

Tameside
Adult Services
Local Account
2010/2011



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**A message from
the Executive
Director, Community,
Environment, Adults
and Health Services –
Stephanie Butterworth**

I am pleased to introduce our Local Account for Adult Services which describes our achievements and progress against priorities during 2010/ 2011.

This account describes how we are working together with a whole range of individuals and organisations to deliver services to people in ways that support independence, increase choice and control and protect the most vulnerable.

In order to deliver our services we work closely with a whole range of partners including health services and the community and voluntary sector. We are striving to continually improve our services to ensure that they are high quality and provide value for money in times of significant budget pressures.

As we move forward we face challenges associated with increasing demands on social care and health services during a time of financial restraint. However we believe that these challenges should not change our focus on working with those who need our services, their carers, families and friends to ensure their experience of care and support is positive and offers real life improvements.

I hope you find this report interesting and I would welcome any feedback you may have.



**A message from
Executive Member,
Adults Services –
Councillor Lynn Travis**

I am pleased to introduce the first local account for Tameside residents in which we present to you a transparent account of the performance of Adult services in 2010/2011.

An important focus for the service during this year has been increasing choice, control and independence for our service users; the introduction of Self Directed Support, Personal Budgets and Reablement has seen positive outcomes for service users and staff.

During 2010/2011 we have continued to improve the quality and range of services we provide and worked hard to sustain the “Excellent” services that was recognised by the Care Quality Commission in 2009/2010; this was the third year that Tameside Adult Services received this recognition and we were the only service in the country to receive this accolade for three consecutive years.

Partnership working with our NHS and Voluntary colleagues is vital to the success of delivering services that reflect what local people want to use. We are proud of our partnership working in Tameside and are confident that this will grow from strength to strength despite the economic challenges we all face.

I am confident of the ability and commitment of Tameside Adult Services and partners to continue to improve Health and Social Care services for the residents of Tameside.

I hope our first Local Account is both interesting and informative and I would greatly welcome feedback, contact details can be found at the end of the report.

Introduction

Tameside

Tameside Metropolitan Borough consists of nine towns in a mainly urban area to the east of Manchester. It stretches from the city of Manchester to the Peak District and shares borders with Stockport, Oldham, Manchester and the borough of High Peak.

More people now live in the borough than in recent years. 214,400 people live in Tameside. Our population will continue to grow. The fastest expanding group is people aged 60 and over.

About Adult Services

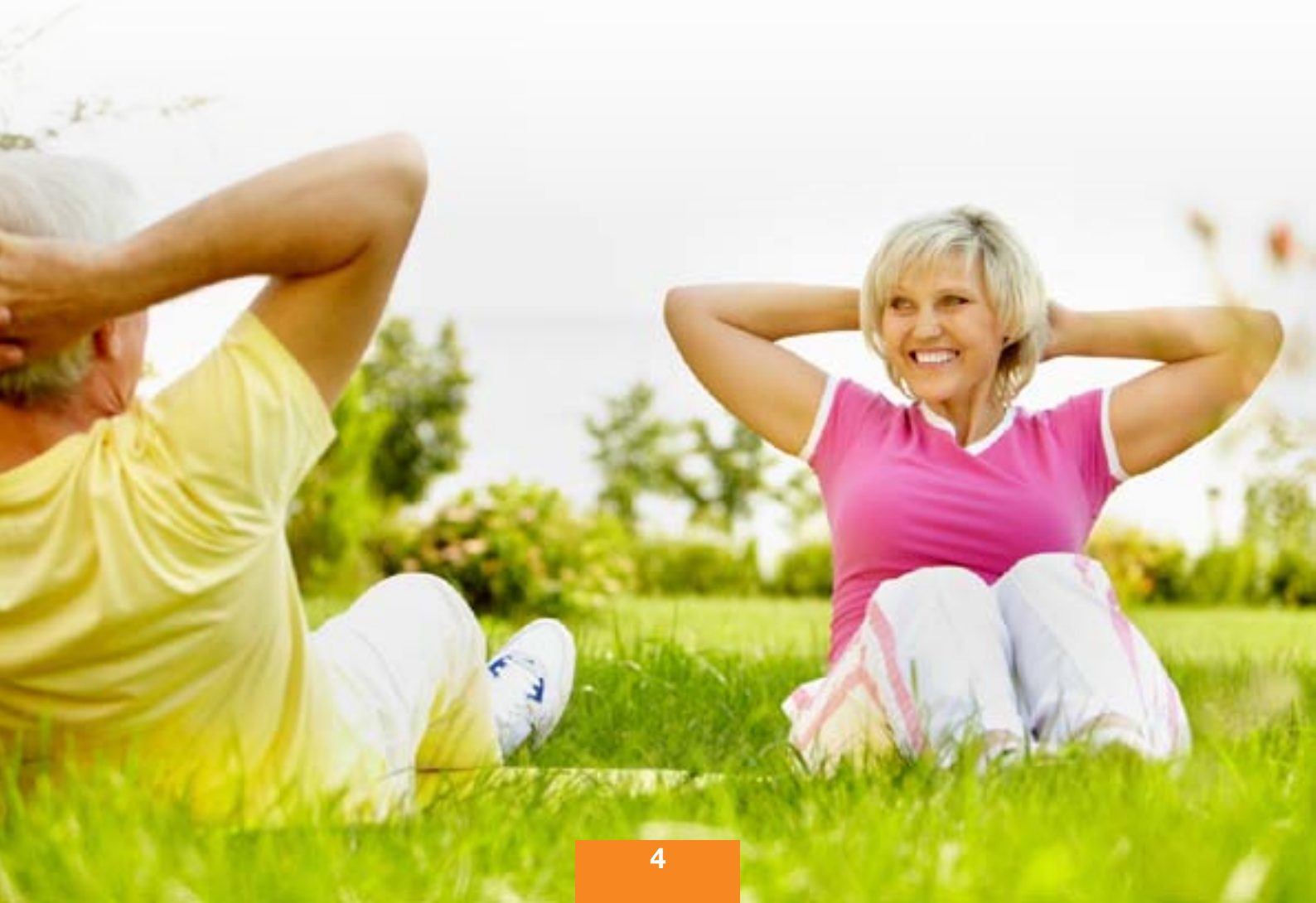
We provide help and support for individuals and families in the community to live independent lives. There are many people who use our services including families, older people, carers, people with learning, physical or sensory disabilities and people with mental health needs.

In 2010/2011 Tameside Adult Services provided support to over 20,000 people.

The future of adult social care is going to see significant demographic change. In Tameside, the number of people over the age of 65 is forecast to increase by 13% in 2015, by 22% in 2020 and by 33% in 2025. The demand for services to older people will increase as the shape of the local and national population changes and as a result in medical science meaning more people are living longer.

The total net budget in 2010/2011 for Adult Services in Tameside is £58,064,000, which is 28% of the total Council budget. Over the coming years, Adult Services will face increasing pressure with growing demographics and a reduction in public spending, the Council will need to consider how it allocates funding to users and services.

To view a DVD on how to access support from Adult Services [**Click Here**](#)



What is a Local Account?

Local Accounts have been introduced to inform residents how well Adult Social Care has performed. They are also an opportunity for Councils to make more information available to their residents on their successes, challenges and priorities.

The Department of Health have introduced the Adult Social Care Outcomes Framework (ASCOF) to demonstrate the achievements of adult social care departments, and this Local Account is structured under the four main headings from that framework;

- 1. Enhancing quality of life for people with care and support needs**
- 2. Promoting independence, delaying and reducing the need for care and support**
- 3. Ensuring that people have a positive experience of care and support**
- 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm**

To view Transparency in outcomes: a framework for quality in adult social care [**Click Here**](#)



1. Enhancing quality of life for people with care and support needs

People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information

Department of Health Survey

Every year the Department of Health conducts a customer satisfaction survey, the 2010 survey focused specifically on the outcomes for people being assessed for and provided with equipment and minor adaptations. There was an excellent response to the survey, with very positive results for the service. Results for Tameside were as follows:

How happy are you with the way those who discussed your needs treated you?

89.2% reported that they were very happy with the way they had been treated.

How has the equipment/minor adaptation affected the quality of your life?

70.1% reported the equipment/minor adaptation had made their quality of life much better.

The issuing of Community Equipment continues to make a significant contribution to supporting people to remain independent within their own homes.

Handyman Service

A service that enables us to fast track requests for minor adaptations and the installation of key safes. This service can assist in the facilitation of timely discharge from hospital, enhancing the quality of life for people with care and support needs.

- Number of jobs completed in 2010/2011 **2573**
- Number of jobs completed in 2009/2010 **2165**
- **9.8** jobs completed per day

During 2010/2011 98.62% of equipment and adaptations were delivered within 7 days.

During 2010/2011 26,519 pieces of equipment had been issued across Tameside and Glossop, compared to 25,391 in 2009/10.

