

POLICY LAB FINAL REPORT

Tameside Council – Living Well at Home – APRIL 2021

1. THE PROPOSAL

Living Well at Home (LWAH) – Tameside Council Tameside Council is working to improve the quality of care and support that vulnerable people receive by maximising the choice of support available and by creating better quality of life and experiences for individuals. As part of the Living Well at Home programme, we have been committed to enabling local people to remain well and living independently in their own homes and communities of choice. Younger adults and older people who, because of long term health conditions need additional support, can expect a good quality service that is person centred and meets their needs, is available when it's needed and is sustainable.

To achieve this in the context of long-standing financial pressures and increasing demand, we have embraced innovative opportunities and support solutions. Whilst Living Well at Home will continue to assist with the practical help that people need, it is committed to changing the way this support is provided, shifting the focus of care away from tasks and back to the person.

Changing the way support is commissioned will, in turn, enable a more collaborative relationship between the person needing support and the staff providing that support; putting the individual at the centre and, wherever possible and appropriate, exploring options that are not necessarily all about paid support.

2. PROGRESS OF THE PROJECT

Since the start of the COVID-19 pandemic, the focus for homecare has been on facilitating discharge, managing infection control and keeping people safe.

Inevitably, some of the initiative/momentum around the Living Well at Home (LWAH) project - particularly community connectivity and involvement - has been lost and given the prolonged challenges of the pandemic this has been compounded by provider fatigue. However, we hope to properly address this throughout 2021 and ensure that the project returns to delivering its full potential.

In early 2020 we ran a small LWAH pilot in our West Neighbourhood to encourage 'bottom-up' development and spread innovative ways of working through rapid testing and roll-out by those that deliver services locally re-casting the operating model. Through the LWAH integrated approach to developing solutions and implementing these at a neighbourhood level, significant improvements have emerged, with positive impact for the individuals supported and for staff across health and social care teams These included:

- Receiving care from the same keyworker/ key nurse improves the continuity of care. People requiring support no longer having to tell their story over and over following initial assessment, and having a single point of contact so that they do not have to negotiate with multiple organisations / individuals
- Independent sector providers being regarded as integral partners who know the person supported really well; their voice/knowledge/expertise is respected
- Improved relationships between Neighbourhood teams, independent sector providers, commissioners and District Nursing teams

- Staff surveyed reported that new ways of working have made a positive difference to the care they have been able to provide (100%), and to their job satisfaction (92%)
- There has been a reduction in people having to wait for interventions (e.g. awaiting a District Nurse to change a wound dressing)
- There have been reduced risks associated with poor communication across organisational boundaries (e.g. escalation of physical or mental health and care issues that isn't noticed or communicated)
- Having rolled the pilot out in a risk-managed way, there are to date a relatively small number of people currently now receiving more joined up support from both social care and district nursing. Already however a significant reduction is being realised in District Nursing time, enabling District Nurse hours to be freed up to complete more complex nursing tasks (based on the pilot cohort of people supported in their homes, once scaled up over a 12 month period this will equate to freeing up 239 District Nurse hours, and a total of 957 less 'knocks at the door' for those receiving support)
- This has resulted in more timely care interventions, provided by care workers who are trained in particular tasks suited to the individual

Increasingly members of staff (both new recruits and existing staff) are embracing the model and the additional roles and responsibilities specifically. Staff report that they like being a named team member, knowing that their knowledge can be used to make a difference to someone's care and support and, hence, their wellbeing.

This is recommencing in West neighbourhood having been paused during the pandemic and is starting in East neighbourhood. Aim is to commence in the remaining two neighbourhoods in the next few months.

3. FINAL STATUS OF THE PROJECT

We continue to be in constant contact with both Salford City Council and Kirklees Council, ensuring that we share what we and they are learning through their own integration of services. We also continue to update the Greater Manchester Health & Social Care Partnership on progress, so that they can assess the possibilities of rolling the programme out in other GM areas.

We are currently exploring digital and other tech options that we can incorporate into the project. We are also improving links with voluntary and community groups; while building on the up swell in local mutual aid groups, neighbourhood initiatives, age friendly networks and the Greater Manchester Ageing Hub.

Additional LWAH developments of note are:

- The pilot of an app developed by Manchester University called Keep On Keep Up (KOKU) which gamifies a series of exercises especially designed so that people can start doing them without the involvement of a physio or OT. The exercises are designed to reduce the likelihood of falls and is being trialled across two neighbourhoods, three homecare providers and a cohort of 80+ people. The University will be evaluating the pilot.

This has been delayed over winter months due to the pandemic, but is now about to commence.

- The LWAH blended roles element has secured 12 months funding for a 'nurse educator' role – to roll out training to homecare staff. GM-wide remit, but hosted by Tameside with initial

focus on Tameside rollout from February/March 2020. This should speed up rollout considerably.

We are happy to say that we have begun recruiting to this role.

- A joint research bid is currently being developed with both Manchester universities – to fully evaluate the approach.

The bid has been submitted to a later call, and, hence, with a revised commencement date, if successful, of Summer 2022.

4. THE CO-OPERATIVE DIFFERENCE

The project demonstrates the 'Co-operative Difference' through several principles outlined in the CCIN Statement of Co-operative Values and Principles:

- **Social partnership:** The Living Well at Home programme has strengthened the co-operative partnership between our Tameside residents, their communities, and the Council, based on a shared sense of responsibility for wellbeing for our most vulnerable residents.
- **Maximising social value:** Independent sector providers are regarded as integral partners who know the person supported really well; their voice, knowledge and expertise is respected. This has also ensured improved relationships between our Neighbourhood teams, independent sector providers, commissioners and District Nursing teams.
- **New models of meeting priority needs:** We have ensured that those receiving care have done so from the same keyworker or key nurse ensuring the improvement in the continuity of care. People requiring support no longer having to tell their story repeatedly following initial assessment, and having a single point of contact so that they do not have to negotiate with multiple organisations or individuals
- **Innovation:** We have embraced innovation in how we work with local communities to drive positive change, ensuring that technology and new approaches to patient care have been adopted.

In summary, the support of the CCIN has ensured that the Living Well at Home programme has fundamentally changed the way Tameside Council provides care to our most vulnerable residents, with the resident now at the heart of how care is delivered.

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