school;
- Working with schools to identify support for children with additional health needs.

3.1.5 The **Children and Families Act 2014** includes a number of new measures to protect the welfare of children, including:

- Changes to the law to give children in care the choice to stay with their foster families until they turn 21
- A new legal duty on schools to better support children at school with medical conditions
- Making young carers’ and parent carers’ rights to support from councils much clearer
- Reforms to children’s residential care to make sure homes are safe and secure, and to improve the quality of care vulnerable children receive
- A requirement on all state-funded schools - including academies and free schools – to provide free school lunches on request for all pupils in reception, year 1 and year 2
- Amendments to the law to protect children in cars from the dangers of second-hand smoke

3.1.6 As a part of this, the Children and Families Act states that governing bodies must make arrangements for supporting pupils at school with medical conditions. The school nursing service will contribute to identifying support to schools as they take on this new statutory responsibility. New guidance has been published by the Department for Education to assist services to achieve this requirement, **Supporting Pupils at School With Medical Conditions (April 2014)**.
3.1.7 Health protection:

- Identifying and reducing barriers to high coverage for all childhood immunisations (see section 2.5) in order to prevent serious communicable disease, particularly targeted at vulnerable groups;
- Leading, co-ordinating and providing relevant immunisations to school-age children and young people;
- Contribute to screening programmes, including Chlamydia, as appropriate to local requirements.
- Contribute to Infection control programmes and emergency planning, including outbreak response in schools.

3.1.8 Safeguarding:

The school nursing team must be involved in safeguarding procedures where there is an identified health need for a school-age child. Where there is no identified health need then the requirement to be involved in the process is dependent on the local pathway and protocol.

3.1.9 The provider must work collaboratively to ensure there is clarity regarding respective roles and responsibilities as identified within local protocols and policies in line with Working Together to safeguard Children\(^\text{16}\) and using the Safeguarding Pathway for health visitors and school nurses\(^\text{17}\), and the GM Safeguarding Partnership procedures Manual\(^\text{18}\) to provide clarity on roles and responsibilities;

- Providing universal public health interventions and preventative measures to reduce risk;
- Working in partnership with other key stakeholders to safeguard and protect children and young people;
- Working collaboratively to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate;
- Working together to provide support for vulnerable groups, including Children in Care, young carers, children with disabilities, NEET, children with mental wellbeing issues and young offenders;
- Supporting, and leading safeguarding, where appropriate.
- Facilitating access and contributing to targeted family support, including active engagement in the Troubled Families Programme.
- It is expected that the GM Sexual Health pathway for Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) will be adhered to alongside local safeguarding procedures. It is vital that the service provider works with colleagues across GM to report FGM and CSE in line with Department of Health guidelines.
- Working collaboratively to identify, support and refer children who are at risk of and / or experiencing domestic abuse.

3.1.10 Supporting children, young people and families:

- Ensuring that children, young people and families receive support that is appropriate for their needs with the most vulnerable families receiving interventions and coordinated integrated support, initiated through completion of a common assessment framework (CAF), including support for Children in Care, children with disabilities, NEET, children with mental wellbeing issues and young offenders;
- Supporting the development and strengthening key interfaces across organisations,
practitioners, children, young people and families, and their local communities;

- Actively ensuring that school-age children and young people not in employment, education or training, or educated at home receive the universal offer.

3.1.11 Using the evidence:

- Service delivery must be underpinned by strong evidence and standards, with regular reviews to determine impact. The HCP 5-19 schedule includes a number of evidence based preventative interventions, programmes and services.
- Providers will work with commissioners and key partners to determine which services are offered locally and by whom, based on locally available data, e.g. school health profiles.
- Providers will work with services users, parents and their families to help inform and develop which services are offered locally.

3.2 Care Pathway

3.2.1 School nursing teams have a leadership role in supporting children and young people, working in partnership with other agencies. The Department of Health has developed a suite of professional guidance and pathways to support delivery locally and offer clarity around roles and responsibilities for school nursing teams and key partner agencies. The pathways will be of particular interest to commissioners and providers.

3.2.2 Published pathways:
- Safeguarding
- Transition from health visiting to school nursing
- Youth Justice
- Domestic abuse
- Emotional Health and Wellbeing
- Young Carers
- Sexual Health
- Child Sexual Exploitation
- GM Sexual health guidelines (including CSE and FGM)
- Supporting children with complex and additional health needs
- The Health Needs of Looked After Children
- Healthy Lifestyles and Physical Activity
- Transition across the life course (0-19)

3.2.3 A number of local pathways have been identified as necessary to successful joint working across services. It is expected that providers will develop these with partners as appropriate and make them available to commissioners as evidence of joint working. The commissioners reserve the right to share these local pathways across GM to ensure that the best standards are maintained within the conurbation.

3.2.4 Local pathways include:

- Emotional / Mental Wellbeing (including self-harm and eating disorder)
- Absences from school due to health
- Stop Smoking
- Young Persons Substance Misuse and Treatment
- Safeguarding – school nursing element
- Sexual health (including CSE and FGM)
3.3 Geographic coverage / boundaries

3.3.1 All school-age children, young people and their families who are resident in the local authority should receive the HCP 5-19. There may be some local variation regarding boundaries therefore reciprocal arrangements need to be in place to ensure children and young people receive the best support available regardless of where they live.

3.3.2 Data collection will enable reports on activity for both the GP registered and the school populations.

3.3.3 The service will ensure that any coverage / boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding) of the child or young person must take precedent over any boundary discrepancies or disagreements.

3.4 Days / hours of operation

3.4.1 An appropriate level of service should be maintained throughout the year, including during school holidays. Services need to be responsive and flexible e.g. early mornings, lunchtimes, after school, evening and weekends and should use technology and innovation to ensure that they reach children and young people.

3.4.2 The core service will operate standards hours of 9 am – 5 pm, but will offer flexibility from 8 am – 8 pm to meet the needs of children and young people and their families.

3.5 Referral criteria and sources

3.5.1 There will be open access to the school health service. A child or young person may self-refer, be referred by their family or by teaching / school staff. Confidential drop in sessions in secondary schools provided by the school nurse are a critical aspect of the self-referral process, and should be advertised and promoted within locations where children and young people have access and can attend confidentially.

3.5.2 The school nursing service needs to determine the offer to those young people not in school, in conjunction with partner agencies, and share these arrangements with the commissioner.

3.6 Exclusion Criteria

3.6.1 The service is restricted to children, young people aged 0-19 and their families.

3.6.2 Whilst the service is offered to, and available for school-age children and young people resident within a local authority where these children attend independent schools only the immunisation element is automatically accessed through the school. Independent schools may choose to commission additional school nursing services. Other aspects of the universal offer may be made to such children and young people from locations other than the school e.g. children’s centres, GPs practices etc.
3.6.3 School health services for children who attend Special Schools are not necessarily commissioned by the Local Authority. However all children who attend these schools, and are resident in the local authority boundary, are entitled to the HCP 5-19.

3.7 Discharge processes

3.7.1 The service should ensure that there is a smooth transition into other services at the appropriate time. This could include the transition into youth services or to adult services where appropriate.

3.7.2 A formal process should be established to ensure that when a school-age child moves out of area an appropriate transfer takes place.

3.8 Response time and prioritisation

3.8.1 It is good practice for commissioners to work with providers to ensure that:

- The four levels of service delivery and care pathways are to be provided in full.
- All referrals from whatever source (including children, young people and families transferring in) will receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days.
- Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact within two working days.
- As a child approaches school entry, transition to the local school nursing service will be initiated in accordance with local policy. Similarly school nursing teams will work with adult services to ensure smooth transition in to adult services.
- Where school nurses are responsible for undertaking Children in Care / Looked After Children health assessments / reviews and care plans, these must be done to the national standards and within the statutory timeframe.
- Where a child moves out-of-area the school nursing service must ensure that the child’s health records are transferred to the school nursing service in the new area within 2 weeks of notification. Direct contact must be made to handover all child protection cases. Systems should be in place to assess the risk to children whose whereabouts are unknown.

3.9 Training and Development

3.9.1 Providers will ensure that appropriate training is undertaken within the service, for nurses this could include a postgraduate course leading to registration as a Specialist Community Public Health Nurse (where service need dictates).

3.9.2 Training should be undertaken as identified and required through local Safeguarding Children’s Boards, to address safeguarding issues and domestic abuse. Further areas where training is expected in order to deliver evidence based public health interventions include:

- Use of local screening tools
- Brief interventions in
  - Drug and alcohol misuse
  - Stop smoking
  - Sexual health
Healthy weight
○ FGM and CSE
Training should be updated at least every three years.

3.10 Relevant Clinical Networks and Screening Programmes

Relevant screening programmes include:
- National immunisation programme
- NCMP

In addition the following regular supervision should be offered:
- Safeguarding Supervision
- Clinical Supervision

4. Key Performance Measures

4.1 The following is a revised monitoring framework and will be reported quarterly unless stated otherwise.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Key Performance Indicator</th>
<th>Thresholds</th>
<th>Method of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reducing the prevalence of overweight &amp; obesity in school-age children &amp; young people</strong></td>
<td>NCMP – Number and % of children at reception and Yr 6 that participate in the NCMP</td>
<td>Not to fall below 90%.</td>
<td>Monthly information report from EMS, review at end of school year</td>
</tr>
<tr>
<td><strong>Promoting physical and emotional health and wellbeing of looked after children and vulnerable children</strong></td>
<td>Number and % of health reviews completed for Looked after Children (LAC) in mainstream education.</td>
<td>90% annually</td>
<td>Quarterly report</td>
</tr>
<tr>
<td><strong>Increasing population immunisation and vaccination cover</strong></td>
<td>Number and % of eligible children invited for immunisations</td>
<td>100%</td>
<td>Quarterly report broken down by: high school immunization type (e.g. HPV, Men C, School Leaver Booster)</td>
</tr>
<tr>
<td></td>
<td>Number and % of children that consent and are immunized</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HPV / SLB / Men C - 90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information request</td>
<td></td>
</tr>
<tr>
<td><strong>Information Requests</strong></td>
<td><strong>Improving access to public health and early intervention</strong></td>
<td><strong>Threshold 100%</strong></td>
<td><strong>Exception reporting of escalation issues in June / July noting schools that have not endorsed addressing information in health profile.</strong></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Number of DNA and reasons why</td>
<td>Service level agreements (SLAs) completed with all schools, influenced by needs identified in the School Health Profiles. Note presence in schools of policies / plans for identified medical conditions (see section on 'contributing to physical health' below)</td>
<td>Establish baseline</td>
<td>Quarterly report on no. of new &amp; repeat contacts, gender, age &amp; ethnicity. Breakdown to include reason for attendance by theme.</td>
</tr>
<tr>
<td>Percentage of secondary schools where a weekly school nurse drop in service is provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Promoting good mental health and wellbeing - supporting early intervention in mental ill health</strong></th>
<th><strong>Number of pupils supported through the emotional wellbeing pathway.</strong></th>
<th><strong>Information request</strong></th>
<th><strong>Quarterly report on the number of referrals to CAMHS &amp; no. of YP with mental wellbeing issues supported by school nurse team.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PHSE sessions</td>
<td>Thematic review summarising the health needs identified within the LAC reviews.</td>
<td>Establish baseline</td>
<td>Annual report of themes identifying health needs and follow-up actions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Implementing the</strong></th>
<th><strong>Number of PHSE sessions</strong></th>
<th><strong>Establish baseline</strong></th>
<th><strong>Annual summary of</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>universal health promotion elements of the HCP 5-19.</strong></td>
<td>delivered by</td>
<td>evaluations from PHSE sessions / awareness-raising sessions.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td></td>
</tr>
</tbody>
</table>
|  | • school  
• academic year  
• topic linked to SLA / school health profile |  |  |
|  | Case studies to identify behaviour change to reflect one or more of the prevention areas: unintentional injury, sexual health, smoking, substance misuse, emotional wellbeing & healthy weight | 1 per prevention area | Total of 6 case studies by March annually.  
Case study to reflect the You’re Welcome standards, user experience comments / feedback & implementation of care pathways. |

| **Contributing to physical health elements of the HCP 5-19** | Support the development and implementation of a policy in schools for the identified conditions | 100% of schools in 3 years | Exception reporting of escalation issues noting schools that do not have appropriate policies / plans  
Example policy to be shared with commissioner |
| --- | --- | --- | --- |
| **Medical conditions including:**  
Epilepsy  
Anaphylaxis  
Asthma | Support schools in the implementation of care plans for identified individual children | 100% of pupils with identified need have a care plan |  |
|  | No. of schools that are offered & accept awareness-raising sessions around managing anaphylaxis, epilepsy and asthma. | Offered to 100% of schools with identified need at each annual intake. | Exception reporting of schools that do not accept awareness raising sessions |
| **Quality of the user experience** | Users report satisfaction with the service and provision of support / intervention |  | Annual summary of user feedback / evaluation / surveys conducted as part of the annual report |
| **Implementation of care pathways** | Completion of local pathways (as identified in 3.2.4 of the service specification) | 100% over 2 years | Copies of completed local pathways provided. |
| **Workforce capacity** | Number of WTE School Nurses (broken down by |  | Quarterly report |
| registered nurse, school nurse and assistant roles) |  |
| Number of WTE school Nurses vacancies | Quarterly report |

### Audits

**Provision of health and development reviews.**

<table>
<thead>
<tr>
<th>Assessment during preschool and action plans developed for those identified as requiring additional support – number and % of total.</th>
<th>100% of children identified as needing support have action plans</th>
<th>Dip sample 50 audit of action plans / health assessments to identify quality, compliance and health needs identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment during year 6 and action plans developed for those identified as requiring additional support – number and % of total.</td>
<td>100% of children identified as needing support have action plans</td>
<td></td>
</tr>
<tr>
<td>Number of children on child protection plans who have received a health assessment, – number and % of total that had an identified health need.</td>
<td>Establish Baseline</td>
<td></td>
</tr>
</tbody>
</table>

**Implementing the universal health promotion elements of the HCP 5-19.**

| Identify and support schools to adopt a comprehensive ‘whole-school’ approach to health and wellbeing issues | Establish Baseline | Annual audit |

### Contractual Notice

**Improving access to public health and early intervention**

| Named school nurse identified for each school. | 100% | Contractual term specifying compliance |
| **Quality of the user experience** | Notification of withholding a service to an individual or discontinuation of a service in general | Exception reporting | Must inform the Authority in writing immediately and wherever possible in advance of taking such action outlining the reasons why. For an individual to include postcode of the service user. |

5. **Continual Service Improvement**

5.1 This Specification has set out the standards expected based on National Guidance with local enhancements. In many instances the KPIs included establish a baseline position which will be reviewed one year on. The Indicators will then be re-assessed to ensure that improvement is maintained year on year.

In addition to the performance framework contained within the national health visiting specification, Greater Manchester commissioners require the following to be collated and reported:
1. Population Needs

1.1 National/local context and evidence base

The Family Nurse Partnership programme (FNP) is an evidence-based, preventive programme for vulnerable first time young mothers. It is important to note that FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the family nurse instead of by health visitors delivers the HCP. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected.

FNP has a strong body of research evidence developed over 30 years in the USA with evidence reviews consistently identifying it as the most effective preventive early childhood programme for improving the health and development of vulnerable young mothers and their children. FNP is the UK replication of the Nurse Family Partnership Programme, developed by Professor David Olds and colleagues in the USA. At the University of Colorado, three large-scale randomised control trials of the programme have shown a range of benefits for children and mothers over the short, medium and long-term.

FNP has been tested in England since 2007; an independent evaluation of the first 10 pilot sites showed FNP could be implemented well in England, in accordance with the programme model and in the context of the NHS and that the potential for positive outcomes was good. A large-scale randomised control trial to assess the programme’s effectiveness in an English context is underway and due to report initially in early 2015. In England, the Parenting Programme Commissioning Toolkit has recently evaluated FNP and rated it as having the highest quality of evidence, one of only a few programmes rated at this level.

The FNP will support the delivery of national priorities and the statutory responsibilities of local partnerships. Priorities for children and young people are articulated through the children and young people’s plans which are owned and performance managed through children’s trust arrangements (or successor partnership).

2. Key Service Outcomes

2.1 Expected outcomes

Research evidence from the USA suggests that in addition to a reduction in the health, social and educational costs of supporting vulnerable children and families, we could see the following outcomes for those participating in the FNP programme:

For expectant and young mothers:

- Reduction in smoking in pregnancy
- Increased initiation and continuation of breast feeding
- An overall improvement in diet and nutrition
- Greater intervals between and fewer subsequent births
• Positive parenting and family relationships
• Increased engagement in training and employment

For children:
• Improved nutritional status achieved via delayed weaning using appropriate foods and methods.
• Improved emotional and social well-being through strong parent child attachment
• Increased immunisation rates
• Fewer accidents
• Reduction in child abuse and neglect
• Better language development

For young fathers:
• Greater involvement in parenting
• Improved family relationships
• Increased engagement in training and employment

Other outcomes we are seeking from testing the programme include:
• 100 families to benefit from the FNP
• Develop expertise in a minimum of 4 nurses and 0.5 supervisor
• Learn how to deliver the programme
• Make the organisational changes needed to deliver the programme well
• Build solid foundations for long term sustainability
• Contribute towards wider improvements in child health, maternity and wider services for children and families.
• Incorporate relevant learning and best practise from FNP into universal programmes and training.

Remaining / re-engaging in employment or education is crucial if young mothers are to secure jobs in the future that keeps their family out of poverty and disadvantage. 40% of young mothers have no qualifications 3 years after giving birth and research has shown that the factor which is most protective against poor outcomes for teenage mothers and their children in the longer term is being in a job they like. The Provider will work with partner agencies to support mothers back into Education, Employment or Training (EET).