Partnership work with Registered Social Landlords

The Housing Occupational Therapist continues to work closely with the local Registered Social Landlords such as New Charter Housing Trust, Peak Valley and Regenda, to identify suitable adapted properties for those people living with disabilities who may be on the Disability Housing Register. The role of the Housing Occupational Therapist is to maximise the usage of previously adapted properties owned by landlords.

In 2010/2011, 102 new applicants were added to the Disability Housing Register and 40 people were successfully re-housed into properties that were suitably adapted to meet their needs.

Braille Group

A Braille group has been established during the year to increase and improve choices around communication, independence and control for people with a visual impairment. This has included formal teaching and informal peer support and mentoring.

Case Study

Mrs F 68 years old, attended a low vision assessment at Vision First and expressed that she would like to learn to read and write Braille, Mrs F felt that her vision was deteriorating and wanted to be able to read her own mail and manage her own bills rather than waiting for her daughter. Mrs F started her classes in January 2010, Mrs F was successful in completing her grade 1 and grade 2 reading and writing.

Mrs F reported that “for the first time since I lost my sight I have managed to read my bills, bank statements and sort out all my correspondence. The course has been a great achievement since I didn’t get to go to school and study when I was young and Braille has made a lot of difference in my life. The whole experience is wonderful and to have such a service within our local area is something to be acknowledged by all of us with sight problems”.

Low Vision Service

This is a jointly funded service with the PCT and provides local low vision assessments, training and provision of low vision aids. We also have two visually impaired volunteers who provide training in Eccentric Viewing Techniques, which assists people with specific types of central visual loss to maximize their remaining vision. This is done by identifying areas of the person’s visual field that still have some useful vision and train the person to use this by developing techniques of looking off centre, therefore ‘pulling ‘ the area of spared vision to the centre.

Case Study

Mrs A has complex health problems resulting in needing a high level of support from carers. She also has a severe visual impairment affecting her ability to read.

Following a Low Vision Assessment, a number of magnifiers were issued. Mrs A is now able to read her own mail independently and deal with her correspondence by using a magnifier for reading and writing aids.

Mrs A does not now have to involve carers in her personal and financial affairs and she feels more in control, especially regarding what she needs to tell others and what she can do for herself. The Low Vision aids also help her to manage her own diary, together with issuing a talking clock, so she knows when carers are visiting and this also increased her choice of when to do things for herself. TV binoculars help her to watch TV. Mrs A is also able to continue with her hobby, completing crosswords using a stand magnifier and is able to look up words in the dictionary. Most importantly Mrs A felt that, although she needed a high level of support, that she had regained some control over her life.

Autism

Adult services have developed a specialist post to take forward the challenges in providing services to adults with autistic spectrum conditions in Tameside.

We are part of the Greater Manchester Autism Consortium Steering Group that meet quarterly, mapping the work of the National Autistic Society Family Services Development Project and guide autism development work across the whole of Greater Manchester.

During 2010/2011 the service ran a number of consultation events which will inform the development of Tameside's Autism Strategy, this information is also being used by the Department of Health for the Autism self assessment, which will inform future regional and national Autism objectives for each council.

The service has benefitted from the joint working with our specialist autism nurse who has been instrumental in setting up an Autism Strategic Planning Group for Tameside, which in March 2010 completed and Autism Pathway – "Action for Autism – Tameside".

A sub group 'understanding my needs' has also been set up for professionals, in 2011/2012 this group will also include service users and their carers to help develop and implement the autism strategy in Tameside.

Well Being and Prevention

Where adults do not meet the eligibility criteria for social care services, we provide them with access to high quality support and information; our advisors are able to offer an assessment which identifies the level of support required by an individual.

All our advisors have an awareness of, and access to, a wide range of information on community based services, and are able to signpost and support individuals to access appropriate wellbeing and prevention services. The aim of the service is to provide the right information, to the right people, at the right

time and in the right place, to help them remain independent, active and well.

During 2010/2011, 1,689 referrals were received by the advisors, 897 were self referrals and 792 were referrals made on someone's behalf. 1192 home visits were carried out during 2010/2011. Of the 1689 requests, 386 were made from a total of 46 GP practices.

Universal Information and Advice

In 2010/11 we revised our strategy to provide a universal information service and have increased the scope of the information we provide by working with NHS partners. A universal Information, Advocacy and Advice Strategy was completed during 2010/11, the strategy primarily focuses on ensuring we provide information, advice and advocacy which is fit for purpose and tailored to individual and community needs.

Information is supplied via a variety of channels which meet the needs of all residents including hard to reach groups facing barriers such as age, physical or emotional health or disability, language, cultural background or distance. The service also provides a British Sign Language (BSL) interpreting service. This service allows the Deaf community to have access to information and communication support when needed.

In 2010 we also worked closely with national organizations such as Age UK and British Heart Foundation to improve access for deaf people to specialist information.

Some examples of the support provided are listed below (list is not exhaustive):

- support to attend Citizens Advice
- contact sessions with looked after children
- support to organize care homes and funerals for dependents
- work with Transport for Greater Manchester to improve information about transport
- work with the Affordable Warmth campaign to improve deaf people's understanding of energy efficiency and ability to access schemes

During 2010/11 we provided BSL support for approximately 400 appointments and interpreted over 100 letters for Tameside residents.

Community Engagement

During 2010/2011 we developed and piloted an Information Ambassadors Network (IAN). The IAN is a new local distribution channel based upon feedback from previous engagement forums where active community/social group members told us one of the best ways to get information to people was to utilise existing social/community groups as a method for cascading information.

The IAN exists as a means of working with networks, groups & communities of interest in Tameside to empower, develop & support them to become “Wellbeing, Information & Support Hubs”. The IAN acts as a gateway into the community setting & beyond, allowing us to engage & consult with more people at a community level than ever before.

The IAN acts as a link to communities in order for the Council to communicate key messages based on the “5 Ways to Wellbeing”. The IAN members work closely with the Wellbeing & Prevention Unit in order to ensure that key messages from the community are also fed back, which will influence market development and service delivery.

During 2010/11 we recruited approximately 50 information ambassador volunteers to the network and this number is growing.

Big Chat

In 2010 the service continued with our consultation events for people with learning disabilities - ‘The Big Chat’ event was held in August 2010 at Hyde Town Hall and over 120 people attended.

This year saw the consultation take place on 3 chosen themes:

- **‘Loving it’** - workshops on personal relationships, feelings and emotions, touch – body maps, keeping safe
- **‘Living it’** – workshops on healthy lifestyles, affordable warmth, weight matters, exercise, health checks
- **‘Getting there’** – workshops on staying safe and feeling safe, getting out and about.

Carers can balance their caring roles and maintain their desired quality of life

In order to provide carers with the opportunity to access high quality support and information when they need it, the Carers Centre has access to a wide range of information and is able to signpost or refer Carers to appropriate services.

The team supports Carers to continue and maintain their caring role by offering information, advice, support and advocacy.

In line with both the national and local carers’ strategy, one area of further development in 2010/11 related to a re-launch of the Carers’ Emergency Card Scheme. The scheme was re- launched in November 2010 as the TEC Card (Tameside Emergency Carers Card), this card gives carers peace of mind to access care and support for up to 48 hours in an emergency situation, e.g. the carer may be admitted to hospital as an emergency and therefore cannot continue in their caring role at that time.

The scheme also offers Carers discounts/ concessions with local businesses – currently 700 Carers are signed up to the new scheme which is an increase of 550 from the former scheme. More applications are received daily as every new carer is encouraged to sign up to the scheme. During December 2010 the Carers Team, in addition to the Social Work Teams, took on the role of completing statutory Carers assessments, during these assessments Carers discuss any help that would maintain their own health and balance caring with other aspects of their life, such as work and family.

The Carers Centre support carers to maintain their own health and wellbeing by providing a wide selection of breaks/services that all have a health and well being focus:

- Holiday Grants
- Activity Corner
- My Time Vouchers
- Having a Break
- Gardening Scheme
- Cleaning Scheme
- Have a Go sessions

In addition during 2010/11 the carers centre have also further developed several health improvement related schemes using funding provided by Tameside and Glossop NHS the schemes include:

- 6 month free gym membership at Tameside Sports Trust
- Health and wellbeing grant (new 2010)
- Health and wellbeing vouchers (new 2010)
- Grant for younger adult Carers (new 2010)

During the year all frontline members of staff have received health related brief intervention training so are able to talk to vulnerable adults/carers about different life choices e.g. alcohol, weight, smoking and exercise in order to promote good health and wellbeing and are able to signpost individuals to services which may benefit them such as smoking cessation.

During 2010/11 Adult Services completed 2,977 Carers Assessments.

In addition during the period December 2010 to March 2011 the team carried out 220 Carers assessments.

People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.

Service Redesign

In October 2010 we implemented the adult's service redesign, which is aimed at moving towards providing a more person centred approach based on prevention and early intervention. The redesign has had a positive impact on the workforce. The introduction of the person centred assessments and support plans and new technology has enabled staff to work differently, which has increased efficiency within the teams. This has led to a more timely assessment process for people accessing adult services. The support pathway works exceptionally well in determining someone's life (about me) and what works well/ does not work well for them. Managers and staff have a clear understanding of the organisations objectives and the focus on outcomes for people; this is positive and rewarding for all involved.

