
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 30 January 2018
Subject: Carers Support Strategy
Report of: Commissioning Specialist (Development)

Summary

To update the Committee in respect of:-

- Development of the Manchester Carers Network.
- The on-going review of Carer Support Strategy and the drive towards an “Our Manchester” social movement which will capture the energy of the wider social and business community in support of Manchester citizens with caring responsibilities.
- The recently adopted Greater Manchester Carer’s Charter.
- The development of a Joint Strategic Needs Assessment for Carer’s Health & Wellbeing and a growing partnership across health and social care in support of Manchester’s carers.

Recommendations

To consider and comment upon the content of this report.

Wards Affected: All

Contact Officers:

Name: Paul Johnston
Position: Commissioning Specialist (Development)
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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester City Council, Health Scrutiny Committee 26.1.15, Carers Consultation
Manchester City Council, Health Scrutiny Committee 26.1.15 Carers Redesign
Manchester City Council, Survey of Adult Carers in England (SACE) 2016/17

1. Introduction

- 1.1. This report provides an update on previously reported plans and outlines on-going arrangements for the further review of carer support strategy and development of services.
- 1.2. A carer is someone of any age who looks after and supports a family member, friend or neighbour in need of help because of long-term physical or mental ill health, disability or problems related to old age. This includes parents caring for a disabled child and young carers under the age of 18 with caring responsibilities to an adult. Individuals who provide informal care for another person which is not part of paid employment are commonly referred to as either “unpaid” or “unwaged” carers.
- 1.3. Carers make a huge positive contribution to our society. Their work enhances quality of life for millions of people with care and support needs, and saves the UK economy an estimated £132 billion per year. Nationally, an estimated 5.8 million people provide unpaid care, over a third of whom provide over 20 hours of care per week*. Between 2001 and 2011, the number of unwaged carers increased by 600,000, with the largest growth in the number of people providing more than 50 hours of care a week. In 2015, one fifth of men and one third of women aged 65 and over in the UK needed help with at least one activity of daily living (Health Survey for England, 2015). The proportion of the population aged 65 and over is projected to increase from 9.4% in 2017 to 11.1% in 2030, and therefore demands for care are also likely to increase.
- 1.4. In November 2015 Health Scrutiny received two reports in respect of Carers Support Strategy designed to address the strengthened statutory requirements of the Care Act whilst managing expanding pressures on decreasing budgets. The first report outlined feedback and recommendations from a series of consultations with carers and wider stakeholders.
- 1.5. The second report set out plans to act on these recommendations via the progressive adoption of a co-produced and strengths based approach, working alongside Manchester NHS and the Manchester voluntary and community sector to provide improved outcomes for Manchester Carers at all levels. At the same time in order to achieve required savings the criteria for allocation of a carers personal budgets were to be more tightly defined to focus on higher level needs. A self-assessment platform was to be introduced to promote self-directed care and a self –help Carers Toolkit established within the Manchester Help & Support website.
- 1.6. This approach was to be facilitated by the establishment of a Manchester Carers Network to develop and coordinate community-based activity across the city’s many voluntary sector organisations. Carers by nature of their role can quickly become socially isolated, weighed down by their responsibilities and uncertain as to where they might look for help and support. Many carers are found within older age groups and the stress of caring can have a detrimental effect on both physical and mental health, they are more likely than the general population to suffer from poor health and require care themselves. Early identification and

engagement with Carers is therefore central to positive outcomes and such local organisations are ideally placed to deliver peer support, advice and promote social inclusion, working alongside the Council which has responsibility under the Care Act for the statutory assessment of carer's needs, funding of assessed need and support planning.

1.7. These statutory functions currently sit within the Primary Assessment Teams of the local authority, (responsibility will transfer to the Locality Care Organisation in April 2018) and the Greater Manchester Mental Health Trust.

1.8. Under the Care Act Carers are entitled to request a specific assessment of their personal wellbeing needs. This may be undertaken jointly with an assessment of the cared-for person's needs or Carers who might experience tension or ambivalence within their role may wish to discuss their needs individually. Following assessment both Carers and Cared-for individuals who meet Care Act criteria will receive a Personal Budget determined by the Citizen Resource Allocation System (RAS) and the Carer RAS.

1.9. The Citizen RAS in eligible situations will make available resources for personal care within the home and to fund substitute care for the cared-for person to enable a Carer to take a break, this may be provided via a local authority managed budget or a direct payment which will be managed by the citizen against an agreed care & support plan. Eligible Carers will also receive a Carers Personal Budget in the form of a direct payment. Such payments are determined individually according to the needs of the Carer, currently ranging between £50 and £500 per annum with an average payment of £225. This must also be spent in line with a Carer Support Plan, supporting the additional material costs of caring and maintaining the Carers personal health and wellbeing.

Demographics of the Manchester carer population

Age	Total Population in Manchester	Provides unpaid care:	% of population	Provides 1 to 19 hours unpaid care a week	% of carers	Provides 20 to 49 hours unpaid care a week	% of carer	Provides 50 or more hours unpaid care a week	% of carers
All ages	503,127	42,640	8.5	23,109	54.2	7,568	17.7	11,963	28.1
0 to 15	97,418	1,138	1.2	859	75.5	152	13.4	127	11.2
16 to 24	99,697	4,523	4.5	3,178	70.3	768	17.0	577	12.8
25 to 34	101,599	6,931	6.8	4,160	60.0	1,236	17.8	1,535	22.1
35 to 49	95,073	12,938	13.6	6,989	54.0	2,499	19.3	3,450	26.7
50 to 64	61,796	11,119	18.0	5,705	51.3	2,064	18.6	3,350	30.1
65+	47,544	5,991	12.6	2,218	37.0	849	14.2	2,924	48.8

Table 1. Demographics of the carer population in Manchester at the time of the 2011 census

Support needs of the cared-for person

- 1.10. 90% of carers surveyed in the 2015 Manchester CCG Carers Survey cared for a family member (spouse/partner, son/daughter or parent). In keeping with national data, the most common support need of the cared-for person was a physical disability (43% in Manchester, 53% nationally). The largest discrepancies between local and national data were the percentage of cared-for people with drug/alcohol dependency and mental health problems. 6% of cared-for people in Manchester had alcohol/drug dependency compared with 2% nationally. 38% of cared-for people in Manchester had mental health problems, much higher than in the North West and nationally (22% and 21% respectively). Furthermore, Manchester had the highest percentage of cared-for people with drug/alcohol dependency and mental health problems of all the Greater Manchester boroughs.
- 1.11. A survey of 114 parents in Manchester performed by Manchester Parent Carer Forum showed that the most common need in children with a special educational need or disability was Autism Spectrum Disorder (68%) followed by speech and language impairment (30%). 25% of parents classed their child's disability as severe.
- 1.12. However our Carers Services are challenged, we are not engaging with sufficient numbers of carers across our various channels and when we do so it is often too late in the carer journey to be effective. Across social care and the NHS we reach only 5000 and 10000 carers respectively, a small proportion of the 42000 Manchester residents who reported additional caring responsibilities with the last census, (See Draft JSNA Appendix 3)
- 1.13. In common with a number of NW authorities action is required to address deteriorating carer satisfaction reported via the 2016/17 National Survey of Adult Carers in England (SACE) which indicates a marked decrease in performance and satisfaction against all measures, in particular the ease with which carers access information about services, the amount of social contact they enjoy, the amount of control they exercise over their daily life and a reduction in access to services which allow carers to take a break from their responsibilities.
- 1.14. To date this this year we have assessed the needs of 1757 Carers and there are 1577 Carer personal Budgets in payment. Numbers have decreased following the introduction of guidance whereby Carers are initially directed to self-service advice and information. In 2014/15, 3,954 requests were recorded for a personal budget. This dropped to 1,569 requests in 2015/16 and 1,446 in 2016/17.
- 1.15. In the light of the SACE survey findings the current review of care Strategy will address whether this policy is productive and whether more supportive channels to access advice and information can be developed in partnership with the Carers Network. We also wish to explore the potential to place carers in more direct control of their support via an expansion of Carers Personal Budgets.
- 1.16. This review will seek to improve the quality and effectiveness of support to Manchester Carers with the overall objective of increasing carer resilience and enhancing the contribution of unpaid / informal carers within delivery of the

Manchester Locality Plan goal of “more care closer to home”. It will also align MCC strategy with the Greater Manchester Carers Charter which has been co-produced across the city region in order to enhance the rights of carers across our interdependent services and drive up service standards across the city region.