The key performance measures for the FNP are:
• Birth statistics:
• Admissions to neonatal unit
• Gestation at birth
• Birth weight.
• Child health & development:
• Immunisations
• A&E admissions
• Hospitalisations for injuries and ingestions.
• Subsequent pregnancies, including mean interval between first and second pregnancy.
3. Scope

3.1 Aims and objectives of service

The primary purpose of the Family Nurse Partnership (FNP) is to reduce the impact of multiple deprivation and improve the short and long term health and wellbeing outcomes of vulnerable young first time mothers and their children, reducing the short and long term cost of caring for these children and families.

Demonstrate full engagement with the LA and other partners in the development and delivery of the early years and troubled families strategies in line with GMCA Early years and Complex Dependency Public Service Reform developments as they evolve.

Aims

FNP shares the over-arching aims of the HCP to reduce inequalities in outcomes and to ensure a strong focus on prevention, health promotion and early identification of needs. It has additional specific aims, which are to:

- improve the outcomes of pregnancy by helping young women improve their ante-natal health and the health of their unborn baby;
- improve children’s subsequent health and development by helping parents to provide more consistent competent care for their children; and
- improve women’s life course by planning subsequent pregnancies, finishing their education and finding employment.

Objectives

- To improve pregnancy outcomes for young first time mothers through their engagement in preventative health practices.
- To improve child health and development by helping parents to provide a secure, nurturing and stimulating environment for their children.
- To improve economic self-sufficiency of the family by helping parents to develop a vision for their own future with their baby.
- To ensure that families receiving the FNP also access the core HCP schedule.
- To maximise engagement of vulnerable clients through effective partnership relationships and offer evidence based preventive interventions and reduce inequalities in health and well being.

3.2 Service description

The FNP is a multi-dimensional programme that differs from mainstream services and must be delivered according to licensing and testing conditions in order to replicate the original research and
ensure benefits to children and families.

The FNP is part of the preventive pathway for the most disadvantaged and vulnerable infants within the Healthy Child Programme (HCP) and meets the evidenced based requirements for a progressive universal service.

The provider will deliver the implementation and delivery requirements for the FNP as set out in the Management Implementation Manual:

- Governance and leadership,
- Licensing requirements
- The FNP team
- Training
- Resource requirements
- Client recruitment pathways
- Information system
- User involvement
- Safeguarding

**Accessibility / acceptability**

Providers shall have systems in place for early identification and recruitment to maximise the enrolment of the most vulnerable clients in early pregnancy.

The FNP programme consists of structured home visits from early in pregnancy until the child is two, delivered by family nurses. The visits cover the six domains of personal health, environmental health, life course development, maternal role, family and friends and health and human services. The nurses use licensed programme guidelines, materials, methods and practical activities to work with the mother as well as the father and wider family, on understanding their baby, making changes to their behaviour, increasing their parenting capacity, developing emotionally and building positive relationships. FNP is based on the theories of human ecology, attachment and self-efficacy.

FNP is delivered in an integrated way with maternity, general practice, community health services, health visiting, children’s centres, Job Centres and third sector providers within the context of integrated children’s services and the HCP.

The service will be flexible and responsive, adapting to the individual needs of children and families whilst ensuring fidelity to the licensed FNP programme model.

The provider will deliver the implementation and delivery requirements for the FNP programme as set out in the FNP Sub-licensing Agreement for Providers and the FNP Management Manual. These documents are made available to prospective local sites.

Providers will be expected to have systems in place for early recruitment of young women (before 16 weeks gestation) to maximise the enrolment of eligible clients in early pregnancy, enabling them to get maximum benefit from the programme (see section below on recruitment pathways).

Providers will be expected to have clear operational standards in place, in relation to how the FNP interfaces with, and relates to, all of the agencies supporting the delivery of the HCP. Providers will also be expected to have pathways in place for families moving from FNP to universal HCP and children’s services. Providers will be expected to provide strong organisational leadership and support so the FNP programme can be delivered well in their area.
Family nurses will work in partnership with parents using the FNP guidelines, other programme materials and methods to enable mothers and fathers to increase their knowledge and understanding, set goals, make behaviour changes and develop their reflective capacity. This will enable them to build strong attachments with their baby, enhance their self-efficacy, develop effective strategies for good infant and toddler care-giving, strengthen and adapt to their parenting role.

Each site is required to recruit an FNP supervisor to lead the clinical implementation of the FNP programme with families. The FNP supervisor is responsible for the quality of programme delivery, using the FNP information system to support their assessment and improvement of implementation quality.

Service model

FNP will be delivered by a team of trained family nurses, led by the FNP supervisor and accountable to the local FNP Advisory Board. The FNP Advisory Board will be chaired by a local authority commissioner and consists of senior decision makers for children and young people’s services from the NHS, Local Authority and appropriate partner services. This strategic management group leads, plans, supports and sustains the delivery of the FNP programme locally. FNP will be delivered with fidelity to the FNP model, and meeting the programme’s core model elements and fidelity goals as set out in the license agreement.

Programme of FNP visits
- 1 per week first month
- Every other week during pregnancy
- 1 per week first 6 weeks after delivery
- Every other week until 21 months
- Once a month until age 2

Visits last 1-1½ hours and cover the following domains:
- Personal health – women’s health practices and mental health
- Environmental health – adequacy of home and neighbourhood
- Life course development – women’s future goals
- Maternal role – skills and knowledge to promote health and development of their child
- Family and friends – helping to deal with relationship issues and enhance social support
- Health and human services – linking to other services

The provider will implement the programme in accordance with the FNP Sub-licensing agreements and the expectations set out in the latest FNP Management Manual, provided by the FNP National Unit (by the new national delivery partner).

Record keeping, data collection systems and information sharing

- In line with clause 21 Service User Records and clause 27 Data Protection and Freedom of Information, providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and the safeguarding of personal data at all times.
- In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies including other health care providers, children’s social care and the police to enable effective holistic services to be provided to children and their families.
- The PCHR will be kept by parents and carers and will be completed routinely by both them and professionals working in the provider service.
• Appropriate records will be kept in the CHIS to enable data collection to support the delivery, review and performance management of services.
• Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children.
• Providers will be expected to have in place mechanisms for the systematic collection of high quality data to meet the core fidelity requirements of data collection for the FNP programme. Use of FNP data forms and the FNP information system (FNP IS) are central to this requirement and can be accessed via a web-based interface using the N3 network and NHS Open Exeter Portal.
• Family nurses will be required to keep and review records to monitor fidelity to the programme, visit content and for evaluation.
• The supervisor will monitor the collection of the data and ensure its use as a clinical tool.
• The supervisor will generate reports on programme delivery using the FNP IS that are to be used with the team and the FNP Advisory Board to improve and maintain the quality of the programme.
• The FNP team will be required to report to the quarterly Advisory Boards using an agreed reporting template based on the national Quarterly Summary Report.

FAB Quarterly Summary Report Template.xlsx

Quarterly Monitoring Form.xlsx

• The FNP team will use local CHIS to maintain clinical records and record information about each child including immunisation status.
• Family nurses and supervisors will be required to collect high quality data as set out in the programme guidelines and input this into the FNP IS. They will use this to monitor fidelity to the programme and inform continuous quality improvement of programme delivery.

Staff support

• The FNP Supervisor is responsible for clinical and safeguarding supervision, management of the family nurses, meeting their learning needs and team functioning.
• The FNP Supervisor will receive monthly supervision from the Designated Nurse: Safeguarding and Vulnerable Young People.
• The intensity of the FNP programme may expose additional challenges in relation to safeguarding and therefore the Provider will be expected to have in place clear policies that demonstrate the interface between the FNP and local safeguarding arrangements.

Providers will ensure fidelity to the model of supervision for family nurses.

• Weekly 1.1 supervision
• Fortnightly team case discussions
• 4-monthly joint home visits with the supervisor.
• Case discussion with a clinical psychologist monthly
Family nurses will be recruited from a range of professional nursing backgrounds and providers, meeting the person specifications provided in the Management Implementation Manual. The Provider will ensure that the supervisor and family nurses attend all training arranged by the central FNP team. The Provider will be required to have in place the following programmes to ensure a comprehensive skill set for all family nurses in addition to the FNP training:

- Competencies to deliver the HCP.
- An understanding of common childhood ailments.
- Child development.
- Infant and child nutrition.
- Safeguarding.
- An understanding of pregnancy, childbirth, teenage mothers and the inequalities experience by the client group.

Recruitment pathway

Those eligible will be identified by maternity services and notified to the FNP supervisor at 12 weeks gestation or earlier as far as possible. Clients must be enrolled on the programme no later than 28 weeks gestation with a specific fidelity goal to enrol at least 60% by 16 weeks gestation. Other services (e.g. GPs, education, children’s centres) are able to identify and refer potential clients to FNP. Offer of the programme and recruitment will be carried out by the FNP team.

FNP teams are expected to enrol clients onto the programme using a staged approach. Appointments will be generated for attendance at immunisations, screening tests and health reviews. Children/families who do not attend will be actively followed up by the family nurse.

Care Pathway

The following is an outline of the FNP care pathway:

- First time young mothers aged 19 and under will be offered FNP as part of the preventive pathway within the HCP. Young mothers enrolling on the programme will be visited by the same family nurse until the completion of the programme when the child is 2 years of age.
- The programme will be delivered to young mothers within the context of the immediate and extended families involving fathers and grandparents.
- Young mothers who accept the programme will receive structured visits from the family nurse in line with the FNP programme model.
- The family nurse will work closely with the midwives who will be responsible for the young mother’s midwifery care.
- Babies born into the programme will receive the HCP as part of the FNP. The family nurse will deliver the HCP and is responsible for ensuring access to the physical examination, newborn hearing screening, blood spot screening and immunisations.
- Before children reach the age of two years, the family nurse will notify the health visitor lead for the HCP team, and agree future service delivery. Families will be supported to access wider children’s services to meet their individual needs.
- The FNP Supervisor will have systems in place for effective communication, audit and information sharing for all aspects of the FNP with midwives, social care, health visitors, GPs and children’s centres.
- Young mothers who choose not to enrol on FNP will be notified back to the midwife who will continue to coordinate care for the family until 14-28 days after the birth of the baby ensuring the young mother has access to the universal and progressive aspects of the HCP.
- The Health Visitor will be notified of all young mothers whether they enrol or not.
• Every effort will be made by the family nurse to ensure continued engagement of the client in FNP. Clients who leave the programme before their child is 2 years old will be notified to the health visitor who is responsible for universal services, ensuring access to preventive services and to others providing the HCP (eg GPs). FNP teams will follow the new national delivery partner’s guidance and local guidance regarding clients who cannot be traced and will act to safeguard the child or other family members where risks are identified requiring further actions.

• Family nurses and supervisors will use the FNP Information System to record data about their clients and use this to inform how they deliver the programme.

• Where the FNP client has a second child during the time of her involvement with FNP, the family nurse will be responsible for delivery of the HCP to the family for the second child, in addition to the first, until the first child reaches the age of 2 years.

Discharge Criteria and Planning

• Discharge from FNP is age related. A client graduates from the programme when the child reaches 2 years of age and responsibility for HCP delivery is transferred back to universal services at this point. The programme includes materials and activities to prepare the client for the end of the programme and the family nurse will have introduced the client and her child to local services before this time.

• Before children reach the age of two years the family nurse will notify the health visitor lead for the HCP team and discuss the handover process with the client.

• Families will be supported to access children’s centres and the HCP matching services and interventions to their individual needs.

• When a child and family leave the area, there will be a clear local protocol in place to ensure continuity of services for the family. This may include the client continuing to access FNP from another FNP team or continuing to provide the FNP programme into another local area.

• Family nurses will continue to make all efforts to locate clients who cannot be found and persist in their efforts to re-engage clients who indicate that they no longer wish to receive the programme, either directly or by repeated missed visits.

• Once 6 months has passed with no client contact, the client will be classified as being an ‘inactive’ case on the nurse’s caseload and the nurse can re-recruit to that vacancy. Inactive clients can subsequently return to the programme if they wish and if there is capacity in the FNP team.

• If a client with significant risk or safeguarding factors is not receiving programme visits for any reason, local safeguarding processes should be implemented.

• Young mothers who choose not to accept FNP will be notified to the midwife who will continue to coordinate care for the family until 14-28 days after the birth of the baby ensuring the young mother has access to the universal and progressive aspects of the HCP.

3.3 Population covered

FNP target population

FNP is a voluntary programme, targeted to first time mothers aged 19 and under (at last menstrual period) with the aim to enrol women on the programme as early as possible in pregnancy, ideally before 16 weeks and no later than 28 weeks gestation.

Other specific criteria, regarding geographical location need to be agreed with each site according to predicted population needs; advice can be sought from the new national delivery partner on this. FNP will remain a voluntary programme, working in local areas which have the capacity to deliver it well.
Geographic coverage/boundaries

- Children and families who are resident within the locality.
- Where appropriate, it is expected that Family Nurses will follow their clients across organisational boundaries to maintain engagement in the programme.

Location(s) of Service Delivery

FNP is a home based visiting programme, however family nurses will be expected to be able to offer parents a choice of location where this is most appropriate e.g. GP surgeries, children’s centres, community health services, extended schools, health centres, café etc.

Subject to local determination, it is expected that family nurses will follow their clients across organisational boundaries, when feasible, to maintain engagement in the programme.

The team will need access to an N3 connection (an NHS secure broadband network, through which NHS information systems are delivered and accessed) in order to access the FNP Information System and consideration.

Days/Hours of operation

- Hours of operation need to fit around the needs of the family and the Provider is expected to support ‘out of hours’ working.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion criteria

Pregnant girls are excluded if they meet any of the following criteria:

- Aged 20 years and above at last menstrual period.
- Referrals received after the 28th week of pregnancy.
- They have given birth previously to a live child.
- They plan to have their child adopted.
- They plan to leave the FNP agreed visiting area during the period that they would receive the programme i.e. before their child reaches 2 years of age, for an extended period of time (3 months or longer) or permanently.

Response time & detail and prioritisation

- A family nurse will make contact with the pregnant teenagers within 2 working days of receiving the FNP recruitment notification.
- Families seeking telephone advice and support from a family nurse or health professional will receive a response within one working day.

3.5 Interdependencies with other services

Whole System Relationships

The FNP is a specialist programme delivered by a self-managing team and does not fit easily into existing professional groupings. Key working relationships for the benefit of children and families are:

- Maternity services
- Children’s Centres
- Psychology services
• Child Health Promotion Programme universal services
• Integrated Health Team
• Local parenting programmes
• Local Authority Safeguarding
• Social care
• Teenage pregnancy services
• General practice
• Targeted youth support including Connexions and Youth Service
• Adult social care, mental health, learning disabilities, drug and alcohol
• Childcare providers
• Benefits and Housing
• Contraceptive and Sexual Health Services.

The FNP programme is a progressive aspect of the HCP which depends on contributions from maternity services, general practice, community health services and Sure Start Children’s Centres. Working together across all these services is most important for disadvantaged children and those with additional needs. Testing the FNP means finding out which service fit makes sense for parents and children and the FNP team.

The pregnancy phase of the FNP is vital to achieving the programme benefits and recruitment needs to take place early in programme. Maternity services are lead partners in ensuring successful delivery of the FNP.

Providers will have clear operational standards in place in relation to how the FNP interfaces with, and relates to, all of the agencies supporting the delivery of the HCP.

Providers will have pathways in place for families moving from the FNP to universal children’s services.

**Interdependencies**

Safeguarding is at the heart of the FNP and providers will ensure the programme is embedded into local safeguarding arrangements within health and local authorities.

Midwifery, local authority, and community health services are the key inter-dependents.

National interdependencies are with the FNP central team at the Department of Health.

**Service Integration**

• As an early intervention and surveillance programme the HCP relies on the following systems that are out of scope of this service specification being in place:
• Joint planning and monitoring of child health outcomes and HCP delivery with local authorities (social care, early years and public health) and general practice, in particular to ensure a seamless transition at age 5.
• Integrated pathways of care with maternity, school health and other services such as those for disabled children.
• Referral pathways to other NHS secondary care services that address identified needs including speech and language therapy, infant and parental mental health, NHS safeguarding supervision and advice, primary care, paediatrics, smoking cessation contraceptive services and maternity services.
• Referral pathways to non-NHS services including safeguarding, social care, children's
centres, early year’s education and parenting support.
- Information sharing agreements with wider health and local authority services.

A number of tools are available to help providers and commissioners to enhance and extend joint working practices and improve outcomes for children and their families.

