Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 August 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Ashwin Ramachandra – Co-Chair Tameside & Glossop CCG, Clinical lead Long Term Conditions
Reporting Officer:	Dr Jeanelle de Gruchy, Director of Population Health Dr Anne Whittington, Acting Consultant in Public Health
Subject:	**COMMISSIONING INTENTIONS – TAMESIDE HEALTH IMPROVEMENT SERVICE OFFER FROM APRIL 2022**

Report Summary:

Tameside experiences wide health inequalities, with life expectancy lower than the national average. Higher rates of cardiovascular disease (including stroke), cancer and respiratory disease all contribute to this and place additional burden on local health and social care services. Lifestyle and behaviours all contribute to these health outcomes and the importance of public health interventions for smoking, weight management and wellbeing have been highlighted in the recent Marmot cite region report. The Health Improvement service commissioned by public health provides support to the community on these and other lifestyle choices and behaviours.

In November 2020, the council's spending review identified Health Improvement Services for a 20% saving against the budget allocated for Smoking Cessation and Healthy Weight support. The budget reduction required changes to the service plans to be made. In order to carry out a full re-design of the service and a comprehensive public consultation exercise on the revised plans, an extension to the contract was agreed until 31 March 2022.

The report summarises the outcome of a recent public consultation with recommendations and outlines commissioning intentions for the Health Improvement Service from April 2022. It includes an appraisal of two options for consideration by Strategic Commissioning Board members and seeks to authorise the preferred option of transferring the service in-house.

Recommendations:

Strategic Commissioning Board be recommended to:

(i) Consider the outcome and recommendations of the 12 week public consultation held from 18 February, 2021 to 13 May 2021.

(ii) Agree the proposal to transfer the Oral Health service into the Council's Population Health team when the contract terminates on 31 March 2022.

(iii) Consider the options appraisal set out in section 5 with a recommendation of option 2 – to transfer the service in-house within the Council.

Financial Implications:

Budget Allocation (if Investment Decision)	

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

CCG or TMBC Budget Allocation	
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	
Decision Body – SCB Executive Cabinet, CCG Governing Body	
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

The budget allocation for the Health Improvement function is as stated at 1.7, with a total of £966k in budget for both Health Improvement and Oral Health services net of a £186k savings target to be achieved in FY22/23. This proposal is essentially to deliver the equivalent service in-house rather than re-commission, with these two options appraised at 4.1-10.

Option 1 would be to retender the contract on a similar basis as previously, albeit with the budget reduced by £186k. This would achieve the savings target, although it is not clear that an equivalent service would be deliverable within this envelope, and as acknowledged in **Appendix 2** some reduction in activity would be likely, given a 16% budget cut.

Option 2 would be to bring the service in-house, with the staff currently employed on the contract transferred through TUPE. The provisional budget requirement for the new service is set out at 4.11-12. The costs arising from this are provisionally estimated to be £849k, subject to further evaluation of headcount, pension costs, and other contractual obligations arising on transfer. In principle, this would allow the service to continue, with the full savings target achieved and a further £117k to cover extra overheads or be offered up as additional savings. The initial financial appraisal is in outline only, and further due diligence would be required as set out at 4.10.

The service delivery implications are set out at 4. A number of financial risks also arise from the transfer, as well as potential opportunities. The legal and regulatory obligations from TUPE require further review, and costs may be incurred for redundancy, sick pay, pension, and other liabilities. Accommodation and other support costs for the new team of up to 24 FTE are yet to be considered. If the TUPE did not progress on schedule, it is unlikely that the full savings would be achieved. The potential additional saving should not be counted on until further work is done.