- 1.17. The adoption of “Our Manchester” principles will reinforce our co-production approach and open up wider opportunities for carers as expert partners, local neighbourhood and communities of interest to shape forward services, whilst a refreshed commitment to the expansion of personal budgets will enable individual carers to exercise greater control and choice of support arrangements and drive innovation in areas such as assistive technology, care breaks and homecare support services.

2. Development of the Manchester Carers Network

- 2.1. Following scrutiny committee’s previous consideration, competitive submissions were invited under the large grants process to identify a suitable organisation to develop and administer the Manchester Carers’ Network. That competition was won by the Manchester based charity, the Gaddum Centre.
- 2.2. The Network commenced operations in June 2016 and has been active across all key outcome areas, these include:
- 2.3. Objective - 1 Prevention and wellbeing: To develop and strengthen early identification of carers, to improve carers’ wellbeing and prevent carer breakdown by raising awareness of the needs of all carers across a range of professionals. This includes but is not limited to:
- Social care staff
 - Health staff
 - GPs
 - Housing providers,
 - Care Providers
 - Job Centre Plus staff
 - Employer’s networks.
 - Schools, colleges, universities
 - Wider VCS groups not specifically commissioned to support carers
- 2.4. Objective 2 - Co-ordination: Provide co-ordination of carers’ support activity across the city to ensure carers are identified early and signposted to the right support at the right time by co-ordinating the activities of the wider network.
- 2.5. Objective 3 - Single point of contact: To be a single point of contact for statutory, voluntary and community organisations and other health and social care services. To link with the 12 Integrated Neighbourhood Teams which will provide the foundation of the Manchester Locality Plan by connecting professionals who identify carers to appropriate community assets and support systems.
- 2.6. Objective 4 - Effective signposting: To be a point of contact for carers to ensure that they are signposted to the most appropriate service. This may be a specific

carer support service but will also require a knowledge of wider services across the city including availability of statutory advocacy.

- 2.7. Objective 5 - Communications: Manage communication across the Carers Network and with other stakeholders so partners are engaged, informed and updated. This will also include communicating directly with carers through regular newsletters, use of social media and effective marketing around key opportunities such as Carers Week and Carers Right's Day.
- 2.8. Objective 6 - Expertise: To provide knowledge, expertise and the support to key stakeholders and network members on how to better support carers and to develop knowledge sharing between providers.
- 2.9. Objective 7 - Support: To work in partnership with Carers Network Providers to increase financial sustainability of Manchester's carer support organisations with particular reference to the grants programme renewal.
- 2.10. Objective 8 - Maintain a forward action plan: In continuing consultation with carers and co-production with carer's organisations to develop and progress an on-going action plan to improve carer support services and training.
- 2.11. A comprehensive multi-channel communications strategy is now in place across the Carer's interest sector which is now complemented by the appointment of Cllr Garry Bridges as the elected member Carers Champion. This appointment will provide invaluable support in our drive to promote the voice of "Our Manchester" carers and to strengthen recognition of their often hidden contribution.
- 2.12. The establishment of a single commissioning function in the form of Manchester Health & Social Care Commissioning (MHCC) is now shaping a more joined up approach to carer support across health and social care boundaries with the support of the Carers Network.
- 2.13. A strategic leadership group has been established with representation across the health, social care, mental health and the Carers Network. New Manchester GP standards which are currently subject to consultation with Carers with the support of the Carers Network will sharpen GP focus on the identification of Carers and support for their health and well-being.
- 2.14. The NHS is also currently investing £500k over the next three years working with the Carers Network and the Gaddum Centre to deliver a Carer's Learning and Development Programme which will enable carers to manage their health & wellbeing, to learn essential practical caring skills and feel more confident in their caring role.
- 2.15. The Greater Manchester Transformation Fund will also invest £528k over two years in carer break and emergency sitting services which will be designed in consultation with the Network.

3. The On-going Review of Carer Support Strategy


- 3.1. In the light of the SACE survey findings and the opportunities provided by health and social care integration, the Director of Adult Social Care Services with the support of the MHCC Executive Committee has now challenged strategic commissioners to accelerate the pace of change towards coproduction, recognising that carers rather than the local authority are best placed to innovate, provide mutual support, champion their own needs and to shape their own support services, training and carer break arrangements via the choice and flexibility which is provided by personal budgets, with strong independent advocacy and brokerage support where necessary.
- 3.2. Lynne Stafford, Chief Executive of the Gaddum Centre and Chair of the Manchester Carers Network has been asked to undertake a further independent review of the effectiveness of current carer support delivery systems and has been asked to make bold proposals for the extension of co-production and the development of a support structure that is designed, directed and delivered with leadership from within the Manchester carer community, with the active support of the wider population and business community. Proposals will embrace a strong “Our Manchester Carers” social movement ethos and branding which will encourage both communities and business to recognise and support the contribution of Carers whose contribution enhances the quality of life of millions of people. Nationally there are 5.8 million carers a third of whom provide in excess of 20 hours of care per week saving the UK economy in excess of £132 billion per year.
- 3.3. The review will bring forward proposals to shift responsibility for operational leadership and delivery of carer support services from the current in-house assessment, care management and brokerage function to the carers voluntary & community sector, working within a strategic partnership with an integrated health and social care system and agreed outcomes based upon the Manchester Locality Plan to deliver more care closer to home and improved outcomes for carers.
- 3.4. This will be achieved via an extension of the Manchester Carers Network with the support of the Our Manchester Investment Fund, subject to an appropriate transparent and competitive process and consultations with unions and staff who may be affected.
- 3.5. Consultations, research and options appraisal are currently on-going and the review is expected to report in March 2018.
- 3.6. Manchester Health & Care Commissioning will initiate wider consultations and will bring forward a detailed timeline on receipt of the review recommendations with detailed proposals to follow in May 2018 with a view to implementation from September 2018 onwards.

4. A Greater Manchester Commitment to Improving Support for Informal Carers - The Greater Manchester Carers Charter

4.1. This Charter has been co-produced across the G M local authorities, NHS and carer organisations under the coordination of the Greater Manchester Health & Social Care Partnership and with the support of the Greater Manchester Mayor. It was formally adopted on the 19/1/18.

GM's commitment to Carers

We believe all carers have the right to be respected, valued and supported, equally in their caring role, as experts for their cared for and as individuals in their own right. So alongside the public, independent, voluntary sector and local carers support organisations, we have developed a Commitment to Carers and rights based Carers Charter: to set out what we intend to do to support carers of all ages in GM



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

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

4.2. Manchester has played an active part in design of the charter via Lynne Stafford of the Gaddum centre with the support of the Manchester Carers Network. Work to share learning and to shape a consistent high quality GM carer support offer continues via six work programmes detailed in the attached presentation at Appendix 2. Work at regional level opens up particular opportunities to influence support for carers from employers and business and provides an opportunity to position the need for additional resources at strategic level. The region as a whole has in excess of 280000 carers.

4.3. The charter commitments detailed in Appendix 1 and developed will be absorbed within the proposals which the current review will bring forward.

5. The Manchester Joint Strategic Needs Assessment Care Health

5.1. Attached at Appendix 3 is the draft Carer Health JSNA which remains a work in progress but is attached for information and feedback as part of the quality assurance process. The JSNA illustrates how we are progressively building a picture of the needs of Manchester Carers. However further work is required across the full diversity of the population which will be brought forward as part of the strategy review.