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

Key NICE public health guidance include:

- PH6 - Behaviour change at population, community and individual level (Oct 2007)
- PH9 - Community engagement (July 2010)
- PH11 - Maternal and child nutrition (March 2008)
- PH17 - Promoting physical activity for children and young people (Jan 2009)
- PH26 - Quitting in smoking in pregnancy and following childbirth (June 2010)
- PH21 - Differences in uptake in immunisations (Sept 2009)
- PH12 - Social and emotional wellbeing in primary education (March 2008)
- PH27 - Weight management before, during and after pregnancy (July 2010)
- PH28 - Looked-after children and young people: Promoting the quality of life of looked-after children and young people (October 2010)
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 Issued (November 2010)
- CG62 - Antenatal care: routine care for the healthy pregnant woman (March 2008)
- CG45 - Antenatal and postnatal mental health: clinical management and service guidance (February 2007)
- CG89 - When to Suspect Child Maltreatment (July 2009)

4.2 Applicable local standards
### 6. Key performance Indicators

<table>
<thead>
<tr>
<th>Performance Indicator heading</th>
<th>Indicator</th>
<th>Method of Measurement</th>
<th>Frequency of measurement</th>
<th>Consequence of breach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment and Enrolment</td>
<td>At least 60% enrolled before 16 weeks of pregnancy and 100% no later than the 28 weeks.</td>
<td>1) FNP Dashboard, 2) Annual review</td>
<td>1) Quarterly, 2) Annually</td>
<td>A failure to achieve target will be discussed during the quarterly Advisory Board meetings</td>
</tr>
<tr>
<td></td>
<td>100% clients enrolled are first-time mothers, within the specified site age bracket</td>
<td>3) FNP Dashboard, 4) Annual review</td>
<td>3) Quarterly, 4) Annually</td>
<td>A failure to achieve target will be discussed during the quarterly Advisory Board meetings</td>
</tr>
<tr>
<td></td>
<td>75% of eligible clients who are offered the programme are enrolled</td>
<td>1) FNP Dashboard, 2) Annual review</td>
<td>1) Quarterly, 2) Annually</td>
<td>A failure to achieve target will be discussed during the quarterly Advisory Board meetings</td>
</tr>
<tr>
<td></td>
<td>Each nurse enrolls 25 families (or pro rata adjusted) within 12 months of recruitment commencing</td>
<td>1) FNP Dashboard, 2) Annual review</td>
<td>1) Quarterly, 2) Annually</td>
<td>A failure to achieve target will be discussed during the quarterly Advisory Board meetings</td>
</tr>
<tr>
<td>Attrition</td>
<td>40% or less through to the child’s second birthday</td>
<td>1) FNP Dashboard, 2) Annual review</td>
<td>1) Quarterly, 2) Annually</td>
<td>A failure to achieve target will be discussed during the quarterly Advisory Board meetings</td>
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<tr>
<td>Programme at no more than these rates:</td>
<td>Dosage</td>
<td>Programme Average Time Devoted to Content</td>
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<tr>
<td>10% or less during the pregnancy phase.</td>
<td>20% or less during infancy phase</td>
<td>On average, length of home visits with participants is &gt; or = 60 minutes</td>
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<tr>
<td>20% or less during infancy phase</td>
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<tr>
<td>10% or less during toddlerhood</td>
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<tr>
<td>Dosage Clients receive:</td>
<td>80% or more of expected visits during pregnancy</td>
<td>Average Time Devoted to Content</td>
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<tr>
<td></td>
<td>65% or more of expected visits during infancy</td>
<td>1) FNP Dashboard 2) Annual review</td>
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<tr>
<td></td>
<td>60% or more of expected visits during toddlerhood</td>
<td>1) Quarterly 2) Annually</td>
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<tr>
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<td>80% or more of expected visits during pregnancy</td>
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<td>65% or more of expected visits during infancy</td>
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<td>60% or more of expected visits during toddlerhood</td>
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<td>On average, length of home visits with participants is &gt; or = 60 minutes</td>
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Programme: Average Time Devoted to Content

1) FNP Dashboard 2) Annual review

1) Quarterly 2) Annually

A failure to achieve target will discussed during the quarterly Advisory Board meetings

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A failure to achieve target will discussed during the quarterly Advisory Board meetings
<table>
<thead>
<tr>
<th>Content</th>
<th>Domains during Pregnancy</th>
<th>Average Time Devoted to Content Domains during Infancy</th>
<th>Average Time Devoted to Content Domains during Toddlerhood</th>
</tr>
</thead>
</table>
| It is expected that the content of home visits reflects variation in developmental needs of participants across the programme phases: | • Personal Health - 35-40%  
• Environmental Health - 5-7%  
• Life Course Development - 10-15%  
• Maternal Role - 23-25%  
• Family and Friends - 10-15% | 1) FNP Dashboard  
2) Annual review | 1) FNP Dashboard  
2) Annual review |
| 2) Annual review | 2) Annually | 1) Quarterly  
2) Annually | 1) Quarterly  
2) Annually |
| | A failure to achieve target will discussed during the quarterly Advisory Board meetings | A failure to achieve target will discussed during the quarterly Advisory Board meetings | A failure to achieve target will discussed during the quarterly Advisory Board meetings |

**Domains during Pregnancy**
- **Personal Health - 35-40%**
- **Environmental Health - 5-7%**
- **Life Course Development - 10-15%**
- **Maternal Role - 23-25%**
- **Family and Friends - 10-15%**

**Average Time Devoted to Content Domains during Infancy**
- **Personal Health - 14-20%**
- **Environmental Health - 7-10%**
- **Life Course Development - 10-15%**
- **Maternal Role - 45-50%**
- **Family and Friends - 10-15%**

**Average Time Devoted to Content Domains during Toddlerhood**
- **Personal Health - 10-15%**
- **Environmental Health - 7-10%**
- **Life Course Development - 18-20%**
- **Maternal Role - 40-45%**
- **Family and Friends - 10-15%**
### Date:

<table>
<thead>
<tr>
<th>FNP Team</th>
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<tbody>
<tr>
<td>Strengths</td>
<td>Challenges</td>
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<tr>
<th>Provider Organisation</th>
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<tbody>
<tr>
<td>Strengths</td>
<td>Challenges</td>
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<tr>
<th>FNP Advisory Board</th>
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<tr>
<td>Strengths</td>
<td>Challenges</td>
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<td>Safeguarding</td>
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<tr>
<td>Strengths</td>
<td>Challenges</td>
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<tr>
<th>Learning from the last quarter (e.g. feedback from FNP learning day, local learning, new guidance etc.)</th>
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<tr>
<td>Strengths</td>
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<table>
<thead>
<tr>
<th>Client Involvement in the last quarter (e.g. Graduation celebrations, focus groups etc.)</th>
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<tbody>
<tr>
<td>Strengths</td>
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</table>
### Caseload

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<thead>
<tr>
<th>Team Capacity (places)</th>
<th>Expected Caseload (based on current team position)</th>
<th>Actual Caseload</th>
<th>% of Actual to Expected Caseload</th>
</tr>
</thead>
</table>

### Enrolment

% enrolled by 16 weeks pregnancy (goal = 60%)

<table>
<thead>
<tr>
<th></th>
<th>Last 3 months</th>
<th>Last 12 months</th>
<th>Previous 12 months</th>
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<tbody>
<tr>
<td>Number of clients enrolled in period</td>
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<tr>
<td>Percent enrolled by 16th week of pregnancy</td>
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</table>

% clients enrolled of those who are offered the programme (goal = 75%)

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<th>Last 3 months</th>
<th>Last 12 months</th>
<th>Previous 12 months</th>
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### Programme Dosage (stage completers)

#### Pregnancy

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<tr>
<th></th>
<th>Last 3 months</th>
<th>Last 12 months</th>
<th>Previous 12 months</th>
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<tbody>
<tr>
<td>Number of clients completing pregnancy in period</td>
<td></td>
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<td></td>
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<tr>
<td>Proportion of clients receiving 80% or more of expected visits</td>
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#### Infancy

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<tr>
<th></th>
<th>Last 3 months</th>
<th>Last 12 months</th>
<th>Previous 12 months</th>
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<tbody>
<tr>
<td>Number of clients completing infancy in period</td>
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<td>------------------------------------------------</td>
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<tr>
<td>Proportion of clients receiving 65% or more of expected visits</td>
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</table>
## Toddlerhood

<table>
<thead>
<tr>
<th>Last 3 months</th>
<th>Last 12 months</th>
<th>Previous 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients completing toddlerhood in period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of clients receiving 60% or more of expected visits</td>
<td></td>
<td></td>
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</tbody>
</table>

## Attrition

<table>
<thead>
<tr>
<th>Programme Stage</th>
<th>Number of clients who completed the stage in last 12 months</th>
<th>Number of leavers in last 12 months</th>
<th>Number of inactives in last 12 months</th>
<th>% attrition in last 12 months</th>
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<td>% leavers</td>
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## Actions as a result of FNP Advisory Board Discussions today

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<th>By when and lead?</th>
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<td>Outstanding actions from previous discussions (including Annual Review action plan)</td>
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<td><strong>Who is going to do it?</strong></td>
<td><strong>By when and lead?</strong></td>
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References

1 Healthy Child Programme – 5-19 years (DH 2009, amended 2010)

2 Maximising the School Nursing Team Contribution to the Public Health of School-Age Children (DH April 2014)

3 Getting it Right for Children, Young People and Families; the School Nursing Development Programme (DH, updated April 2012)

   http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

5 Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays (DH 2013)

6 Public Health Outcomes Framework (DH 2012)


8 Better health outcomes for children and young people – Our Pledge (DH, 2013)

9 CMO Annual Report: Volume One, 2011 ‘On the State of the Public’s Health’

10 National Institute for Health and Care Excellence – full listing of documents given in appendix 2
   https://www.nice.org.uk/


12 You’re Welcome Quality Criteria (DH, 2011)

14 Supporting Pupils at School with Medical Conditions (DE, 2014)

15 Children and Families Act (HM Government 2014)

16 Working Together to safeguard Children (DE, 2013)

17 Safeguarding Pathway for health visitors and school nurses (DH & DE, 2012)

18 GM Safeguarding Partnership procedures Manual (GMSP 2014)
http://greatermanchesterscb.proceduresonline.com/chapters/contents.html
Appendix 1

Applicable National Standards / NICE Guidance

- PH3 Prevention of sexually transmitted infections and under 18 conceptions (Feb 2007)
- PH4 Interventions to reduce substance misuse amongst vulnerable young people (Mar 2007)
- PH6 Behaviour change at population, community and individual level (Oct 2007)
- PH7 School based interventions on alcohol (Nov 2007)
- PH8 Physical activity and the environment (Jan 2008)
- PH9 Community engagement (Jul 2010)
- PH11: Maternal and child nutrition (March 2008)
- PH12 Social and emotional wellbeing in primary education (Mar 2008)
- PH14 Preventing the uptake of smoking by children and young people (Jul 2008)
- PH17 Promoting physical activity for children and young people (Jan 2009)
- PH20 Social and emotional wellbeing in secondary education (Sept 2009)
- PH21 Differences in uptake in immunisations (Sept 2009)
- PH23 School based interventions to prevent smoking (Feb 2010)
- PH24 Alcohol-use disorders: preventing harmful drinking
- PH27: Weight management before, during and after pregnancy
- PH28 Looked-after children and young people: Promoting the quality of life of looked-after children and young people (Oct 2010)
- PH29 Strategies to prevent unintentional injuries among children and young people aged under 15 (Nov 2010)
- PH30 Preventing unintentional injuries among under-15s in the home (Nov 2012)
- PH31 Preventing unintentional road injuries among under-15s: road design (Nov 2010)
- PH40 Social and emotional wellbeing – early years (2012)
- PH41 Walking and cycling (Nov 2012)
- PH42 Obesity – working with local communities (Nov 2012)
- PH44 Physical activity: brief advice for adults in primary care
- PH46 Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK.
- PH47 Managing overweight and obesity among children and young people (Oct 2013)
- PH49 Behaviour change: individual approaches
- PH51: Contraceptive services with a focus on young people up to 25
- CG43 Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
- CG45 Antenatal and postnatal mental health: clinical management and service guidance (Feb 2007)
- CG89 When to Suspect Child Maltreatment (Jul 2009)
- QS31 Quality standard for the health and wellbeing of looked-after children and young people (2013)
- QS43 Smoking cessation: supporting people to stop smoking
- QS48 Depression in children and young people
- QS94: Obesity in children and young people: prevention and lifestyle weight management programmes
- Evidence update 29: Strategies to prevent unintentional injury among children and young people aged under 15 (March 2013)
Appendix 2

Definitions

Whole School Approach: Emotional Wellbeing

Taken from NICE guidance Social and emotional wellbeing in primary education (PH12) - Develop and agree arrangements as to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. All primary schools should: create an ethos and conditions that support positive behaviours for learning and for successful relationships, provide an emotionally secure and safe environment that prevents any form of bullying or violence, support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children), provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems, offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing.

Whole School Approach: Smoking Reduction

Taken from NICE Guidance School-base interventions to prevent smoking (PH23) - Develop a whole-school or organisation-wide smoke free policy in consultation with young people and staff. This should include smoking prevention activities and staff training and development. Ensure the policy forms part of the wider healthy school or healthy further education strategy on wellbeing, sex and relationships education, drug education and behaviour. Apply the policy to everyone using the premises (grounds as well as buildings), for any purpose, at any time. Do not allow any areas in the grounds to be designated for smoking (with the exception of caretakers’ homes, as specified by law). Widely publicise the policy and ensure it is easily accessible so that everyone using the premises is aware of its content. (This includes making a printed version available.) Ensure the policy supports smoking cessation in addition to prevention, by making information on local NHS Stop Smoking Services easily available to staff and students. This should include details on the type of help available, when and where, and how to access the services.

Brief Interventions:

By this we mean a conversation that aims to give people the tools to change attitudes and handle underlying problems. It should include assessing an individuals' motivation to change, explaining the consequences of behaviours, giving advice to change behaviour, providing a range of options to change, encouraging self-efficacy, agreeing steps on the journey and offering follow up.

Child Sexual Exploitation:

The sexual exploitation of children and young people involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection gifts, money) as a result of performing, and/or others performing on them, sexual activities. In all cases those exploiting the child/young person have power over them by any of the following reasons; their age, gender, intellect, physical strength, economic or other resources.
**Female Genital Mutilation:**

FGM is any procedure which involves the partial or complete removal of the external female genitalia, or other injury to the female genital organs for no medical reason. Some cultures believe that FGM is necessary to ensure acceptance by their community, however this custom is against the law in the UK. Furthermore, it is an offence to take a female out of the UK for FGM or for anyone to circumcise women or children for cultural or non-medical reasons here in the UK.

**Types of schools:**

*Maintained Schools*
Maintained schools are schools state funded and maintained by local authorities. There are several types of maintained school:
- Community schools, controlled by the local council and not influenced by business or religious groups.
- Foundation schools, with more freedom to change the way they do things than community schools.
- Grammar schools, run by the council, a foundation body or a trust - they select all or most of their pupils based on academic ability and there is often an exam to get in
- Voluntary Aided School, state – funded where a foundation or trust (usually a religious organisation), contributes to building costs and has a substantial influence in the running of the school.
- Voluntary Controlled schools , have all their running costs met by the State, but with their land and buildings typically owned by a charitable foundation, which also appoints about a quarter of the school governors.
- Special School, caters for students who have special educational needs due to severe learning difficulties, physical disabilities or behavioural problems. Special schools may be specifically designed, staffed and resourced to provide appropriate special education for children with additional needs.

*Acedemies*
Academies are publicly funded independent schools. They don't have to follow the national curriculum and can set their own term times. They still have to follow the same rules on admissions, special educational needs and exclusions as other state schools. Academies get money direct from the government, not the local council. They're run by an academy trust which employs the staff.

Some academies have sponsors such as businesses, universities, other schools, faith groups or voluntary groups. Sponsors are responsible for improving the performance of their schools.

*Free Schools*
Free schools are funded by the government but aren't run by the local council. They have more control over how they do things. They're 'all-ability' schools, so can't use academic selection processes like a grammar school. Free schools can set their own pay and conditions for staff and change the length of school terms and the school day. They don't have to follow the national curriculum.

Free schools are run on a not-for-profit basis and can be set up by groups like charities, universities, independent schools, community and faith groups, teachers, parents, businesses

*Independent Schools / Private Schools*
Independent / Private schools charge fees to attend instead of being funded by the government. It is a school that is independent in its finances and governance; it is not dependent upon national or local government for financing its operations, nor reliant on taxpayer contributions, and is instead funded by a combination of tuition charges, donations, and in some cases the investment
yield of an endowment. It is governed by a board of directors that is elected by an independent means and a system of governance that ensures its independent operation. Pupils don’t have to follow the national curriculum. All private schools must be registered with the government and are inspected regularly.
# Appendix 3

## Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
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<td>CAADA</td>
<td>Co-ordinated Action Against Domestic Abuse</td>
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<td>CAF</td>
<td>Common Assessment Framework</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<td>CSE</td>
<td>Child Sexual Exploitation</td>
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<td>DASH</td>
<td>Domestic Abuse, Stalking and 'Honour'-based Violence</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>Greater Manchester</td>
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<td>General Practitioners</td>
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<td>HCP 5-19</td>
<td>Healthy Child Programme 5-19</td>
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<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<td>KPI</td>
<td>Key Performance Indicators</td>
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<td>LAC</td>
<td>Looked After Children</td>
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<td>MARAC</td>
<td>Multi Agency Risk Assessment Conference</td>
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<td>NCMP</td>
<td>National Child Measurement Programme</td>
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<td>NEET</td>
<td>Not in Education, Employment or Training</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
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<td>PSHE</td>
<td>Personal Social and Health Education</td>
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<td>SCPHN</td>
<td>Specialist Community Public Health Nurses</td>
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<td>SLA</td>
<td>Service Level Agreement</td>
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Appendix 4: Evidence and NICE guidance


31. UNICEF UK Baby Friendly Initiative http://www.unicef.org.uk/babyfriendly/


34. Managing complex health needs in schools and early years settings (DfES, 2005) http://www.amazon.co.uk/Including-Me-Managing-Complex-Settings/dp/1904787606 (Please note: this link opens to the bookstore for purchase of copies of this edition).


