

**Oldham Council**  
**Adult Social Care**  
**Market Position Statement**  
**2017**

# Contents

	Section	Page
1.	<b>What is a Market Position Statement</b> <ul style="list-style-type: none"> <li>▪ Who is the Market Position Statement For?</li> <li>▪ How to use this document</li> </ul>	3
2.	<b>About Oldham</b> <ul style="list-style-type: none"> <li>▪ Oldham's Co-operative Ambitions</li> </ul>	4
3.	<b>Vision</b> <ul style="list-style-type: none"> <li>▪ The Current Environment</li> <li>▪ Adult Social Care Aim</li> <li>▪ Integrated Care</li> <li>▪ Greater Manchester Devolution</li> <li>▪ North East Sector/Urgent Care</li> </ul>	5-9
4.	<b>Demographics of Oldham</b> <ul style="list-style-type: none"> <li>▪ Population Growth</li> <li>▪ Long Term Conditions</li> <li>▪ Ethnic Profile</li> <li>▪ Population Pyramid</li> <li>▪ Profile of Needs</li> <li>▪ Deprivation</li> </ul>	10-13
5.	<b>Demand</b> <ul style="list-style-type: none"> <li>▪ Projected increases in demand by category of need</li> <li>▪ Current Demand by Support Type</li> </ul>	14-17

	<ul style="list-style-type: none"> <li>▪ Service Activity for 2015-16</li> <li>▪ Self funders</li> <li>▪ Carers</li> </ul>	
<b>6.</b>	<b>Finances</b>	18
<b>7.</b>	<b>The Oldham Care Market</b> <ul style="list-style-type: none"> <li>▪ Care Home Sector</li> <li>▪ Care at Home</li> <li>▪ Intermediate Care and Reablement</li> <li>▪ Supported living for adults with learning disabilities and complex needs</li> <li>▪ Day services for adults with learning disabilities and complex needs</li> <li>▪ Supported employment for adults with learning disabilities</li> <li>▪ Supported Living for Adults with Mental Health Needs</li> <li>▪ Extra Care Housing</li> <li>▪ Sheltered Housing</li> <li>▪ Housing Related Support</li> <li>▪ Accommodation Strategy</li> <li>▪ Aids and Adaptations</li> <li>▪ Community Equipment</li> <li>▪ Day Services and Support to Older People</li> <li>▪ Advocacy</li> <li>▪ Information and Advice</li> </ul>	19-30
<b>8.</b>	<b>The Social Care Workforce</b>	31
<b>9.</b>	<b>Quality</b>	32-34



## 1. What is a Market Position Statement?

A market is a place (virtual or otherwise) where goods and services can be bought and sold. In this document, the market means individuals and organisations that buy and sell, or may do so in the future, social care and related services for adults and children within the borough of Oldham.

'Social care' is used in its broadest sense and includes activities, groups and services accessed by members of the public as well as those accessed through a statutory assessment of need.

This document does not cover Primary Care although it will describe some of the developments that are under way to bring social care and health closer together, both in terms of how services are delivered and commissioned.

This Market Position Statement (MPS) brings together key information about our priorities.

### Who is the Market Position Statement for?

The MPS is for both existing and potential providers with the purpose of helping them to shape their business plans to support the Council's vision for the future of adult social care. It will help providers to identify potential opportunities and develop their services to meet local need and demand.

The Council is committed to stimulating a diverse market, where innovation and more effective ways of working are encouraged and poor practice is addressed. The MPS will be a dynamic document that will be reviewed regularly to ensure up and coming policy and financial changes are addressed.

We will therefore continue to involve and engage existing and potential providers and other stakeholders in the future versions of this document to ensure the development of credible, realistic and appropriate services.

### How to use this document

This document is an overview giving providers a direction about what we want from the market to help us to meet our local priorities for a range of service user groups.

## 2.About Oldham

Oldham is a metropolitan borough of Greater Manchester, England. It has a population of 228,765, and spans 55 square miles (142 km<sup>2</sup>). The borough is named after its largest town, Oldham, but also includes the outlying towns of Chadderton, Failsworth, Royton and Shaw and Crompton, the village of Lees, and the parish of Saddleworth.

Oldham rose to prominence in the 19th century as an international centre of textile manufacture. It was a boomtown of the Industrial Revolution, and among the first ever industrialised towns, rapidly becoming "one of the most important centres of cotton and textile industries in England". At its peak, it was the most productive cotton spinning mill town in the world, producing more cotton than France and Germany combined. Oldham's textile industry fell into decline in the mid-20th century; the town's last mill closed in 1998.

Although some parts, in common with the city of Manchester are highly industrialised and densely populated, about two-thirds of the borough is composed of rural open space; the eastern half stretches across the South Pennines.

### Our Co-operative ambitions

As an organisation we are committed to developing a co-operative future; one where citizens, partners and staff work together to improve the borough and create a confident and ambitious place.

Put simply, becoming a co-operative borough is about everybody doing their bit and everybody benefitting.

In Oldham, working co-operatively can mean many different things. It's not just about delivering services through co-operatives or mutuals, it's about working in a way which helps to empower residents to take greater control of their own lives and also gets the maximum benefit from the resources that are available to the community and public sector.

It also encompasses a much broader range of approaches that reflect the values and ethos of co-operatives working. This means working in ways which are ethical, fair and deliver good social value as well as value-for-money. It also means giving residents the opportunity to work in collaboration with us to design and even help deliver services.

The **Oldham Plan 2015-2018** lays out a set of outcomes, which as a borough, we strive to achieve. In relation to Health and Wellbeing these are:

- Improve health outcomes for all
- Keep vulnerable children and adults safe
- Enable more people to take control of their own lives
- Invest in preventative services to help people earlier

The **Corporate Plan 2015-2020** focusses on the aspirations of the Council, as a local leader:

- A productive place where business and enterprise thrive
- Confident communities
- A co-operative council

## 3.Vision for Adult Social Care

### The Current Environment

The future vision for adult social care needs to be seen in the context of the current issues affecting the operating environment:

- National underfunding translating to local pressures
- Legislation and case law such as homelessness, the abolition of the annual local government finance settlement and the funding formulae for councils in the future, welfare reform and the Local Housing Allowance
- Greater Manchester Devolution and the forming Greater Manchester Health and Social Care Partnership
- Integrated Care Organisation local development and integration of health and social care delivery at the front line
- Acute sector pressures and the impact of delayed transfers of care

### Adult Social Care Aim

At some point in our lives, most people (if not all of us) will need some help with everyday living because of an illness, a disability, because we are getting older or because we are caring for someone. Every one of us will have a different view of the help we need and how it can be provided. Adult Social Care provides high quality services and support to meet the needs of individuals and their carers. Adult social care services focus on prevention and early intervention and provide support to adults to help them to live your life as independently and fully as possible. This can range from a piece of equipment which helps support independent living, to help with managing care on a daily basis. Some support is provided on a short term basis, other people are supported for many years. Personalisation is at the heart of everything we do as we believe people should have as much choice and control over their care and support as they can. Personalisation is a term which describes how adult social care works. It means support is personal to the individual, drawn-up with the person and their family to meet their individual needs. It is not one size fits all, but an outcome based support plan 'personalised' to the person concerned.

### Integrated Care

Reducing budgets and an ageing population means that the way Adult Social Care is delivered needs to change. The introduction of the Care Act also means the service needs to deliver more holistic, person-centred, and integrated care and support. Oldham is part of the Greater Manchester Commissioning Strategy, which involves devolved control over integrated health and social care budgets. This will involve the integration of health and social care. The result of this is that there will be:

- multi-disciplinary teams working in clusters with NHS colleagues, building stronger links with communities and developing co-ordinated responses. This includes integrated strategic planning focused on improved impact and shared outcomes
- integrated services and facilities are used to improve outcomes for service users and create more efficient and effective care pathways.
- an early intervention strategy in which people stay safe and happy with their quality of life within inclusive and supportive communities, where practical solutions can be delivered at a local level without the need for intervention from statutory services.
- having a universal offer with a key focus on prevention, volunteering, and the provision of advice and information which signposts people to available services and resources.

- a personalisation and enablement approach which allows people to remain independent and living within the community. This includes extra care housing which provides supported accommodation for those who need it such as those with mobility problems.

In order to realise the vision for social care in Oldham, the Council and CCG are working together to develop and implement different approaches to commissioning and providing social care, taking account of resources, assets and need for health and social care, all of which vary across localities and neighbourhoods. It is our intention that in future every contact with health and social care professionals will be targeted at helping people to take control of their lives, be as independent as possible and improve their health and wellbeing.

Working together, targeting resources across sectors, to where they will make the biggest difference will provide increased opportunities to improve health, wellbeing, service quality and outcomes.