6. Recommendation

6.1. The Health Scrutiny Committee is asked to consider and comment upon the content of this report.

APPENDIX ONE – COMMITMENT TO CARERS

A Greater Manchester commitment to improving support for informal carers

1. **Introduction**

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

2. **Background**

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

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

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

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

This Commitment:

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

3. **Our vision for Carers**

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

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

- To be identified as a carer as early as possible, be informed, be respected and included by health and social care professionals;
- To have choice and control about your caring role, get the support you need as a carer to meet you and your family's needs;

Appendix 2 – GM Carers Charter PowerPoint



GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS
in Greater Manchester

Greater Manchester Health and Social Care Partnership

Adult Social Care Transformation:
Overview of the GM Support for Carers Programme

For further information, please contact:
Joanne Chilton: Programme Director, Adult Social Care Transformation (joanne.chilton2@nhs.net)
Jason kalugarama, Programme Manager, Adult Social Care Transformation (j.kalugarama@nhs.net)


Why Carers: in GM we have

Approximately 280,000 carers	(not including those who do not identify themselves as carers) who play a vital part of the health and social care system
A heavy reliance on carers	who provide substantially more care than the national average. 70,000 carers (nearly a quarter of the carers in GM and more than our commissioned workforce) provide more than 50 hours of care pw
Carers who have poorer health and lower levels of employment	than the national average. This makes care provision very vulnerable.
A lower than average rate of carers juggling work and care	compared to the national average. There is not a consistent approach to carer friendly employment practices across health and social care organisations and the extent of carer friendly employment practices across businesses is not well understood.
A variable approach to carers assessments and support across the region	with some councils reaching less than 10% of carers. If carers have an assessment by appropriately skilled staff at the optimum time, they are more likely to get the right help and support they need. There are also examples of good practice across GM which if brought together, support could be commissioned so that an extended and consistent support offer would be available

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GM's commitment to Carers

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- to be socially connected and not isolated;
- to fulfil your aspirations in education and employment;
- if you are a young carer or young adult carer, you are able to thrive and develop educationally, personally and socially, and you are protected from excessive or inappropriate caring roles.

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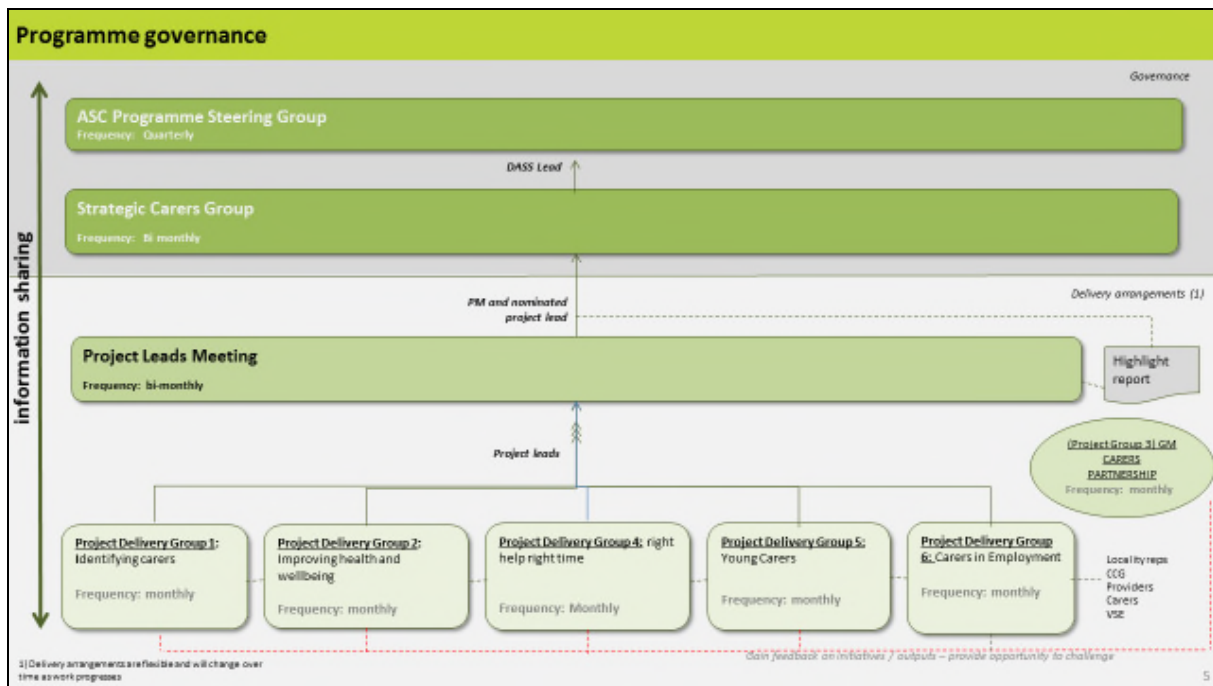
The Support for Carers Programme

AIM To **MAKE REAL** the principles of the GM Carers Charter, so that carers are identified as early as possible, they are supported to achieve better outcomes around health and wellbeing, they receive a broadened offer of support so they receive the right support at the right time and they are also better supported with academic, career and personal pursuits. The wealth and knowledge of carers will also be utilised recognising them as experts supporting co-production, decision making, monitoring services and designing commissioning principles



- 1
LED BY BARRY GLASSPELL, COMMUNITY CAPACITY LEAD, BOLTON COUNCIL
EARLY IDENTIFICATION OF CARERS
- 2
LED BY KIRSTY LITTLEWOOD, HEAD OF CLIENT SERVICES, OLDHAM COUNCIL
IMPROVING HEALTH AND WELLBEING
- 3
LED BY LYNNE STAFFORD, CEO, GADDUM CENTRE
CARERS AS REAL AND EXPERT PARTNERS
- 4
LED BY KIRSTY LITTLEWOOD, HEAD OF CLIENT SERVICES, OLDHAM COUNCIL
GETTING THE RIGHT HELP AT THE RIGHT TIME
- 5
LED BY DEBBIE FALLON AND ANNE HAYTON, SALFORD COUNCIL
SUPPORT FOR YOUNG CARERS AND YOUNG ADULT CARERS
- 6
LED BY JO FINNERTY, WORKFORCE LEAD, GMHSCP
CARERS IN AND INTO EMPLOYMENT

4



Representation

Strategic Carers Group	
Role	Representative
Director of Adult Social Care representative:	Sheila Downey, Director of Adult Social Care Services, Rochdale Council (until end Dec 17)
ASC Transformation Programme representative:	Warren Heppollette, Executive Lead, Strategy & System Development; or delegated to Joanne Chilton, Programme Director, Adult Social Care Transformation
Programme Manager for the programme	Jason Kalugarama, Programme Manager
Academic Lead:	Robina Shah, Senior Lecturer, University of Manchester
Carers Champion (Independent Chair):	TBC
Senior LCO representative:	Paul Lynch, Deputy Director strategy and system development, GMHSCP (agreed Proxy until the LCO governance is fully established and embedded)
Senior CCG representative:	Gillian Miller, Associate Director of Commissioning Stockport CCG
Primary care / clinical primary care representative:	Caron Martin, Project Manager Primary Care Transformation Vish Mehra, General Practitioner (tbc) Louise Gatley, Pharmacist (tbc)
NHS provider representative:	Mags Bradbury, Associate Director of Equality, Diversity & Inclusion at CMFT
Director of Children's Service/Senior Educationist	TBC
NHS England Representative:	David McNally, Head of Experience of Care at NHS England Dave Ross, Delivery Manager at NHS England
VCSE and carers organisation representative:	Lynne Stafford, Chief Executive, Gaddum Centre
Project leads representative:	Kirsty Littlewood, Head of Client Services, Oldham Council