50. The RCN’s UK position on school nursing (February 2012) http://www.rcn.org.uk/__data/assets/pdf_file/0004/433282/School_nursing_position_statement_V5FINAL.pdf


61.6 Early Years High Impact Area 6 – health, wellbeing and development of the child age 2 – two year old review (integrated review) and support to be ‘ready for school’ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413134/2903110_Early_Years_Impact_6_V0_2W.pdf


70. The FNP Information Pack http://www.fnp.nhs.uk/fnp-information-pack


73. Milford R, Oates J. Universal screening and early intervention for maternal mental health and attachment difficulties. Community Practitioner, 2009; 82(8)

74. Perinatal Mental Health for Health Visitors http://www.e-lfh.org.uk/programmes/perinatal-mental-health/


82. Maternal mental health pathway aims to provide a structured approach https://www.gov.uk/government/news/maternal-mental-health-pathway-aims-to-provide-a-structured-approach


86. A health visiting career https://www.gov.uk/government/publications/a-health-visiting-career


97. Students starting secondary school urged to get to know their school nurse https://www.gov.uk/government/publications/students-starting-secondary-school-urged-to-get-to-know-their-school-nurse


100. School health service: Briefing for local council members https://www.gov.uk/government/publications/school-health-service-briefing-for-local-council-members

101. Safeguarding children including a focus on prevention, early help, targeted support, early intervention and sharing of information http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children


105. Parental and infant perinatal mental health and early attachment For best practice see Tameside & Glossop Early Attachment Service https://www.stockport.nhs.uk/serviceview/96/early-attachment-service

105
106. Parenting Programme Pathway (Social and Emotional Development) (Greater Manchester Public Service Reform Early Years Programme)


108. Nutrition and healthy weight including failure to thrive (NCMP and PHE via http://www.noo.org.uk)


113. Families with complex and multiple needs including ‘troubled families’: https://www.gov.uk/government/publications/troubled-families-supporting-health-need


116. School nursing development Programme: maximizing the support for children with complex and or additional health needs. http://www.middlesbrough.gov.uk/CHttpHandler.ashx?id=6797&p=0


Guidance in development:

122. Early years: promoting health and wellbeing (due to be published in August 2016)

123. Faltering growth: recognition and management of faltering growth in children (due to be published in 2017)
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 2c

Item for: Decision/Assurance/Information (Please underline and bold)

22 January 2020

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<th>Director of Corporate Services</th>
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<td>9 January 2020</td>
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<td>Subject:</td>
<td>Terms of Reference for Adults’ Commissioning Committee, Children’s Commissioning Committee and Health and Care Commissioning Board</td>
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<tr>
<td>In case of query Please contact:</td>
<td>Jenny Noble Head of Governance and Policy Carol Eddleston Senior Democratic Services Advisor</td>
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<tr>
<td>Strategic Priorities:</td>
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Purpose of Paper:

To consider and recommend for approval an amendment to the Terms of Reference for the Adults’ Commissioning Committee, Children’s Commissioning Committee and Health and Care Commissioning Board in order to reduce the risk of a meeting not being quorate due to the number of voting members required to be in attendance.
Further explanatory information required

| **HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?** | This change to clarify the quoracy position will ensure that formal decisions can be taken when required. |
| **WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?** | None |
| **WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?** | None |
| **DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?** | None |
| **PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.** | All voting members have a potential interest in this change which will be managed in line with organisational policy. |
| **PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:** | None |

Footnote:

Members of Health and Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
## Document Development

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<td>Paper considered by Integrated Leadership Team on 18 December 2019.</td>
<td>Recommended for formal approval in January.</td>
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**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
1. Executive Summary

Since the new integrated commissioning governance arrangements were established earlier in the year there have been instances where meetings have not been quorate due to the number of voting members present.

This report seeks approval of a proposal to reduce the number of voting members required to be in attendance from each of SCCG and SCC from three to two on each of the Adults’ Commissioning Committee, Children’s Commissioning Committee and Health and Care Commissioning Board.

2. Background

2.1 The Terms of Reference (ToR) of the Health and Care Commissioning Board (H&CCB) and its Committees were approved earlier in 2019/20 as part of the NHS Salford Clinical Commissioning Group (SCCG) and Salford City Council (SCC) Partnership Agreement relating to integrated health and care commissioning arrangements.

2.2 It was always intended that the ToR would be formally reviewed by SCC and SCCG by March 2020 as part of a wider governance review in the spring although they may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.

2.3 Following early discussions at the Adults’ Commissioning Committee (ACC) and more recently at the Children’s Commissioning (CCC), clarity has been sought regarding quorum. The ToR of the H&CCB, CCC and ACC state:

“The Board/Committee will be quorate providing one-third of the voting membership is an attendance, with at least three members present from each of SCCG and SCC.”

2.4 This appears to contradict itself and is a little confusing for those supporting the meetings about what constitutes a quorum so it is proposed that we make an amendment now and not wait until the date above so that meetings are quorate and clear decisions can be made. These proposals include the proposed ToR changes and a proposed governance route to approve the changes which were supported by the Integrated Leadership Team.

2.5 This paper does not include changes to the Primary Care Commissioning Committee (PCCC) ToR which will be reviewed as part of the CCG’s constitution review in January. There have been no instances of inquorate meetings.
3. **Current situation**

3.1 Although the ToR are working effectively in the main, there have been instances where the quoracy requirements have proved challenging in relation to the SCC membership of the ACC, CCC and H&CCB. Whilst the committees aim to achieve a consensus for all decisions, rather than a vote, a meeting must be quorate in order for a decision to be taken. Although SCCG and SCC have an equal number of members on each of the committees, the ‘voting membership’ of SCC is restricted to elected members and excludes SCC senior officer members.

3.2 In the case of the ACC and CCC there are four SCC voting members so the absence of two or more would render a meeting inquorate and no formal decisions could be taken. As there are seven SCCG voting members the likelihood of five being unable to attend and render a meeting inquorate is considered to be relatively low.

3.3 In the case of the H&CCB there are six voting seats allocated to SCC elected members, including to the Deputy City Mayor and to the Lead Member for Children’s and Young People’s Services. Since the terms of reference were drafted, however, responsibility for Children’s and Young People’s Services has transferred to the Deputy City Mayor, meaning that, in practice, the maximum number of SCC voting members is five. If three or more elected members are unable to attend, a meeting would be rendered inquorate and no formal decisions could be taken. As there are ten SCCG voting members the likelihood of eight being unable to attend and render a meeting inquorate is considered to be low.

3.4 The lack of a quorum at any meeting does not prevent the discussion of items which are included on the agenda for assurance or information purposes.

3.5 Three decisions have been taken since May, two at ACC on 11 September:

- Great Places Learning Disability Supported Housing Proposal – Feasibility Assessment, and
- Additional Care Home Fees for Hospitality Charges Above Care Requirements

3.6 There were eight out of 11 voting members present and at least three members present from each of SCCG and SCC. Therefore it was suggested that the meeting was quorate as one-third on the voting membership was in attendance, however, the three members from each of the SCCG and SCC were not all voting members, which we now understand was the intent. At that meeting apologies were received from two of the SCC voting members but both of them had attended the Lead Member briefing and no particular concerns or comments had been raised about either item.

3.7 The other decision was taken at CCC on 24 July – to approve the service model for the proposed redesign of Salford Children’s Services – and this meeting was also quorate.
3.8 Non-voting and voting members from both SCCG and SCC take their role and responsibilities as committee members very seriously and endeavour to attend meetings as regularly as possible. Inevitably however, as senior representatives of their respective body, there are occasions when members cannot attend due to other unavoidable work or personal commitments, or sickness. Given the existing heavy committee workload that members already have, it would not seem prudent to recommend that member representation on any of the commissioning committees be increased, nor that existing members nominate substitutes to attend in their place, even though this is provided for in the ToR of the ACC and CCC but is not permitted for H&CCB.

4. **ToR changes**

4.1 It is considered that a reduction in the number of members required to be present from each of SCCG and SCC is a pragmatic approach which would reduce significantly the risk of a meeting being rendered inquorate. The Health and Care Commissioning Board is therefore requested to consider agreeing to a proposal to amend the terms of reference to read:

‘The Committee will be quorate providing one-third of the voting membership is in attendance, with at least two members are present from each of SCCG and SCC’.

5. **Governance route**

5.1 Following agreement at the Integrated Leadership Team meeting, the ACC, CCC and H&CCB is asked to endorse the proposal(s) prior to formal approval by Cabinet and Governing Body in January 2020. The Lead Members concerned will be briefed informally by email rather than scheduling it at their individual briefings.

5.2 The ToR of the ACC, CCC and H&CCB will then be amended accordingly, following mutual agreement in writing. It is not thought that this amendment of these ToR would require a corresponding amendment of any other provision of the Partnership Agreement and/or would create any conflict or inconsistency with any other provision of the Partnership Agreement.

6. **Considerations**

6.1 This is in line with the integrated commissioning governance principles agreed by the Core Reference Group i.e. elected members and GPs will be represented in equal numbers on decision making groups (or will at the least have equal numbers of formal votes). Therefore it is considered to be a practical solution although the membership, attendance and quorum will be reviewed in more detail as part of the formal joint review.
7. **Recommendations**

7.1 The Health and Care Commissioning Board is asked to:

- Consider and recommend for approval the amendment above to the Terms of Reference for the Adults’ Commissioning Committee, Children’s Commissioning Committee and Health and Care Commissioning Board in order to reduce the risk of a meeting not being quorate due to the number of voting members required to be in attendance.

Carol Eddleston  
Senior Democratic Services Advisor

Jenny Noble  
Head of Governance and Policy
REPORT OF: Interim Chief Accountable Officer

DATE OF PAPER: 9 January 2020

SUBJECT: Annual Planning update

IN CASE OF QUERY
PLEASE CONTACT: Emma Reid, Joint Head of Planning and Performance, NHS Salford CCG and Salford City Council (0161 212 4875)

STRATEGIC PRIORITIES:

| Quality, Safety, Innovation and Research |
| Integrated Community Care Services (Adult Services) |
| Children’s and Maternity Services |
| Primary Care |
| **Enabling Transformation** |

PURPOSE OF PAPER:

To provide a brief update on national, regional and local planning requirements and to outline the proposed approach to planning for Health and Social Care in Salford for 2020 - 2021.
Further explanatory information required

<table>
<thead>
<tr>
<th>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</th>
<th>The Annual Plan for Health and Social Care in Salford details the clear contribution Health and Care commissioners in Salford make to resident health and wellbeing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</td>
<td>Consideration of risk will be undertaken as part of the annual planning process.</td>
</tr>
<tr>
<td>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</td>
<td>Delivery of changes to services within plans is subject to equality impact assessments as required. Any changes proposed to services will be subject to appropriate equality impact assessment prior to their implementation as part of any business cases and service reviews.</td>
</tr>
<tr>
<td>DOES THIS PAPER HELP ADDRESS ANY HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</td>
<td>The Annual Plan for Health and Social Care in Salford will contribute to multiple risk treatment plans across the system; plans should address risks to performance against national standards, wherever possible.</td>
</tr>
<tr>
<td>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</td>
<td>None – Members of the Health and Care Commissioning Board will assess any individual conflicts of interest and declare as relevant.</td>
</tr>
<tr>
<td>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</td>
<td>All CCG service groups. Salford City Council People Directorate including Adult services, Children’s services and Public Health. Any issues are described within the paper.</td>
</tr>
</tbody>
</table>

Footnote:

Members of Health and Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
<table>
<thead>
<tr>
<th>Process</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments and Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Engagement</td>
<td>✓</td>
<td></td>
<td></td>
<td>The development of the annual plan is informed by patient and public insights. Further public engagement occurs as the plan moves into delivery.</td>
<td></td>
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<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
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<tr>
<td>Clinical Engagement</td>
<td>✓</td>
<td></td>
<td></td>
<td>The annual plan is the summary of detailed workstream planning which clinical leads and relevant committees have and will be regularly engaged in.</td>
<td></td>
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<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
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<td>Has ‘due regard’ been given to Social Value and the impacts on the Salford socially, economically and environmentally?</td>
<td>✓</td>
<td></td>
<td></td>
<td>Social Value assessment will take place as the plan is developed and delivered on the areas appropriate e.g. procurement, service reviews, service model design. This area will be given greater attention than in previous years.</td>
<td></td>
</tr>
<tr>
<td>Has ‘due regard’ been given to Equality Analysis (EA) of any adverse impacts?</td>
<td>✓</td>
<td></td>
<td></td>
<td>Equality Analysis will take place as the plan is delivered on the areas appropriate e.g. service reviews. Addressing health inequalities will be considered in</td>
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developing the annual plan.

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<th>Legal Advice Sought</th>
<th>✓</th>
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<tr>
<td>Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)</td>
<td>✓</td>
<td>Following the publication of NHS planning guidance further updates for information will take place with relevant partnership groups. Draft plans will be shared through commissioning committees for approval / comment. The Joint Leadership Group has discussed these plans and will oversee the detail of their development.</td>
</tr>
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</table>

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
1. Executive Summary

This paper provides a brief update on national, regional and local planning requirements and outlines the proposed approach to planning for Health and Social Care in Salford for 2020 - 2021.

The Health and Care Commissioning Board is asked to:

- Note the contents of this paper for information and assurance.

2. NHS National Planning Requirements

2.1 NHS England Chief Executive, Simon Stevens, launched the NHS Long Term Plan (LTP) on 7th January 2019. A helpful summary of the LTP is included at Appendix 1 for information.

2.2 Salford is in a very strong position against most of the themes outlined within the LTP; with a strong history of investment in mental health services and in primary care services; a drive to move services from acute to community settings and with a clear focus on early identification in everything from cancer diagnosis to childhood development difficulties.

2.3 In addition to the Long Term Plan NHS England published its Operational Planning and Contracting Guidance 2020-21 in June 2019. In summary, the guidance covers the new financial framework (including the new financial recovery fund), new operational planning requirements, and further detail on system planning and national tariff proposals.

2.4 Ordinarily the NHS planning guidance is issued in mid-December, however this has been delayed this year. We currently anticipate this to be published the week commencing 20 January 2020, with subsequent submission dates also expected to be delayed but as yet are not confirmed. Greater Manchester’s initial system-level planning submission was made in September 2019 with a final submission following in November 2019. There are ongoing submissions required, which are in hand. Greater Manchester Health and Social Care Partnership set local deadlines for CCGs to submit their plans prior to the national deadlines. Salford has met all deadlines to date.

2.5 For the NHS we plan in three areas, which interlink:

- Annual planning (agreement of strategic objectives, filtering down to team and individual objectives, detailing the actions we are going to take locally to improve health and care)
- Operational planning (this term is used in a specific way within the NHS, and involved a very technical exercise. It essentially means detailed planning of activity e.g. expected number of unscheduled admissions or number of various types of surgery, together with agreeing planned trajectories towards various aims and targets. This planning is done across the system to ensure the numbers match between commissioner intentions and provider expectations, and
so that the numbers can be added up at a GM and national level to ensure commitments are delivered by the NHS as a whole. The CCG is asked to submit plans for activity across a range of hospital activity metrics and another set of plans for constitutional targets (RTT, Diagnostic, Cancer), mental health, primary care metrics. There are submissions over several months in early new year. The CCG works closely with providers to ensure alignment of plans and trajectories. The plans are signed off locally and agreed with GM prior to final submission to NHS England)

- Financial planning (this is the subject of a different paper on today’s agenda, and clearly has to match with both the annual planning and operational planning mentioned above)

2.6 This paper is most focused on the annual planning element, which is being managed jointly across our integrated commissioning work, and led by the Joint Head of Planning and Performance. This takes into account national and GM requirements, as well as having a focus on delivering local ambitions.

### 3. Greater Manchester Context

3.1 Members of Health and Care Commissioning Board will recall the publication of the GM Health and Social Care Prospectus, in 2019, that took stock of the first three years of the Greater Manchester Health and Social Care Partnership (GM H&SCP). It set out the long-term health and social care strategy in Greater Manchester and described how GM plans to respond to the ambitions in the NHS Long Term Plan.

3.2 The GM Partnership is currently finalising its 5 year Delivery Plan for 2020-24 that represents the GM system’s implementation strategy for the Prospectus. In the same way as the Prospectus, the Draft GM Delivery Plan spans three main sections (Our Population’s Health, Building a Sustainable System and Unlocking Our Economic Potential) and is expected to focus on the following system priorities;

- Local Care Organisations
- Primary Care
- Adult Social Care
- Reform of the Urgent and Emergency Care System
- Improving Mental Health Care & Wellbeing
- Improving Hospital Care
- Creating a Population Health System
- GM’s Cancer Plan
- Continued Reform of the Commissioning System
- Delivering our Workforce Strategy
- Innovation (including Digitally-Enabled Care)

3.3 As part of Salford’s local planning process, we will consider this plan in detail and will be undertaking a local assessment regarding what more we need to do to drive the delivery of the commitments given within the plan for the people of Salford.

3.4 As the GM Delivery Plan is currently in draft, the Executive Summary for this has been included at Appendix 2, and the full document will be shared with Health and Care Commissioning Board members when finalised.
4. **Salford Health and Social Care planning approach**

4.1 In line with national and GM planning requirements Salford is currently refreshing its Locality Plan. The locality plan is the ‘blueprint’ for health and social care in Salford. It explains how providers of public services - like the NHS, Salford City Council, Fire Service and Police - will work closely together with the private and voluntary sector so services work better and cost less.

4.2 Each year, as part of the annual planning process, the Salford health and social care commissioning system comes together to consider the overarching aims in the Locality Plan and considers the contribution health and social care commissioning can best make to the delivery of the Locality Plan. This year, the planning process began in September following the sharing of commissioning intentions between the CCG and key providers. As in previous years the Council and CCG will develop a strong prioritised annual plan for 2020-21 aligned to the refreshed Salford Locality Plan and incorporating new national planning requirements and GM priorities.