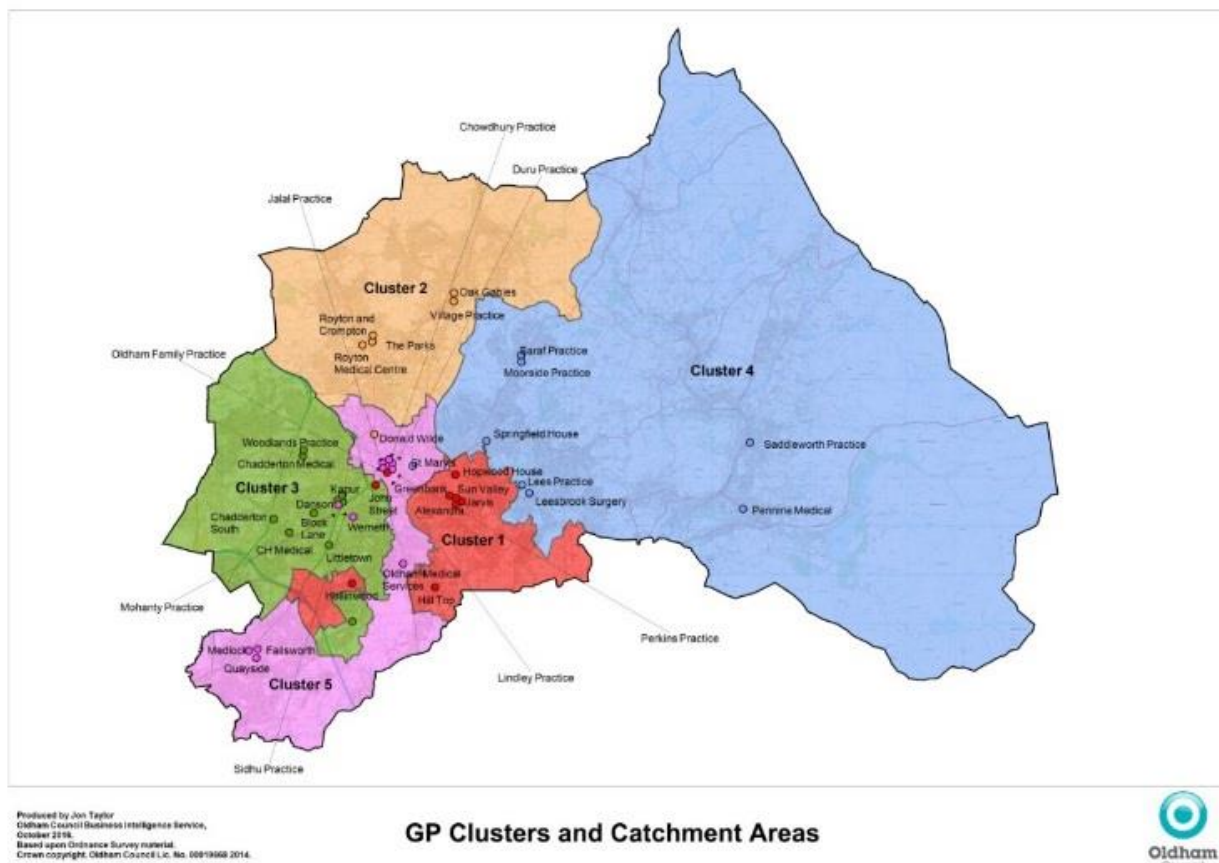
Our vision is that Adult Social Care services in Oldham, whether provided by the council, voluntary, community or private sector organisations will intervene early enough to prevent, reduce and delay demand for intensive care and support whilst keeping people safe and helping them to live as independently in the community for as long as possible.

A key outcome that Adult Social Care is looking to deliver is integrated care which delivers:-

- Services that are organised and delivered to get the best possible health and wellbeing outcomes for citizens of all ages and communities.
- They will be in the right place – which is in our neighbourhoods, making the most of the strengths and resources in the community as well as meeting their needs.
- Care, information and advice will be available at the right time, provided proactively to avoid escalating ill health, and with the emphasis on wellness.
- Services will be designed with citizens and centred on the needs of the individual, with easy and equitable access for all and making best use of community and voluntary sector provision.
- They will be provided by the right people – those skilled to work as partners with citizens, and who enable them to be able to look after their own health and wellbeing.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Working with our health partners we are developing our integrated offer. Integrated health and social care core assessment teams will work collaboratively across health and social care; including GP's, district nurses, community matrons and social workers to provide a more holistic assessment of need and more seamless journeys for people in need of health and social care. A main aim of this partnership working is to reduce the number of unplanned admissions to hospital and developing out of hospital options to enable people to be as independent as possible. The map below shows those areas that will be covered by each of the five integrated clusters:





## Greater Manchester Devolution

Greater Manchester is the first region in England to benefit from this transfer of power away from national government to local decision-makers. GM Devolution provides the opportunity for health and social care officials to tackle some of the current health inequalities in the region with a focus on:-

- Creating a transformed health and social care system which helps many more people to stay independent and well and takes better care of those who are ill.
- Aligning the health and social care system far more closely with the wider work around education, skills, work and housing.
- Creating a financially balanced and financially sustainable health and social care system.
- Making sure all the changes needed to do this are done safely so the NHS and social care continues to support the people of Greater Manchester during the next five years.

The Greater Manchester Health and Social Care Partnership (GMHSCP) is the body made up of the 37 NHS organisations and councils in the city region, which is overseeing devolution. In April it took responsibility for the £6 billion GM health and social care budget. In addition it has responsibility for a £450 million transformation fund (over five years), which it has the freedom to use flexibly in order to deliver clinical and financial sustainability by 2021.

The priorities for action and delivery in 2017/18 are set out below:

## Residential & Nursing Care

- Convene a GM **strategic provider forum** to co-design the solutions required for residential and nursing care settings
- Co-produce an agreed **model of care and specification** for residential and nursing care with service users and providers
- Develop an **assessment of estates investment** needed to support solutions identified
- Strengthen **links with primary care** for those in residential and nursing homes to reduce urgent care impact
- Build a **strategic partnership with CQC**, developing a shared approach to performance and improvement
- Develop a proactive **system response** to service failure, to build on good practice and improve quality

## Care at Home

- Support definition of **development contracts** for localities with near-term contract expiry and/or market risks
- Co-produce an agreed **model of care and specification** for care at home with service users and providers
- Mobilise work in support of a sustainable workforce, with focus on **skills development and career pathways**
- Develop approach to **deployment of the Apprenticeship Levy**, to help build a pipeline for the social care workforce
- Work with LCOs to develop a **GM market position statement** on future services and expected outcomes
- Define and pilot **new models of care at home** focused on the needs of individuals

## Learning Disabilities

- Create an LD **service user/provider forum** to support co-design with service users and their families and providers
- Implement a GM-wide **ethical commissioning framework**
- Scope a **review of supported living**
- Build on existing good practice to increase the scale of **family-based care** (eg Shared Lives model) across GM
- Build on good practice to develop and implement a scaleable **approach to employment** for those with LD
- Creating a **single commissioning and procurement function** for people with high-level complex needs

## Support for Carers

- Develop a **memorandum of understanding** to gain agreement across GM on the approach to carer support
- Scope approach to **common information, advice and support**
- Develop a **carers' charter** setting out what carers in GM can expect
- Develop a **carers' champion network** across health and social care organisations
- Pilot a **new model of multidisciplinary working** with a group of carers to test approach
- Develop an **approach to carers and employment** and seek sign up from private and public sector organisations

Linked to Devolution Manchester and the development of a Greater Manchester Commissioning Strategy for Adult Social Care, and aligned to the development of the Integrated Care Organisation, the Council is redesigning and developing a number of services, including:

- The services delivered by Oldham Care and Support, which is the Council's arm's length trading company, to ensure these meet the strategic aims of the Council and the company
- Local mental health residential services to deliver these through a more independent living model
- The development of supported housing for people with learning disabilities and complex needs
- Services to support hospital discharge
- Extra Care Housing
- Intermediate care and reablement services across health and social care and the opportunities to integrate these into a new enablement service to support people on discharge from hospital and to prevent unnecessary hospital admission

## North East Sector / Urgent Care

An example of the closer working between health and social care is the work with the North East sector of Greater Manchester. The North East sector involves Oldham, Bury, Manchester and Rochdale Councils working closely together to respond to Acute Trust pressures. The local authorities also work closely with Pennine Trust and community health services to redesign acute care pathways and improve performance.

Oldham Council is working to develop and implement cross sector plans at Royal Oldham Hospital, which includes single site leadership of social care.

## 4. Demographics of Oldham

### Population Growth

Oldham's population is growing and is set to grow significantly over the next 20 years. It is currently 230,523 according to the ONS mid-year estimate for 2015, of which 172,518 are 18 years old or above.

Life expectancy within Oldham has also increased, with the average male reaching 65 today likely to live a further 17.5 years and the average female reaching 65 likely to live a further 19.5 years. Estimates of life expectancy have increased by 1.4 years for males and 9 months for females since 2009.