Project Leads			
Project lead for:	Representative		
Early identification of Carers	Barry Glasspell, Community Capacity Lead	Bolton Council	barry.glasspell@bolton.gov.uk
Improving Health and Well-being	Kirsty Littlewood, Head of Client Support Services,	Oldham Council	kirsty.littlewood@oldham.gov.uk
Carers as Real and Expert Partners	Lynne Stafford, Chief Executive,	Gaddum Centre	lynne@gaddum.co.uk
Getting the right help at the time	Kirsty Littlewood, Head of Client Support Services	Oldham Council	kirsty.littlewood@oldham.gov.uk
Young Carers	Ann Hayton, Commissioning Manager Debbie Fallon, Head of Partnerships Children & Young People	Salford Council Salford Council	Anne.Hayton@salford.gov.uk debbie.fallon@salford.gov.uk
Carers in employment	Jo Finnerty, Workforce Lead	GMHSCP	jo.finnerty@nhs.net

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The programme will:

SUMMARY

1 *Improve Identification of carers by:*

- Developing an integrated work programme with primary care to improve identification of carers in line with the requirements of primary care standard 5.
- Understanding the opportunities to align carers work with neighbourhood models, exploring the use of Care/Community Navigators to identify and signpost carers (Health Living Initiative).
- From identification of what good looks like, developing models to support early identification co-produced or existing models changed to form part of the exemplar specification
- Carrying out a marketing campaign to raise awareness of carers, promote their rights and how they can get help
- Developing the mandatory basic level of awareness and identification training that should be available across health and safety partner organisations, following through to subsequent implementation

2 *Develop a best practice universal specification:*

- A GM Digital platform or alternative digital solution
- A coproduced exemplar specification including incorporation of best practice models which give value for money and improved outcomes. This will cover a proactive identification model, increased awareness, IT/TEC plan, information, advice and guidance, short breaks, support for ALL carers. The process to include: Identifying and testing what good could look like, cost benefit analysis and identification of each locality's position in relation to this, consultation and co-production of the models and agreement of what the overall exemplar model looks like and how this will be taken up
- Commencement of commissioning activities related to the spec

3 *Ensure carers are real and expert partners by:*

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

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The programme will:

SUMMARY

4 *Ensure Carers are getting the right support at the right time by:*

- Developing a best practice carers assessment
- Developing practice standards for the workforce, co-produced with carers,
- A Training module co-produced with carers which is based on these standards
- Agreeing of an approach to carers personal budgets across all localities

5 *Improve support and opportunities for young carers by:*

- Having a suite of offers of support for young and adult carers, including confirmation as to how individuals will be supported to make important decisions
- Identifying engagement mechanisms to empower schools in understanding and planning to improve education attainment for young carers, and offering emotional and physical wellbeing support
- standardising / streamlining processes across GM would be of benefit, and what needs to stay local

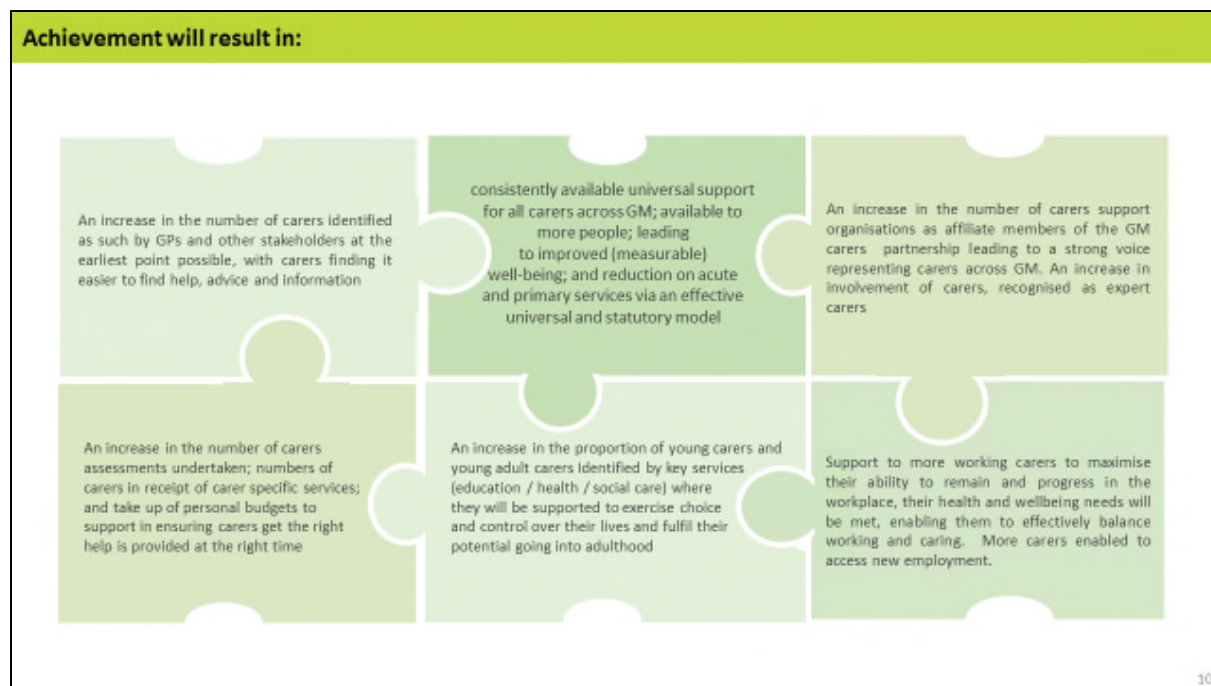
6 *Support Carers in and into employment:*

- *Grow our own:* support for working carers of all ages to reach their full employment potential. Use of apprenticeships to access development opportunities for working carers including young carers
- *Employment offer and brand:* GM role as pace shaper and lead by example to support carers in employment and to promote good employment practice across all sectors. Framework for carer friendly policies and employment practice in GM. Accreditation system for employers. A protocol for GM to lead by example. Work with HEE to put in place a supported internships project across GM
- *Other -* Harnessing carers expert knowledge to support workforce planning. Recognise carers wealth of knowledge and skills relevant for Health and social care and other fields. Identifying opportunities for young carers and returning carers through new apprenticeships




8

Defining what 'good' looks like		
<p>Identification of carers</p> <ul style="list-style-type: none"> Total system adoption of Primary care standard 3 Promote and tailor the 7 day access for carers and families by ringfencing appointments for carers Within acute and community settings Adopt the care navigator model Adopt a strength based approach (community champions, VCSE, ABCD, neighbourhood models, wellbeing teams) Training, virtual networks, good IAG A GM community pharmacy strategy A social prescribing system (Surrey model) CQUIN for carers 	<p>Improving health and wellbeing</p> <ul style="list-style-type: none"> Local community carers hub models which reduce isolation, offer breaks, access to support services, health and wellbeing support, financial support and all underpinned by a strength based approach Integrated neighbourhood teams with carers champions Circles of support Coproduced solutions Discounted leisure services TEC Networks 	<p>Carers as real and expert partners</p> <ul style="list-style-type: none"> Digital networks Partnership networks to enable and empower meaningful engagement and consultation with carers and VCSE support organisations e.g. quarterly forums to which carers and VCSE support organisations can share information and be updated on progress of GM carers work Carers being involved in co-design and co-production, informing the development of objectives and plans Practice standards for training and upskilling carers – carers champions Community map
<p>Getting the right help at the right time</p> <ul style="list-style-type: none"> Training module with best practice standards for the workforce 100% (meaningful) personal budgets and one consistent GM approach Best practice and assessment model 	<p>Young carers and young adult carers</p> <ul style="list-style-type: none"> Collaborative approach and joint responsibility for identification of young carers across children's and adults services, including health and education Include young carers in JSNA Secure support for young carers from senior health stakeholders Local authorities should encourage young carers to self refer, and develop a clear and transparent offer of support to young carers and their families Schools should be supported to identify young carers, and encouraged to participate in the Young Carers in Schools programme Every school should have a Young Carers Champion Local Authorities should promote and support the Young Carer Champion role within Health Services, particularly within GP practice A clear transition pathway from children's to adults services to ensure that young adult carers have an assessment of their needs Engagement with schools, further education and higher education establishments and GP's to develop awareness, identification and support for young adult carers Engagement with businesses/ employers to raise awareness of young adult carers' issues 	<p>Carers in and into employment</p> <p>Grow our Own: Support for working carers of all ages to reach their full employment potential. Use of apprenticeships to access development opportunities for working carers including young carers</p> <p>Employment offer and brand: GM role as space shaper and lead by example to support carers in employment and to promote good employment practice across all sectors. Framework for carer friendly policies and employment practice in GM. Accreditation system for employers</p> <p>Other: Harnessing carers expert knowledge to support workforce planning</p> <p>Recognising carers wealth of knowledge and skills relevant for health and social care and other fields. Opportunities for young carers and returning carers through new apprenticeships</p>