4.3 The 2020-21 annual plan for health and social care will be jointly developed with council led functions including public health, children’s and adult services as appropriate, will include priorities identified in the Salford ‘Best Value’ programme and will be led by the Joint Head of Planning and Performance.

4.4 An outline of the annual planning approach was presented to the Joint Integrated Commissioning Leadership Team for comment initially in October, with further discussion at each monthly meeting through to March. The joint leadership team will oversee the annual planning process and advise regarding strategic objectives and prioritisation.

4.5 Annual plans are being developed in the following areas, though a workshop approach to fully engage staff across the organisations:

- Children
- Adults
- All age mental health
- Primary care
- Quality
- Enablers

4.6 Plans will be approved by the appropriate commissioning committee and/or the HCCB, as well as progressing through the appropriate CCG and SCC organisation specific approval processes. The plans will then shape the focus of the commissioning committee’s work over the coming year.

5. **Recommendations**

5.1 The Health and Care Commissioning Board (HCCB) is asked to:

- Note the contents of this paper for information and assurance.

**Emma Reid**  
Joint Head of Planning and Performance, Salford CCG and Salford City Council
The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | Join the conversation: #NHSLongTermPlan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers’ investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients
These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life
• reducing stillbirths and mother and child deaths during birth by 50%
• ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
• providing extra support for expectant mothers at risk of premature birth
• expanding support for perinatal mental health conditions
• taking further action on childhood obesity
• increasing funding for children and young people’s mental health
• bringing down waiting times for autism assessments
• providing the right care for children with a learning disability
• delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems
• preventing 150,000 heart attacks, strokes and dementia cases
• providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
• saving 55,000 more lives a year by diagnosing more cancers early
• investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
• spending at least £2.3bn more a year on mental health care
• helping 380,000 more people get therapy for depression and anxiety by 2023/24
• delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.
• increasing funding for primary and community care by at least £4.5bn
• bringing together different professionals to coordinate care better
• helping more people to live independently at home for longer
• developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
• upgrading NHS staff support to people living in care homes.
• improving the recognition of carers and support they receive
• making further progress on care for people with dementia
• giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives. 

Supporting people to age well

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities.

2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital ‘front door’, better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. **Getting the most out of taxpayers’ investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS’ combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

**What happens next**

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

**January 2019**
Publication of the NHS Long Term Plan

**By April 2019**
Publication of local plans for 2019/20

**By Autumn 2019**
Publication of local five-year plans

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

**Find out more**

More information is available at [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk), and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.
GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP
TAKING CHARGE: THE NEXT FIVE YEARS: OUR DELIVERY PLAN 2020-2024
EXECUTIVE SUMMARY
DRAFT: 24th October 2019
1.0 EXECUTIVE SUMMARY

In 2016, devolution enabled Greater Manchester to take charge of its health and care spending and decisions. Over the past three years we have progressed the implementation of our strategy to meet the ambition outlined in Taking Charge Together (2015): to deliver the greatest and fastest possible improvement to the health and well-being of the people of Greater Manchester.

The Health and Social Care Prospectus, published in 2019, took stock of the first three years of the Health and Social Care Partnership. It presented what we learnt and achieved; and set out where we want to go next as a Partnership.

This Delivery Plan 2020-24 represents the GM system’s implementation strategy for the Prospectus and incorporates our response to the responsibilities set out in the NHS Long Term Plan. As with the Prospectus, this plan is set within the context of the development of key Greater Manchester policies such as the GM Unified Model of Public Services (2019), the GM Transport Strategy 2040 and the Local Industrial Strategy (2019) – which is underpinned by findings from the GM Independent Prosperity Review (2019).

The Greater Manchester Unified Model of Public Services

As a devolved city region, we want to push beyond the boundaries of an Integrated Care System (ICS) to create a comprehensive Population Health system in GM that spans all mechanisms of action from transport planning to housing policies, welfare design to educational curricula, and all actors – public, private and voluntary sectors, and crucially citizens themselves.

To create a population health system, health and social care will need to integrate with wider public services in Greater Manchester. The GM Unified Model of Public Services is based on the fundamental principle that change is done with, and not to people and that we build on what individuals, families and our communities can achieve rather than focusing on what they lack. The White Paper clearly states that the neighbourhood of 30,000 to 50,000 population is the geographical unit through which our reform endeavour across all public services, including our model of care and support, will focus.

A Model of Care and Support for the 21st Century

The resetting of the health and care landscape in Greater Manchester stems from the recognition in Taking Charge that our system was characterised by a stark imbalance: weighted towards reactive services that respond to crisis or exacerbation with insufficient focus on models to keep people well at home and in their communities.

Through Local Care Organisations (LCOs) in our 10 localities, we are already beginning to see the potential of what coordinated, anticipatory, integrated neighbourhood and community-based care can provide to local populations. The development of integrated models of care across Greater Manchester is the focal point of our Delivery Plan. We describe our approach to the delivery of GM-wide programmes and our responsibilities under the Long-Term Plan through this care model.

These new models of neighbourhood care are enabled by joined up commissioning between CCGs and local authorities that allow us to focus on the full public service spend in a place to improve health and well-being.
Through our model of care and support, we will enable hospitals in Greater Manchester to focus on what they do best: providing more specialist care to those who are most ill. We will help hospitals to share expertise, experience and efficiencies across clinical services so everyone can benefit equally from the same standards of specialist care.

All of this will be supported by Greater Manchester system architecture where it makes sense to do so. This includes workforce, digital and estates for example.

In the same way as the Prospectus, this Delivery Plan spans three main sections:

**Our Population’s Health**

We will shift towards a whole system approach to Population Health which will see health as a primary consideration across all GM policy with a focus on reducing health inequalities. Our ambition is to close the life expectancy gap with both the North West and England.

**Building a Sustainable System**

Our promise to deliver clinical and financial sustainability across the Greater Manchester health and care system remains the same. To do so we will ensure effective stewardship and oversight of the Greater Manchester system and drive improvement through a collaborative approach.

**Unlocking Our Economic Potential**

Our *Taking Charge* strategy and the findings of the Greater Manchester Independent Prosperity Review (2019) both highlighted the link between good work and good health. We will maximise the economic opportunity and health benefit from a globally significant concentration of science, research and innovation assets in GM linked to our Local Industrial Strategy and partner organisations such as Health Innovation Manchester.

**SYSTEM PRIORITIES IN THE FIRST TWO YEARS**

For the first two years of the delivery of this plan, we have confirmed the following collective priorities in Greater Manchester – all of which build on progress we have made since Devolution. These are:

**A MODEL OF CARE AND SUPPORT FOR THE 21ST CENTURY**

**Local Care Organisations**

- **New neighbourhood delivery models** will be fully in place in every part of Greater Manchester based on 30-50,000 populations with **Primary Care Networks** (PCNs) at their heart. These neighbourhoods will form Local Care Organisations (LCOs) in every GM locality and will be the focal point for the health and care contribution to the **GM Model of Unified Public Service**.

- Each LCO will have a defined leadership structure and will offer a mature provider platform that can manage new contractual arrangement that can deliver on activity shifts from the acute sector to the community and improve population health. They will be **whole population models** with neighbourhood teams embracing a broad range of partners – including the VCSE. Whilst the ambition is the same across our city region – the precise organisational form of each LCO will be for each locality to determine.
• We will see **risk stratification** models in place in all neighbourhoods identifying the most vulnerable cohorts of our population so that we can provide **systematic anticipatory care**. Increasingly, these models will go beyond health data to bring together but bringing together data sets from wider public sector partners: for example, on school readiness. We will also put in place an agreed set of **GM neighbourhood metrics** that receive the same level of system attention as acute sector metrics do currently. We will deliver major transformation programmes through these care models – including on cardiovascular, respiratory, diabetes and community frailty pathways.

• Our neighbourhood models will operate on the principle of **putting people and communities genuinely in control of their health and wellbeing**. This requires an integrated response that focusses on preventative approaches and a shift away from the medical model of illness towards a model of care which considers the expertise and resources of people and their communities. The VCSE has a significant role to play in this.

**Primary Care**

• We will bridge the gap between primary and secondary care by supporting high risk patients through intensive proactive care to avoid hospital admissions. This will build on the intermediate or extensivist models that are being developed in localities across GM where seamless support can be provided during periods of crisis and the transition to and from hospital-based care.

• We will continue the **alignment of our 67 Primary Care Networks to our integrated neighbourhoods based on GP-registered lists**. In GM we will deliver the national ask of PCNs as a minimum. However, our neighbourhoods will deliver a much wider vision in order to tackle the social determinants of health. Community pharmacy, general dentistry and optometry, are all critical to this.

• Primary Care is integral to our neighbourhood models. We will deliver the **refreshed GM Primary Care Strategy (2019-24)**. As part of this, we will facilitate the roll out of group consultations as a routine model for **supporting people with long-term conditions**; provide full population coverage of **online consultations** by April 2020 and video consultations by April 2021; ensure every person who needs a **same day intervention** can receive one; deliver seamless provision of **routine and urgent and emergency primary care**; routinely offer **general practice appointments during evenings and weekends**; roll out the **GP Excellence programme** and expand GP Excellence to all primary care providers by 2021; implement the GM Primary Care Workforce Strategy.

**Adult Social Care**

• We will continue to make significant **improvements in the quality of Greater Manchester’s social care provision** – building on the strong Care Quality Commission ratings for both care homes and domiciliary care.

• We will **implement our Living Well at Home programme** - a new model of independent living supporting people to stay well in their own homes and communities of choice.
• We will develop new ‘blended’ neighbourhood-based care roles which will support and enable care staff to undertake some healthcare tasks – providing better career opportunities and job enrichment for the workforce, as well as better support for the individual.

• We will put in place an agreed set of local metrics to measure the quality of life, care and system partnerships for care homes and living well at home. All localities will also have an electronic real time care home bed state tracker. This will be linked to our Tableau business intelligence to facilitate enhanced capacity and demand management.

• We will play our part in improving the supported housing offer for people in GM. We will see an increase and improvement in the supported housing offer working with planning and housing colleagues to achieve our ambition of providing a further 15,000 supported housing units in Greater Manchester by 2035.

• We will continue to explore new solutions to transform social care and are keen to work with Government on these. We believe that our experience of operating a devolved health and care system can be helpful in developing future social care policy. We would want to see any future funding model for social care based on the risk being shared across the whole population, in a similar way to the NHS.

**Improving Mental Health Care & Wellbeing**

• We will continue to implement the agreed deliverables in our Mental Health Strategy and work to ensure parity of esteem with physical health.

• We will deliver the 12 standards in the Mental Health Five Year Forward View by March 2021 and maintain delivery of core constitutional standards affecting access and recovery.

• We will go above and beyond the Long-Term Plan, including: continuing to grow the GM Mentally Healthy Schools approach (a forerunner of the National Schools Trailblazer) and establishing a GM Universities Service Pilot.

• We have identified further actions to improve the IAPT (Improving Access to Psychological Therapies) access rate in order to achieve the target increase of up to 25% by 2020/21. These include GM procurement of digital therapies, a GM joint recruitment process for new and replacement therapists and development of a GM IAPT workforce modelling tool.

• We will develop new and integrated models of primary and community mental health care and crisis support for adults and older adults with severe mental illnesses including complex mental health difficulties associated with a diagnosis of ‘personality disorder’

• We will increase the number of children and young people who have access to mental health support. We are currently ahead of national targets on this – but we recognise that there is a lot more to do. We will put new services in place for
children and young people including Rapid Response Teams and Safe Zones and we are planning to test the transition model with both ADHD & Eating Disorders.

- Our ambition is that all acute hospitals in Greater Manchester will have mental health liaison services that can meet the specific needs of adults and older adults. Our plan is that all large acute hospitals in GM will have liaison/core 24 services in place by March 2021.

**Improving Hospital Care**

- We will develop a thriving network of hospitals that are part of integrated local models of care, are networked in terms of single services and mutual support whilst retaining distinct identities based on a mix of both core District General Hospital functions and areas of specialism.

- We will pursue this transformation in a safe and sustainable way – without compromising on our commitment to the highest levels of service quality. We will tackle the challenges faced by hospitals across Greater Manchester – including shortages in key areas of workforce and out-of-date estate.

- Our transformation work must enable us to secure a return to the consistent delivery of NHS Constitution Standards.

- We will continue the delivery of our Improving Specialist Care programme – including the successful implementation of Healthier Together. We are aiming to develop pre-consultation business cases for all the models of care by the summer of 2020.

- We will deliver on the Greater Manchester Elective Reform Programme. This will reduce demand for elective care; standardise our approach to referral; and make more efficient use of available capacity including the potential for resource to be shared across the system.

- We will significantly reduce demand for face to face outpatient appointments by supporting more individuals to self-care; identifying alternative mechanisms and services that can help manage symptoms/conditions (including digital solutions); as well as supporting healthier lifestyle choices.

**Reform of the Urgent and Emergency Care System**

- We will deliver on our agreed Urgent and Emergency Care Improvement and Transformation Programme.

- Partners in GM have co-designed a fully integrated urgent care service model that brings together a single GM Clinical Assessment Service (CAS) and a community-based MDT urgent care response within each locality. We will commission a single GM CAS from April 2020 onwards.

- We will undertake a full evaluation of locality integrated urgent care models to support the wider adoption and scaling of innovation across all localities to deliver a
consistent community-based MDT urgent care response in all localities by Autumn 2020. This will include the implementation of an agreed Urgent Treatment Centre model as part of a fully integrated service. The community-based MDT urgent care response will have the ability to respond within two hours to urgent requests and will have the ability to provide a wide range of assessment, treatment, care and support.

- We will co-design GM standards for Same Day Emergency Care (SDEC) that include; streaming, acute medical and surgical specialities and acute frailty. These standards will be embedded by the end of March 2020. As part of the SDEC development, we will introduce a GM ‘refer to ED’ streaming model that is consistent with the GM CAS assessment and streaming process. We will increase the proportion of acute admissions discharged on the day of attendance from 20% to 33% through delivery of effective SDEC operating a minimum of 12 hours a day, 7 days per week.

- GM will continue to test and roll out the GM Discharge and Recovery standards during the remainder of 2019/20 and focus on achieving our ambitions to reduce the number of patients with a length of stay of 21 days or more. In addition to this, we will work across health and care to reduce our DTOC (Delayed Transfers of Care) to 2.5% or less during the next two years.

- Year on year, we will reduce attendances to Emergency Departments and reduce the length of stay for those admitted to an acute hospital bed by enabling patients to self-care and recover through improved primary, community and social care services working together. This will be underpinned by a philosophy of ‘home first’ wherever safe and appropriate.

OUR POPULATION’S HEALTH

Creating a Population Health System

- We will fully implement our GM Population Health Plan and evidence the impact of this approach.

- We will shift towards a whole system approach to Population Health which will see health as a primary consideration across all GM policy with a focus on reducing health inequalities. This will include: transport, housing quality and availability, spatial planning, town centre and neighbourhood developments and green space provision, jobs and the economy, sustainable development and early childhood development, education and skills. This includes the potential of our public sector and community organisations as anchor institutions, exerting their power to deliver improved social value and drive a more inclusive economy.

- We aim to close the Life Expectancy and Healthy Life Expectancy gap to the Northwest average by 2021 and the England average by 2026. Our plan for GM to become the first ‘Marmot City Region’ in England will help to drive this work.

- Building on the success of Making Smoking History, we aim to reduce smoking prevalence in GM to 13% by 2021 and the prevalence of smoking in pregnancy to 6% by the same period.
• We will also work to ensure that children in GM have the best possible start in life. By 2021, our aim is to **meet or exceed the national average for the proportion of children in Greater Manchester reaching a good level of development by the end of reception** with 100% of our early years settings rated 'good' or 'outstanding'.

• Through our **GM Moving Strategy**, our goal is to increase the physical activity rate in GM to 75% by 2026.

**GM’s Cancer Plan**

• We will increase the pace of delivery of the GM Cancer Plan. A **comprehensive integrated cancer system is in place in Greater Manchester** and is led by committed patients affected by cancer, clinicians, managers, VCSE organisations and others.

• We will strive to meet the national aim of **55,000 more people surviving cancer** for five years or more each year by 2028. This equates to approximately, 2,750 people each year surviving cancer for longer in Greater Manchester.

• We are committed to ensure more **consistent delivery of cancer waiting time standards across Greater Manchester**. We will work with all localities in GM to support delivery of the **28-day Faster Diagnosis Standard (FDS)** from April 2020. GM Cancer will support providers in the delivery of the 28-day standard in identified disease groups, especially in high volume cancers including lung, colorectal and prostate. We will implement the recommendations from the clinically-led review of providers’ processes and performance in respect of the 62-day standard. In respect of emergency cancer presentation, we have set an expectation that less than 18% of cancers will be diagnosed as a result of an emergency presentation; the current GM position on this is 19.8%.

• **Approximately 2,000 people in GM will benefit from participating in the Prehab 4Cancer programme** over the next two years: the first prehab programme to be delivered at scale nationally. Our aim is that 100% of patients are offered appropriate prehab for Cancer before all treatment modalities.

• We will **refresh our health inequalities strategy to ensure that we focus on the areas of lowest uptake and coverage across cancer screening programmes**. We will explore funding possibilities to pilot innovative changes such as cervical screening home testing, delivery of cervical screening and breast screening in co-located venues and working with the Primary Care Networks on extended hours access to cervical screening appointments.