Personalisation

Personalisation is at the heart of Tameside Council's "Transformation of Adult Social Care". It is central to the service's values and beliefs. It is about recognising that everyone is an individual. It was recognised that to fully embed personalisation it was necessary to improve the care-management process. Adult Services have developed and implemented a self-directed assessment and support planning tool, alongside a comprehensive training package for our workforce. The tool adopts a co-produced approach alongside proportionate support from adult services. As far as possible the process is led by the person, their family and carers, increasing choice and control throughout.

This tool aims to maximise what people can do for themselves and explore the support options universal services can provide to help people maintain independence, minimising the risks of

longer-term decisions being made at the first contact point.

A personal budget is an allocation of money given to a person to spend on a support plan. The individual budget holder develops their support plan jointly with social care professionals to meet a jointly agreed set of needs and outcomes. Personal budgets give users choice and control over the support they receive.

The development and implementation of the self directed support pathway has enabled a person centred assessment journey for the person. The development of support plans enables people to focus on identifying and achieving outcomes in their life rather than a care plan focused on tasks.

The take up of Direct Payments has increased, particularly with a number of older people who traditionally would have had a Council commissioned service.

During 2010/11 86 carers received a personal budget.

There are a number of carers support services available. All these schemes are designed to give carers choice and control in order to manage their caring situation to match their needs. The schemes include;

- Direct Payments
- Sitting and support
- Trips
- Activities
- My time vouchers
- Gardening and cleaning schemes
- Health and wellbeing grants
- Holiday grants and having a break schemes

User/Carer involvement

Service user and carer involvement is absolutely and routinely at the heart of social care and health commissioning. In this sense, users and carers are able to influence the health and wellbeing of the wider citizenship by contributing to the design and procurement of services. Developments have continued by way of involving people with learning disabilities in the evaluation of tenders and, soon, the review of existing services, whilst Tameside, Oldham and Glossop Mind have explored different approaches to users/citizens contributing to the review of the Wellbeing Centre.

During 2010/2011 service users and carers were integral to a number of tender exercises, one tender involved a small group of service users in the design/scoping stage before providing them with training and support to run the presentation element of the tender evaluation themselves; they set and scored the presentation topic and additional questions along with scoring their question on the tender questionnaire.

Service Users and Carers were also involved in the recent retender for the Integrated Community Equipment Service. They took part in both the scoring of the written submissions and the presentation and were an integral part of the process.

**At the end of 2010/2011 360 people were receiving Direct Payments.
During 2010/2011 3,534 people received a Personal Budget**

Early Intervention

The aim of the Early Intervention Service is to support people outside of the social care system, through the provision of timely information, advice and support, thereby reducing or delaying the need for more intensive and costly care services.

A co-produced support plan is put together, which sets out what the individual wishes to happen to help them maintain their independence, and how this will be achieved. This is reviewed at agreed intervals, depending on the level of support being determined.

Carers can apply for a carer's personal budget to support carers to take a break and help alleviate some of the stresses that can arise when caring for someone.

Service Users were part of the recruitment process for a Senior Activity Support Worker at The Park Café; there was a formal interview and a micro-teach session, which involved one of the service user trainees. The aim of the micro-teach was to observe, teaching skills, communication and interactions between candidate and trainee. It was a really useful way of assessing the candidate's suitability to the post. The service user trainee gave some excellent feedback about each candidate; their comments contributed to the successful recruitment to this post. This involvement will be reviewed and utilised in further recruitment.

Intermediate Care

A main objective of the service is to provide support for individuals to remain as independent as possible within their own home. This range of services, which includes Assistive Technology, Reablement and Intensive Rehabilitative Support, is known as Intermediate Care.

During the year we have worked closely with our PCT colleagues in developing a more integrated approach to Intermediate Care. We held a number of full day events focussing on the development of Intermediate Care; this involved service users and carers, as well as many agencies.

From these days we produced an Intermediate Care Strategy for Tameside and Glossop and will be implementing the actions from this strategy in 2011/2012

Dementia Strategy

Building on the services that we already provide for people with Dementia and their families, a number of events have been held that included service users, carers and families. These events contributed to the production of a Dementia Strategy for Tameside and Glossop.

The new Dementia Strategy has identified a number of key areas for development and improvement which have become priority actions for all partner agencies.

Advocacy

The Department of Health's 'A Vision for Adult Social Care: Capable Communities and Active Citizens' places significant emphasis, in the context of increasing choice and control, on the need for clear, reliable information about services and support being readily available to communities and the role of advocacy as a part of that. The need to make difficult decisions regarding prioritising services and securing efficiencies, whilst developing a preventative approach to wellbeing, presents something of a challenge. Tameside has over the last ten years or more fostered a largely vibrant and proactive advocacy sector which has resulted in many users and families having more positive outcomes.

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

The Early Intervention Service works with adults aged 18+, thereby coming into contact with a range of people with a range of needs. The service holds a drop-in session at the Zest Project in Hattersley, which is a project set up to help tackle worklessness in the area by supporting people to acquire additional skills, such as IT skills.

The service aims are to promote social inclusion, and community involvement, through putting people into contact with services and activities in their local communities, and encouraging involvement in schemes such as Timebanking and Good Neighbour Schemes.

The Carers Centre has a number of support mechanisms in place to reduce the risk of isolation including regular support groups with various focus such as two Asian Carer groups, a de-caff for carers of people with Dementia and a younger adult carer group, as well as trips, activities, 'have a go' sessions and a monthly walk and talk group.

The younger adult activity based support group was established during 2009/2010 and continues to see an increase in the numbers attending, activities have included horse riding, ice skating and bowling, and these activities continue to increase younger adult carers engagement.

Early intervention work continues with young carers in transition, a Carers Development Worker attends joint visits with the Young Carers Service to introduce herself to the young carer and encourage them to register with the Carers Centre and to access the services available to them once they reach the age of 18. The worker was shortlisted to the final five for the NHS Tameside & Glossop People Pursuing Excellence Award 2010 for this innovative work with younger adult carers.

Since May 2010 a benefits advisor has been based at the Carers Centre one morning each week, this role supports carers with any applications and relevant benefit checks to maximise their income. This role has supported 50 claimants to receive an additional £104,220 of weekly benefits since May 2010.

The Carers team continues to work with Job Centre Plus to enable carers to be better able to combine paid employment with their caring role. The job centres in Tameside now have a

trained carer's worker in each office that will work with carers and support them to access courses or employment. Any carer is able to get replacement care funded by the job centre in order to pursue any employment or learning opportunities. Carer's assessments and care plans reflect a carers employment status.

Bayley Hall

Bayley Hall, based in Hyde Park is a community café and skills centre. The focus of the scheme is to provide pre employment experience and training for adults who have learning disabilities.

The key focus of this initiative is to reduce dependence of individuals on traditional day service provision and offer opportunity for individuals to enter the workforce in either paid or unpaid employment. This would reduce dependency on local authority service provision and offer more valued experience that assist's individuals to develop their independent living skills and independence as a whole.

To view "**Bayley Hall – The Story So Far**" DVD [Click Here](#)



Supported Employment

During 2010/2011, Employment Officers within the Routes to Work team supported 253 people with job searching activities; work placements; work experience; volunteering; training; pre-employment skills; travel training; job coaching; in-work support; job retention; work place monitoring – and of course, getting paid jobs! During this period 29 people entered into paid employment and 7 people entered into volunteering.

Welfare Rights

Tameside Council has provided a Welfare Rights Service for 25 years and is proud of the work it has done to support the most vulnerable members of the community. Where possible we have worked in partnership with others to ensure that the citizens of the borough receive their legal entitlement to benefit, and have access to debt management assistance.

We live in challenging times, where the personal finances of the majority of Tameside residents are being squeezed in a manner unprecedented in the post war era. It is essential that we maintain the ability to provide personal support to individuals, so that they can unlock the help that is available to them.

During 2010/2011 the Welfare Rights Service supported the people of Tameside with income gains of £3.6 million. The service also assisted residents with an aggregate £4.3 million of debt to negotiate affordable repayments.

Case Study

Mr. A. and his partner had sought adaptations to their home for their disabled son but were told that these would not be possible to do; the only other option would be to move to a different house. With assistance from the Occupational Therapy Team, a suitable home was eventually found nearby but moving to it had involved borrowing more money taking out a bigger mortgage than they presently had.

The DWP failed to allow for the increase in the mortgage costs and this caused financial difficulties for the family. The Welfare Rights Service obtained supporting medical evidence and a legal submission was prepared showing that an increase in housing costs could be allowed for where the move was 'more suited to the special needs of a disabled person' and the costs were not excessive. The family was represented at an appeal hearing and the appeal was successful; an increased amount of help with the mortgage was awarded (with arrears going back to 2009).

