Tameside Adult Social Care

Commissioning Strategy

2026-2029



Tameside Metropolitan Borough

LIVING WELL AT HOME

Foreword

It's a pleasure to introduce our Commissioning Strategy for adult social care which builds on the achievements of our Adult Social Care Strategy 2024-2027.

We're proud of the progress we have made over the last three years in delivering our vision, which sees people living well in the place they call home.

Whether you are living at home with 24-hour support (i.e. supported living and care home) or services are coming into your home (home care, personal assistant using a direct payment etc.), we want that experience to be of a standard everybody can be proud of.

We have successfully developed and commissioned a range of innovative care models. These models have supported increasing numbers of people who receive care and support at home and in their communities.

We have continued to focus on growing our supported accommodation, extra care schemes and increasing the use of the disabled facilities grants and equipment services. Crucially, we have been developing our Community Offer Tool to make sure people get support at the earliest opportunity.

This strategy, and accompanying **Market Position Statement,** describes our current and future needs. They set out how we will work with people who access care and support, alongside our partners, to design and shape services in our communities.



Cllr Jacqueline Lane
Executive Member (Adult Social Care, Homelessness & Inclusivity)



Joe Kelly
Strategic Director of Adult Social Care

Introduction

Our aim is to make sure that people have choice and control over the services they access.

''High quality, personalised care and support can only be achieved where there is a vibrant and responsive market of providers and partners. Our role is to ensure that we are listening to people who draw on care and support" (Care Act 2014).

Our care market is part of a much wider system of care and support and is often supplemented by families, friends and other unpaid carers, so it is important that we ensure sufficient support for people who look after their loved ones.

This strategy is for:

- **providers** of adult social care to understand our priorities and how we can work together to shape and develop our market
- **voluntary, Community, Faith and Social Enterprise (VCFSE) organisations** to support delivery of shared priorities and support people in their communities
- **developers and registered housing providers** who want to invest in opportunities for increasing our range of supported and extra care accommodation
- **people who access care and support services and their carers** so they can contribute to the design and delivery of services by sharing their lived experience



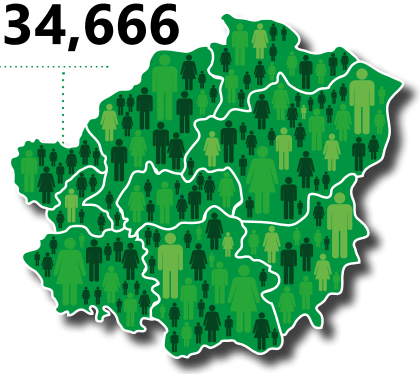
Tameside the place 2024 - 2025

Of all single person households in Tameside, 40.2% were people aged 66 or over

Christian	47.8 %	No religion	38%
Muslim	7.3%	Hindu	1.3%
Buddhist	0.3%	Sikh	0.04%
Other religion	4.7%		

English 94.1% | Urdu 1% | Polish 0.9% | Bengali 0.7%

Population
234,666



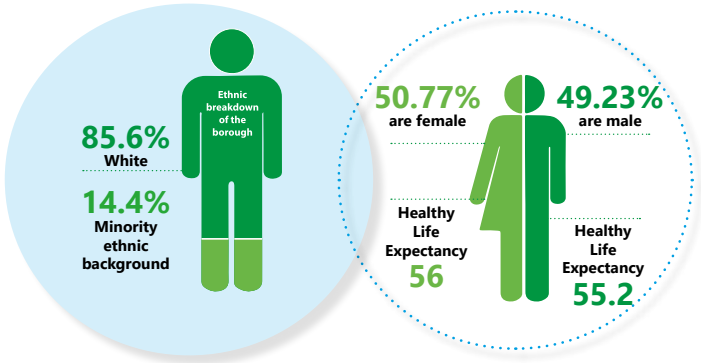
3.6%
Previously served in either regular or reserve UK armed forces

19.9%
of the population's day to day activities are limited a lot / a little

9.5%
Provide unpaid care

Ageing Population
65+ predicted to increase by 8.6% by 2028 and by 18.6% by 2034

Mental health
15.3% of Tameside residents reported a long-term mental health condition in 2023. This is above the English average of 12.7% and slightly above the GM average of 15.1%



Age Group	Number	Percentage
0-17	52,031	22.07
18-64	141,078	61.42
65+	41,557	16.50

In the Index of Multiple Deprivations (IMD) 2019, Tameside is ranked as the **44th** most deprived of **296** Local Authority districts in England and the **6th** most deprived in Greater Manchester.