**BUILDING A SUSTAINABLE SYSTEM**

*Continued Reform of the Commissioning System*

• We will continue to implement the recommendations from the Greater Manchester Commissioning Review (2017). Principally, these are: **local authorities and Clinical Commissioning Groups to come together to form Strategic Commissioning**
Functions, (SCFs); and the Joint Commissioning Board, supported by a GM Commissioning Team, to discharge commissioning functions on behalf of CCGs, Local Authorities and NHS England.

- All 10 localities will continue to develop their Strategic Commissioning Function and embed this as a core element of implementing the GM model for Public Service Reform. This particularly relates to the commitment to bring together commissioning and an understanding of the full public spend in a place.

- We will continue to drive the benefits that come from the SCFs. These include: pooled budgets across the Local Authority and CCG; opportunities for further pooling of targeted investment in local communities and neighbourhoods; alignment of investment to ensure it is directed towards reform in its widest sense; integration of teams to facilitate the delivery of efficiencies; and radical reform of payment methods to incentivise outcomes to secure improved health, early intervention and prevention and long term sustainability.

- Our Joint Commissioning Board will continue to mature and provide a vehicle for system wide commissioning leadership and activity. It will draw on its founding principle that political, clinical and managerial leaders meeting in public to make decisions on the future shape of public services in GM is a necessary and very powerful representation of our integrated, devolved system in operation.

Delivering our Workforce Strategy

- In 2017 we produced the Greater Manchester Workforce Strategy, which was built from the 10 locality plans and identified 4 priority areas. Since then, the Greater Manchester Workforce Collaborative have together been delivering the Greater Manchester workforce programme. The GM Workforce Collaborative structure will provide the vehicle to enable further workforce transformation and address the requirements set out in the Health and Social Care Prospectus, the GM Unified Model of Public Services and the NHS Long Term Plan and Interim People Plan

- We continue to implement programmes to address areas of greatest workforce shortage. This includes working together across system partners to support workforce transformation in: primary care, social care, mental health services, acute services as well as development and innovation in hard to fill professions such as nursing, medical and AHP (Allied Health Professional) workforce. These will be supported by overarching workstreams that support: talent management, leadership development, apprenticeships and education transformation.

- The Strategic Planning Tool submissions highlight for trusts and primary care a small projected growth of the workforce over the next five years (3.4%). Consequently, to support workforce development and transformation required to achieve our vision, optimising new ways of working, new roles and innovation will be crucial.

- Realistic and integrated workforce planning will be essential to enable continued understanding of the workforce over time. We are developing tools to support workforce planning across the health and social care system at organisational, locality and GM levels. Use and embedding of these tools will be supported by facilitated networks of peer support that will share and spread best practice in
workforce planning. Building up the picture of current and planned future workforce locally and across GM will ensure locality and GM plans meet demand and are informed and underpinned by real intelligence.

- The Guaranteed Employment Scheme for nurses who complete their studies in Greater Manchester was recently announced with the practicalities for implementation of the scheme currently being finalised with organisations. Additionally, across GM the number of nurses finishing training will increase over the next three financial years. Adult Nursing in 2019/20 - 584 nurses are due to qualify rising by 34% to 784 in 2021/22. Mental Health Nurses increase from 135 to 173 in the same period.

- Local Education establishments are working in partnership with trusts to increase the numbers of Physicians Associates as a key part of future proofing GM's workforce. In line with the Interim NHS People Plan commitment to grow Physician Associate (PA) to over 2,800 by the end of 2020, GM trusts have committed to increase PAs by 107%; the largest increase for any area in the North. In addition, we will put in place two physician associate preceptorship programmes in primary care, using NHSE funding that we successfully bid for.

- We will put in place a collective approach to leadership and talent across public services that supports system and place-based working, through providing consistent underpinning principles for GM and locality leadership programmes and targeted talent initiatives

- In 2018 all public sector employers in Greater Manchester made the historic commitment to working together to tackle race inequality in the workplace. Our commitment will be measured against three key outcomes: BME applicants will be just as likely to be appointed from shortlisting as white applicants within three years; to close the gap in the disproportionate rate of disciplinary action between BME and white staff, such that there will be no difference in the likelihood of BME and white staff entering the formal disciplinary process within 3 years; that we will see a 10% minimum (15% stretch) shift in BME representation into more senior grades in organisations – taking into account an organisation’s starting position.

- We will continue the development of our ‘Employment Offer’: our unique selling point, which sets the region apart. This approach seeks to promote Greater Manchester as an attractive place to work in order to recruit and retain our workforce.

- We are launching a new, integrated health and care careers hub. The new service will build on the current NHS careers hub to include social care and primary care in its offers and will be hosted by Manchester University NHS Foundation Trust. The service will include engagement sessions with schools, colleges and other target groups supported by a network of ambassadors, as well as launching a new health and care careers website for Greater Manchester.

*Sustainable Development*
• We recognise that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population. Health and social care organisations have a crucial role to play in sustainable development across Greater Manchester.

• By embedding sustainable development principles in every aspect of our services and programmes, we can also secure the public health gains that come from benefits such as cleaner air, cleaner water, more active people, healthier eating, reduced inequalities and resilient economies.

• On Carbon Reduction, we will seek annual reductions of approximately 10% per year within our Partnership. On Air Quality, we will cut our air pollutant emissions from business mileage and fleet by 20%. We will also set out proposals to incentivise health and care staff to use public transport and improve opportunities to walk and cycle for patients and staff at NHS sites in Greater Manchester.

UNLOCKING ECONOMIC POTENTIAL
Research, Innovation and technology (including Digitally-Enabled Care)

• Greater Manchester will discover, develop and deploy new solutions that will lead to transformed service models and improved outcomes. Health Innovation Manchester is positioned at the heart of this with a role to strengthen and confirm Greater Manchester as the place to conduct world-leading research, foster partnerships and deliver innovation for the benefit of our citizens.

• Working with Health Innovation Manchester, we will establish a set of performance indicators that deliver value for city-region partners and citizens. This will include developing a pipeline of proven innovations that are ready for deployment at scale and contribute towards the major priorities set out within the Prospectus.

• We will continue to build a close partnership with industry – ranging from global life sciences and technology companies, through to SMEs. This work will be underpinned by GM’s strategic agreement with the Association of the British Pharmaceutical Industry (ABPI) and Association of British HealthTech Industries (ABHI).

• The Health and Social Care Partnership, working closely with Health Innovation Manchester, will play a significant role in the implementation of the GM Local Industrial Strategy (LIS), building on our world class health innovation assets. This includes an ‘Innovation Partnership' on healthy ageing

• We will continue to use our devolved health and social care arrangements, excellence in academia, health research and thriving life sciences and digital industries to act as a test-bed for large scale clinical and medical technology trials and accelerate the pace of application of new technologies to manage and treat diseases.
Our ambition in Greater Manchester is to be a top-five European digital region. The Health and Social Care Partnership is playing a full role in this by harnessing the transformative power of digital and technology through a refreshed Digital Health and Care Strategy. This includes digitising existing services and getting the basics right; supporting new models of care and integration; empowering patients and professionals and supporting innovation.

Enabled by the national Local Health and Care Records (LHCR) programme, we are working alongside the GMCA to develop and test a next generation digital platform to support enhanced care and treatment. This builds on the local shared records already in place within localities, using Graphnet’s CareCentric system. All localities are already committed to this platform and integration is underway with every secondary care provider.

Graphnet should be available integrated into all organisational (Electronic Patient Records) EPRs with single sign on by end of 2019/20. The LCHR programme will be implemented in two localities for Dementia and three localities for Frailty by September 2020.

In support of the GM Elective Care programme, we will work with referral management providers to deliver electronic referral mechanisms from primary dental and primary optical services which will integrate with the NHS e-referral arrangements. As part of this, discharge letters will be electronically provided by to referring dental providers.

All GM localities have committed to the roll out of online consultations by March 2020. The localities will be procuring and implementing their solution during the remainder of 2019/20.
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 3b

Item for: Decision/Assurance/Information

22 January 2020

Report of: Deputy Director of Public Health
Date of Paper: 14 January 2020
Subject: Improving Sexual Health Outcomes
In case of query Please contact: gillian.mclauchlan@salford.gov.uk
Strategic Priorities: Please tick which strategic priorities the paper relates to:

- Quality, Safety, Innovation and Research
- Integrated Community Care Services (Adult Services)
- Children’s and Maternity Services
- Primary Care
- Enabling Transformation

The purpose of this paper is to stimulate discussion and agreement on a system wide approach to improving sexual health outcomes. This is in response to a paper and recommendation from CCG Quality Reference group on sexual health.

This paper provides details on:
- Current Salford sexual health outcomes, highlighting increasing STIs rates and terminations over the last five years.
- Current provision, policy and commissioning in terms of prevention, services and support.
- GM proposals for sexual health services

With the recommendations to:
1. Gain support for a joint sexual health plan and agree scope
2. Agree short term priorities of:
   - Complete a refreshed Rapid sexual health Needs Assessment
   - Develop a neighbourhood model to improve access to and take-up of contraception - commencing with Long Acting Contraception.
   - Develop Quick Start Contraception following emergency contraception through the development an enhanced the pharmacy contraception offer.
   - Work with Children’s Services and Integrated Sexual Health Service to develop clinical outreach for young people and populations at high risk
3. Identify clinical and elected members leadership
4. Agree Governance.
Further explanatory information required

<table>
<thead>
<tr>
<th>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</th>
<th>The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Improving sexual health for the residents will have many benefits and also reduce NHS and wider social costs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</td>
<td>No risk identified</td>
</tr>
<tr>
<td>WHAT EQUALITY RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</td>
<td>Evidence highlights poor sexual and reproductive health are associated age, gender, ethnicity, sexuality or economic status.</td>
</tr>
<tr>
<td>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</td>
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<tr>
<td>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER</td>
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<tr>
<td>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</td>
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</table>

Footnote:
Members of Health & Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
<table>
<thead>
<tr>
<th>Process</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments and Date (i.e. presentation, verbal, actual report)</th>
<th>Outcome</th>
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</thead>
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<tr>
<td>Public Engagement</td>
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<td>Public engagement will form part of the improvement plan mentioned in the proposals</td>
<td></td>
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<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
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<td></td>
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<tr>
<td>Clinical Engagement</td>
<td>X</td>
<td></td>
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<tr>
<td>(Please detail the method i.e. survey, event, consultation)</td>
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<tr>
<td>Has ‘due regard’ been given to Social Value and the impacts on the Salford socially, economically and environmentally?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has ‘due regard’ been given to Equality Analysis (EA) of any adverse impacts?</td>
<td>X</td>
<td></td>
<td></td>
<td>EA will be carried out as part of proposals. The improvements in sexual health aim to reduce health inequalities</td>
<td></td>
</tr>
<tr>
<td>(Please detail outcomes, including risks and how these will be managed)</td>
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<td>Legal Advice Sought</td>
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<tr>
<td>Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)</td>
<td></td>
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</table>

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
Improving Sexual Health Outcomes

1. Executive Summary

Following a paper and discussion at CCG Quality Reference Group on Sexual health. A recommendation was made for a revised paper to be tabled at Health and Care Commissioning for a system wide discussion on improving sexual health.

This paper describes current sexual health outcome data in Salford, current provision to address need and suggested areas and proposals to improve outcomes. Over the last five years, Salford follows a similar picture to the rest of England in increasing numbers of Sexually Transmitted Infections. Salford also now the highest Greater Manchester rate of termination, high rate of Emergency Hormonal Contraception and a plateauing of teenage pregnancy.

The commissioning responsibilities for sexual health are complex with the Local Authority, CCG and NHS England all commissioning different parts. The Local Authority, CCG and delegated primary care sexual health monies are within the scope of the integrated fund which provides an opportunity to develop a sexual health system for Salford. The sexual health review cited in the NHS Long Term Plan advocates that Local Authorities and CCGs adopt a co-commissioning approach and develop a joint local sexual health plan.

The paper recommends the development of a joint sexual health plan for Salford using the World Health Organisation definition of sexual health. This is - as a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The paper aims to stimulate discussion and recommends:

1. Gain support for a joint sexual health city plan and agree scope
2. Agree short term priorities of:
   - Complete a refreshed rapid sexual health needs assessment
   - Develop a neighbourhood model to improve access to and take-up of contraception - Commencing with Long Acting Contraception.
   - Develop Quick Start Contraception following emergency contraception through the development an enhanced the pharmacy contraception offer.
   - Work with Children’s Services and Integrated Sexual Health Service to develop clinical outreach for young people and populations at high risk
3. Identify clinical and elected members leadership
4. Agree Governance.
2. **Introduction**

2.1 The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality - it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

2.2 While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. It is essential that residents have appropriate and accessible support and services to promote good sexual health including information and education enabling people to make informed decisions, and access to high-quality services, treatment and interventions.

2.3 The consequences of poor sexual health include:
- unplanned pregnancies and abortions
- psychological consequences, including from sexual coercion and abuse
- STIs and HIV transmission
- cervical and other genital cancers
- hepatitis, chronic liver disease and liver cancer
- pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
- health, education and economic outcomes remain disproportionately poor for teenage parents which affects the life chances for them and their children

2.4 Sexually Transmitted Infections (STIs) and unplanned pregnancies impact on the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage.

2.5 In 2018, there were 447,694 new diagnoses of STIs made at sexual health services (SHSs) in England, a 5% increase since 2017 when 422,147 new STI diagnoses were made.

Of these, the most commonly diagnosed STIs were:
- Chlamydia (49% of all new diagnoses)
- First episode genital warts (13%)
- Gonorrhoea (13%)
- First episode genital herpes (8%)

2.6 One in six pregnancies among women in Britain are unplanned, and one in sixty women (1.5%) experience an unplanned pregnancy in a year. The national Survey of Sexual Attitudes and Lifestyles (Natsal) highlighted that 1 in 6 (16.2%) pregnancies were classified unplanned, 29% as ambivalent, and just over half (55%) as planned. Whilst pregnancies resulting in births were far more likely to be planned than those ending in abortion, the findings noted that 4 in 10 pregnancies ending in abortion were planned or ambivalent therefore caution is needed when equating abortion and unplanned pregnancy.
2.4 Policy, legislation, regulation and commissioning

2.4.1 Commissioning
The responsibility for commissioning sexual health, reproductive health and HIV services is shared across local authorities, clinical commissioning groups (CCGs) and NHS England. These shared responsibilities require a whole system approach to commissioning of these services. The individual commissioning responsibilities are as follows:

Local Authorities commission:
- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

CCGs commission:
- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHS England commissions:
- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist foetal medicine services

Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community-based contraceptive provision with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrate sexual health services in the community.

2.4.2 Policy
The Prevention Green Paper outlined that government would like to see the NHS and local authorities working more closely and that the shift towards Integrated Care Systems (ICSs) created the opportunity to co-commission an integrated sexual and reproductive health service. The Green paper also highlighted that there are different ways of taking collaborative commissioning forward and each local area should decide what suits them best, using their existing powers and levers to develop joint approaches.
In the NHS Long Term Plan, it stated that there would be a review of the commissioning of sexual health, school nursing and health visiting. In June 2019, Secretary of State Matt Hancock MP confirmed that there would be no change to the respective commissioning responsibilities of local government and the NHS in relation to sexual health, health visiting and school nursing, but for sexual health services it stated that **every local area adopt a co-commissioning model and to jointly prepare a local sexual health plan.**

### 2.4.3 Current Provision and prevention

The table below highlights the current service provision:

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Contract</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Sexual Health Service</td>
<td>(Bolton NHS Foundation Trust – ‘SHINE’)</td>
<td>June 2021</td>
<td>SCC Lead commissioner with Bolton Council. Service known as SHINE consisting of: Tier 1, 2 and 3 community based and specialist services for contraception and GUM YP-specific service including education outreach</td>
</tr>
<tr>
<td>Cross Boundary Recharges for sexual health activity ('Cross Charging')</td>
<td>Range of providers</td>
<td>Annual</td>
<td>Out of area charges from other local authorities or hospital trusts for Salford residents attending their services.</td>
</tr>
<tr>
<td>GM Chlamydia Screening</td>
<td>‘RUClear’ (Manchester Foundation Trust)</td>
<td>Annual</td>
<td>Activity based framework contract for Chlamydia screens distributed and processed</td>
</tr>
<tr>
<td>HIV Home Sampling</td>
<td>(SH24)</td>
<td>March 2023</td>
<td>Nationally held (PHE) activity based contract for self-sampling kits ordered online</td>
</tr>
<tr>
<td>Long Acting Reversible Contraception</td>
<td>Locally Commissioned Service contract - primary care</td>
<td>Annual</td>
<td>Annual activity based contract for implants or IUD/IUS</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>(Locally Commissioned Service contract - primary care)</td>
<td>Annual</td>
<td>Invested as a block into the Salford Standard</td>
</tr>
<tr>
<td>Emergency Hormonal Contraception</td>
<td>Locally Commissioned Service contract - primary care</td>
<td>Annual</td>
<td>Annual activity based contract</td>
</tr>
<tr>
<td>Chlamydia screening and/or treatment</td>
<td>Locally Commissioned Service contract - primary care</td>
<td>Annual</td>
<td>Annual activity based contract</td>
</tr>
<tr>
<td>HIV and other BBV prevention and support for street and sex</td>
<td>Greater Manchester Sexual Health</td>
<td>March 2021</td>
<td>Block contribution to combined service with Manchester and Bury</td>
</tr>
</tbody>
</table>
2.5 **Relationships, Sexual Health and Health Education in Primary and Secondary Schools**

The Relationships Education, Relationships and Sex Education, and Health Education (England) Regulations 2019 under sections 34 and 35 of the Children and Social Work Act 2017 state that:

Relationships Education and Relationship, sex education must be taught in all maintained schools, academies and independent schools. This includes pupil referral units, maintained special schools, special academies, and non-maintained special schools. All schools, except independent schools, must make provision for Health Education.

