

Council Improvement Profiles

LOCAL AUTHORITY : TAMESIDE

- We have seen a slight decline in most of the ASCOF indicators in 2015/2016, although a number still remain in line or higher than the regional average
- Proportion of service users receiving Self Directed Support is higher than the regional and national average
- Proportion of Carers receiving Self Directed Support is higher than the regional and national average
- Carers receiving Direct Payments are higher than the regional and national average
- Proportion of adults with LD who live in their own home or with their family is higher than regional and national average
- We continue to support over 8,000 people outside of the Social Care system with prevention based services
- The success of our Reablement service continues with over 90% of people leaving the service with either no formal care package or a reduced care package
- The proportion of older people still at home 91 days after discharge from hospital into reablement remains higher than regional and national average
- Our performance of admissions to Residential and Nursing Care, for all age bands, continues to be better than regional and national average.
- The decline in the use of Direct Payments remains a concern and challenge for the service
- The decline in adults with a LD in employment also remains a concern.
- We continue to develop our on-line access to Information and Advice via our Citizens Portal, this also allows for on-line referrals

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Tameside (and Glossop) social care and health economy continues on its journey to fully establish a Single Commissioning Function and to transition Tameside Adult Social Care into the newly constituted Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). This brings together adult social care, community services and acute services to deliver seamless services for the people of Tameside. Integrating preventative and proactive care, primary care, Social Care and the services provided in the hospital will deliver better outcomes for local people.

Integrated Neighbourhoods are key to the new model of care, building on our existing multiagency teams with an aim to build resilience and cooperation in neighbourhoods, using risk stratification to prioritise and focus support and services in a more co-ordinated way, without people having to work their way through a complex system of multiple organisations and teams. Care will be provided in the person's own home wherever possible and we will do all that we can to keep people out of hospital especially where early support can prevent an unnecessary stay in hospital. A great deal of planning and development work has been carried out over the year with agreement on joint documentation and processes. Work is also continuing on an integrated IT solution to enable sharing of vital information across health and social care colleagues.

The programme of work has commenced to transition adult social care into the Integrated Care Organisation. The business case and Due Diligence exercise are underway supported by the Programme Board and NHSI.

Support to Live at Home – our new model sees a move to commissioning on the basis of outcomes with an approach that continues the reablement journey and allows the provider to look not only at directly delivering care but opening up a whole range of options for meeting need including an increased emphasis on the use of community

assets (family, friends, neighbours, communities); use of the increasing range of technology, aids, adaptations and equipment; supporting people to access community activities available in their local neighbourhoods to replace direct staff visits; and having exhausted these options deploying staff support to provide longer periods of direct support with an emphasis on delivering quality care across a wider range of tasks (including some low level nursing tasks). Successful delivery of this revised model will rely on a fundamental change to how assessment staff commission support to meet need, a change in delivery model for providers, and a significant re-training of the existing and future staff group as the model does demand a different style of worker to deliver a different style of support to people in their own homes. GM Transformation funding is supporting this programme.

Employment - We have been working closely with Active Tameside to provide services with children, young people and adults who have learning disabilities. During 2016 Active Tameside won the 'UK Active inspiring young people award' much of which was accredited to the supported internship programme focused on pre-employment education and skills development and supporting individuals with disabilities into paid employment.

Reductions in resources on the Supported Employment Team has resulted in challenges to our overall performance and effectiveness in this area of operations. We have recently transferred our resource to the Working Well programme to increase overall performance and we will be undertaking a review of the Supported Employment Service during 2017. Further work with the independent sector is underway to increase employment opportunities.

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Deprivation of Liberty Safeguards / Court of Protection - We have significantly reduced previous waiting lists for DoLS assessments as a result of increased investment and training and increase in S12 doctors. There is currently limited management capacity for Supervisory Body authorisations; this is currently being reviewed. Court of Protection continues to be a challenge with over 200 individuals still waiting for assessment and processing. To address this we have developed our pathway and employed two full time Social Workers to undertake this work. We also plan to embark on the training and development of Social Workers around this complex area of work to increase capacity.

Telecare/Telehealth - Norway Visit - Tameside has an on-going relationship with Bergen University, Norway and Bergen Municipality who visited on 21 October 2016 for a second time to look at Telecare and Telehealth services in the borough and to share findings from their recent research into the provision of these services in Norway, using Tameside's model as a template for their service.

Delayed Transfers of Care - DTOCs have continued to be a challenge to the health and social care economy with results leaving the borough in the lowest quartile of the North West. There is increasing evidence that the reporting of DTOCs may be incorrect and work is underway to ensure consistency of reporting with other economies. Social care delays are reducing but unfortunately at a time when health related delays are increasing at a faster rate. Extensive work is being undertaken across all partner agencies to ensure reductions over the coming months.

Direct Payments - The take up of Direct Payments has long been a challenge within Tameside. All users of service have an identified personal budget but few people choose to take the cash alternative to procure services themselves. This could be indicative of the services that are on offer via the Council's own commissioning processes or more realistically probably reflects the point when Direct Payments are offered which has become increasingly at times of crisis. We are continuing to offer the option of a Direct Payment at point of assessment and support planning.

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