9



10

Reference documents		
	Description	
Carers Charter	<p>Outlines what carers in Greater Manchester (GM) can expect from GM organisations.</p> <p>The development of the charter has been led by representatives of third sector organisations who have reached out to carers and various carers groups. Lynne Stafford one the main voluntary sector representatives who is a member of the carers strategic group initially engaged with carers through a carers' consortium (which connects carers organisations across Bury, Salford, Manchester, Trafford, Bolton and Wigan) and Manchester's Carers Network. In order to broaden engagement, relationships have also been built with key voluntary sector representatives in the remaining GM localities and a GM Carers Partnership has been recently formed. The Carers Partnership will be a forum which will allow the voice of carers to feed into the different projects (which have been developed to 'Make Real' the commitments outlined in the charter).</p>	<p>Charter</p>  <p>Carers charter.docx</p>
Commitment to Carers	<p>Document which be used to drive collective commitment across GM to the approach/strategy developed to support unpaid carers. The Carers Strategic Group will also seek to identify as many GM organisations as possible who will commit to improving the experience and outcomes of carers</p>	<p>Commitment</p>  <p>Commitment</p>
Strategic Carers Group (Terms of reference)	<p>Following the development of the Commitment to Carers and the Carers Charter, The Terms of Reference details the role and responsibilities of this group to have oversight of individual project delivery groups constructed based on the Commitment to carers and the workstream plan.</p>	<p>ToR</p>  <p>ToR</p>

Appendix 3
DRAFT MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT
ADULTS AND OLDER PEOPLE
CHAPTER: Key Groups
TOPIC: Carers Health

WHY IS THIS TOPIC IMPORTANT?

Introduction

A carer is someone of any age who looks after and supports a family member, friend or neighbour in need of help because of long-term physical or mental ill health, disability or problems related to old age*. This includes parents caring for a disabled child and young carers under the age of 18. Individuals who provide informal care for another person which is not part of paid employment are commonly referred to as either “unpaid” or “unwaged” carers.

Unpaid carers make a huge positive contribution to our society. Their work enhances quality of life for millions of people with care and support needs, and saves the UK economy an estimated £132 billion per year¹. Nationally, an estimated 5.8 million people provide unpaid care, over a third of whom provide over 20 hours of care per week*. Between 2001 and 2011, the number of unwaged carers increased by 600,000, with the largest growth in the number of people providing more than 50 hours of care a week*. In 2015, one fifth of men and one third of women aged 65 and over in the UK needed help with at least one activity of daily living ([Health Survey for England, 2015](#)). The proportion of the population aged 65 and over is projected to increase from 9.4% in 2017 to 11.1% in 2030, and therefore demands for care are also likely to increase.

Impact of care on health

Caring can be extremely rewarding for those providing it. However, it is well-recognised that caring can have a detrimental effect on both physical and mental health. Carers are more likely than the general population to suffer from poor health and require care themselves. Men and women who are carers across England and Wales are 2-3 times more likely than non-carers to report poor general health if they are providing 50 or more hours of unpaid care per week*. Time spent caring can make it difficult for carers to make time to look after themselves, and to attend GP and hospital appointments.

Impact of care on finances

Financial difficulties are reported by 45% of carers in the UK ([Personal Social Services Survey of Adult Carers in England \(SACE\), 2016-17](#)). Employment options are limited for many carers given the hours already dedicated to their caring role, and this is reflected in the figure that only 24% of carers are in employment. Of these carers, less than half are employed on a full-time basis. In order to maintain paid employment, carers may have to use annual leave for caring, work overtime to make up hours lost to caring, turn down promotions or change to less-qualified jobs ([Carers UK. State of Caring 2016](#))

¹ Buckner, L. & Yeandle, S. Valuing carers 2015: The rising value of carers' support. carersuk.org (2015)

* Office for National Statistics: [2011 Census](#)

The Carers Allowance is a benefit specifically for people with a caring responsibility. This is currently £62.70 per week. To receive this benefit, the carer must provide at least 35 hours care a week, and the cared-for person must be a recipient of one of the main disability benefits. Those earning over £116 per week are not eligible for carers allowance, and there are multiple exclusion criteria meaning many carers do not qualify for the benefit. If a cared-for person loses their benefit entitlement, the carer will also lose carers benefit, and families may encounter a sudden drop in household income.

Unpaid care and social isolation

Caring can often be associated with loneliness and social isolation, as highlighted in the [Personal Social Services Survey of Adult Carers in England, 2016-17](#). 48% of carers reported that they had “some social contact with people but not enough”, and 16% reported that they had “little social contact with people” and felt “socially isolated”. Loneliness can affect both physical and mental health, and can be a further contributor to the poor health seen in the carer population.

Carers assessments and personal budgets

People identified as unpaid carers, either by a health professional, social worker or through self-referral are eligible for a carers assessment. This is an opportunity to assess the specific needs of the carer, assess health and wellbeing and determine whether the carer would benefit from extra support. Carers assessments are usually carried out by social care staff. One component of the carers assessment is to determine whether a carer would benefit from an individual budget. This is a payment which can be made directly to the carer to be spent on something which will make their caring role easier.

Issues facing specific groups of carers

1. Young Carers

The Children and Families Act 2014 defines a young carer as a person under 18 who provides or intends to provide care for another person (except where this care is provided for payment, pursuant to a contractor as voluntary work). The 2011 Census identified 160,000 young carers in the UK, however national data suggests this figure is likely to be a significant underestimate ([The Children's Society. Hidden from View](#)). The poor health impacts associated with caring affect young people disproportionately ([NHS England. GP Patient survey \(2017\)](#)) and young carers also suffer the consequences of interrupted education and employment opportunities. People in education for 21 or more hours a week or under the age of 16 are not eligible for Carers Allowance which excludes many young carers from receiving this extra financial aid.

2. Older Carers

Elderly people often provide care for a partner. If the person providing care becomes unwell and is admitted to hospital, this increases the likelihood that the cared-for person will need hospital admission due to a lack of other available support. National data shows that in the over 85 age group, 70% of carers look after someone who is also over the age of 85 ([Personal Social Services Survey of Adult Carers in England, 2016-17](#)). In this age group, 35% of carers report they have a physical impairment or disability and 45% have sight or hearing loss.

3. Parent Carers

Parent carers look after one child or more with a learning disability or additional need. Parents naturally provide care for their children, so parent carers are often not identified, however they may be providing a significant amount of extra support for their child. Children with a learning disability will frequently remain living with their parent carers into adulthood until their carer is no longer well enough to provide care. Additional support and guidance is needed at this time to ensure a smooth transition to alternative care services. This group of carers is often required to provide the same level of care in older age as they provided in their 30s and 40s. As a result, this group of carers is particularly affected by recent cuts in public services. At a time in their lives when they are becoming physically less able, they are finding that the extra support they need is no longer available. Another group of carers under significant pressure is the 'sandwich' generation of carers; those who are caring for an elderly parent whilst simultaneously caring for their own children.

THE MANCHESTER PICTURE

The size of the carer population

The 2011 Census included a question on unpaid care provision. Respondents were asked about the extent of unpaid care they provide in three specific durations per week, ranging from 1 to 19 hours through to 20 to 49 hours and 50 or more hours.

The unpaid care question asked as part of the 2011 Census form in England and Wales is included below.