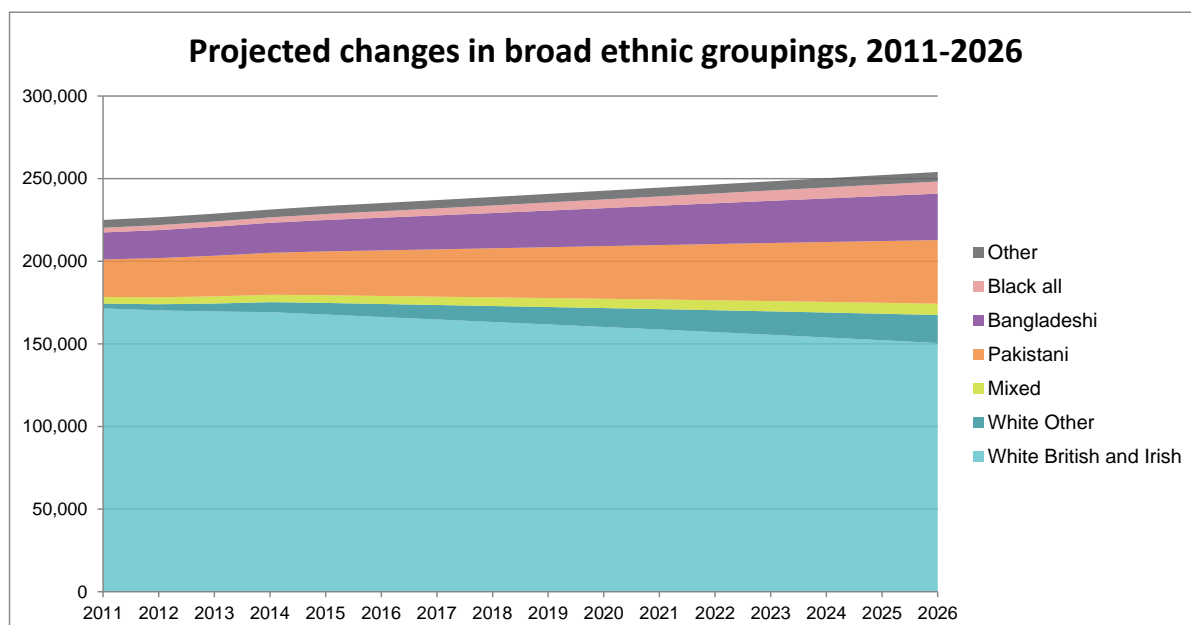
As a result there is likely to be an increase of 20,000 people who are of working age (18-64) as well as 11,000 extra older people aged 65+ by 2037. The increase in the number of older people is also putting pressure on care services as older people are increasing living with multiple and complex health conditions.

### Long Term Conditions

In Oldham, according to figures from POPPI, there are currently 10,223 people aged 65+ with limiting long term illnesses and whose day to day activities are limited a lot. The number has been predicted to rise by about 9% in 2020 (to 11,191) and by 37% (13,955) in 2030.

### Ethnic Profile

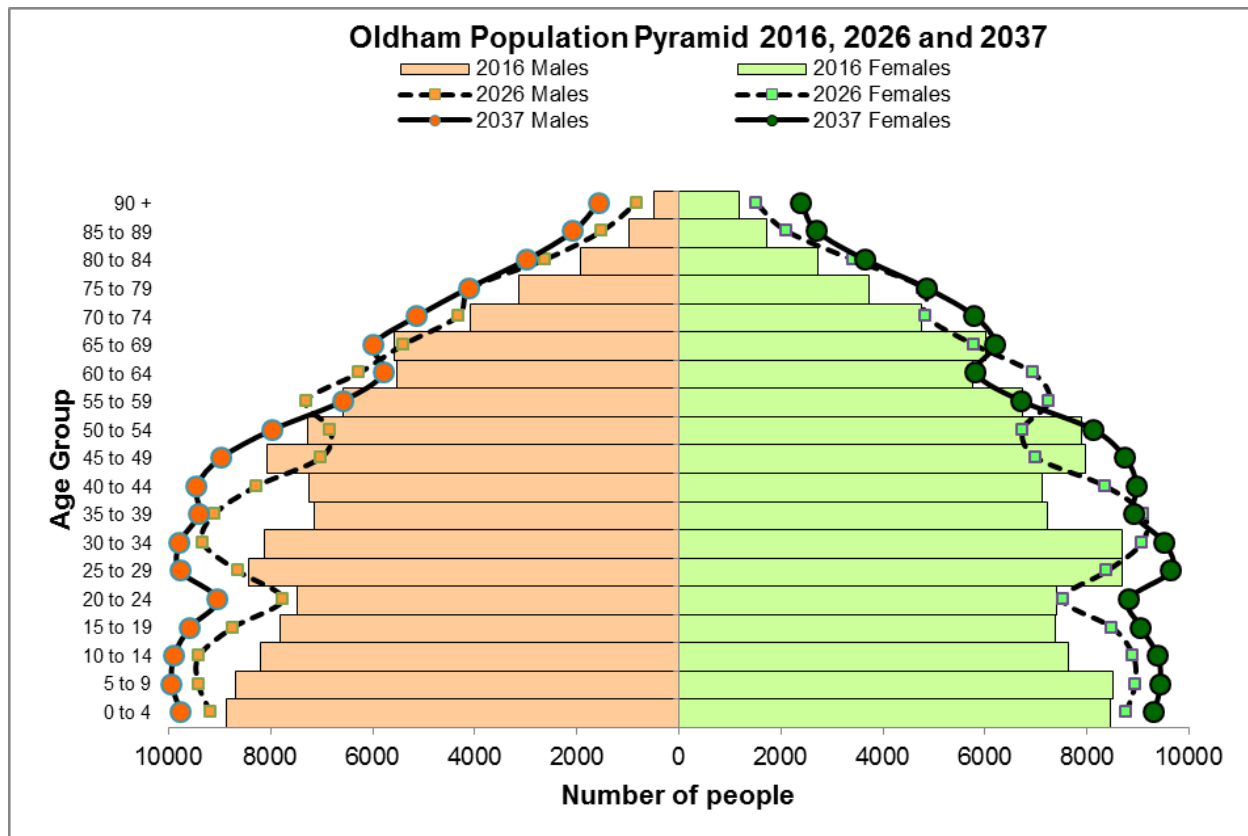
With the projected population increase for older people aged 65+, the ethnic minority mix will increase from 5.9% of the population in 2016 to 10.4% of the over 65 population by 2026, which will inevitably lead to changes in the type of provision required, both in terms of cultural and language differences and in terms of differential prevalence of health conditions between communities.



## Population Pyramid

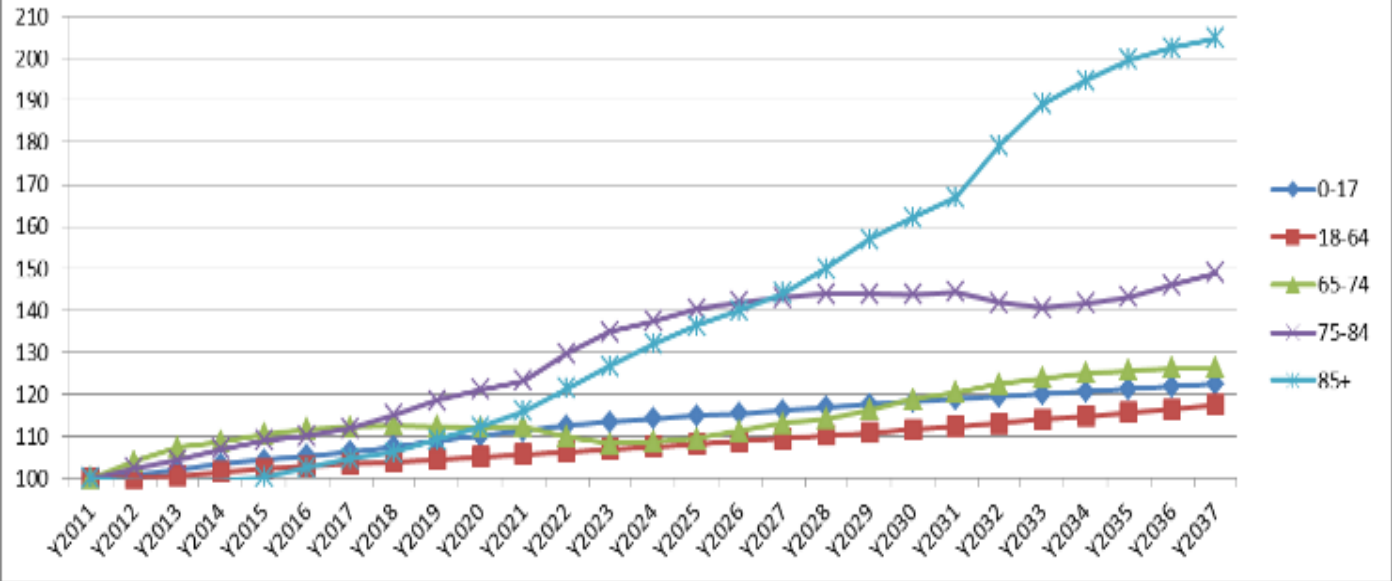
The population pyramid allows us to see a visual representation of the age groups from which the main population growth will come. The main categories of increase will be:-

- An increase in the numbers of young children, feeding through into larger cohorts of 5-9 and 10-14 year-olds.
- A growth in numbers of people in their late 30's and early 40s.
- The increases in older age appear less stark in this visualisation, as those cohorts are starting from a smaller 2016 base than other age groups.