**Primary Schools Relationships Education**

Learning outcomes for pupils at Primary school are set out under the five headings:

1. Families and people who care for me
2. Caring friendships
3. Respectful relationships
4. Online relationships
5. Being safe

**Secondary School Relationships and Sex Education**

Schools should continue to develop knowledge on topics specified for primary and in addition cover the following by the end of secondary:

1. Families
2. Respectful relationships, including friendships
3. Online and media
4. Being safe
5. Intimate and sexual relationships, including sexual health

In addition the Health Education elements are as follows:

Primary school should be on teaching the characteristics of good physical health and mental wellbeing. Mental wellbeing is a normal part of daily life, in the same way as physical health. Secondary school, teaching should build on primary content and should introduce new content to older pupils at appropriate points. Focussing on enabling pupils to make well-informed, positive choices for themselves and to understand how their bodies are changing, how they are feeling and why, to further develop the language that they use to talk about their bodies, health and emotions.
2.6 **Support through Integrated Youth Service, Family Nurse Partnerships and 0-19 service**

Sexual health advice and support is offered through the integrated youth service, family nurse partnership and 0-19 services. A review of current offers is required and recommendations form part of the joint plan.

2.7 **Greater Manchester proposals for the development GM Sexual and Reproductive Health System that is more integrated, comprehensive and consistent.**

A paper was taken to GM Joint Commissioning Board on 21st January on proposals. In 2018 GM Directors of Public Health commissioned an external review of the current system which aimed to:

- Review the current approach to Sexual & Reproductive Health and HIV services in Greater Manchester;
- Identify existing and future system challenges, strengths, risks and opportunities

2.7.1 The Review found:

- The specialist GM Sexual and Reproductive Health system experiences significant levels of demand, with over 300,000 face to face appointments.
- Local Authority expenditure on Sexual and Reproductive Health services is currently c.£26million per year in GM, but only £1.1million is specifically invested on dedicated prevention services - Passionate About Sexual Health (PaSH) VCSE consortia.
- Only £700,000 was specifically invested on dedicated services for Children and Young People. Most locality services commission an all age approach.
- Over recent years, there has been a 43% decline in attendances at sexual health services for 13-15 year olds, and a 31% decline in attendances in services for 16-17 year olds
- NHS England expenditure on HIV Care and Treatment is currently c.£54million per year in GM, whilst GM continues to experience high rates of late diagnosis.
- Use of Contraceptive Services in GM has fallen by 22% over 4 years, including a 13% fall in the Long Acting Reversible Contraception (LARC) rate (double the rate of decline in England), whilst Emergency Hormonal Contraception (EHC) use is 12% higher than England.
- There is evidence of limited specialist contraception provision within General Practice and high levels of variability across GM. There is limited pharmacy-based contraception offer in Greater Manchester largely focussed on EHC.
2.7.2 The GM model for discussion is:

![GM Model Diagram]

### 3. Salford’s sexual health outcomes (Year 2018)

#### 3.1 Sexual health outcomes were examined and highlight the following:

**Sexually Transmitted Infections**

Since 2015, Salford has seen an increase in STI diagnosis rates and is the highest amongst its statistical neighbours. It has the highest rate of syphilis diagnosis in the North West and second highest rate of gonorrhoea, although the numbers of these diseases are still much lower than chlamydia. These increases are reflected nationally but are increasing faster in Salford. Diagnoses of genital warts are also above the NW average rate, and increasing, whereas genital herpes is similar to the average and stable.

Figure 1 shows All STI (exc chlamydia) diagnostic rate / 100,000
3.2 Diagnoses of Gonorrhoea, Syphilis, Genital Warts, Herpes and other STIs increasing locally (except Chlamydia), at a greater rate than nationally or regionally. Figure 2 highlights the Gonorrhoea diagnostic rate / 100,000

![Gonorrhoea diagnostic rate/100,000 – fig 2](image)

3.3 Chlamydia diagnosis rates higher than England but high detection rate is seen as evidence of successful screening programme shown in Figure 3 given high prevalence nationally.

![Chlamydia diagnosis rate / 100,000 15-24](image)

3.4 HIV rates are high as defined by WHO thresholds (second to Manchester in GM) but encouraging these appear to be decrease, along with the proportion diagnosed late, which is still around 40% . Fig 4 highlights HIV prevalence in Salford.
3.5 Salford has the third highest rate of HIV diagnosis outside Greater London. In 2017, the data highlights a reduction in new diagnoses (33 from 43) but as people live longer the population with HIV in Salford is growing. Early diagnosis and adherence to treatment is key to survival and reducing transmission. Fig 5 highlights the new HIV diagnosis rates.

![New HIV diagnosis rate / 100,000 aged 15+ – Salford](image)

**Fig 5**

3.6 **Antimicrobial resistance in STIs**

Increasing resistance and decreasing susceptibility to antimicrobials used to treat STIs has reduced treatment options, and are therefore emerging concerns. This is particularly the case for gonorrhoea, as there are no classes of antimicrobials to which gonorrhoea has not developed resistance. As a result of this, first-line gonorrhoea treatment in the UK was recently changed from dual therapy of ceftriaxone with azithromycin, to monotherapy with ceftriaxone at a higher dose. Fortunately, ceftriaxone resistance remains rare in the UK. However, in 2018, there were 3 cases of extensively drug-resistant gonorrhoea detected in the UK, which included ceftriaxone resistance.
3.7 **Under 18 Conceptions**

Despite significant reductions over the last 20-30 years, Salford’s teenage pregnancy rate has plateaued since 2013 and is now second-highest after Blackpool in the North West. About 57% of these conceptions lead to Termination, indicating good access pathways but significant missed opportunity to prevent the costs of termination.

3.8 **Termination of Pregnancy**

Salford has the highest Termination of Pregnancy rate in Greater Manchester and is the second highest in the North West shown in Figure 6. In 2018, 27.6% of abortions in women under 25 were repeat abortions. There is significant variation across the city and within neighbourhoods. Access is important to support women to make a choice which is right for them and reduce unintended births but high rates are an indication of unmet need and opportunity to intervene to prevent further terminations. Figure 7 below highlights the Termination of Pregnancy rates (p/1000 15-44 female) by ward (GP) with LARC prescribing (GP and SHINE).
3.9 Emergency Hormonal Contraception

Salford pharmacies, GPs and Sexual Health Services prescribe Emergency Hormonal Contraception at a high rate. Latest data highlights:

- 1,934 prescriptions
- 1,770 individuals
- 1 resident received EHC on 5 occasions
- 18 residents received EHC on 3 occasions
- 248 residents received EHC on 2 occasions

In addition to this, GPs prescribed EHC on 405 occasions and Sexual Health Services (SHINE) on 163 occasions.

3.10 Long Term Acting Contraception

The GP LARC prescribing rate is lower than the GM, NW and England averages. Sexual health services prescribe LARCs at a rate similar to the NW average. There is great variation in GP LARC prescribing activity across the city. It appears that only 18 GPs fitted Implants in 2018/19 with several of these providing very low numbers, making it difficult to maintain competence. Several practices only provide one or other method of contraception with oral contraception and injections being prescribed at much higher rates. Injections are no longer classified as LARC as they are not long-acting or reversible.

3.11 Examining the Salford, GM and national data it appears that there is overall reduction in the use of contraception, particularly in the younger age groups. It is not
clear the reasons behind this – evident suggests there are multiple factors such as access, awareness, information and failure to anticipate

4. **Recommendations**

4.1 In light of the assessment of outcomes and the national guidance the Health & Care Commissioning Board is asked to:

4.1.1 Support the development a joint city sexual health plan

4.1.2 Agree the scope of the plan using WHO definition

- Minimum scope would be prevention, services and support on contraception and sexually transmitted infections including HIV
- Wider scope could include reproductive health, cervical screening, sexual violence/coercion and healthy pregnancy

4.1.3 Agree short term priorities areas of action –

- Complete a refreshed Rapid sexual health Needs Assessment
- Develop a neighbourhood model to improve access to and take-up of contraception - commencing with Long Acting Contraception.
- Develop Quick Start Contraception following emergency contraception through the development an enhanced the pharmacy contraception offer.
- Work with Children’s Services and Integrated Sexual Health Service to develop clinical outreach for young people and populations at high risk

4.1.4 Identify clinical and elected members leadership.

4.1.5 Agree Governance and reporting mechanisms.

Gillian Mclauchlan
Deputy Director of Public Health
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 4a

Item for: Decision/A reassurance/Information (Please underline and bold)

22 January 2020

<table>
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<tr>
<th>Report of:</th>
<th>Co-chairs of Adults’ Commissioning Committee</th>
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<td>10 January 2020</td>
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<tr>
<td>Subject:</td>
<td>Report of Adults’ Commissioning Committee</td>
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<td>Please contact:</td>
<td><a href="mailto:Karen.proctor1@nhs.net">Karen.proctor1@nhs.net</a> 0161 212 5654</td>
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Strategic Priorities:

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Purpose of Paper:

This is a report from Salford’s Adults Commissioning Committee (ACC). The report aims to provide assurance relating to the adults’ commissioning programme, outlining key decisions made by the ACC.

The Health and Care Commissioning Board is asked to note the content of the report, which summarises the ACC’s formal business during November 2019 and January 2020.
Further explanatory information required

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1. Executive Summary

This report summarises the ACC’s formal business during November 2019 and January 2020.

2. Introduction and Background

2.1 The Adult’s Commissioning Committee has responsibility (subject to reserved matters) for all matters relating to the Adults’ Services Integrated Health and Care Fund (Pooled Budget and Aligned Budgets) as set out in the Partnership Agreement between Salford City Council and Salford Clinical Commissioning Group.

2.2 This report summarises the ACC’s formal business during November 2019 and January 2020.

3. CCG Third Sector Fund

3.1 At its November meeting the ACC received an update on the CCG’s CVS managed Third Sector Fund and commended the fact that in 2018/19 the Fund had supported 203 local voluntary organisations, charities, community groups, social enterprises and primary schools and benefited the health and wider wellbeing of 26,048 Salford residents. The committee commended the recent CCG Executive decision to approve a further five-year investment into the fund of £1million per annum.

4. Cancer Work Plan Update

4.1 At its November meeting the ACC received an update on the local work being undertaken to improve cancer services and early diagnosis of cancer as part of Greater Manchester’s Achieving World Class Cancer Outcomes Plan, with the key domains of Prevention, Early Diagnosis, Improved and Standardised Care and Education, Commissioning, Patient Experience, and Living With and Beyond Cancer.

4.2 The committee learned that, like many areas locally and nationally, Salford was failing to meet several of its targets. Whilst this was affecting patients with several types of cancer the biggest issues were in relation to breast and skin cancers due to demand and capacity.

5. Finance Report

5.1 At its November meeting the ACC received an in-year update on how the adults’ element of the Integrated Fund was performing in 2019/20 and was informed that it was currently forecasting to overspend by £1.2m in 2019/20. This represented a worsening of £0.4m from that reported to the September meeting and was mainly due to the package of care provided by Manchester University NHS Foundation Trust (MFT) for one Salford resident which amounted to £0.5m. Concerns about the Trust’s
failure to keep Salford CCG informed had been flagged with MFT and Manchester CCG.

5.2 At its January meeting the committee received a more recent update and was informed that the adults’ element of the Integrated Fund was currently forecasting to overspend by approximately £1.8m. However, in the context of a pooled budget in excess of £400m, the ACC acknowledged that this was a relatively small forecast overspend.

6. **Adult Commissioning Report**

6.1 At each meeting the committee receives an overview of key or emerging areas of commissioning and provision relating to adult health and care to ensure it is kept abreast of developments and progress.

6.2 The following update was provided to the November meeting:

- Additional IAPT Investment – making a big difference in helping GMMH to meet targets in relation to waiting list size and waiting times
- Learning Disabilities Big Health Day on 22 October – early feedback was positive and more detailed evaluation of the outcomes would follow in due course
- Living Well Salford – pleased to learn of the support available to people with mental health support and care needs who were joining the workplace for the first time or returning following a period of time out of the workplace
- Welcomed the extension on the notice period on the Manchester Elective Orthopaedic Centre
- Local Government and Social Care Ombudsman – noted the actions taken following a finding of failure to review a resident’s care plan in line with the Care Act and welcomed the LGSCO’s positive reaction to the Council’s response to the finding

6.3 The following update was provided to the January meeting:

- Suicide Prevention Update – noted the 2018 audit had commenced and that the numbers for 2018 were lower than in 2017
- Safeguarding Adults Week – welcomed the activities to raise awareness of safeguarding adults and the help & support available
- Intermediate Care Unit & Acute Receiving Centre – pleased that planning permission had been granted

7. **Arrow Street Extra Care Proposal**

7.1 At its November meeting the ACC received a presentation from local architects and Salix Homes on a proposed Extra Care Scheme development at Arrow Street in Lower Broughton. The latest outline plans included a 68 apartment Extra Care Scheme with an additional six bungalows.

7.2 The ACC made a number of observations including about fire safety, flood risk, environmental sustainability and space for residents’ buggies and specialist equipment. Members of the committee had no objection in principle to the proposed
scheme but were concerned that they had not yet had an opportunity to consider and agree the service model and service specification which would be presented at the January meeting.

7.3 At its January meeting the committee received a financial appraisal of the proposed Arrow Street Extra Care Scheme within the strategic context for the development of Extra Care in Salford. The committee learned that, based on some very high level analysis and some broad assumptions, an Extra Care scheme for 80 people in the Broughton area might achieve an efficiency on support costs of approximately £6.5k per week or £334 per annum.

7.4 The committee commended the positive message in the appraisal and acknowledged that a strategic approach was now needed in order to identify locations for the large number of additional Extra Care spaces required in the future.

8. Extra Care Service Specification

8.1 At its January meeting the ACC considered the new Extra Care – Care Service Specification which had been developed to support the procurement process for the provision of care across six Extra Care Schemes which had ended or were coming to an end with an agreed contract extension ending on 30 September 2020.

8.2 The committee was informed that there were opportunities for commissioners to work more closely with landlords on Social Value including for fostering tenants’ contribution to the community and trying to identify work experience/apprenticeships for tenants. The committee was keen for close links to be established with the integrated neighbourhood teams and welcomed the fact that the schemes had space for therapy and clinic appointments.

8.3 The committee approved the new specification.

9. Postural Stability Service

9.1 At its January meeting the ACC considered the business case for the continuation of the Enhanced Postural Stability Service. The service was aimed at people who had recently had a first fall and those who had not yet fallen but were deemed to be at risk of doing so.

9.2 The committee discussed the relatively low number of referrals each year (fewer than 400) as compared to the actual number of falls and hospital admissions (3,182 admissions per 100,000 residents aged 65+) and queried whether there was more capacity in the service and whether it was ambitious enough. It was confirmed that, as SCL was the Council’s main leisure activity provider, there would be opportunities to discuss how to encourage people who had completed the course to take up other opportunities/continue to exercise.

9.3 The committee agreed to the continuation of the Enhanced Postural Stability Service for a period of two years until March 2022, with a plus one year’s extension to March 2023. The committee agreed that Salford Community Leisure should continue to deliver the service on the grounds of cost effectiveness and continuity of service and
that the funding of the service (£181,600 per annum) should be made fully recurrent in line with the recommendation of the Adults’ Advisory Board.

### 10. Integrated Care: Models Proposed to Continue Transformation Tests of Change

10.1 At its January meeting the ACC received a summary of proposals for future models of care to continue integrated care transformation in order to maintain and further grow benefits. The proposals drew on the learning from the new models of care tested between 2016/17 and 2019/20 and funded through GM Transformation monies.

10.2 The neighbourhood model proposal centred on strength based assessment, multi-disciplinary care planning and intervention, continuing the functions of the transformation project Enhanced Care Team but wrapping them around existing Neighbourhood Integrated Teams (district nurses and social workers). The proposal added therapy, pharmacy and mental health to integrated neighbourhood teams (INTs) and also moved an existing therapy service (Community Rehabilitation) to neighbourhood teams to make the best use of therapy resource.

10.3 The extended care model proposal was to redesign step-up and step down services, with some additional capacity, to deliver improved outcomes. The proposal maintained the specialist staff roles of the transformation service, Urgent Care team, but merged these with the Rapid Response Service, for an integrated Community Urgent Response.

10.4 The proposal also included a new transformation test of a ‘Homesafe’ service so that people could be discharged home safely sooner, with improved capacity for reablement, rehabilitation and support for health and wellbeing.

10.5 The committee agreed the proposed models for integrated care.

### 11. Proposed Amendment to Terms of Reference for Adults’ Commissioning Committee

11.1 At its January meeting the ACC considered an amendment to its Terms of Reference which was intended to reduce the risk of a meeting not being quorate due to the number of voting members required to be in attendance. The committee noted that there had been instances where the quoracy requirements had been challenging in relation to the SCC membership of the ACC, CCC and HCCB as the voting membership is restricted to elected members and excludes SCC senior officer members of the committees.

11.2 It was accepted that non-voting and voting members from both SCCG and SCC took their role and responsibilities as committee members very seriously and endeavoured to attend meetings as regularly as possible but, given that they were senior representatives of their respective bodies, there were occasions when they could not attend due to other unavoidable commitments.

11.3 The ACC agreed that a reduction in the number of voting members required to be present from each of SCCG and SCC from three to two would significantly reduce the
risk of a meeting not being quorate. The Health and Care Commissioning Committee and the Children's Commissioning Committee will be asked to endorse the same proposal at their meetings in January, prior to formal approval by CCG Governing Body and SCC Cabinet by the end of January.