Customer feedback

"I just felt that a few lines were in order to say THANK YOU although it does seem a tad inadequate for the service I received from you. The fact is I was more than grateful to have your input into what was becoming a situation that was totally frustrating me in an environment that was not what I have had to experience throughout my working life but fate and circumstance placed me in"

"I would like to thank the Welfare Rights Officer for his help at a time when I was extremely stressed with all aspects of the claim I was to make. I found his support and professional and empathic approach faultless. I felt confident to ask any questions. Explanations were clear and I was guided and supported through the process very well. Communications was excellent. I would recommend this service to anyone"

The advice line (a Free phone telephone number – **0800 074 9985**) is a key part of the service. In depth advice is given to callers and where complex issues are identified requiring ongoing support

Housing Support

The Housing Support Service work to ensure that service users have all the information and advice they need to maintain their tenancies with both social and private landlords. Requests for the service increased by 52% during 2010.

Case Study

Mrs A was unable to work due to ill health; she had been suffering from spinal pains, fatigue, dizzy spells and general ill health. Over a 12 month period she had seen her GP and a specialist on several occasions. Just before finishing work she had been diagnosed with ME and fibromyalgia. No advice had been given on claiming benefits.

From January to July 2010 Mrs A had been managing on savings and assistance from family. Her GP made a home visit and referred her to Social Services Housing Support Team.

On assessing Mrs A's current situation, Housing Support found that she had some debts with utility companies and no income.

Applications were made for Employment Support Allowance (ESA) and Disability Living Allowance (DLA). Support was given for the completion of a benefits medical assessment within her own home, ESA and DLA were awarded.

A grant via United Utilities was awarded to pay off half the debt.

Also Mrs A's boiler was broken. A referral to Warm Front was made and a grant given for assistance with heating the home.

Priorities 2011/2012

Occupational Therapy and Manual Handling Services

Equipment Training

We will introduce the competency based assessment training to increase the skills of a range of staff in the assessment and provision of simple pieces of equipment. This will lead to a more efficient service to service users where they receive the equipment they need at a much earlier stage in the support pathway, as more staff will have been trained and therefore will minimise the delay in assessments for equipment. This will also create capacity within the Occupational Therapy Team to concentrate on complex cases.



Priorities 2011/2012 cont.

Autism

We will implement the North West Autism Action Plan, which identifies key objectives which will be fed into the Tameside Autism Strategy, for the development of services for children and adults in Tameside on the Autistic Spectrum Disorder and will be launched in 2011/2012.

Our Long Term Support service will undergo assessment to become a recognised Autism accredited provider of services for people with autism.

Well Being and Prevention

A service redesign will be undertaken during 2011/12 with the emphasis on expanding capacity to increase the number of people supported outside of the social care system with prevention based services and to increase the capacity of the service to meet the support needs of people 'stepping down' to preventative services from the social care system following a period of reablement.

Partnership work with Housing & Registered Social Landlords (RSL's)

We will continue to build links with Housing and the local RSLs to ensure we have housing stock that meets the needs of people with disabilities and is of a standard that reduces the need for social care intervention. These links will be further enhanced by New Charter Housing Trust's involvement in the Adaptations Panel.

Equipment Demonstration & Retail

We will develop equipment demonstration and display sites, together with retail outlets across Tameside. This will be done in partnership with the Wellbeing Centres and our equipment provider. Discussion with independent retail providers of community equipment will take place to increase service user choice in the provision of simple pieces of equipment for people with disabilities.

Information Ambassador Network

We will evaluate the Information Ambassador Network (IAN) and seek to expand and widen its membership. In developing the IAN, we will ensure information is adapted to suit the needs and requirements of the Information Ambassador and the community he/she serves.

Working with groups in this way will also allow us to support communities and groups to further develop to become self sustaining constituted groups and thus developing into a User Led Organisations.

Personalisation

We will evaluate the Self Directed Support Tool and business process to ensure its optimum effectiveness and promote continuous improvement. We will also continue to invest in the training of our workforce to deliver choice and control to individuals via the use of Personal Budgets.

Welfare Rights

The impact of the recession and the new government's fiscal policies has increased demand on advice services. We will be working with our partners over the next 12 months to ensure vulnerable households are provided with the maximum assistance to prevent homelessness.

Dementia Strategy

We will continue to implement and monitor the priority actions and improvements as identified in the Dementia Strategy.

Intermediate Care Strategy

We will implement and monitor the Intermediate Care Strategy action plan.

2. Delaying and reducing the need for care and support

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

The Early Intervention service is able to signpost and refer individuals in need of low level support to several new schemes, each of these schemes have been developed based upon information and learning from assessments. The service has developed a number of new schemes aimed at delaying and reducing the need for care and support, these include:

- **Timebanking** – a project facilitated by the Volunteer Centre Tameside across three pilot sites and currently has over 150 members, with a growing waiting list for people to be involved. Timebanking enables people to use skills that are available in the community for free. All people have to do, is offer their own skills in return. It is an inclusive community project in which, for every 1 hour someone contributes to helping another person, they earn 1 credit. Credits are then used to “buy” a skill from another person. Through Timebanking, people are recognised as “assets” and are encouraged to view work differently, reciprocity is promoted and social capital is increased.
- **Shopping link service** – developed in partnership with Greater Manchester Passenger Transport Executive (GMPTE), the shopping link is a door to door service for people aged 60+, who find it difficult to use public transport to do their shopping.

The aim of the Shopping Link is to help Tameside residents, mainly older and disabled people, who have difficulty in accessing fresh food shopping, to get to their local supermarkets. The service also provides the opportunity to make new friends whilst on the bus, and take time to have a coffee and a chat whilst waiting for the return journey.

- **Buddying** - short term intervention of either 6 weeks or 12 hours support for people who have been assessed as requiring support to enable them to carry out their normal day to day activities. Developed specifically for people who needed support to either, regain confidence in using public transport, take up new or existing hobbies, access community services and facilities which may improve their quality of life and to help them to feel less isolated and develop or maintain independence
- **Befriending** - The service is aimed at isolated people who have no contact with any other family members and are in need of a “friend”. They receive a one hour visit each week in their home from a volunteer, the volunteer provides no formal care and is there to reduce social isolation.
- **Community falls prevention classes** – an eight week course aimed at individuals identified at risk of falling, or who have previously fallen. The course aims to positively address the fear of falls, raise awareness of personal safety in the home, improve balance and stability and to increase the knowledge of other services available in Tameside.
- **Gentle exercise** – Provision of gentle exercise classes across the borough aimed at targeting the risk factors of ‘falling’ and fractures among older people. The exercise improves flexibility and range of movement resulting in greater independence. Other benefits that can be attributed to this kind of exercise include a reduction in depression and arthritic pain. The social element of the classes promotes social inclusion as well which prevents the older person from becoming isolated. This further benefits participants’ quality of life. These sessions also provide the exit route for those who have attended the Falls Prevention programme and enable participants to continue to exercise.

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- **Miles for smiles** – A volunteer driving scheme that provides transport to community fall prevention classes and other health and wellbeing appointments. The scheme also provides a buddying service, whereby the volunteer waits with the individual for the appointment and will then drive them home.

Flu Pandemic

Adult Services played a central role in the Council's response to the flu pandemic, ensuring there was timely information collated and disseminated to the relevant organisations. Considerable work was undertaken across all commissioned services to ensure there was a co-ordinated and timely response to the flu pandemic. All local providers were invited to briefing sessions to give information and advice about how to manage services to minimise the infection, and to manage it should there be an outbreak – these were supported by the Infection Prevention and Control Team.

Adult Services co-ordinated a weekly response to inform the Council on the number of confirmed people with swine flu. This involved regular communications with providers not only to collate the figures, but to ensure that safe services were delivered where there were staff absences due to flu.

Cycling Project

The Cycling Project is a scheme that offers specially adapted bicycles for people with disabilities to encourage social interaction whilst also promoting health and wellbeing. This project continues to go from strength to strength with over 900 people attending sessions during the year. Despite the setback of a fire causing damage to a number of bicycles, an appeal generated an amazing community response which resulted in funding to replace the specialist bicycles and donations of many others, including the project acquiring their first tandem.

The project is a partnership between Learning Disability Service, Sports Development, Youth Services and the Fire and Rescue Service and works with all people with a disability.

Park Café

The Park Café received a Gold Healthy Choice award in 2010/2011. The award was recognition that healthy options were included on the menu, that confectionary was removed from sale, healthier options such as nuts and seeds had been introduced, low sodium and low fat dressings are available on request and that food is cooked in the healthiest way possible.



Farmers Markets – The Park Café regularly attend local farmers market to promote and raise awareness of the scheme. Information on seasonality, forthcoming events and recipes are handed out. It's also a good opportunity to speak to local suppliers.

Haggle & Barter – this popular produce swap scheme has been really embraced by the local community. A Local Food Award has been recently submitted to roll out the scheme into the wider communities of Tameside; the outcome should be announced late autumn 2011.