The chart below does however show that the largest percentage population growth is amongst the 85+ age band which will further exacerbate pressures on health and social care demand.

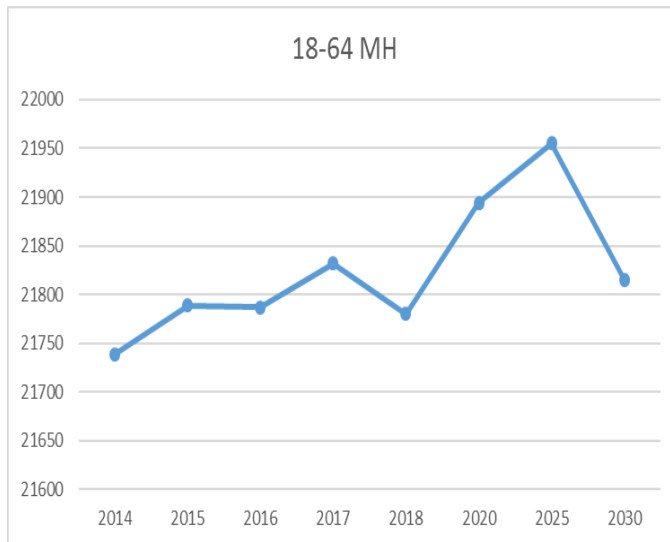
## Projected age-group size over time as a percentage of 2011



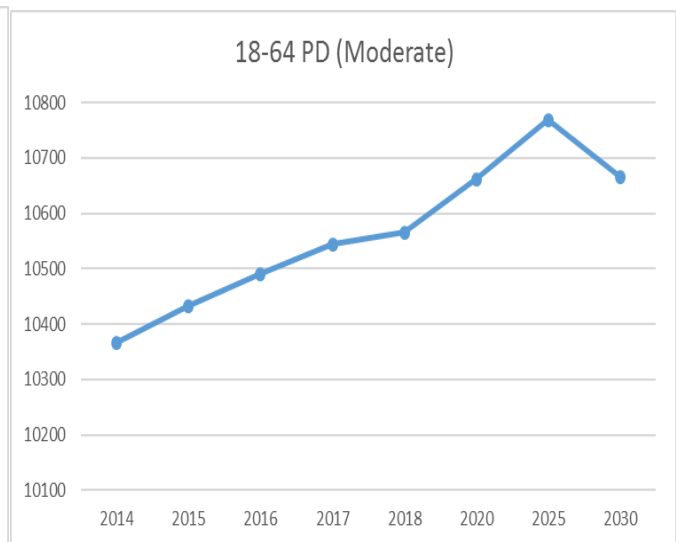
## Profile of Needs

The graphs below estimate anticipated growth in numbers of the population with particular needs through to 2030:

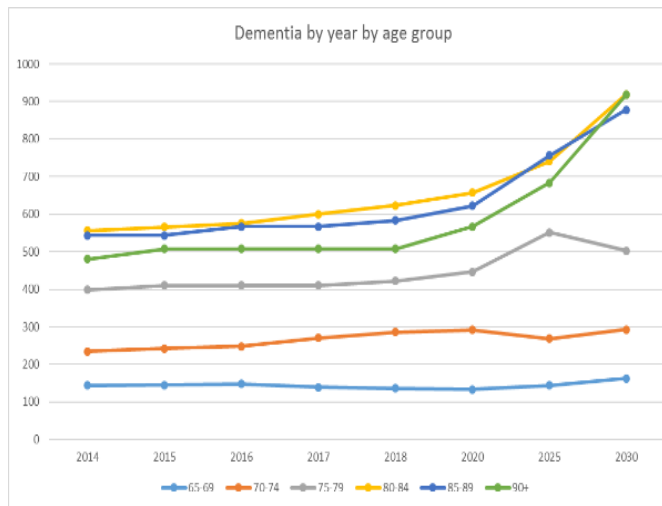
People aged 18-64 with mental health conditions disabilities



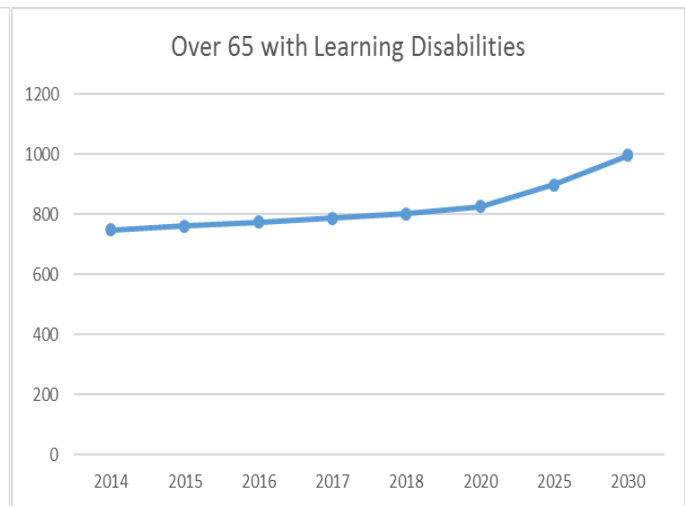
People aged 18-64 with moderate physical disabilities



## People with a dementia by age group



## People aged over 65 with a learning disability



## Deprivation

Oldham's rank in the indices of multiple deprivation (IMD) has been on a downward trend since 2004, relative to other local authorities. In 2004, Oldham was ranked 43 out of 354 in local authorities, in 2010 Oldham was 37th out of 326 local authorities and in 2015 it was 34th out of 326 local authorities in terms of the IMD.

## 5.Demand

### Projected increases in demand by category of need

The projected increase in demand across all categories of need demonstrates the challenge that Adult Social Care faces in meeting the future needs of residents.

Category of need	2012	2020
Adults Predicted to have a learning disability	3290	3328
Adults predicted to have a moderate or severe learning disability	738	757
Adults predicted to have a moderate or serious personal care disability	6190	6385
Drugs and alcohol disability	4577	4620
Mental health issue	9724	9809
Older people living alone	7591	8989
Older people living in a care home	1378	1620
Older people unable to complete at least one domestic task	13740	15876
Older people unable to complete at least one self-care activity on their own	11277	12992
Older people with a limiting long term illness	17904	20336
Older People with Depression	2977	3350
Older People with Dementia	2300	2727
Older people with a longstanding health condition caused by heart attack/stroke/bronchitis or emphysema	3015	3455
Older people predicted to have a fall	9040	10346
Older people admitted to hospital as a result of fall	689	813
Older people predicted to have moderate or severe visual impairment	966	1152
Older people with a moderate or severe hearing impairment	14047	16387
Older people with mobility issues	6150	7135
Older people with a BMI of 30 or more/Diabetes	9095/4 264	10114/ 4835
Older people with a severe learning difficulty	98	109

### Current Demand by support type

According to our client recording system Frameworki, as at 31<sup>st</sup> August 2016, there were 4665 adults known to Adult Social Care in receipt of a service. 3076 of these were partially or fully funded by Oldham Council. The breakdown of these by age and service user group is shown below:



	18-64	65+
Learning disability support	545	67
Mental health support	160	191
Physical support: access and mobility	19	37
Physical support: personal care support	367	1460
Sensory support: support for dual impairment	2	4
Sensory support: support for hearing impairment	11	54
Sensory support: support for visual impairment	18	20
Social support: substance misuse	1	1
Social support: support for social isolation/other	1	1
Support with memory and cognition	2	115
<b>Total</b>	<b>1126</b>	<b>1950</b>

## Service Activity for 2015/16

The tables below show the services used and the reason why people use adult social care.

Primary Support reason for service users	18-64	Over 65
Helpline/Assistive Technology	128	1564
Learning Disability Support	557	70
Mental Health Support	157	186
Physical Support: Access & Mobility	19	34
Physical Support: Personal care support	369	1497
Sensory Support: Support for dual impairment	2	4
Sensory Support: Support for hearing	10	55
Sensory Support: Support for visual impairment	17	21
Social Support: Substance mis-use support	1	1
Social Support: Support for Social Isolation /	1	2
Support with Memory and Cognition	1	120
<b>Total</b>	<b>1262</b>	<b>3554</b>

Breakdown of services that adults are receiving	
Adults - Direct Payment	828
Assistive Tech (PB)	3
Day Care	109
Extra Care Housing	163
Help Line (Non PB)	1692
Help Line (PB)	267
Home Care	973
Key Ring	53
Non-Residential Charges	1191
Nursing Care (Permanent)	182

Nursing Care (Temporary)	1
OCAS Community Support	8
Placement - Adult Nursing - Permanent	1
Reablement	111
Rehabilitation - ABI Acquired Brain Injury	1
Residential Care (Permanent)	695
Residential Care (Respite)	16
Residential Care (Temporary)	69
Shared Lives	64
Supported Living	142
Vocational Project	32
Welfare Support	8

## Carers

According to the 2011 census there are 24,322 carers in the Borough of Oldham, with just under 5,500 carers currently registered with our carers service.