Strategic context

Find all strategies and plans at **www.tameside.gov.uk/Policy/Our-People-Our-Place-Our-Plan/Strategiesand-Plans**

This strategy should be read alongside our Market Position Statement, Adult Social Care Strategy and Provider Quality Assurance and Improvement Strategy.



Looking back at 2023 to 2026

- we successfully opened **186 units/beds** of specialist supported living across Tameside
- continued to fund the **Real Living Wage (RLW)** for care workers, supporting workforce retention in the care market
- **increased the number of community groups** and organisations who support people in their communities
- **increased by half** the number of major and minor adaptations on previous years
- provided **496 profiling beds** to all care homes across the borough
- provided around **27,146 pieces of equipment** a year to Tameside residents to both prevent hospital admission and support discharge from hospital
- reduced the **demand for residential care** as a result of supporting more people to live at home for longer
- provided **regular provider forums**
- supported the **ongoing quality improvement** of the provider market
- worked with community groups to develop a range of options to **meet the cultural needs** of our diverse communities including a care home accreditation scheme

Dipak Dristi (Light of Vision) is a community group based in Ashton-under-Lyne supporting people over the age of 55. Working with the group we developed a range of options to make sure we are effectively meeting the cultural needs of our diverse communities including:

- care home accreditation scheme
- use of direct payments
- Shared Lives as an alternative option



Opening of Corporation Street



Resident Mike at Birch Lea Park accommodation for over 55's

Adult social care: a year in review (2025-2026)

10,676 new requests for support

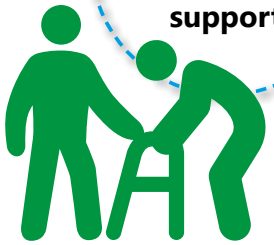


4,412 people in receipt of long term support



3,377 people in receipt of short term services

1,149 people receiving carer support



2437 Deprivation of Liberty Safeguards (DoLS) applications received

2,407 care act / Three Conversations assessments completed





4,390 safeguardings raised

769 safeguardings progress to a S42 or other enquiry

3,056 people in receipt of CRS (telecare)

1,679 pieces of equipment or adaptations started in 2024/25 and delivered to **996** people



Tameside beyond 2026

What does the Joint Strategic Needs Assessment (JSNA) tell us?

- healthy life expectancy in Tameside for females in 2021/22 was **55.6 years** and for males **56.2 years**. For males this is similar to the England average but significantly lower for females
- over the next 19 years, the population of over 80 year and 90 years old is expected to **increase by 69%** and **92%** respectively
- the over 65-year-old population is also expected to **increase by nearly 20%**
- this is in contrast to other age groups which see much smaller growth
- **58,000 people** living in Tameside are physically inactive, for the older generations this contributes to fragility and increased call on health and care services
- success in the treatment and care of adults with severe illness and/or disabling conditions means that people living with one or more health issues require long term care and support



Find out more about Joint Strategic Needs Assessment (JSNA) for Tameside, Tameside's Falls Prevention Needs Assessment and Physical Needs Assessment.

Future ways of working

To improve outcomes and the lives of residents in the longer term, it is vital to begin to change the investment model towards a more preventative focus, to address issues at an earlier stage, before they are acute problems requiring intensive - sometimes crisis support - which will also reduce demand on a range of public services.

The diagram shows our planned future approach to shift more resource into **targeted and universal offers**, rather than overwhelming investment in specialist/crisis response.