Food Festivals – several small and large food events have been organised over the year, ranging from a book event with Nigel Slater recipes on the menu to an autumn food festival. Key issues of food miles, seasonality, the environment and healthy living are promoted at all events.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence

Reablement

Reablement is short term intensive support, for up to 6 weeks, which Adult Services provides to help you regain or maintain as much independence as possible, working with you to learn or re-learn the things you need for everyday life.

In Tameside a Reablement Service was developed in response to the Government policy drivers, "Putting People First" and "Transforming Adult Social Care". All front line staff attended 4 weeks intensive training to develop 'doing for' to 'doing with' ways of working, to maximise service users' long-term independence, choice and quality of life.

The Reablement service in Tameside was launched on the 8th November 2010.

The introduction of this service has led to positive outcomes for people, having control of their lives and being supported to maintain their independence by receiving more intense support initially, and opportunities to regain their skills which leads to less dependence on formal services.

84.3% of people, who received Intermediate Care / Reablement services following discharge from hospital, are still at home 91 days after discharge.

Service user comments

"The service has helped me gain my confidence & independence back. I was determined to reach my goals with the help & support of the carers"

"Excellent service, reliable carers even in the snow and their caring eased me back into my home routine ensuring I was looking after myself properly"

"I enjoyed the company. The staff gave me more confidence to do things for myself"

Intermediate Care

In 2010/2011 we undertook a refresh of the Intermediate Care Strategy jointly led with PCT. This was facilitated by the Care Service Efficiency Delivery Team from the Department of Health and involved a number of service users and their carers. This work identified a number of actions and has essentially driven our commissioning strategy and seen an increase in resources into community and residential Intermediate Care.

60% of people accessing the Reablement service have left with a reduced package of care or no package of care at all, due to support in regaining/developing skills to maintain independence.

Community Response Service

The Community Response Service is an alarm and response service to help people live safely and independently in their own home. The service provides different types of alarm depending on individual needs and health. Some are alarms activated by the individual; others are triggered by sensors installed in the home. Our skilled response workers will respond quickly in the case of an emergency.

The Community Response Service operates 24 hours a day, seven days a week, and 365 days a year and will respond whenever an alarm is triggered; a worker can be with the individual within 20 minutes.

Our alarms provide reassurance for people who use the service, their family and friends that we will respond if the service user has a fall or an accident in or around the home, or

- If help is needed during the night
- If there is a medical emergency
- If there is fear of harassment or anti-social behaviour
- If there was a bogus caller

During 2010/2011 the Community Response Plus service was developed, this is an enhanced service to cover times when a relative is away on holiday or when someone has been discharged from hospital and needs extra support for a short time. Depending on requirements, a worker will keep in regular contact with the individual to check they have the support they need.

When people sign up for Community Response, we note any information that will help us look after them. This may be details of any health issues, GP details and preferred contacts in case of emergency, perhaps a friend, relative or neighbour. Any information given is kept strictly confidential.

If you want to find out more about telecare sensors have a look at our video "Staying Safe at Home with Tameside Telecare". [**Link to video**](#)

During 2010/2011 the Community Response Service supported 4,374 service users to remain in their own homes safely.

We responded to 87,803 call activations from service users who required help and support.

We made 7,261 physical visits to service users who have activated their alarm

Case Study

Mrs B aged 78, was living alone in private accommodation and was diagnosed with dementia which was progressively getting worse. Family were concerned and were considering residential care for Mrs B.

Telecare devices were installed such as door contacts, smoke and gas detectors.

Due to the Telecare devices and the Community Response service, Mrs B remained in her own home safely and independently for 56 weeks and her carers had piece of mind in that if Mrs B needed support in an emergency, the devices would be triggered and the Community Response service would respond.

Respite Care / Lomas Court

A new resource has been developed at Lomas Court, an Extra Care scheme for people with physical and sensory disabilities. By refurbishing and extending an unused visitors room an additional unit has been created which will be used to provide an alternative to traditional respite allowing individuals to experience more independent living in a safe and secure environment.

The resource will be able to cater for people who currently use registered care settings for respite, based upon the premise that they currently live at home with visiting support and that similar support, including that normally offered by their family carers, can be supplied in this setting. In addition to providing an alternative to traditional

respite this model will allow for the provision of additional assessment, skills development and future planning with individuals preparing for greater independence or requiring services due to ageing family carers.

Wellbeing and Prevention

The Wellbeing and Prevention service and Carers Centre provides information, advice, support and advocacy to support adults and Carers to remain independent, active and well, without having to rely on intensive social care services. It is believed that demand for more intensive and costly services would significantly increase without this level of support and access to early intervention services.

The Early Intervention Service is able to support people coming out of reablement with no package of care, by providing a check call after an agreed period. This is a means of finding out about any change in circumstance, and if necessary addressing any issues, and thereby potentially preventing the need for the individual re-presenting for further reablement.

Out of Borough placements

Adult Services is investing in a new opportunity for service users with learning disabilities to both live more independently and return, should they wish, from placements outside of the borough. Work has already commenced identifying service users who want to move back into the borough and transition work has commenced.

The service will support individuals to move back to Tameside into individual flats with support from the Community Response Service to enable them to have minimal staff support, increasing their independence whilst living in their own home.

Early Intervention

With the increasing evidence that there was a lack of beds for rehabilitation for independent living within the borough and following the introduction of the Department of Health's "Halfway Homes" guidance, a number of recuperation beds were jointly commissioned with the Primary Care

Trust (PCT) in December 2010. This enabled service users a period of further assessment/ recuperation following a hospital admission. Decisions now do not have to be made about long term future care needs within a hospital setting.

The service also reviewed and introduced a more robust funding panel for long term care. This has started to broaden the thinking with practitioners and lead to more creativity in planning an individual's future care and support. We have seen a positive reduction into long term placements.

In Tameside placements into Residential and Nursing care has reduced from 283 placements in 2008/2009 to 198 placements in 2010/2011. This reduction is due to the success of Adult Services in supporting people to remain living independently in their home with a range of support services.

We have continued to work closely with our health partners in particular around acute illness. We have provided a full time social worker to work as part of the Integrated Discharge Team at Tameside General Hospital. The aim of the team is facilitate timely discharges from Accident and Emergency and the Medical Assessment Unit, avoiding inappropriate admissions and ensuring people's needs can be met within the community. We have seen a major decrease in the number of people placed in a 24 hour care setting from these areas.

With our health partners we have also been involved in the Integrated Care Pilot, in particular looking at people with Cardio Vascular Disease and working with the G.P's to identify people early and look at social inclusion to support prevention. One example was working with our Sports Trust to ensure we had a range of facilities to promote health and well being.

Priorities 2011/2012

Reablement

We will continue to develop the Re-ablement service to increase capacity to ensure that all people who are identified as being able to benefit from a period of Reablement are able to access the service.

Intermediate Care

We will implement the Intermediate Care Strategy and work with the PCT to increase the capacity within this service; ensuring people continue to be able to make choices around their long term care needs in the appropriate setting.

Community Response Service

We will work in partnership with the PCT to develop and embed Telehealth within the service, to support people with long term conditions to live at home.



3. Ensuring people have a positive experience of care and support

People who use social care and their Carers are satisfied with their experience of care and support services.

A “Quality of Life” questionnaire is completed following an assessment by an advisor. Findings during 2010/2011 demonstrate that the Wellbeing and Prevention Service has consistently had a positive benefit on people’s lives.

All carers that take part in any break services are given an evaluation form where their experiences of the services are monitored and improved where necessary to ensure Carers are satisfied. The carer’s network is made up of carers on the Carers register, Carers Catch-Up meetings, Carer support groups, the Carers Action Group and Carers Strategy Group. All these forums are used as consultation networks and allow the carers contribution to be recognised and contribute to any service developments from the carers perspective.

At the end of 2010/11 we had 3,600 Carers on the Carers register

The Carers Action Group has 16 members who are also actively involved in other statutory, voluntary and third sector groups for e.g. Tameside LINK. The Carers Action Group was successful in obtaining external funding to provide outings/breaks for carers.

Tameside Interpreting & Communication Service (TICS) held a consultation event to answer comments and handle complaints about how deaf people are treated by local providers. We passed on this feedback to local LINK and as a result more deaf people will be represented on disability and other planning committees for NHS services.

Quality Groups

The Care Home Quality Group is a multi agency group that meet on a regular basis to discuss the quality of care provided in local care homes. This meeting ensures that any deviations from expected standards are identified promptly, and actions are created to ensure that the concerns raised are addressed by the appropriate team or with the provider to ensure standards are improved. A wide range of teams attend this forum across TMBC, NHS Tameside and Glossop, Care Quality Commission and Citizens Advice Bureau. The multi-agency approach to addressing issues has proved to be very successful, and ensures an extensive knowledge of the sector for all the organisations involved. Joint working with providers where there have been concerns about quality have proved more effective in addressing the issues with the provider.

