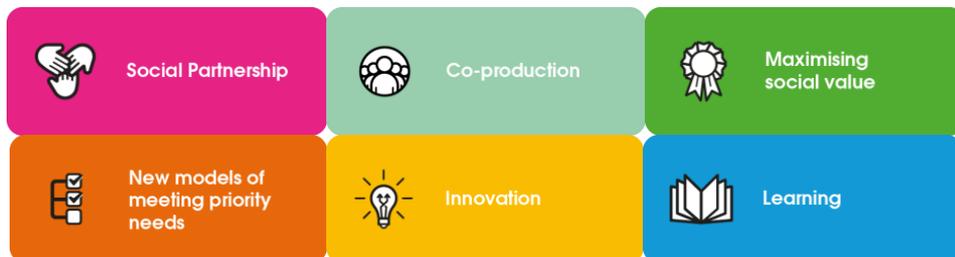




# Co-operative Councils

## Innovation Network

### HEALTH & SOCIAL CARE



### Tameside Council

#### Living Well at Home

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.

## The status 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 project - particularly community connectivity and involvement - became lost. However, by March 2020 in our West neighbourhood we ran a small pilot 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 our 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;
- 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.

Consequentially we found a significant reduction is being realised in District Nursing time, enabling District Nurse hours to be freed up to complete more complex nursing tasks. This is 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

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.

## How we hope to develop further still

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.

The pilot of an app developed by Manchester University called Keep On Keep Up which gamifies a series of exercises especially designed so that people can start doing them without the involvement of a physio or OT is currently in use. These 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.

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