- 14** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
- long-term physical or mental ill-health/disability?
 - problems related to old age?
- ↻ Do not count anything you do as part of your paid employment
- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50 or more hours a week

At the time of the 2011 Census, 42,640 people (8.5%) in Manchester reported that they provided unpaid care*. This is slightly lower than the Greater Manchester (GM, 10.5%) and national (10.2%) figures. However, the percentage of carers providing more than 50

hours of care per week is higher (28%) than in GM (25.4%) and the UK (23.1%). The percentage of Manchester's population providing care has remained stable compared with the previous census (8.8%). The proportion of carers providing more than 50 hours of care a week has increased by 1%.

Demographics of the Manchester carer population

Age	Total Population in Manchester	Provides unpaid care:	% of population	Provides 1 to 19 hours unpaid care a week	% of carers	Provides 20 to 49 hours unpaid care a week	% of carer	Provides 50 or more hours unpaid care a week	% of carers
All ages	503,127	42,640	8.5	23,109	54.2	7,568	17.7	11,963	28.1
0 to 15	97,418	1,138	1.2	859	75.5	152	13.4	127	11.2
16 to 24	99,697	4,523	4.5	3,178	70.3	768	17.0	577	12.8
25 to 34	101,599	6,931	6.8	4,160	60.0	1,236	17.8	1,535	22.1
35 to 49	95,073	12,938	13.6	6,989	54.0	2,499	19.3	3,450	26.7
50 to 64	61,796	11,119	18.0	5,705	51.3	2,064	18.6	3,350	30.1
65+	47,544	5,991	12.6	2,218	37.0	849	14.2	2,924	48.8

Table 1. Demographics of the carer population in Manchester at the time of the 2011 census

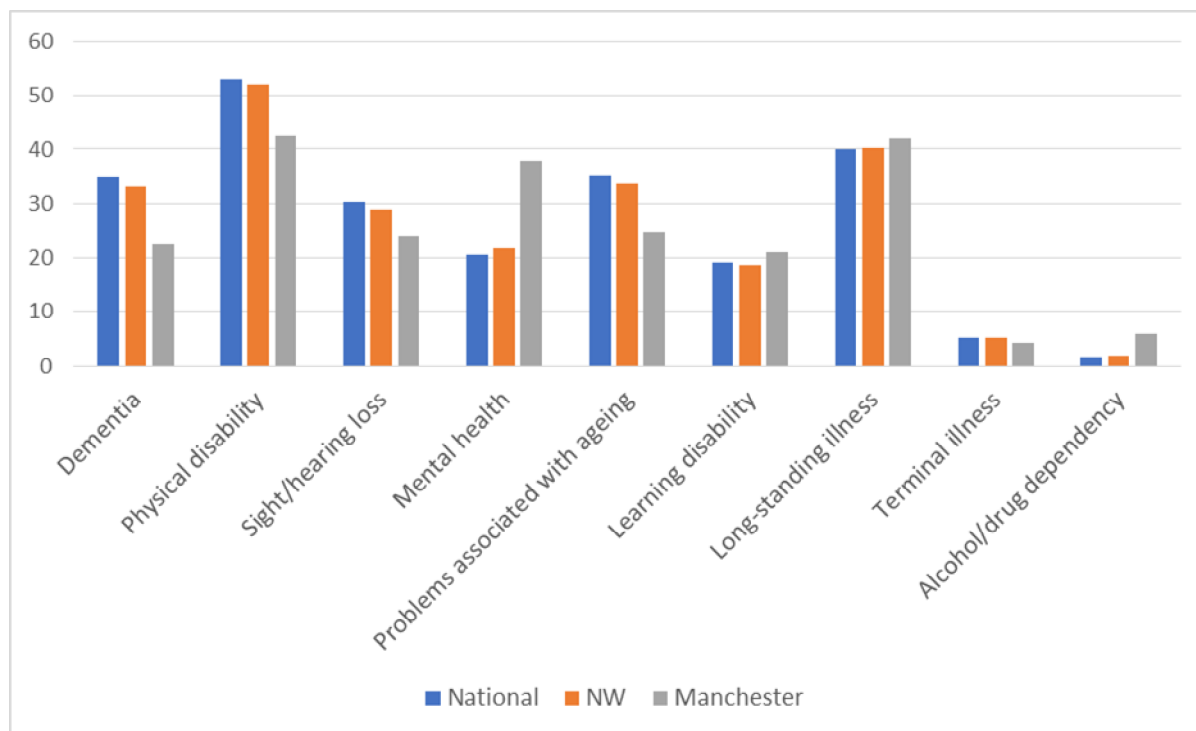
The percentage of people providing unpaid care varies between ethnic groups. Almost 11% of Gypsy or Irish Traveller populations, and people of Caribbean ethnicity provide unpaid care. Out of the five broad ethnic categories included in the 2011 census, the category with the highest percentage of unpaid carers was first the White population (9.2%), followed by the Asian/Asian British population (8%). In the North West, women are more likely to provide unpaid care than men (18% and 14% respectively).

In Manchester, the areas with the highest percentage of the population providing unpaid care were Moston (15.1%) and Higher Blackley (14.9%) in North Manchester, and Sharston (14.4%) in South Manchester. On the other end of the spectrum, in 13 wards less than 3% of people reported providing unpaid care.

Support needs of the cared-for person

90% of carers surveyed in Manchester in the 2015 Manchester CCG carers survey cared for a family member (spouse/partner, son/daughter or parent). In keeping with national data, the most common support need of the cared-for person was a physical disability (43% in Manchester, 53% nationally). The largest discrepancies between local and national data were the percentage of cared-for people with drug/alcohol dependency and mental health problems. 6% of cared-for people in Manchester had alcohol/drug dependency compared with 2% nationally. 38% of cared-for people in Manchester had mental health problems, much higher than in the North West and nationally (22% and 21% respectively). Furthermore, Manchester had the highest percentage of cared-for people with drug/alcohol dependency and mental health problems of all the Greater Manchester boroughs.

A survey of 114 parents in Manchester performed by [Manchester Parent Carer Forum](#) showed that the most common need in children with a special educational need or disability was Autism Spectrum Disorder (68%) followed by speech and language impairment (30%). 25% of parents classed their child's disability as severe.



Identification of carers

Identification of those providing unpaid care is not always straightforward. An important opportunity to identify carers is in primary care, where all GPs are encouraged to keep a register of carers within their catchment. Registers are created using coded data from GP computer systems. However, only a quarter of the 42,000 Manchester carers currently appear on this register. This is a missed opportunity to promote access to primary healthcare services for carers, including the provision of the annual influenza vaccine to a high-risk and eligible population.

	Has a Carer			Is a Carer		
	Ever Coded	Coded in 2016/17	Percentage Coded in 2016/17	Ever Coded	Coded in 2016/17	Percentage Coded in 2016/17
City	3,424	848	25%	4,849	936	19%
Central	957	265	28%	1,368	282	21%
North	1,348	319	24%	1,957	388	20%
South	1,119	264	24%	1,524	266	17%
Total	6,848	1696	25%	9698	1872	19%

Table 2. Unpaid carers listed on GP carer registers in Manchester

Health of carers

Three quarters of carers in Manchester reported feeling tired or exhausted in both the [Personal Social Services Survey of Adult Carers in England survey](#) and [We Care, Our Care 2015 - Manchester Carers Survey](#) (Manchester Carers Forum and Manchester CCGs). As well as a third of carers experiencing physical strains from their caring role, mental health problems were also an issue for many. Roughly half of carers reported general feelings of stress, 36% felt short-tempered or irritable and 43% felt depressed. In line with national data, around one in five carers said their caring role led to a new health problem, and one in five said their role made an existing health problem worse. Only half of carers felt that they looked after themselves, with one in five believing that they neglected themselves.

The national [GP Patient Survey 2017](#) showed that three in five carers suffer from a long-term health condition compared with half of non-carers. These figures are the same for patients in Manchester. The difference is particularly pronounced in younger carers. In carers aged 18-24, 40% report a long-term health problem compared with 29% of their non-caring peers whereas in people over 65, the percentage of patients with long-term health problems is the same for carers and non-carers.