A similar group meet to discuss the performance of home care and extra care housing providers. This too ensures that any concerns about a provider are raised in a multi-disciplinary arena, where actions and resolutions are discussed and agreed. Early identification of variation from expected standards ensures that quality issues for individuals are rectified with the expectation that there is a sustained improvement in quality.

Service User Views and Quality Premiums (QP)

The home care quality premium and the Customer Satisfaction Survey allow service users to make their views known. A range of eligibility criteria are used to determine the QP for home care. An element of this is satisfaction with the service. Feedback is achieved via the reassessment process, when people are asked about their experience of the service. It is expected that there is an 85% satisfaction rate from users of the service, aside other criteria. The results of these surveys are fed back to the owners to highlight the issues that are important to the service users and allow the provider to alter their service delivery.

The survey results are also used to focus performance issues on the most important areas for the service user, i.e. services were noted to be poorer at weekends within home care; because of this the quality questionnaire was amended to capture this data and allowed better feedback to the providers so that they can address the issue.

Residents' views are sought during the contract performance process within care homes and these views form the basis of whether the home is meeting the relevant outcomes and part of the qualitative feedback to the home.

Work continues to ensure that service users are fully involved in the monitoring of commissioned services.

The views of all people receiving home care are captured during the reassessment process to inform the award of Quality Premiums. This ensures that the user experience has a direct bearing on the payment of this premium, with the outcomes that have been collated being used to determine the appropriateness of the model that is used to deliver services. The feedback has been really good quality, and has offered an excellent insight into people's experiences of home care.

Work is underway to mirror the home care QP within the care homes, in that the residents' views will form part of the criteria. This will give the residents another avenue to make their views known and to influence service delivery.

Contract Performance

All services that are commissioned in the independent sector are monitored on a quarterly basis by Adult Services, and are undertaken in line with the arrangements agreed in the individual contract. Monitoring involves the use of information that is presented by providers and a range of other information during validation visits and feedback from service users and carers. Where there are concerns about practice, a range of options are available – increasing the level of monitoring, additional, unannounced monitoring visits, the suspension of placements in care homes, and ultimately the termination

of a contract. Where there are concerns about standards or areas of improvement are noted, these are raised with the provider and a time scaled action plan implemented, with the expectation that improvements are made. Contract performance visits continue to assist providers to ensure they are compliant with the contracts terms and conditions. The visits also check the physical environment of the care homes to ensure they are appropriate to meet the needs of the residents.

Results from both the Customer Satisfaction Survey and the Quality Questions (as part of the annual reassessment) are used in feedback to the providers to ensure that the service users needs are being met, and therefore offering an improved quality of life.

Complaints

Social Care Services are required to have a Complaints Procedure in accordance with the requirements of Section 7B of the Local Authority Social Services, (LASS) Act 1970 and the National Health Service and Community Care Act 1990.

The major priority for the year has been the implementation of the new regulations for the handling of adult complaints, in line with the Department of Health Regulations.

During 2010/2011 we have:

- Developed revised procedures and processes to comply with the new requirement within the regulations
- Reached agreement reached with NHS Tameside and Glossop for the improved handling of complaints concerning both social care services and health services.
- Developed a Risk Assessment Matrix for the identification of risks associated with complaints
- Produced improved guidance for managers and staff on the investigation of complaints
- Revised public information and leaflets

The 2009 Complaints Regulations placed a requirement on local authorities to give a commitment to greater flexibility in complaints handling, focusing on the early resolution of issues, and using people's experiences of services to improve the quality of those services.

As part of the introduction of the new regulations for Adults, a comprehensive review and updating of all aspects of the procedure was carried out in collaboration with the relevant senior managers to ensure that updated procedures and practices are fully compliant with the new requirements and fit for purpose.

As services evolve in light of the transformation agenda, the government proposals for the provision of services and the economic climate, it is likely that complaints will increase in both volume and complexity, and staff and managers need to be equipped to respond to these.

The Complaints Manager is responsible for managing the work in relation to the complaints regulations. This includes the provision of information, guidance and support to complainants, and working with staff and managers in Social Care and Health, other agencies and the Independent and Voluntary sectors to facilitate the development and continual improvement of work in responding to and resolving complaints as near to the point where they occur as possible. The Complaints Manager also ensures the effective monitoring, recording and reporting of all complaints.

A total of 93 complaints were made in 2010/2011, this figure is broadly consistent with the number of complaints recorded in the previous year, which was 92.

Following the completion of the awareness raising sessions across the service that are planned for the coming year, it is anticipated that there may be an increase in the number of complaints recorded.



Carers feel they are respected as equal partners throughout the care process.

It is recognised that a significant number of people with caring responsibilities do not identify themselves as carers, they see themselves as a parent, son, daughter, spouse etc. The consequences are that many carers are not offered or do not seek early access to information and advice on the specific illness or condition of the person they are supporting to help them care effectively and safely. Adult Services work with health services, schools, voluntary organisations, faith and community organisations and employers to support carers of all ages as they can play a crucial role in helping people identify themselves as having a caring role and signpost them to relevant sources of information and advice as early as possible – preferably within the first 4-6 weeks of becoming a carer and treating carers as expert partners in care.

Members from the Carers Action Group are regularly consulted and asked to be part of service developments e.g. dementia strategy, refresh of carers strategy, intermediate care and review of day services in order to treat them as expert partners in care.

As part of our assessment process any recognised carer will be offered a Carer's Assessment, either jointly with the service user or as a Carer in their own right.

Carers are able to contribute to the assessment of the person they care for, and their views taken into account.

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

Adult services uses a range of media and methods to promote the support the service offers to members of the public, and to other staff and professionals across a range of agencies, including:

- Promoting Social Prescribing with GPs and PCT staff, whereby they can refer people for an assessment if they feel they would benefit from information and advice
- Outreach sessions in GP surgeries
- Outreach sessions in community based settings, eg Grafton Centre, shopping centres
- Outreach sessions with other services, eg Ashton Arcade with Community Response, Affordable Warmth
- Awareness raising with partner agencies, eg PCT, Age UK
- Awareness raising with local community groups, eg via Information Ambassador Network
- Information sent out with flu jab letters to everyone aged 65+ on an annual basis

In order to promote the work of the Carers service and inform local Carers about the services they are entitled to we use a variety of methods:

- Work with GP practices to identify Carers using social prescribing methods (currently have 41 Carer notice boards within primary care settings)
- Raise awareness within health and social care settings with clear referral process
- Outreach activity across the community
- Work with local businesses to support Carers (linked to TEC card)
- Leaflets
- Signpost newsletter
- Carers Action Group
- Information ambassador network

Market Management

Adult Services continues to research the market and how this can be developed to meet the needs of the community.

The policy emphasis of the new Coalition Government sees the encouragement of the voluntary and social enterprise sectors, including Mutuals (co-operatives), as part of the "Big Society" component of delivering health and social care moving forward.

Adult Services continues to work very closely with the sector, particularly through our close work with Tameside Third Sector Coalition (T3SC).

This work is however being completed against a background of increasing uncertainty and difficulties within the market, particularly since the announcement of the Comprehensive Spending Review.

The sector is keen to work with commissioners to support the delivery of the personalisation agenda, but consistently report the need for clearer direction in terms of the type of support they as organisations need to be developing. From a commissioning perspective we have to date been only able to indicate in general terms what will be required moving forward; it is therefore essential that we move to a position where clearer direction is provided to the provider market about some of the specifics that will be required. To support this adult services have produced a Market Position Statement to help guide the sector, from which we will work more closely with commissioners and providers to deliver greater detail from this more global statement of intent the types of supports that will be required for individual users of the service. To download Market Position Statement [**Click Here**](#)

All commissioning activity looks at how best to meet the needs of the service users and what structures need to be put in place to meet these needs, including whether the market needs to be stimulated to provide the service, and what measures need to be put in place to ensure that we are not overly reliant on any one provider. Continued financial assessments of providers give the council an indication of whether they have the financial capability to deliver care in the longer term.

Providers are updated on emerging national and local agendas as they may have an impact on their business.

Voluntary/Third Sector Engagement

The “Market Development” project looks to support and facilitate the development of the local provider market in Tameside, with a particular emphasis on the voluntary community and faith (VCF) sector. The project will develop and increase the VCS and independent sector

capability and capacity to provide innovative and quality services at a community, local authority and sub-regional level.

A good understanding of the market will be key and ensuring choice, quality and capacity across the borough is a vital component of securing value for money and a vibrant local economy. The main aims of the project are:

- To develop a good understanding of the current market including current capacity and gaps against service requirements (scope, size, activity and potential).
- To implement a joint strategy for developing this particular market sector to avoid duplication and maximise existing good practice across commissioners.
- To develop improved understanding and relationships between commissioners and providers.
- To develop innovative approaches to sustainable service delivery.
- To create employment and volunteering opportunities for local residents.