This will result in **better outcomes for residents, which will cost less.**



Future ways of working

Target Operating Model

The way we will commission and deliver our services

Tertiary prevention specialist support

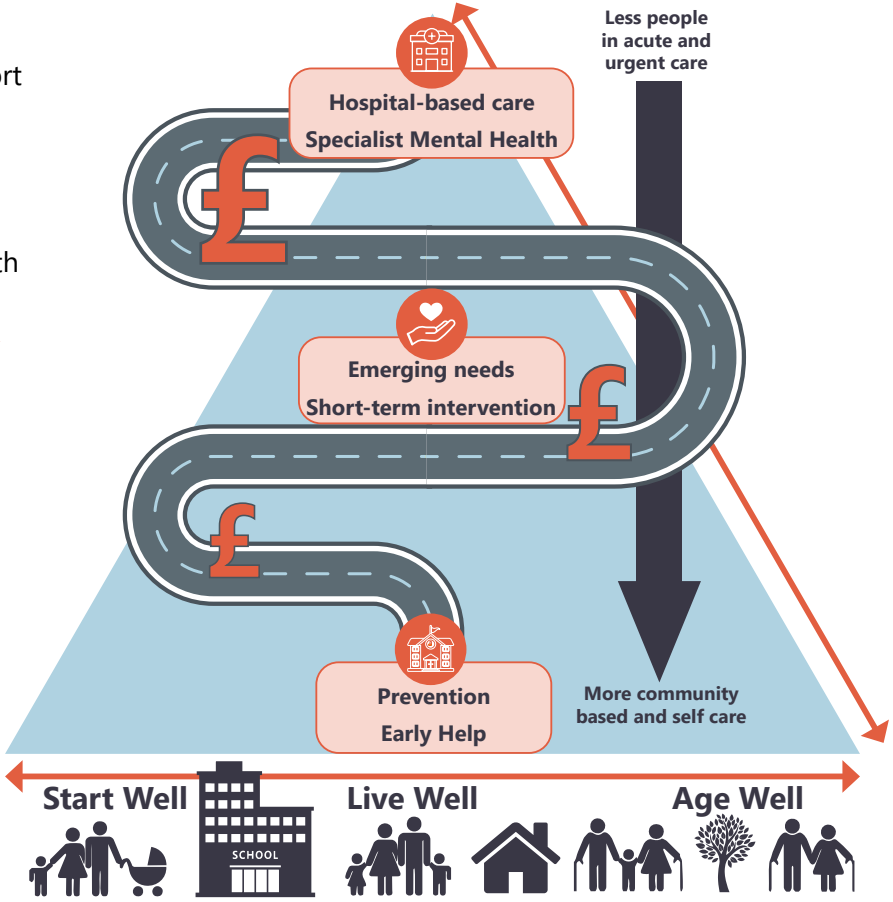
- provide intensive, multi-disciplinary support for those with the highest needs
- ensure safety, stability, and long-term wellbeing
- reduce reliance on structured care where possible and promoting independence with choice and control

Secondary prevention targeted support

- prevent escalation to crisis
- reduce the need for specialist and high-cost provision
- provide timely, proportionate support

Primary prevention/early help universal offer

- keep people healthy and independent
- reduce avoidable escalation into targeted or specialist services
- build strong, resilient communities



Commissioning focus:

- high-cost, high-complexity services
- integration across health, education and social care
- ensuring quality, safeguarding, and regulatory compliance
- market shaping and sustainable provider relationship

Commissioning focus:

- multi-agency pathways
- joined-up support across health, education, and social care
- outcomes-focused contracts and evidence-based support

Commissioning focus:

- population health outcomes
- early intervention and prevention investment
- accessible, inclusive services for all ages

How we will work together
Co-production, partnership and prevention

- we will ensure services are co-produced by people with lived experience of care and support. Work more closely with providers and ensure Provider Forums are in place for all services in 2026
- we will ensure prevention is at the center of what we commission including targeted prevention services

To do this:

- we want to work alongside partners and providers as well as people with lived experience to support an innovative, diverse and sustainable commissioning market which will meet the care and support needs of our population
- areas of focus include extra care, neighborhood apartment for assessment, respite and home from hospital services; expanding extra care schemes; developing respite and short break offers for unpaid carers



What does our service data tell us?

We are seeing increasing numbers of people requesting support from adult social care.

But with the adoption of strength-based practice in our social work teams and the introduction of our Early Support and Advice Hub (ESAH) we have seen more people being supported with timely advice and community based support.

- **increased take up of technology enabled care** through our Community Response Service delaying the need for formal care and support
- increased the number of **people supported flexibly** by using direct payments
- adopting **therapy led approaches** in our community care offers has enabled more people to be cared for at home for longer
- from working closely with children's services we envisage supporting a large number of young adults as they leave Children's in the coming years

However, whilst we are continuing to improve our prevention and community offer, we are seeing increasing need for specialist care for working age adults who are living with long term conditions.

People are entering residential and nursing care later in life, on average at 82 years old and staying in care for around two years. This means we need to grow and develop our offer to support people living with dementia and challenging behaviours.

Principles of Commissioning

When we commission goods and services, we strive to maximise the Tameside £, which supports local business and organisations to thrive, employing local people and supporting residents and communities to have better lives.