The caring role is often very demanding, draining and tiring both physically and mentally; with a high proportion of carers giving up their own work, hobbies and interests to focus on the life and support of the cared for. More often than not support, provision, health care or health checks are aimed at the cared for as they are recognised as needing care. However it is often the carer who is left exhausted and run down and in many cases at crisis point. Treating the carer as we would the cared for and recognising their needs, is a main focus of the Care Act.

The role of carers and the support provided to them is of critical importance in addressing care and support needs in Oldham.

Carers are and should remain high on the council's agenda, as working with carers, and in particular, early identification of carers before crisis point is a key preventative measure.

If carers were unable to give up their time to care for loved ones then there would be an estimated cost to the care and support system of £119 billion per year. It is therefore essential that we continue to support carers in the best way possible to enable them to continue in their caring role for as long as they wish to do so.

We aim to provide all carer assessments within 1 to 3 weeks, whereas nationally 29% of carers are waiting long than 6 months. The assessors provide a carer focused service with the ultimate aim being to ensure that carers and their role is recognised and valued. Eligible carers receive a carer's personal budget which enables them to meet the outcomes identified in their assessment.

Support for carers includes help with financial budgeting and signposting to services which are able to support them and the person they care for. Out of hours emergency support in times of crisis is provided to carers via the carers emergency card, with support lasting up to 72 hours. This ensures carers know that the person they care for is supported during periods of carer breakdown.

We have also launched a new service officer for carers, which is focussed on maximising their own health and wellbeing:

- Carers Enablement Service – when a carer has a planned stay in hospital we will arrange to look after the person they care for, whilst they are in hospital and also provide support to the carer on their return home

- Carers Prescription Breaks – when a carer needs short term support to take a break from their caring role, they can visit their local GP who can provide them with a ‘prescription’ for a carers break. The service works with the carer to look after the person they care for, whilst they take a break.

There is also a commitment to review care packages to ensure that people continue to receive the care and support that they need to have a good quality of life and live independently. The carers agenda will be led through a newly developed carers board, with an independent chair, and we will ensure that we deliver carers priorities from both a local and greater Manchester perspective. This will ensure simplification and ease of access to carers services across a range of localities.

## **Self Funders**

From our market analysis and monitoring information, we estimate that there are around 450 people at any one time in care homes who are self funding. This number represents 27% of all registered beds. Of those care at home providers commissioned by the local authority, we estimate that they provide care to around 340 people who fund their own care. This figure is likely to be significantly higher when taking account of those organisations from whom the council does not commission care, and those people who make their own arrangements.

Around 800 people receive a direct payment to purchase and arrange their own care and support. Of these we know that 62% purchase the support of a personal assistant and 24% choose to purchase some form of day time activity. Other uses include the purchasing of domiciliary care and respite care.

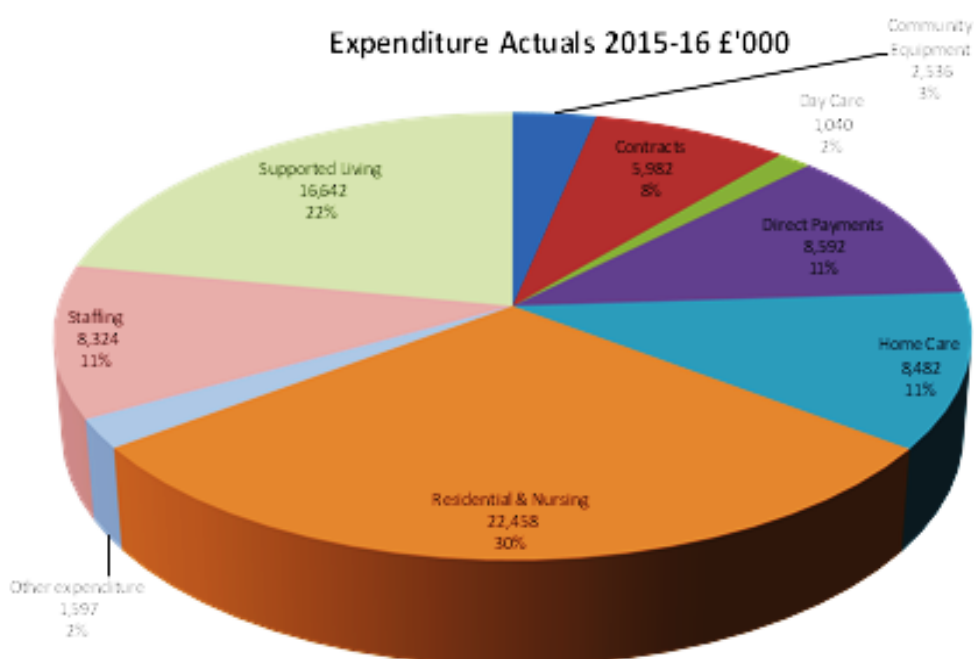
## 6.Finances

The Association of Directors of Adult Social Services Budget and Survey report (July 2016) highlights that Local Authorities nationally are facing increased pressure in funding Adult Social Care services. Funding doesn't match increased needs for, and costs of, care for older and disabled people. There are ever greater numbers of older and disabled people needing essential care and support, their needs are increasingly complex and the costs of care have increased.

To maintain care at the same level as last year would require more than an extra £1.1bn nationally. This year budgets nationally for social care have increased slightly although there is very wide variation between individual councils (70 councils, in fact, reported a fall in budget).

### Where the money goes

The graph below shows how Adult Social Care funding was spent in the financial year 2015/16:



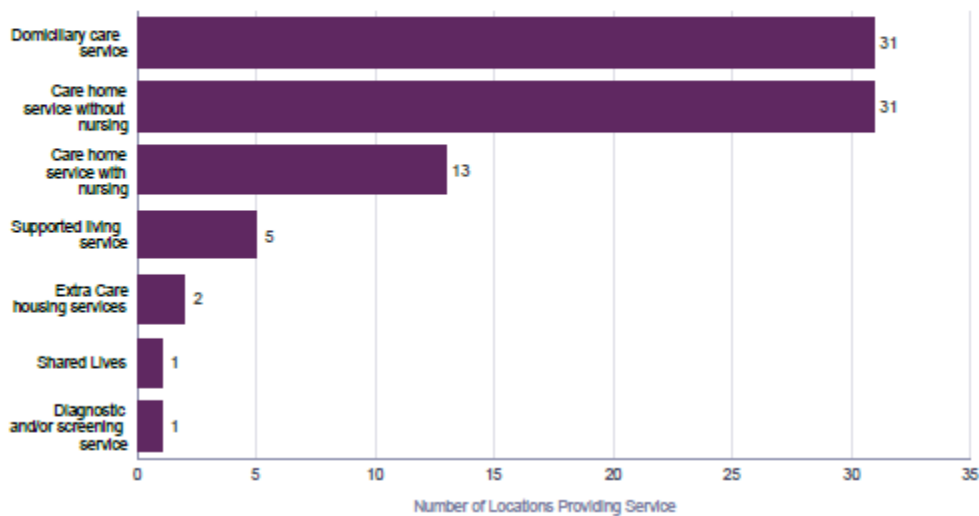
## 7.The Oldham Care Market

The care market is a broad term that incorporates a wide range of care and support services, from services regulated by the Care Quality Commission, such as care homes and care at home provision, through to services that enable people to remain at home and maintain their independence for as long as they are able.

The graph below produced as part of CQC's area profile report for December 2016, provides information about the range and quantity of regulated provision in the borough.