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Dignity in Care

The Dignity in Care/End of Life Steering Group is attended by a number of partner agencies, NHS Tameside and Glossop, Tameside Foundation Trust, independent providers, T3SC, Macmillan Nurses, the local hospice and this group is chaired by the Executive Member for Adult Services.

The group considers how dignity in care issues are being addressed across individual organisations, and what might need to be considered across more than one agency. Complaints information that relates to dignity in care issues are presented by organisations in this

forum, as are the Safeguarding Adults statistics. One of the key focuses of the group is to consider how dignity issues are addressed across the whole health economy, including the sharing of issues and ideas for solutions.

The Council has worked in partnership with the PCT on the Daisy Campaign, which is an accredited scheme that recognises good practice within care homes and health care settings and is measured against national Dignity in Care targets. A number of homes have been accredited as providers who have succeeded in the 'Dignity Challenge'. This has been a rigorous process of assessment and observational visits to ensure that the staff and management strive to deliver person centred care that ensures people's dignity is maintained. There has been good engagement from the local care homes, who have actively involved residents in how they ensure dignity is maintained and promoted.

Palliative Care / End of Life Care

We have excellent partnership working with the Hospital and PCT around End of Life Care. Adults Services staff at the hospital work in partnership with their nursing colleagues in identifying the appropriate support for people who have chosen to return home at the end of their life. The staff within the transfer service have been awarded the Excellence in Care award for Dignity in Care.

Adult Services continue to fund a specialist Social Worker based at Willow Wood Hospice to provide support and advice to patients and families. A further Palliative Care Social Worker is based within Adult Services to ensure appropriate support and advice is provided in a coordinated way.

We have introduced a specialist Palliative Occupational Therapist post, this post works in partnership with other services to ensure there is a timely response to meet the client and families needs. The client not only has a timely response, they also have a positive experience of coordinated services.

Priorities 2011/2012

Bayley Hall - Sensory accessible

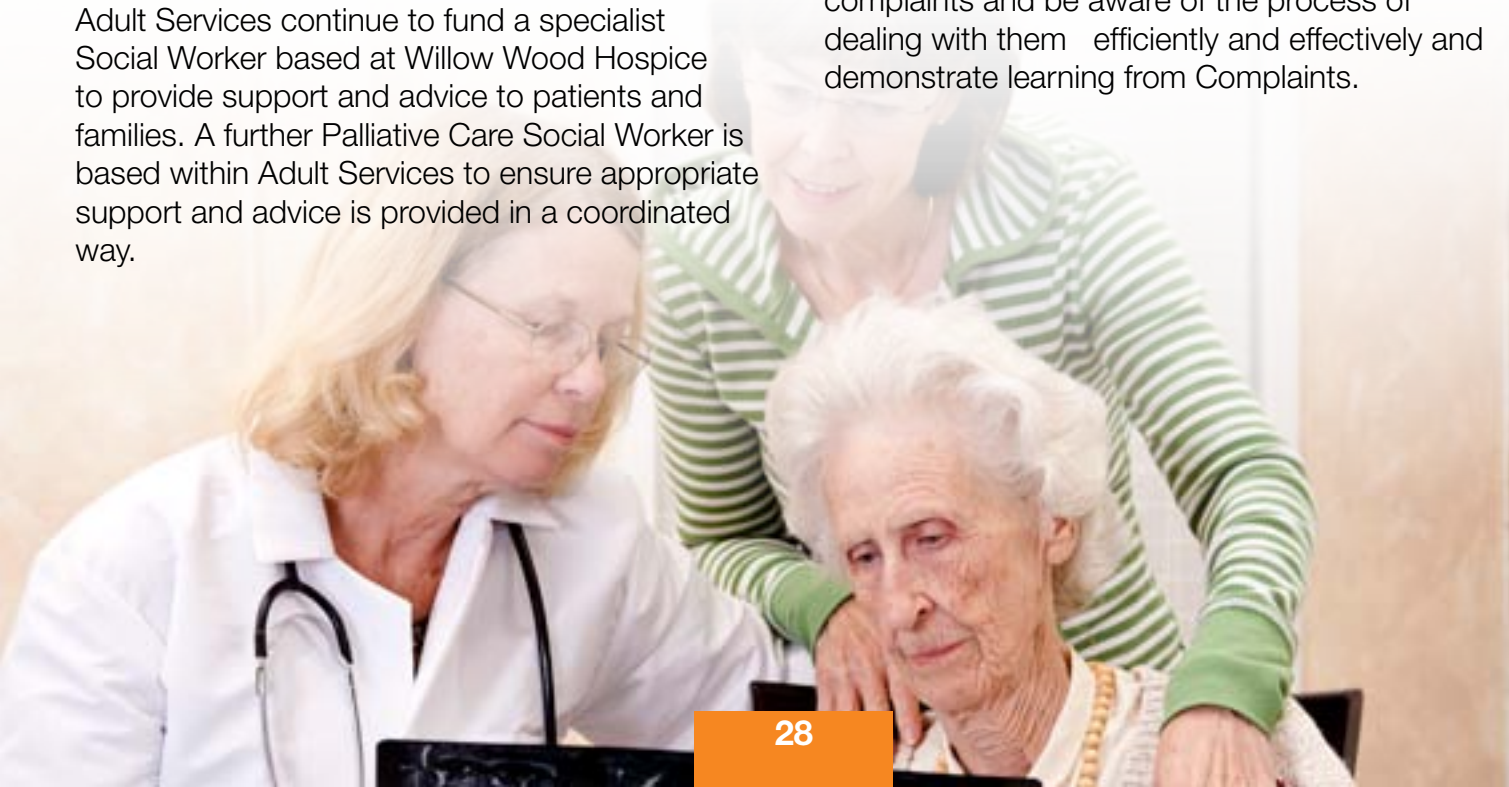
A sensory audit of the Park Cafe will take place in partnership with sensory services to ensure that the building offers improved access for people with sensory disabilities. A report with recommendations will be produced together with an action plan.

Palliative Care / End of Life

We will continue to develop Palliative Care and End of Life best practice, by ensuring all staff are fully aware and service specifications for new tenders address any gaps, in particular the home care tender and long term placements contract.

Complaints

We will deliver Complaints awareness raising sessions for staff including external providers. The aim of the sessions will be for staff to recognise complaints and be aware of the process of dealing with them efficiently and effectively and demonstrate learning from Complaints.



4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Everyone enjoys physical safety and feels secure

People are free from physical and emotional abuse, harassment, neglect and self harm

People are protected as far as possible from avoidable harm, disease and injuries

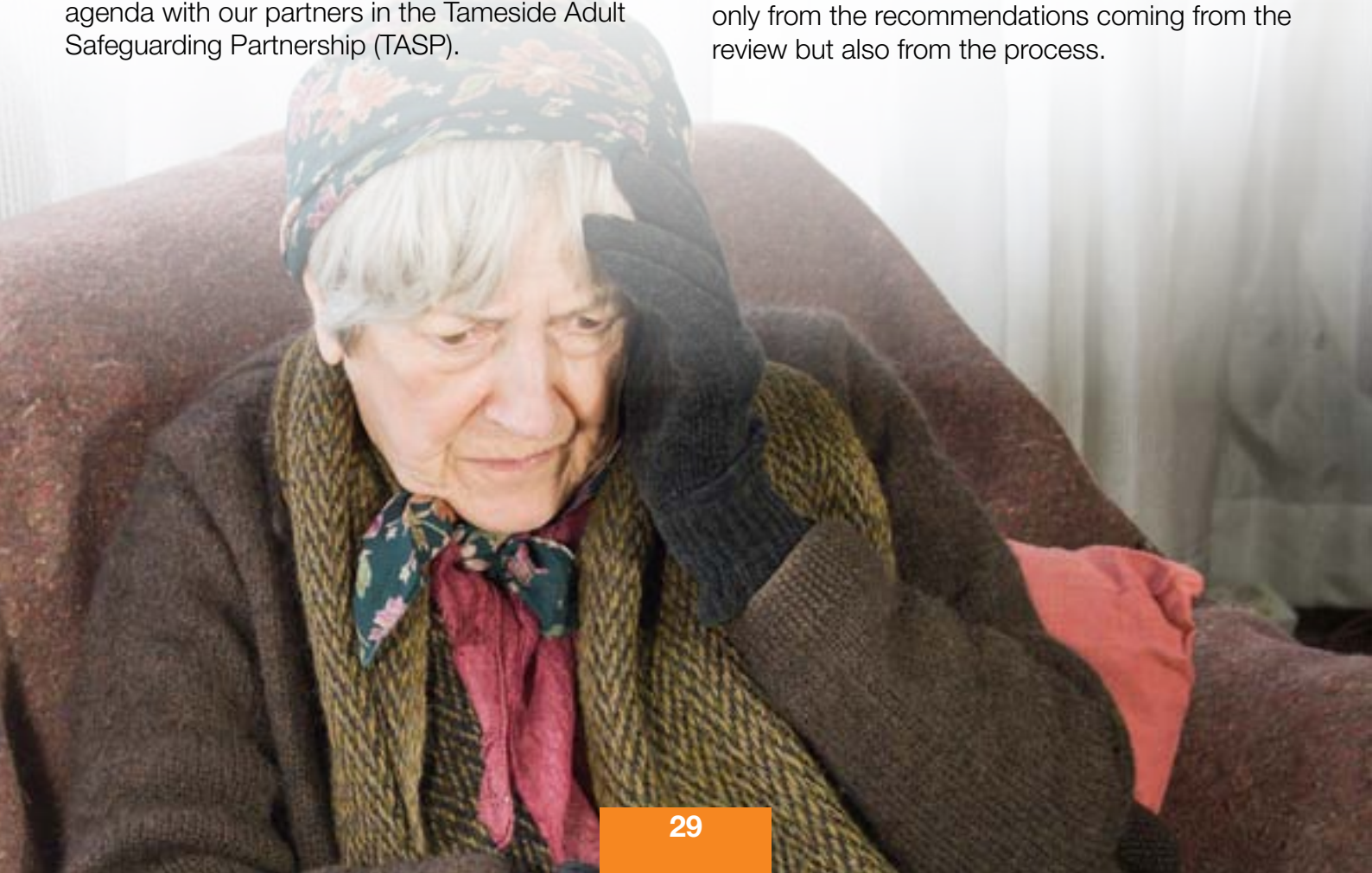
People are supported to plan ahead and have the freedom to manage risks the way that they wish