7. **Recommendations**

7.1 The Health and Care Commissioning Board is asked to:

- Note the contents of this report.

Cllr Gina Reynolds  
Lead Member for Adult Services, Health & Wellbeing - SCC  

Dr Jeremy Tankel  
Medical Director - CCG
HEALTH AND CARE COMMISSIONING BOARD

PART I

AGENDA ITEM NO: 4b

Item for: Decision/Assurance/Information (Please underline and bold)

22 January 2020

| Report of: | Councillor John Merry and Dr Nick Browne |
| Date of Paper: | 3 January 2020 |
| Subject: | Children’s Commissioning Committee |
| In case of query Please contact: | Mike McHugh Mike.McHugh@salford.gov.uk |

Strategic Priorities:

| Quality, Safety, Innovation and Research |
| Integrated Community Care Services (Adult Services) |
| x Children’s and Maternity Services |
| Primary Care |
| x Enabling Transformation |

Purpose of Paper:

To provide an update from the Children’s Commissioning Committee to the Health and Care Commissioning Board on progress and next steps.

To provide assurance to members that commissioning decisions are receiving appropriate oversight and support.

The Health and Care Commissioning Board is asked to note the content of the report, including decisions made in November 2019.
Further explanatory information required

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1. Executive Summary

This paper provides an update on the meeting of the Children’s Commissioning Committee held on 6 November 2019. The report will provide details of commissioning decisions, funding and performance relating to Children’s Services Commissioning across Salford.

2. Introduction

2.1 The Children’s Commissioning Committee has responsibility (subject to reserved matters) for all matters relating to the Children’s Services Integrated Health and Care Fund (Pooled Budget and Aligned Budgets) as set out in the Partnership Agreement between Salford City Council and Salford Clinical Commissioning Group.

3. Finance Update

3.1 The CCC received a report which provided in-year update on how the children’s element of the Integrated Fund is performing in this financial year (2019/20).

3.2 It was confirmed that, based upon the latest financial information, the children’s element of the Integrated Fund was currently forecasting to overspend by £6.9m in 2019/20. This was an improvement £0.5m from the last finance report to September’s CCC, which had a forecast year end overspend of £7.4m. The main reason for this movement was that the children’s hospital activity was forecast to underspend by £0.5m.

3.3 Consideration was given to the details provided which related to the main areas of over and under spend within the children’s Integrated Fund. It was confirmed that the main area of overspend related to Looked After Children service line, of which £4.7m related to Out of Area placements.

3.4 It was confirmed that the CCG had agreed an additional £3m investment into Children’s services to test a new model of care and increase staffing in Salford which should reduce the number of out of area placements. Any financial savings associated with this investment had not been included in this year’s financial forecast.

3.5 The CCC noted the in-year and forecast position for the children’s Integrated Fund for 2019/20.

4. Children’s Health Services Assurance Report

4.1 The CCC received the first quarterly update to provide assurance around performance and achievement of health outcomes for children and young people in Salford.
4.2 The report provided an overview of what this could look like for physical health services for children and young people, with examples of data from existing contracts.

4.3 The areas of suggested breakdown for future report included -

- Children’s contractual information
- National performance targets
- Children’s waiting times
- Service activity
- Quality outcome indicators

4.4 A number of questions and comments were raised in respect of issues, which included -

(a) The timescales for development and implantation of the quality outcome indicators. It was also noted that linking outcomes with impact was essential.

It was confirmed that details would be included in future reports to the CCC.

(b) Discussion took place relating to the differentials in ‘age-related’ services provided by the CCG, SCC and other partners - 16, 18, 19 and 25. It was confirmed that the majority of the age-related were provided on a statutory basis.

It was noted that Debbie Blackburn was co-ordinating a group which was examining ‘Transition’.

(c) As an example of the need to ensure that linkages between health and social care issues were addressed, Members considered links between obesity and dental health in children.

It was considered a fundamental focus for the work of the CCC to impact upon all aspects of health and social care in order to aid healthier futures.

4.5 The CCC noted the report and its findings.

5. GM Population Health Funded Start Well Programmes

5.1 The CCC received a report which provided an update in respect of the GM Population Health Funded Start Well Programmes.

5.2 It was confirmed that in December 2017 SCC and CCG submitted a Population Health Bid to Greater Manchester Combined Authority (GMCA) to deliver transformation programmes under the Age Well and Start Well agendas.

5.3 Funding was provided by the GMCA based on a total of 13 programme of work.
5.4 Details were provided relating to progress on the Start Well programme and highlighted an overview of development and delivery over the last year of the projects under the four headings -

(i) Vulnerability and Safeguarding  
(ii) Start Well Parenting  
(iii) Early Identification and Prevention  
(iv) Children are Thriving

5.5 Questions and comments relating to a number of issues, including the following were presented -

(a) the evaluation of the projects and the process to be undertaken in developing business cases to take projects forward in mainstream services  
(b) work being undertaken to address the best value impact of the projects  
(c) confirmation of the level of funding which had been extended to March 2021 from the original proposal of March 2020.  
(d) the need to ensure explicit consideration of ‘social value’ and ‘equality’ when reviewing the impact of the projects

5.6 The CCC noted the report and its findings.

6. Salford CVS Third Sector Fund

6.1 The CCC received a report which provided an update on the CCG’s Third Sector Fund.

6.2 It was confirmed that the fund was managed by Salford CVS on behalf of the CCG and Fund was a flexible, responsive grants programme that had the ability to ensure that grantees were delivering against the priorities of the refreshed Locality Plan, alongside any other strategic priorities identified.

6.3 The Third Sector Fund was established in 2014 by Salford CVS in partnership with NHS Salford CCG to harness Salford CVS’ relationship with the voluntary, community and social enterprise sector in Salford in order to reach into local communities with the aim of using small grants as an enabler to help improve the wellbeing, health and care of Salford residents. A three year rolling programme of evaluation was commissioned and delivered by Centre for Local Economic Strategies (CLES)

6.4 Following negotiations between NHS Salford CCG with Salford CVS during the latter half of 2016, based on the positive results of the previously funded programmes of work, NHS Salford CCG positively responded to CLES’ core recommendation and agreed to further fund the Third Sector Fund for a three-year period, commencing April 2017. The CLES full year two report was submitted to the CCG’s Service and Finance Group (SFG) in October 2019.
6.5 At the meeting of the CCG’s Executive on 9 October 2019 a decision was taken and the CCG approved a further five-year investment into the Salford CVS managed Third Sector Fund of £1million per annum for the period April 2020 – March 2025.

6.6 This extension was subject to

(i) Further discussion in relation to ongoing contracting arrangements
(ii) Annual review (yearly evaluation of the programmes impact)
(iii) Annual review of CCG funding priorities and the submission, agreement and sign-off of an annual funding plan

6.7 Additionally, the CCG Executive agreed an additional £500k for 2020/21 the focus of which would be Mental Health with an indicative split being 60/40 between Live well and Start Well respectively.

6.8 The CCC noted the report and its findings.

7. Designated Medical / Clinical Officer Special Educational Needs & Disabilities (Send) Report

7.1 The CCC received a report which provided details of the Designated Medical / Clinical Officer Special Educational Needs & Disabilities Annual Report (2018/19)

7.2 It was noted that there were 84,300 Children and Young People (CYP) aged between 0-25 years in Salford and 18% had Special Educational Needs or Disability (SEND).

7.3 The CCG appointed to the statutory role of a Designated Medical Officer / Designated Clinical Officer for Special Educational Needs and Disability in December 2014, in line with the requirements within the Children and Families Act 2014.

7.4 It was confirmed that the report highlighted how the CCG was fulfilling its duties under the Children and Families Act (2014).

7.5 The three key elements to the DMO/DCO role were detailed as follows -

(a) Providing strategic direction and identifying local priorities.
(b) Providing specialist SEND health advice for the local area.
(c) Ensuring governance and quality assurance of SEND provision.

7.6 Described in detail were the key achievements and risks, along with priorities for 2019/20 to mitigate those risks.

7.7 Questions and comments relating to a number of issues, including the following were presented -

(a) work being undertaken to address the increase in demand for the services and the reasons for that increase.
(b) the delivery of community paediatric assessments and its impact on services.
(c) work being undertaken to increase uptake of immunisation and vaccination rates for children with special education needs and disability.

(d) the reasons around the increase in numbers of children with autism, specifically relating to either ‘better diagnosis’ or ‘a general increase in numbers’.

(e) accessibility by General Practitioners of data relating to SEND.

7.8 The CCC noted the report and its findings.

8. **Immunisation / Vaccination Uptake**

8.1 It was agreed that the Public Health Team would provide an update report on work relating to this issue at a future meeting of the CCC.

9. **Health and Justice Strategy**

9.1 It was agreed that the Strategic Director, People, would provide an update at the meeting of this Committee in January 2020 on the implications in respect of the implementation of the Health and Justice Strategy.

10. **Recommendations**

10.1 The Health and Care Commissioning Board is asked to note the contents of this report.

Debbie Blackburn
Assistant Director Public Health Nursing and Wellbeing
HEALTH AND CARE COMMISSIONING BOARD
PART I

AGENDA ITEM NO: 4c

Item for: Decision/Accurance/Information (Please underline and bold)

22 January 2020

<table>
<thead>
<tr>
<th>Report of:</th>
<th>Chair of PCCC</th>
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<tr>
<td>Date of Paper:</td>
<td>6 January 2020</td>
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<tr>
<td>Subject:</td>
<td>Report of Primary Care Commissioning Committee</td>
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<tr>
<td>In case of query</td>
<td>Karen Proctor</td>
</tr>
<tr>
<td>Please contact:</td>
<td><a href="mailto:Karen.proctor1@nhs.net">Karen.proctor1@nhs.net</a></td>
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Strategic Priorities: Please tick which strategic priorities the paper relates to:

- **Quality, Safety, Innovation and Research**
- **Integrated Community Care Services (Adult Services)**
- **Children’s and Maternity Services**
- ✓ **Primary Care**
- **Enabling Transformation**

Purpose of Paper:

This is a report from Salford’s Primary Care Commissioning Committee (PCCC). The report aims to provide assurance relating to the primary care commissioning programme, outlining key decisions made by the PCCC.

The Health and Care Commissioning Board is asked to note the content of the report, including decisions made in November 2019.
### Further explanatory information required

<table>
<thead>
<tr>
<th><strong>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</strong></th>
<th>The Primary Care Commissioning Committee oversees Salford’s primary care commissioning activities aimed at delivering the local strategic priorities.</th>
</tr>
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<tbody>
<tr>
<td><strong>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</strong></td>
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<td><strong>WHAT EQUALITY RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</strong></td>
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<tr>
<td><strong>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</strong></td>
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<tr>
<td><strong>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</strong></td>
<td>The CCG is a GP-led organisation so conflicts of interest are not entirely avoidable. There is a potential conflict of interest associated with each decision concerning primary care. These are managed via the CCG’s policy.</td>
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<td><strong>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</strong></td>
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**Footnote:**

Members of Health and Care Commissioning Board will read all papers thoroughly. Once papers are distributed no amendments are possible.
### Document Development

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<td>Legal advice is sought on specific issues as appropriate.</td>
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**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.
Primary Care Commissioning Committee Report

1. Executive Summary

At its November 2019 meeting the Primary Care Commissioning Committee (PCCC):
- Provided feedback on and approved the refresh of the Primary Medical Services Commissioning Principles, subject to comments made by members
- Received a progress update on the Primary Care Workforce Strategy and agreed six-monthly updates in future
- Noted the contents of the National Enhanced Services including QOF 18/19 Report.
- Discussed the contents of the Population Growth Report
- Noted the update on strategic estates development in Salford and progress on key schemes
- Received the Primary Care Finance Report and noted the risks to the financial position
- Noted the reports from PCQG and PCOG.

2. Introduction and Background

2.1 NHS England has delegated specific functions associated with the commissioning of primary medical care services to NHS Salford CCG. PCCC has been established to make decisions and oversee primary medical care commissioning under this delegated authority. In addition PCCC oversees the primary care commissioning work programme of NHS Salford CCG and Salford City Council.

2.2 This report summarises PCCC’s business at its November 2019 meeting. The purpose of the report is to provide assurance relating to Salford’s primary care commissioning programme, outlining significant decisions.

2.3 The PCCC is a meeting held in public, normally every other month. The public is excluded from those items where publicity would be prejudicial to the public interest. These Part 2 items remain confidential until such time as they become appropriate to discuss in public, and those items will be presented to Part 2 of the Health and Care Commissioning Board.

3. Decisions & Assurance

3.1 Commissioning Principles

The Commissioning Principles paper was presented, highlighting the updated version of the Primary Medical Services Commissioning Principles. These principles were developed by the Primary Care Operational Group (PCOG) to support commissioning decisions regarding services delivered in general practice. Since the original principles were developed there have been a number of changes and updates to NHS strategy, such as the NHS Long Term Plan and the introduction of
the Primary Care Networks, and PCOG agreed to update the principles in line with national and local strategy.

PCCC’s discussion focused on:
- The seven principles of public life, and their inclusion within the Principles
- Social value, voluntary sector and environmental issues
- The purpose of the principles and the value they bring to procurement

PCCC provided feedback on and approved the refresh of the Primary Medical Services Commissioning Principles, subject to the comments made by PCCC.

3.2 Primary Care Workforce Strategy Update

The Primary Care Workforce Strategy Update was presented, following on from the endorsement by PCCC in May 2019, with the original strategy being provided in 2016. The paper provided an update on each of the actions from the year 1 delivery plan with greater depth being provided on primary care workforce data. It was highlighted that there are now sixteen training practices in Salford. Work is taking place on scaling up plans on how healthcare might be better integrated with health education programmes, and link in with what PCNs might need to deliver on their priorities, to make it a much more target identified project.

PCCC’s discussion focused on:
- The data that is currently available and its inconsistency
- Retention and training of staff
- The average age of GPs in Salford and the associated risks

PCCC noted the progress in the implementation of the Primary Care Workforce Strategy and determined the timescales for future updates as every six months.

3.3 National Enhanced Services including QOF 18/19

The paper provided a summary of the 2018/19 Directed Enhanced Services (DESs). This included sign up arrangements, practice performance, the financial position and issues identified. It also contained a summary of the 2018/19 Vaccination & Immunisation programme which is commissioned by Public Health England (PHE) and a breakdown of the 2018/19 Quality and Outcomes Framework (QOF) achievements.

There was discussion around the drop in the number of Learning Disability health checks being undertaken, and PCCC expressed its concern at this drop. Members agreed that this should be looked at in relation to this area coming out of the Salford Standard, with information to be brought back to January’s meeting. Concerns were also raised around immunisation, and an update was provided on the ongoing work in this area.

PCCC noted the contents of the report and provided feedback.
3.4 Population Growth

The Population Growth paper was presented, highlighting that figures from the public health team at Salford City Council predict a significant population growth up to 2024, and therefore a growth in the need for primary medical care consultations right across the city. The paper set out the progress made in planning for the impact of the estimated growth, noting that due to the scale of the projected population growth in Ordsall, work has already commenced to build additional general practice capacity in that area of the city, and the paper provided an update on the progress of that project.

PCCC noted the contents of the report.

3.5 Primary Care Estates Update

The Primary Care Estates Update gave members an update on how the estate is being managed in order to support the delivery of services in Salford. This sets out an outline of the Strategic Estates Group (SEG) functions, an overview of the outcomes of the Locality Asset Review process which reviewed all public sector estates in Salford, an update on the work currently ongoing to improve utilisation (particularly in relation to NHS estate) and progress on individual estates schemes.

PCCC noted the update on strategic estates development in Salford and progress on the key schemes outlined.

3.6 Primary Care Finance Report

The Primary Care Finance Report was presented, providing PCCC with a view of the primary care budgets and finances based on information up to the end of October 2019. This includes budgets for locally commissioned services, Primary Care IT and prescribing which are managed and funded by the CCG, and delegated co-commissioning budgets for primary medical services which have been delegated to the CCG from NHS England.

The overall reported year to date position is an overspend of £467k and a forecast overspend of £945k for the end of the year. Since the last reported position the adverse movement in forecast position is mainly due to the increase in the prescribing costs based on the NHS Business Services Authority (NHSBSA) report received in month 7.

PCCC noted the contents of the report and the risks to the financial position outlined.

4. Information

4.1 Primary Care Quality Group Report

The Primary Care Quality Group Report was presented, providing an overview on a number of areas that are used to measure the quality and safety of patient care within the primary care services commissioned by the CCG. This included updates that 100% of practices are rated as good or outstanding by the CQC, and also that
there is continued good work around Primary Care Safeguarding Assurance, and the analysis of the Patient Experience Survey.

PCCC noted the contents of the report and the progress made in developing the mechanisms for gaining assurance on quality and safety within primary care.

4.2 Primary Care Operational Group Report

The Primary Care Operational Group Report provided an update on the work that is overseen by PCOG. This includes updates on practice specific contractual issues, core contractual requirements, enhanced services, locally commissioned services, general practice capacity, estates and informatics projects, and governance. It was noted that progress on the Assurance Framework is good, and detail around the Salford Standard was highlighted, particularly around the governance arrangements, as PCOG now has more of a role with regards to the detail of the Salford Standard.

Members discussed Babylon GP at Hand and the implications of their proposed new branch in Manchester in 2020, with an update given on a recent meeting between Babylon GP at Hand and services in Greater Manchester.

PCCC noted the contents of the report.

5. Recommendations

5.1 The Health and Care Commissioning Board is asked to note the contents of this report.

Ross Baxter
Senior Patient Services Officer