Financial difficulties

Three out of five carers in Manchester in the 2016 social services survey reported that their caring role caused some degree of financial difficulties. For one in five of carers, their role caused “a lot” of financial difficulty. 27% of carers were in paid employment (part-time, full-time or self-employed), with only 13% working full-time. 40% of carers were retired and 35% of carers said they were unable to work due to their caring responsibilities. 7% of carers were in employment, but did not feel supported by their employer. Carers who are very or extremely dissatisfied with the support they have received from Social Services also report the highest level of financial difficulties caused by their caring responsibilities.

Young carers

Data from the 2011 Census indicates that there were 1,138 children aged 0-16 years living in Manchester who identified themselves as providing some form of unpaid care. This is equivalent to just over 1% of the population in this age group which is similar to the national figure. Around 11% of these young carers were providing 50 or more hours of unpaid care a week. In research carried out in 2009-10, 16%-18% of young people reported that they had caring responsibilities for someone disabled or sick, suggesting that there may be a much larger hidden population young carers in Manchester ([Manchester City Council Young People and Children Scrutiny Committee Meeting 2014](#)). There is a specific JSNA for young carers which can be referred to for further details (see Section 8: additional links)

Older carers

In Manchester, there are currently an estimated 6,660 unpaid carers over the age of 65. This is projected to increase to 8,700 by 2030 ([Projecting Older People Population Information \(POPPI\) 2017](#)). In this group, half of carers provide at least 50 hours of care a week. This means that the population most likely to be suffering from a long-term health condition also has the highest burden of unpaid care provision. This high level of caring responsibility may affect the ability of the carer to look after their own health by attending GP or hospital appointments, and existing health problems may be worsened by the additional physical and mental stresses of caring.

Impressions of current care and support provision in Manchester – lived experience

In the [2016-17 Adult Social Care Outcomes Framework \(ASCOF\) survey](#), opinions regarding social care provision were collected from 395 people who received community-based or residential care at least partly funded by Manchester City Council. 62% of respondents were satisfied with the support services they received, an increase from 58% the preceding year.

Feedback from carers

According to the [2016-17 Adult Social Care in Manchester Local Account](#), only 3,300 of Manchester's unpaid carers are in receipt of adult social care support. Carer satisfaction according to the results of the 2016-17 [Personal Social Services Survey of Adult Carers in England \(SACE\) survey](#) is declining year by year. Half of unpaid carers who had looked for information or advice regarding services, support or benefits in Manchester found it fairly or very difficult to find. This is higher than nationally (36%). 36% of carers in Manchester compared with 29% in England felt they were not adequately involved (either sometimes involved or never involved) in discussions regarding support of services for the person they cared for. A particular problem for carers in Greater Manchester is not having as much social contact as they would like. Seven of 10 GM local authorities are performing below the national average on this measure of carer satisfaction. High levels of social isolation may be contributing to poor health in Manchester's carer population.

Feedback on support services

The percentage of carers who were dissatisfied with the support and services they or the person they care for received from Social Services was slightly higher in Manchester (13%) than the average for England (10%). Of the carers who were very or extremely dissatisfied with the support or services, a higher proportion also reported that they never had enough time to care for the other people they have caring responsibilities for (30% or 3,300 of the 11,150 carers). Feedback from the Manchester Carers Forum suggests that carers don't feel respected, and that greater awareness of their role is needed.

Training

[72% of carers surveyed \(We Care, our Care\) in Manchester](#) thought that training or support should be offered to carers, with popular suggestions being techniques for improving mental health and well-being, improving caring skills e.g. moving and handling, and clinical skills such as medication management.

Carers assessments and person budgets

In 2014/15, 4,250 carers assessments and re-assessments were carried out. This dropped to 1,933 in 2015/16 and to 1,793 in 2016/17. Similar to carers assessments, there was fall in requests for a personal budget. In 2014/15, 3,954 requests were recorded for a personal budget. This dropped to 1,569 requests in 2015/16 and 1,446 in 2016/17. The numbers have decreased following the introduction of new Care Act guidance. Prior to 2015, local authorities had a discretionary offer to identify carers and offer them a small budget. With the Care Act, there is now a statutory requirement to carry out a formal assessment before offering personal budgets. The Care Act means that carers are now offered advice, information, signposting, funding for small breaks as

well as a small budget which can be put towards pamper sessions, new electrical items or other items which may help in their caring role. The package offered by local authorities is now much more comprehensive, but tighter eligibility checks mean fewer budgets are awarded overall.

Case Study: Eileen's Story

Adapted from [Greater Manchester Mental Health NHS Foundation Trust: Your carer stories](#)

Eileen has cared for her 27-year-old son since his late teens when he developed problems with drugs and alcohol. He became withdrawn, developed behavioural changes and was diagnosed with paranoid schizophrenia. At first, Eileen found it difficult to distinguish between her son's illness and his behaviour. She realised that he was self-medicating with drugs and alcohol to mask his symptoms, but this was making things worse. Eileen had no previous experience with mental illness, but didn't receive any support initially as she didn't associate looking after a family member with being a carer.

Juggling her carer role with her work commitments was difficult, and she found it increasingly stressful working long hours to support her family, whilst trying to fit in caring for her son. In the end, she changed her career so that she could manage her work around her caring responsibilities, even though this meant a pay cut.

By engaging with health professionals in her capacity as a carer, she started to find help and support in her caring role. Local carer support groups were a valuable source of guidance, providing opportunities to share experiences with other carers. Stress management training, pampering sessions and counselling gave her the opportunity to concentrate on her own health. Over the years, Eileen feels there has been a positive change in attitudes towards carers.

Although Eileen has faced challenges in her role as a carer, she says she has learnt a lot too and would encourage other carers to get as much help as possible as early as they can. "I have a better understanding of mental illness and the effects this has on the cared for person and the carer. The main advice I would give to other carers is to get help early; often the person that shouts the loudest gets heard."

WHAT WOULD WE LIKE TO ACHIEVE?

Current national vision for carers

The last ten years have seen increased awareness of the scale and role of the unpaid carer population and several government documents have been produced outlining key priorities and strategies for improving support for carers. In 2008, the National Carer Strategy was published, setting out the vision that by 2018:

“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

The Carers Strategy was updated in 2010 ([Dept of Health. Recognised, Valued and Supported](#)) and 2014 ([Dept of Health. Carers strategy](#)).

Legislation – the 2014 Care Act

The 2014 Care Act outlines the responsibilities of local authorities in the provision of care and support services. Through this Act, local authorities have a duty to:

- Provide services that delay the onset or impact of care needs
 - identify carer
 - identify people who need care and carers that need support
 - provide and arrange services that improve independence
- Provide information and advice about care and support provision
 - types of care available
 - how services can be accessed
 - independent financial advice
 - how to raise concerns
- Improve the range and quality of services available
 - Buy and arrange services, considering how they might affect wellbeing
 - Engage with local people and local providers

Manchester vision for carers

Based on the current priority areas for carers as defined in the National Carer Strategy, we would like to achieve the following in Manchester:

1. **Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising their value and involving them from the outset in designing local care provision and planning care packages**

Our data demonstrates that a large proportion of Manchester’s 40,000+ carers are missing out on carers assessments and support from their GP. We aim to increase identification of carers through general practice, the acute healthcare setting and self-reporting. We aim to have clear and accessible information available to help signpost carers to available support. By developing mechanisms to allow more direct communications and capture carer experiences, we will allow carers to influence the

provision and planning of local services.

2. Enabling those caring responsibilities to fulfil their educational and employment potential

Young carers are particularly affected by a lack of access to education and employment. We aim to increase awareness of the existence of young carers and to offer education, employment and training opportunities accessible to all carers. It is important to ensure carers are receiving the maximum benefits that they are eligible for.

3. Personalised support both for carers and those they support, enabling them to have a family and community life

We aim to offer a carers assessment to all Manchester carers, and encourage individual budget applications to support them in their role. Giving carers good access to respite and breaks is essential to allow carers to have a life outside caring. Local voluntary organisations provide a valuable source of advice and community for carers, and we need to support these organisations.