Adult Services remain committed to playing a leading role in delivering the safeguarding agenda with our partners in the Tameside Adult Safeguarding Partnership (TASP).

The organisation has direct responsibility for supervision of the members of the Safeguarding Adults Team who in turn help and support all organisations in their responsibilities and duties under the Safeguarding framework.

Adult Services continue to contribute the majority of funding for the delivery of the safeguarding agenda, this against a backdrop of increasing pressures on public sector finances. It is an indication of how important safeguarding vulnerable adults is viewed that the funding to it has not been reduced over the last year.

We were able to play a full and active role in the serious case review during the year carrying out an in depth review of our own service's involvement in the case and were able to make a number of recommendations for improvement that have either been implemented or are in the process of being implemented over the early months of 2010/11. This being Tameside's first adult serious case review we are keen to learn not only from the recommendations coming from the review but also from the process.



Increasingly staff from Adult Services are joining other key groups involved in the wider safeguarding arena such as MARAC, ASBRAC, THIP and others. All offer different opportunities to widen safeguarding awareness and in turn protect more vulnerable people within the borough.

We have been actively involved in the majority of safeguarding investigations either directly by leading the investigation or indirectly by playing a part. In the six month period to the end of March 2011 a total of 155 investigations were carried out with 86 being led by Adult Services resulting in a range of different outcomes for the vulnerable people involved including successful prosecutions of perpetrators, comprehensive protection plans and people being moved to places where they can feel safer.

We are particularly pleased about the numerous examples where we have worked with other partners in a combined way to achieve positive outcomes for people. Of particular note is the work we are regularly involved with alongside the Primary Care Trust in safeguarding people within Nursing Care Homes. We have also recently seen an increase in the number of referrals coming from colleagues from Greater Manchester Police who are identifying many more people than before who are being defined as vulnerable.

We are working closely with the Police and with Pennine Care Trust to establish more effective pathways for these referrals to ensure better outcomes.

Staff awareness

All staff have received Safeguarding Adults training, and are aware of the procedures should an incident arise or be brought to their attention. We have also introduced an E-Learning Safeguarding Adults training package for all staff in Adult Services and across the Safeguarding partnership.

All team members are aware of designated safeguarding managers and follow reporting procedures in a timely fashion. We have 48 Safeguarding Adults Managers across the service who have responsibility for identifying

safeguarding issues, carrying out investigations and monitoring any actions arising from investigations.

Managers have completed the online E-Learning Hate Crime awareness training. This is a learning programme pilot launched by the Safeguarding Children's E-Academy, designed to help staff recognise hate crime related issues.

Drugs and Alcohol

The Tameside Crime and Disorder Partnership (CDRP) has a clear focus on reducing harm caused by drug use, to communities and individuals. The role that an effective drug treatment system has within the context of reducing crime is vital to the overall strategy of reducing crime, reassuring the community and improving health outcomes for all.

A drug treatment system needs to be responsive, flexible and effective in its approach and delivery at both strategic and operational delivery levels. With this in mind a three year Adult Drug Strategy has been developed. It includes incremental changes beginning key developments in 2010-11. The strategy aims are to improve outcomes and reduce the harm caused by substance misuse to individuals and communities in a sustainable and long term way.



Park Cafe

A personal safety DVD was produced following a workshop with the service user trainees at the Park Cafe facilitated by the local police. This followed carer concerns and safety issues raised by the whole team. View the DVD online [Click Here](#).

The Park Café has worked closely with the local Police Officers and Police Community Support Officers (PCSOs) and Tameside Patroller Service to ensure that safety concerns of the service users trainees, their carers and the community are prioritised. The Park Café has also signed up as a (third party) Hate Crime Reporting Centre.

Early Intervention

Adult Services has engaged in a pilot with Greater Manchester Police in identifying vulnerable adults. This has led to a large increase in the number of people accessing social care whose vulnerability may have otherwise gone unnoticed. Many of these people do not meet the criteria for social care services; however they have been supported by the Wellbeing and Prevention service.

Adult Services have effective emergency plans in place with other agencies, for example winter planning, heat wave plan and a surge plan around hospital admissions. These plans have been implemented when required successfully. Along with our health partners we have also tested these plans throughout the organisations and evaluated responses. These plans amongst other things ensure we safeguard vulnerable people.

We have continued to attend all MARAC (Multi-Agency Risk Assessment Conference) meetings in order to safeguard those people who are subject to domestic violence .We have developed good working networks with all statutory and Voluntary agencies and have worked alongside IDVA's (Independent Domestic Violence Advocates) to support individuals and their families.

We have been actively involved in the Safeguarding Adults Manager's process sub group which look at recommendations from the

Tameside Adults Safeguarding Partnership. This group looks at information sharing and reporting and has helped to promote joint working with THIP (Tameside Hate Incident Panel), CDRP (Crime and Disorder Reduction Partnership), ASBRAC (Anti-Social Behaviour Risk assessment Conference).

We have represented Adult Services at The Greater Manchester Police Appropriate Adult meetings with other Local Authorities, here we have shared information and developed, the Appropriate Adult Rotas and relevant training for staff. We have continued to provide a timely response to requests for an Appropriate Adult and have worked with several local Police stations and nearby prisons.

Hate Crime

In conjunction with our advocacy service for people with learning disabilities, "People First", the North West Training and Development Team and local agencies linked with preventing hate crime, the Learning Disability Partnership Board in Tameside funded self advocates to attend a hate crime conference in Blackpool in November 2010.

This led to a Tameside local action plan to influence the promotion of information around hate crime, how to report a hate crime and supporting people to think about how we respond to and stop hate crime.

A number of events have been funded by the partnership board to raise the awareness of this issue and support vulnerable adults.

A "Stop Hate Crime Path" has been developed by the Learning Disability Partnership Board, which identifies gaps and targets around addressing hate crime within the borough for all client groups. The path actions will inform the development of a high level hate crime strategy for Tameside.

The Tameside partnership board also commissioned "People First" in conjunction with key stakeholders, to devise an accessible hate crime leaflet that will be shared across the region.

Top Notch planning personal safety & hate crime awareness

In line with positive risk assessment, “Top Notch” supports people with Learning Disabilities to build skills to travel independently; they also complete an in-house module on personal safety in the workplace. Top Notch has worked with “People First” to promote awareness of Hate Crime and encourages clients to attend awareness raising events hosted by “People First”.

Big Chat

The “Big Chat” held in August 2010, hosted a workshop specifically focussing on Hate Crime. A Community Relations Officer for Tameside Police addressed the workshop by explaining what Hate Crime was and how to report it. A number of service users from the session volunteered to be part of a hate crime group that will be facilitated by “People First”.

Priorities 2011/2012

Safeguarding Adults

We will ensure the actions and learning arising from the Serious Case Review are implemented. We will review Safeguarding training content for staff.

We will improve data sharing and communication with partners both within the Council and wider. We will review the Fairer Access to Care Service eligibility criteria to ensure that Safeguarding issues are included.

Hate Crime

Following approval by the Learning Disability Partnership Board, we will launch the Hate Crime Path across Tameside and develop the Hate Crime Strategy.

We will launch the accessible leaflet on hate crime “People first” have been commissioned by the partnership board to produce and print an accessible leaflet on hate crime and prevention – this will be agreed with the partnership board and shared across the North West through the North West Development and Training Team.

Hate Crime & the Deaf Community

As Deaf people are a vulnerable group in society and have experienced harassment, we will consult with the Deaf community with a view to the local police force facilitating a hate crime awareness raising session. This will take place at the Deaf club with full interpreting support made available.