Conversely, a retendering exercise would be subject to procurement risk in that it might not be possible to agree a new contract within the Council's service requirements and budget envelope, and in this instance the savings would likewise not be achieved. Neither approach is risk-free, but for the reasons set out at 4.8 onwards, the risks of bringing the service in-house may be more easily manageable for the Council. In the longer term this might allow for a better-resourced and more flexible

	service, with greater scope for new efficiencies and cost reductions.
Legal Implications: **(Authorised by the Borough Solicitor)**	This report sets out the outcome of the consultation for Members to consider as part of the decision making process in relation to the options being presented in this report. To ensure that there has been a robust decision making process careful consideration has to be given to the outcome of the consultation. In relation to the options as set out in the report the market has been tested and there is a concern that if the service were to be re-procured then either the market would not be able to provide the service or if it can then not be able to deliver the required savings. Therefore consideration has been given to the option, identified as the preferred option for the council to deliver the service. As set out in the financial implications this options still has some financial risks attached to it in relation particularly in relation to TUPE costs including pensions. Therefore the necessary due diligence will be required in relation to this. Appropriate advice will also have to be taken in relation to the expiry/termination of the current contract.
How do proposals align with Corporate Plan?	The proposals link with all priorities in the Corporate Plan, in particular Starting Well, Living Well and Ageing Well programmes. The service links into the Council's priorities for People: • Decrease smoking prevalence • Promote whole system approach and improve wellbeing and resilience • Improve satisfaction with local community • Increase access, choice and control in emotional self-care and wellbeing • Increase physical and mental healthy life expectancy • Improve the wellbeing for our population • Increase levels of physical activity • Increase levels of self-care/social prescribing • Prevention support outside the care system. • Reduce rate of smoking at time of delivery
How do proposals align with Locality Plan?	The proposals will support the locality plan objectives to: • Improve health and wellbeing for all residents • Address health inequalities • Protect the most vulnerable • Promote community development • Provide locality based services
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: • Early intervention and prevention • Encourage healthy lifestyles • Supporting positive mental health

Recommendations / views of the Health and Care Advisory Group:	The report has not been reported to HCAG.
Public and Patient Implications:	The recommendations will ensure continued access to services to improve health and prevent long-term conditions.
Quality Implications:	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.
How do the proposals help to reduce health inequalities?	The provision of Health Improvement Services has a positive effect on health inequalities. The proposed stronger focus on reaching individuals and groups who are at greater risk of poor health will help to reduce health inequalities.
What are the Equality and Diversity implications?	An Equality Impact Assessment has been undertaken and is included as **Appendix 2**. The Health Improvement Services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups.
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) will be carried out as part of the procurement process. A privacy impact assessment has not been carried out**.**
Risk Management:	Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contracts have been awarded.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer  Telephone: 0161 342 3358  e-mail: anne.whittington@tameside.gov.uk

1. INTRODUCTION

1.1 The Health Improvement service is commissioned by public health to improve health and reduce inequalities. As highlighted in the recent Marmot report[1], Greater Manchester, including Tameside, experiences wider health inequalities than many other areas of the country and these have been highlighted and worsened by the COVID-19 pandemic. The levels of excess weight (71.3%), smoking rates (18.2%) and physical activity (58.6%) among adults in Tameside are significantly worse than the national average[2] and we know that these are some of the leading causes of preventable ill health and death. Smoking and inequality are closely linked and although the city region has made strides to achieve a reduction in rates of smoking over the last few years, in Tameside we still have high rates of morbidity and mortality from smoking related disease such as strokes, heart disease and cancer. One in four Greater Manchester residents say they want help to stay active and eat healthily, and we know that levels of obesity in Tameside continued to rise between 2018/19 and 2019/20. Public health is one of the six areas of focus in the 'Build Back Fairer' framework in the Marmot report. Smoking prevalence, obesity, low self-reported health and low wellbeing were highlighted as four key beacon indicators that are critical in driving down health inequalities in Greater Manchester. The health improvement service targets these outcomes and behaviours, among others, so is very important if we want to improve health inequalities.