4. Supporting carers to remain mentally and physically well

Increasing identification of carers and support from their GP will help carers to maintain their own health as well as the health of the person they care for. Allowing carers time to see their GPs and attend hospital appointments will also require increased access to breaks and respite care. As well as physical health, we aim to support the mental health of carers by offering emotional support. Offering training to carers would have benefits for both physical health e.g. manual handling training and mental health e.g. stress management

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

1. Support those with caring responsibilities to identify themselves as carers at an early stage, recognising their value and involving them from the outset in designing local care provision and planning care packages

- Commission services that not only support carers but who proactively identify carers.
- Work with providers who have historically delivered 'adult' carer services to identify young carers
- Utilise School Nurses to aid identification of young carers
- Host an annual Carers event (during Carers Week) to both help identify new carers and support exiting ones
- Maintain and update GP carer registers
- Promote an annual carers survey
- Train front-line staff to better engage with and support carers

2. Enable those with caring responsibilities to fulfil their educational and employment potential

- Educate agencies and professionals who work with children to increase

identification of young carers

- Provide services that support carers to achieve their full education and employment potential
- Provide services that specifically allow young carers to attend school/college
- Ensure carers are receiving the maximum financial support to which they are eligible, and ensure this information is up to date
- Provide targeted, fast-tracked debt management and housing advice via commissioned advice services

3. Personalised support both for carers and those they support, enabling them to have a family and community life

- Improve access and awareness of carers assessments
- Engage regularly with carers via carers surveys and carers week to make sure we are up to date with the issues affecting carers
- Support the development of the carers forum and other local voluntary organisations
- Continue to offer individual budgets, and support and guide carers through the application process

4. Supporting carers to remain mentally and physically well

- Introduce a protocol for use in general practice to improve identification of carers, and to improve the process of referring carers on to relevant services
- Offer annual health checks with a GP for carers
- Provide emotional support with the help of voluntary sector organisations
- Continue support for carers even after the death of the cared-for person
- Increase the number of school nurses
- Provide training for carers

WHAT ARE WE CURRENTLY DOING?

The current support structure for carers in Manchester is provided by a combination of voluntary and statutory services.

Manchester Carers Network

[Manchester Carers Network](#) is a group of 20 voluntary organisations in Manchester who provide information, help and support for carers. Working together with a wide range of statutory and voluntary organisations, the Network aims to better identify and support carers, to help them with own health and wellbeing. Details of the organisations included within the network are outlined below under specialist carer support. The number of different organisations working within the City of Manchester can appear complex and overwhelming, and the Carers Network acts as a coordinating organisation to signpost individuals to relevant services. A new website has recently been produced where different carer groups can easily access information about the organisations relevant to them.

Manchester Carers Forum

This organisation is led by unpaid carers, and provides a point of contact for carers in need of advice, advocacy and support groups. Around 1000 carers are currently registered with this forum. Support groups take place in Central, South, North and East Manchester and there are also specialised support groups ([H.A.N.D.S. Group](#)) for people caring for someone with dementia or substance misuse. A specialist mentor scheme is provided for carers caring for someone with dementia. The forum is also involved with educating social work students through its involvement with teaching and assessment at Manchester University and Manchester Metropolitan University.

Greater Manchester Carers Partnership

A partnership of carers organisations across Greater Manchester has recently been set up. In collaboration with carers from the region, representatives will work together with strategic leads across the region to work on 6 key themes. Greater Manchester’s carers were given the opportunity to contribute to these plans during Carers Rights Day in November 2017.

Specialist carer support

The following organisations make up the [Manchester Carers Network](#), who work together to provide support for a wide range of carers.

Dementia	<ul style="list-style-type: none"> ● Manchester Carers Forum provides a specialist support group for carers of people with dementia ● There are also nurse specialists (Admiral nurses) in dementia working to support carers in the community ● The Alzheimer’s Society also provides local information for carers
Stroke	<p>The Stroke Association provides long-term support for carers of stroke survivors via the central Manchester Stroke Recovery Service</p>
Ethnic minorities	<p>There are several organisations who provide support for carers within individual ethnic groups. These include:</p> <ul style="list-style-type: none"> ● The African Caribbean Care Group ● African and Caribbean Mental Health Services ● Asian Parent Carers Project (through the Manchester Council for Community Relations) ● Indian Senior Citizens Centre ● LMCP link for South Asian carers ● The Jewish Federation ● The Himmatt Support Centre for carers of people with a physical or learning disability from a South Asian background ● Wai Yin Society for carers from Chinese families and other ethnic minority groups including Somali, Pakistani, Bangladeshi and Indian

Young carers	<ul style="list-style-type: none"> ● Manchester Targeted Youth Support Service provides career support and advice for young people including young carers. ● Family Action is a national organisation which also provides services for young carers in Manchester ● Manchester Carers Centre runs a young adult carers project to support education and employment for carers aged 16-25
Mental health	<p>Many of the organisations listed above provide holistic support including emotional support for carers. Also -</p> <ul style="list-style-type: none"> ● Moodswings provides one to one support to manage mental health symptoms ● Connect Support also offers a range of services to support carers of people with mental health problems
Women's health	<p>Neesa Well Women provides pampering sessions, day trips, English lessons and health seminars for carers.</p>
Substance misuse	<p>HANDS is a support group for carers of people with substance misuse problems. This group is part of the Manchester Carers Forum.</p>
Learning disabilities	<p>Talbot House is a support service for parents/carers of people with a learning disability who live in Manchester.</p>
<p>Respite care Statutory respite care in Manchester provides 19 beds per night for adults with learning disabilities, and can support planned and emergency respite requests. Emergency respite can be provided in times of crisis, or to support hospital discharges. Several of the voluntary sector organisations listed above can also provide respite, as well as arranging short breaks and holidays for carers.</p> <p>Emergency support for carers The Manchester out of hours emergency duty service is a statutory service which provides emergency social work response on weekends, bank holidays and out of office hours. This service can respond to carer breakdown and provide urgent respite care, as well as emergency provision of accommodation and financial assistance.</p> <p>Carers assessments and personal budgets Carers assessments in Manchester are usually carried out by adult social care staff as a face-to-face assessment or over the phone. Recently, an online Carers Toolkit has been produced, providing an information resource allowing carers to find relevant services to which they can self-refer.</p> <p>Manchester Carers Strategy A new carers strategy for Manchester is currently in development in a collaboration between Manchester Health and Care Commissioning and frontline carer services. The chair of the Manchester Carers Network will be leading the development of this strategy and will consult directly with carers to ensure future services directly address the needs of this population. The agreed completion date for the strategy is April 2018.</p> <p>Manchester Carers Standard</p>	

Manchester is currently working on a set of Primary Care Standards, which aim to reduce variation and improve quality of care in General Practice. Standards cover a broad range of issues, from access to primary care to improving cancer survival rates. Each standard defines aims, expectations for the practices and intended outcomes. There is a carers standard currently in development, providing GPs with a framework to identify and support carers. GPs will be encouraged to add carers to the carers register, attend carer awareness training, offer annual health checks for carers and promote the carers survey. The expected date for introduction of this standard is April 2018.

OPPORTUNITIES FOR ACTION

Developing a new Carers Strategy for Manchester

Work in collaboration with Manchester Carers Network to develop a local Carers Strategy which addresses the needs of the carer population in the city

Improving identification and support from GPs

Support every GP practice to adopt the Manchester Carers Standard from April 2018, increase the number of carers on the carers register and consequently improve access to both healthcare and carer support services.

Online information

Actively promote and adopt the [Carers Toolkit](#) on the Manchester City Council website as the first point of reference for carers in search of information and advice.

Feedback from carers

Undertake an annual Manchester-specific Carers Survey to give carers a more regular opportunity to feed back their experiences and provide up-to-date local intelligence on the health and wellbeing of the carer population as well as gaps and shortcomings in service provision.