### Active locations in Oldham providing the following services

N.B. Locations can provide more than one type of service



The table below sets out the number of organisations and type of care provided, that have closed or deregistered in Oldham in the past five years:

### Number of Social Care Org locations that have closed in Oldham

	2011	2012	2013	2014	2015	2016
Care home service with nursing	3	2	0	2	0	0
Care home service without nursing	4	1	4	3	2	3
Domiciliary care service	6	8	7	7	6	10
Extra Care housing services	1	1	0	0	1	0
Rehabilitation services	2	1	1	0	1	0
Shared Lives	0	0	1	0	0	0
Supported living service	1	3	1	0	2	2

And those that have opened over the same period:

### Number of Social Care Org locations that have opened in Oldham

The number of newly activated locations is higher for 2010 and 2011 due to the reregistration process under the Health and Social Care Act

	2010	2011	2012	2013	2014	2015	2016	Total
Care home service with nursing	6	11	1	0	2	0	0	20
Care home service without nursing	17	22	2	2	2	1	2	48
Diagnostic and/or screening service	0	1	0	0	0	0	0	1
Domiciliary care service	11	21	11	8	9	10	5	75
Extra Care housing services	2	1	0	0	0	2	0	5
Rehabilitation services	2	3	0	0	0	0	0	5
Shared Lives	0	1	0	1	0	0	0	2
Supported living service	3	4	3	1	0	2	1	14

## Care home sector

The number of care homes registered in Oldham to provide care home services with and without nursing is set out below:

### Care homes with nursing in Oldham

N.B: Care homes can register both as a care home service with nursing and care home service without nursing. Those have been classified as a Care Home with Nursing in this section of the report

Care Homes With Nursing	Number of Locations	Number of Beds*
Nursing home	13	0,810

\*Some of these beds may not be categorised as nursing

### Care homes without nursing in Oldham

Care Homes Without Nursing	Number of Locations	Number of Beds
Residential home	31	0,961

The main recent developments in the local social care market have been in the area of nursing beds in care home sector. Three local providers have withdrawn or have signaled their imminent intention to withdraw from the nursing sector, although they continue to operate in the residential sector. Recruitment and retention of nursing staff has been cited as the main reason for the business decision. Interestingly, all three providers have a different market profile; one local, one regional and one national. This development has resulted in the loss of 23 nursing beds from the local market, and there is a risk that this will have an impact on facilitating timely discharges from acute services.

However, at the same time a number of care homes are exploring the possibility of increasing their general nursing and dementia nursing provision. Dementia nursing provision is the main area of under-supply in the market, and this is not limited to Oldham, with localities across the North East sector, and more widely Greater Manchester experiencing similar challenges.

Vacancy levels in the care home sector have consistently been at around 9% for the past few years, with vacancies predominantly being in the residential part of the market.

As at December 2016 there were 803 people in care homes in Oldham funded by the Council, and 88 people in care homes in other parts of the country.

## **Care at home**

There are 29 home care providers who have been quality assessed under the Council's Care at Home Quality Standard. Of these providers, care is routinely commissioned from 14.

In the past twelve months there have been two exits from the care at home market. A new provider who was not on the quality framework entered and left the market within six months. One care home, which specialises in palliative care has expanded into the care at home market. A number of new providers have been in contact with commissioners, interested in entering the market.

However, the market continues to experience significant fragility, with three providers actively considering exiting the market in the past few months. Market capacity is a particular challenge in the Saddleworth area of the borough, due to its rurality and traveling requirements between small villages. In addition, it is often difficult to commission packages of care where male carers are required.

As at December 2016, there were 967 users known to Adult Social Care receiving around 11700 hours of care a week. This equates to an £8.5 million projected spend. 10,500 of these hours were delivered by 14 different providers.

## **Intermediate Care and Reablement**

Oldham Clinical Commissioning Group (Oldham CCG) and Oldham Metropolitan Council (OMBC) currently commission intermediate and transitional care services across Oldham. Pennine Care Foundation Trust (PCFT) is commissioned by Oldham CCG and MiO Group are commissioned by OMBC. Both services have differing commissioned budgets and staff complement. There is also a significant difference in occupancy rates, turnaround times and bed costs per week. Working collectively, commissioners and providers are developing an integrated model of "community enablement" which would incorporate assessment, reablement, intermediate and transitional care. The strategic objective is to provide a modern multi specialist assessment, rehabilitation, intermediate & transitional care provider model driven from the community where all clients have choice and control and where their needs are met by appropriately skilled staff in a multi-disciplined and safe environment.

## **Supported living for adults with learning disabilities and complex needs**

Supported Living is a term which refers to a form of arrangements where social care and support is provided to adults with learning disabilities or mental health needs in their own homes. Supported living is for people who need extra help to live in their own homes, whether as tenants or owner occupiers, living alone or with others. Support can mean 24-hour care or simply a few hours a week to help with every-day tasks aiming to ensure that people have choice and control in their lives and can live as independently as possible in the community.

Oldham Council and Oldham's NHS Clinical Commissioning Group (CCG) currently jointly commissions seven supported living providers to deliver care and support services for adults with learning disabilities and/or complex behaviours across Oldham via a Supported Living Outcomes Framework covering health and social care outcomes. Oldham Council is the lead commissioner in this arrangement with the CCG whereby approximately 150 individuals are in receipt of supported living services.

Oldham currently has gaps in its market provision in relation to providing suitable accommodation and support services for adults with learning disabilities and complex needs. At present, some service users

are residing in unsuitable accommodation (not within easy access of amenities such as shops and GPs; and are not suitably equipped, or is shared accommodation where the individual has requested to live alone with support. In addition, some current service users are in high cost out of borough placements. Furthermore, as of January 2017 we have 22 individuals assessed as recurring accommodation now and a further 20 (six of which are in forensic/hospital settings) who are currently placed in accommodation out of the borough.

Alongside partners the Council is currently developing a specialist supported housing scheme for adults with learning disabilities and/or complex behaviours such as autism. The scheme, which has been successful in attracting central government funding will include 20 supported apartments on one site. It will provide individuals with their own front door with the ability to access care and support as and if required. The apartments have been designed in order to be flexible; to meet both current and projected future demands for accommodation in Oldham.

The strategic objective is to develop specialist supported living provision within the borough of Oldham in order to meet the needs of the individuals identified.

Shared Lives services, enabling people with learning disabilities to live with other people as part of their family, on a long term basis or for short stays, need to be developed further, to ensure they can provide the right support to people at the right time to prevent escalation to more acute services.

### **Day services for adults with learning disabilities and complex needs**

Currently, apart from some elements provided by Miocare, Oldham Council does not directly commission day services or activities for adults with a learning disability and/or complex needs. People who access day services and activities in the borough do so via their personal budget and pay for them through a direct payment. This has resulted in the Council not having oversight of activities provided, the quality of services provided, the number of providers operating in the borough and whether there are any gaps in provision where people's needs are not being met. In addition, there is not a regulatory body such as the Care Quality Commission assigned to review day service activity.

The Council intends to undertake a review of day service provision currently operating in the borough with the view of establishing an Approved Providers List (APL). It is envisaged that in order to get on to the APL the Council and partners (such as Health) will assess the organisations to ascertain their quality and track record of providing day services. This will provide assurance to the Council and partners and more importantly to the individuals and their families purchasing the services.

### **Supported employment for adults with learning disabilities**

It has been recognised that the proportion of people with learning disabilities in employment in Greater Manchester is lower (4 per cent) than the England average (6 per cent). The most recent Annual Population Survey\* for Oldham is that 27,900 people fall into this category (around 19.7 per cent of the population). Fifty-six per cent of disabled people of working age in Oldham are economically inactive; not in the job market. This compares with 45 per cent nationally.

Of disabled people in Oldham, 41 per cent are estimated to be employed, compared to a national rate of 50 per cent. This shows that the employment gap between disabled and non-disabled people in Oldham is larger (35 percentage points) than nationally (30 percentage points). We recognise that there is a further challenge in Oldham due to the economy being dominated by low wage, low-skill economy which is perceived to have a lower tolerance to recruiting residents with disabilities/learning difficulties.



Oldham's current offer via [Get Oldham Working](#) is not dedicated to people with learning disabilities and/or complex needs. We plan to expand on this offer and work toward GM's ambition of employing 600 more people with learning disabilities.

\*Annual Population Survey is conducted by the Office of National Statistics and estimates the number of people aged 16-64 who are classified as disabled according to the Equality Act, or work-limiting disabled.

## **Supported living for adults with mental health needs**

In Oldham we have one specialist provider delivering care and support services for adults under the age of 65 with mental health needs. We have recently redesigned the service provided to these individuals to assist service users to recover quicker, become more independent, and be less reliant on residential (perceived as institutional) care. The first of these supported living services opened in the summer of 2016 with a further three operational in early 2017.

Similarly, as is the case with learning disability accommodation and support services, we have also identified a gap in service provision for specialist mental health accommodation and support. We have a number of individuals currently residing out of the borough due to not having suitable provision in Oldham. We would like to develop a pathway of specialist support services for people with mental health conditions to ensure appropriate care and support is in place to assist re-enablement and recovery.

As of January 2017 there are 14 individuals with primary mental health conditions receiving supported living services in Oldham.

## **Personal Assistants**

We know that around 500 people use a direct payment to purchase the services of a personal assistant to meet their care and support needs. We are producing guides for people to help them employ personal assistants and are reviewing our approach to commissioning brokers to support people to manage their direct payment and employment responsibilities.

## **Extra Care Housing**

The Council currently has six schemes that operate as Extra Care Housing (ECH) in Oldham providing 240 supported housing with care independent living flats for predominately over 55s. Most of the schemes are full, with priority given to those in residential or short stay care who require a housing with care solution. The service is in high demand, and although the Housing and Learning Information Network Strategic Housing for Older People (SHOP) report states that there is sufficient Extra Care Housing in the borough in 2016, this will not be the case in the next 10-15 years. The Council therefore is looking at options to expand its provision in areas of the borough where there are growing numbers of over 65s. This information is being shared with local housing providers. However, this will only be viable if it provides a real alternative to residential care and can prevent admissions to hospital by acting as a community hub resource.