Focus on outcomes, residents and communities – put people and communities at the centre, work with them as partners, and build a skilled, confident and adaptable commissioning workforce



Commission for wellbeing – shift from commissioning for ill health/crisis management to prevention, supporting people to avoid illness and stop needs escalating

Spend locally where possible – use our commissioning spend to strengthen the local economy and support local employment

Deliver value for money – protect outcomes while improving productivity and ensuring best use of public resources



Enhance social value – develop a local Social Value Framework that maximises community benefit through all commissioned activty



Be bold and innovative – embrace and adopt new models, test and learn, take managed risks, and challenge the status quo to drive reform at pace

Housing and specialist accommodation opportunities

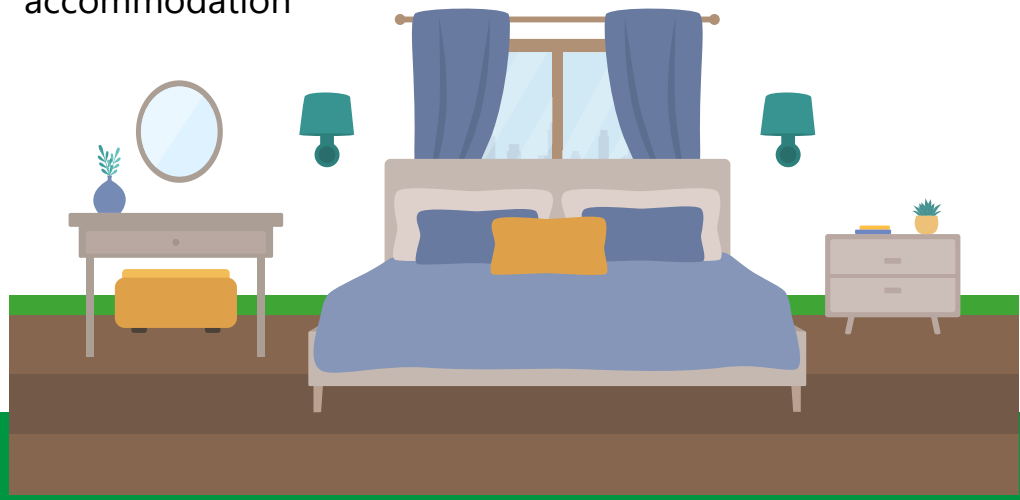
We are working with colleagues to develop long-term investment opportunities, increasing the supply of supported accommodation and general housing. This will enable people to live in a place they call home for as long as possible.

To do this we will:

- work with Strategic Growth Housing Development to identify and develop new schemes
- define the units/beds of accommodation required by type and town, with a clear pipeline updated annually
- facilitate partnership arrangements between landlords, care providers and the council for prospective schemes, supported by Service Level Agreements (SLAs) outlining roles and responsibilities
- ensure work with registered providers to secure nomination rights for Tameside residents to ensure security of tenure
- utilise the Greater Manchester frameworks to advertise the development needs we have in Tameside.
- ensure that our extra care provision is available through our single lettings agency
- providers are invited to register interest, identify sites,engage commissioners and bring forward aligned proposals. Please contact commissioningteam@tameside.gov.uk

You will:

- ensure that rent levels for specialist accommodation are in line with the Local Housing Allowance and meet the Real Tenancy Test principles
- ensure high quality accommodation that meets Building Regulations M4(2) accessible and adaptable standard as a minimum with a proportion that are wheelchair accessible. This should include level access designs wherever possible for bedrooms, bathrooms, kitchens and living space
- integrating digital technology enables care to all new accommodation



Specialist accommodation 2026-2042

Specialist accommodation is housing that suits different people's needs, this can be both mental and/or physical. We know that we need **925 specialist beds by 2042** across our nine towns. Below is a breakdown of what we set to achieve over the next three years:

What we need	For who?	By year 1	By year 2	By year 3	Comments
Extra Care accommodation (55+)	44 waiting for Extra Care			2029	
Bespoke accommodation for people with learning disabilities, autism and/or mental health needs	28 complex cases	2026	2027		
Accommodation for under 55's who need wrap around support with a learning disability or mental health needs	Gaps for multiple-disadvantage cohorts			2029	
3,232 accessible residences with necessary environmental adaptations	Physical sensory disability residents that need support.			2029	
238 residential care spaces	55 years +				Under review as less people are going into residential homes.
61 Extra Care beds per year including residents who require general need housing or a low level of support	55 years +			2029	
Increase respite provision for adults who need a break from caring	18 years +		2027		

How will we know we're doing well?

- reduction in the number of permanent residential and nursing admissions per 100,000 18-64
- reduction in the number of permanent residential and nursing admissions per 100,000 65+
- reduction in the number of residential placements outside the borough
- increase in the number of people supported in community-based services / home care
- increase in % of providers rated good or outstanding by the CQC - Care Home
- increase in % of providers rated good or outstanding by the CQC -Domiciliary
- the aspirations and desired outcomes of individuals are achieved through their interaction with council funded services

People will be able to share their views about the care and support they receive through surveys and visits where we observe and check the quality of services.

We will report progress against this strategy via:

- provider forums
- newsletters
- our commissioning and quality webpages
- the council's strategic quarterly performance reports





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