The current service delivers around 1600 hours of care a week across the 6 schemes. We expect this to grow as we increase the number of people with care needs in schemes. Currently around 47% of tenants have no Care Act eligible needs, however closer investigation of this cohort shows that most are over 70 years old and of these 27% are receiving some care and most are living with a range of long term conditions. This means that the provision of ECH is preventing the need for additional care and support in most cases. The number of people with medium and high level care needs has increased significantly over the last two years and has led to a significant avoidance of residential placements. There is an argument that some tenants with low needs could manage well in sheltered accommodation, rather than ECH, but all have tenancy agreements for ECH flats, so a step down to an offer with less intensive support is unlikely.

Due to the criteria for entry we now have 31% in scheme with high needs, 12% with medium needs and 10% with low needs. The aim is to continue to place high/medium needs into schemes to achieve more

balanced at 30% low/ 30% medium / 40% high needs. At this point Oldham will be maximising its use of Extra Care Housing. At the current rate of change it is anticipated that it will take another 1-2 years to achieve schemes where all tenants have a level of care need.

**New Developments in schemes:**

- **Night Care pilot:** In the next 12-18 months the Council will be considering options for delivering care at night as well as during the day. A more enhanced care offer would potentially reduce the need for residential placements.
- **Enablement Flat pilot:** This short term licence for stays of up to 6 weeks has been piloted successfully in Tandle View Court. This combines a partnership of delivery from the Housing Provider Housing and Care 21, the Community reablement service and the onsite care service, both operated by the Miocare Group. There are plans to open a further two flats in another two schemes within the year, given the success of the pilot.
- **Community Hubs:** the start of cluster based working in later 2016, provides the opportunity to further maximise the use the Extra Care Schemes. There are significant spaces e.g. Assisted Bathing in all schemes, communal rooms, hobbies rooms, hairdressers and cafes that can be used by both tenants and those living nearby, with support from local health and social care and third sector groups.

**Future needs and expansion:**

There is a need to review current older peoples housing stock including sheltered stock with view to setting out options for provision or expansion to ECH services in areas of the borough that need this most. The 2016 HLIN report suggests the need to remodel sheltered housing to Extra Care Housing, especially in those areas where there is no Extra Care currently, these areas are:-

- Chadderton
- (followed by) Failsworth

Extra Care Housing	Capacity	2015	2020	2025
Chadderton	0	-73	-38	-97
Failsworth & Hollingwood	30	-36	-44	-59

- There is an opportunity to review current sheltered provision with a view to further expansion. The HLIN states: - *“Whilst there is sufficient extra care services currently across most areas of Oldham the expansionist strategy will require further developments in the next phase of the strategy. Currently there is a shortfall of approximately 80 units across the authority which is projected to rise to 340 by 2035.”*
- The Council has the opportunity to expand smaller sheltered scheme, or reconfigure them to develop into ECH in future.

During 2017 we are reviewing the Housing Support services provided by Housing and Care 21, who also provide Housing Management. In addition the care and support element or Wellbeing Service is delivered via two Care and Support Contract with Domiciliary care Providers. The contracts cover all the six schemes, and are due for retender in 2018. The Council will review its options for how it delivers Extra Care Housing in future.

## **Sheltered housing**

Sheltered Housing provision forms part of a continuum of accommodation with support choices for older people, ranging from housing with an age-restriction and community alarm to Extra Care housing. Sheltered housing generally refers to provision which has a communal entrance, office space, and communal areas such as lounge, garden etc. as well as self-contained apartments. Support is provided via community alarm and a scheme manager, to support tenants to continue to live independently in a community setting. This provision is sometimes known as 'Category 2' schemes.

There is a relatively small number of private-sector grouped schemes offering owner occupied/shared ownership sheltered housing: most sheltered housing provision is in the social rented sector, provided by the council or Registered Providers (RPs - previously known as Housing Associations). With the exception of the council owned stock-refurbished under a PFI scheme in partnership with Housing and Care 21 - much of the social rented provision was built in the 1970/80s and is reaching an age where investment will be required to maintain standards and meet customer aspirations. Most schemes remain popular however, and occupancy levels average 98%.

In the social rented sector, there are 36 grouped schemes providing 997 units of accommodation ranging from bed sits to two bed flats.

## **Housing related support**

Housing Related Support (HRS) services can help to manage demand away from higher cost provision, and underpin many other interventions. Support is provided to assist individuals and families to obtain and then to sustain independent living in the community: support workers help people to address issues preventing this – such as lack of life skills, or mental health and substance misuse issues. Support is either provided within supported housing or through visiting support.

Supported housing covers a range of different housing types, but is essentially any housing scheme where care, support or supervision is provided alongside housing. For some vulnerable groups supported housing provides long term support for many years: for others - such as homeless households - it can provide very short term, immediate help in times of crises. Services providing short-term supported housing were redesigned and re-procured in 2013 to operate as an integrated system across three pathways (young people, women's and generic groups).

These services are affected by the Governments policy and funding review of supported housing – with a Green Paper due in spring 2017 - and the council will consider its plans once the Government has determined its new model.

Visiting Support: the council commissions neighbourhood-based visiting support, providing both Intensive/short-term and Flexible/longer term support. This can therefore be stepped up/down to meet individual needs, so more successfully keeping people in their own homes and communities.

## **Accommodation Strategy**

The Council is developing a strategic approach to planning accommodation and services to support better care in the future. It is envisaged that this will support people to stay in their own homes for as long as possible, and will include how those homes may be adapted or how people are supported to other housing options.

The aim is to prevent hospital admissions and moves to long term residential care wherever possible, through the provision of suitable community based support, care and accommodation that enables people and their carers to live well in their communities.

The accommodation strategy is focusing on the following areas:



It is anticipated that the strategy and associated action plans will be published by April 2017.

## Adaptations

Adaptations enable people with disabilities to remain in their own homes, safely, in comfort and with independence wherever possible. Due to increased life expectancy and improvements within health care, the number of people needing adaptations to their homes is increasing. Small adaptations (Minor Adaptations) – such as grab rails, hand rails etc. – can help a person to return home from hospital, and move safely around their home.

Larger adaptations are usually funded from the Disabled Facilities Grant (DFG); and includes provision of level access showers, fitting equipment such as ceiling track hoists and stair lifts etc. In 2015 several procurement exercises were undertaken covering the main areas of DGG provision, such as supply and maintenance of equipment and construction works. This included two joint tenders with Tameside council to secure economies of scale. This provision is due to be re-procured in 2018 and the intention is that the two areas will continue to collaborate in joint procurement exercises.

## Community Equipment

Community equipment is prescribed by a range of professionals, such as occupational therapists and community nurses, and supplied to Oldham residents to enable them to better manage their conditions and live more independently. The provision includes items such as pressure care mattresses, hoists, etc. and is now funded from the Better Care Fund, as investment in community equipment is seen as an important element of keeping care closer to home and enabling savings in the acute sector.

Oldham has a history of collaboration with Tameside for Integrated Community Equipment Services (ICES) – which are commissioned under pooled budget arrangements between local Authorities and Clinical Commissioning Groups.

The provision is due to be re-procured in 2017 and the intention is that the two areas will collaborate in a joint procurement exercise.

## Day Services and Support to Older People

Age UK Oldham provide a range of services for older people in Oldham, with a number of these commissioned by the Council and NHS Oldham CCG. These services and usage are summarised in the table below:

Service	Usage Quarter 2 16/17
Choosing the Right Care	1004 telephone contacts, 46 home visits, 10 accompanied care home visits
Dementia Information Service	261 telephone contacts, 194 unique clients receiving individual consultation
Handyvan Service	336 jobs completed, 108 awaiting completion
Falls Prevention	1188 attendances from 1692 possible attendances. 130 clients enrolled on the programme
Safe at Home and Shopping Services	115 people using the service, 860 deliveries made. 78 risk issues identified and referred on.
Men in Sheds (alternative occupational based daytime services for men)	1205 attendances by 41 people
Enhanced lunch clubs	3656 attendances from 3770 available across 8 sites. 262 people using the service.
Day Services	1593 attendances from 1690 available across 2 sites. 74 people using the service, of which 58 have a disability and 64 have a cognitive impairment.
Life Story	7 life story books produced

Through engagement with the above services, the following personal outcomes were measured:

<b>Outcome</b>	<b>%</b>
Increased social inclusion	100
Increased wellbeing	82
Increased confidence/self worth	94
Reduced social isolation	92
Increased control	91
Decreased anxiety	95
Improved awareness of services	95

## **Advocacy**

Oldham Council commissions the following statutory advocacy services:

- Independent Mental Capacity Advocacy (IMCA)
- Independent Mental Health Advocacy (IMHA)
- NHS Complaints Advocacy (NHS ICA)
- Care Act Independent Advocacy

Oldham also commissions for a specialist Learning Disability and Autism Advocacy service.

Currently five providers deliver these independent advocacy services supporting approximately 500 individuals per annum.

## **Information and advice**

Information and advice are core to ensuring people understand the care and support system and enabling them to make genuine choices and exercise control over their lives to remain as independent and well as possible. The provision of good quality information and advice has featured strongly in personalisation policy and is one of the key themes of care and support reform. The Care Act 2014 brings these reforms into law.

Information and Advice helps people to help themselves, supporting self-care and self-management – so it is an important part of our approach to personalised support, as well as for prevention and early intervention.

Information and advice for people in Oldham is provided in a wide range of ways which includes many different sources and formats. Oldham Adult Social Care Information and Advice Strategy 2015 –18 sets out our approach.

## **Future Needs and Priorities**

There is a clear need to develop commissioning solutions to meet future projected needs of the local population, support the acute health care sector and the Greater Manchester Commissioning Strategy Priority Work Streams.

Availability of EMI Nursing beds is scarce across Greater Manchester. To enable hospital discharge, both the local authority and the CCG are often in a position where high cost placements have to be arranged, and these can sometimes be outside of the local area, and often follow a prolonged hospital stay whilst appropriate provision is sourced. Whether these are commissioned on an Oldham basis in the future or as part of the emerging wider GM strategy, there is a clear need to incentivise this sector of the market.

There needs to be an expansion of reablement support across the care home sector, to encourage providers to deliver their services in a more enabling way, with the aim of:

- Reducing hospital admissions from care homes
- Supporting those on short stays to return home
- Slowing progression to higher cost provision
- Improving overall outcomes and quality of care

Prior to the development of further extra care housing schemes, consideration needs to be given to the benefits of night time care on site, to determine the extent to which extra care housing can act as a viable alternative to residential care.

There is a need to extend the provision of home from hospital services and incentivise providers to make capacity available at short notice to support hospital discharge and provide care to people for short periods of time following their return home.

We need to develop alternative models for commissioning care at home in rural areas such as Saddleworth, and recommission the wider care at home provision on a cluster basis, with a key focus on enabling people to be as independent as possible.

Progression of the integration of intermediate care and reablement to support hospital discharge and prevent readmission is a priority, ensuring services are designed to support people to remain at home and regain or maintain daily living skills.

We need to continue to develop supported housing schemes for people with complex needs, in particular those with mental health needs, learning disabilities and autism.

## 8.The Social Care Workforce

The information below is based on the National Minimum Data Set information provided to Skills for Care:

	<b>Care homes with nursing</b>	<b>Care homes w/o nursing</b>	<b>Domiciliary Care</b>
Total number employed	668	596	815
Turnover	19.6%	20%	31.2%
<b>Gender</b>			
Male	14%	7%	9%
Female	86%	93%	91%
<b>Ages of employees</b>			
18-39 years	41%	45%	45%
40-54 years	38%	33%	38%
55 years +	21%	22%	17%
Median pay	£7.20	£7.20-£7.50	£7.22-£8.50

Recognising the challenges, particularly in the domiciliary care sector to recruit and retain staff, the council has invested £2.7 million in increasing contract prices to enable providers to meet their obligations to pay their staff the NMW or higher. There is a year on year commitment to increase fees to reflect the anticipated increases in the NMW through to 2020/21.

The transformation of the social care workforce is one of the enabling work streams of the Greater Manchester Commissioning Strategy. The work is focussed on the development of a Greater Manchester Workforce Strategy and a set of standard minimum requirements. Due to the challenges in the recruitment and retention of both social care and health workers, the ambition is to promote the development of a “blended” role that will enable resources to be deployed more effectively, and at the same time create a career pathway.



## 9. Quality

As commissioners of services we strive to make sure that we provide people with safe, effective, compassionate, high-quality care and we encourage providers to improve.

Our current quality monitoring framework needs reviewing to ensure that we look wider across NHS Oldham CCG and Public Health to ensure an accurate picture. Moving forward we will endeavour to have one outcome framework for all commissioned activity which will be underpinned by a risk stratification tool.

The tables below show the ratings for Social Care Organisations in Oldham:

<b>Oldham Care Homes</b>					
<b><u>CQC Outcome Category</u></b>					
	Outstanding	Good	Requires Improvements	Inadequate	
	1	26	15	2	
<b><u>Oldham Council Quality Standards rating</u></b>					
	Excellent	Good	Adequate	Unrated	
	16	19	4	1	

<b>Oldham Care at Home Providers</b>					
<b><u>CQC Outcome Category</u></b>					
	Outstanding	Good	Requires Improvements	Not Inspected	
	1	10	3	2	
<b><u>Oldham Council Quality Standards rating</u></b>					
	Excellent	Good	Requires Improvements	Not Inspected	
	6	1	2	2	

In order to have a good overview of the market there are many mechanisms currently in place that support this and include:

**Local quality standard ratings:** Care Home Standards were originally launched in Oldham in 2010 and reviewed in 2014. All Residential Care and Nursing Homes in Oldham were assessed by Council Officers and awarded a quality grade of Excellent, Good, Adequate or Poor. Residential Care and Nursing Homes awarded a grade of Excellent or Good receive a quality premium linked to their grading. These are currently under review.

**'Levels of harm' data:** The Quality Assurance Safeguarding Hub receives monthly logs from those who we commission care at home and care homes services. The logs relate to low level concerns that are dealt with by the provider. The logs are analysed on a monthly basis for trends or common themes by provider and across the sector, to inform performance improvement or wider sector development.

**Quality monitoring visits:** These are undertaken to ensure that contractual requirements are being met and that the quality of care is to the expected standard. The monitoring visits identify any areas of concerns and provide support to the provider to improve their delivery of care and support.

**Contract monitoring meetings:** These are undertaken to ensure that contractual requirements are being met.

**Care Quality Commission meetings:** Bi- monthly meetings between Council and NHS commissioners and CQC are undertaken to ensure that there is effective communication between the sector regulators and commissioners.

**Provider Forum:** The monthly provider forums act as a way of communicating collectively across the care sector. They provide an opportunity to share good practice, to inform providers of upcoming developments and opportunities and provide and receive feedback on all aspects of care delivery and commissioning.

**Managing Provider Failure:** Failures of care providers are relatively rare events and present particular challenges in that the intervention of commissioners would be required immediately, and the assessment and transfer of service users to alternative care providers may need to take place within a very short time frame.

The impact of the changes to provision upon service users and their relatives and carers should be managed in the best 'person-centred' way possible. Every effort should be made to cater for the specific identified needs of each service user, and wherever practicable to keep 'friendship groups' together and take time and great care to minimise disruption and maximise the time available for preparation. Any potential failure will also be need to be underpinned throughout by the principles of the Mental Capacity Act 2005.

Failures may be caused by a number of factors - for example:

- Closure by Regulators
- Termination of contract by Commissioners/Providers
- Loss of premises due to damage
- Closure by Owners due to increasing financial pressures; or the outright failure of their business leading to the appointment of a Corporate Insolvency Practitioner (e.g. a Receiver, Administrator etc.).

We have a Provider Failure Policy and Procedure which is for Oldham Council and NHS Oldham CCG staff and should be adhered to when provider failure is identified.

**Safeguarding Adults Board:** As defined in the Care Act, the Board has representation from the three statutory partner organisations:

- Oldham Metropolitan Borough Council
- NHS Oldham Clinical Commissioning Group
- Greater Manchester Police

Other partner organisations represented at the Board are:

- Pennine Care NHS Foundation Trust
- Pennine Acute Hospital NHS Foundation Trust
- Greater Manchester Fire and Rescue Service
- North West Probation Service
- Oldham Housing Investment Partnership
- North West Ambulance Service
- Age UK Oldham
- Provider representation

Advisory members of the Board include the Care Quality Commission, Oldham's Community Safety Unit and Public Health.

Elected Members are represented on the Board by Councillor Jenny Harrison, Cabinet Member for Social Care and Safeguarding.

The Safeguarding Adults Board is responsible for determining overall policy, coordinating activity between agencies, promoting joint learning and the implementation of best practice and monitoring, and reviewing the effectiveness of the policies, procedures and guidance for the safeguarding of adults in Oldham. The Board works to promote the wellbeing, security and safety of vulnerable people recognising their rights, capacity and personal responsibility in order to help prevent abuse wherever possible.

## **Outcomes Framework**

A Joint Health and Social Care Supported Living Commissioning Framework for Oldham has recently been developed and rolled out. We intend to review this framework to establish if all commissioned activity can adopt it, which will be underpinned by a risk stratification tool.

## **Commissioning Dashboard**

We aim to build a 'commissioning dashboard' which will host various business intelligence which includes complaints data, safeguarding concerns, contract compliance issues, Statutory Body concerns e.g. CQC etc. This will give us a better picture of how a provider is performing overall.