1.2 In Tameside, life expectancy is statistically significantly lower than the national average and the most recent data suggests that this gap is widening and life expectancy is stalling. Our higher rates of cardiovascular disease (including stroke), cancer and liver disease place additional strain on the local health and social care system, but many of the conditions are preventable. Those with multiple long-term health conditions often struggle to navigate the system and need support to manage their conditions and improve their wellbeing[3]. Our current integrated wellbeing service 'Be Well' is provided by Pennine Care and works with the community to improve health outcomes. It offers smoking cessation, weight management, NHS Health Checks, community engagement, workforce development and training on brief advice and interventions, and population oral health. Since delivering the service, Be Well has performed well achieving good outcomes and becoming a well-used and respected service in Tameside. The service is due to be re-commissioned by 1 April 2022. A report presented to the Strategic Commissioning Board on 3rd Feb 2021 agreed a 20% budget saving against the contract from April 2022, with a review of the service model informed by a 12 week public consultation.

1.3 The service provides good value for money. There are approximately 31,915 smokers in Tameside. It is estimated that smoking costs the Tameside economy £55.3 million including a cost to the local NHS of £11.8 million a year. Smoking cessation is known to be one of the most cost-effective interventions available, with NICE estimates suggesting that every £1 invested in smoking cessation saves £10 in future health care costs and health gains.

1.4 Weight loss interventions can be cost-effective by reducing the future risk of associated ill-health. A report for NICE estimates that for a weight loss intervention which achieves a 1kg weight loss, maintained for life (compared to the weight trajectory without the intervention), the programme would be cost-effective if costing less than £100 for 12 weeks. Further evidence shows that this magnitude of weight loss is realistic for a behavioural weight

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[1] Institute of Health Equity (2021) Build Back Fairer in Greater Manchester, https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives

[2] Public Health England (2021) Public Health Outcomes Framework – Health Improvement, Fingertips https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/

[3] The Richmond Group of Charities (2021) You Only Had to Ask: What people with multiple conditions say about health equity https://richmondgroupofcharities.org.uk/taskforce-multiple-conditions

management intervention over the medium- to long-term.

1.5 In Tameside, a five-year-old has an average of 1.17 decayed, missing or filled teeth, higher than the England average of 0.78 teeth per child. The impacts of poor oral health disproportionally affect vulnerable and socially disadvantaged individuals and groups in society and public bodies across the health sector in England have legal duties and responsibilities to address inequalities. Poor dental health is a leading reason for planned admission to hospital in childhood across England. In addition, vulnerable older adults, such as those with dementia, those with loss of motor skills after a stroke, and those in residential and nursing care are also at risk of poor oral health. In turn, those with poor oral health and gum disease have a higher risk of wider health problems including diabetes, stroke and heart disease.

1.6 The above highlight the importance of a service to improve these outcomes. Recognising the value of the service alongside the financial pressures faced by the Council, the 22/23 saving identified from the Health Improvement service is £185,800. The remaining budget is £965,910 per annum allocated below:

- Oral Health service - £80,000
- Health Improvement service (smoking cessation, weight management, NHS Health Checks, community outreach, training) - £885,910

2. THE CURRENT HEALTH IMPROVEMENT SERVICE

2.1 The current Health Improvement offer for Tameside residents is delivered through a holistic, integrated service. Following a 2015-16 service redesign, the contract remained with Pennine Care NHS Foundation Trust as a tender exercise to identify a new provider was unsuccessful. The team and service offer was reconfigured so that all health and wellbeing advisors were trained up to provide holistic support in a range of lifestyle issues, and refer on to more specialist support where appropriate. The new integrated model has many positive aspects and has had a lot of positive feedback from residents and partners.

2.2 The service in its current form began operating in March 2016 and forms part of the Pennine Care NHS standard contract, with Tameside & Glossop CCG as the lead commissioner and Tameside Council as an associate commissioner. In March 2019 it was extended until the end of September 2020 and subsequently to the end of March 2022, in light of the ongoing pandemic.

2.3 The current service has a number of aspects:

- Clients entering the Be Well integrated wellbeing service make a personal health plan supported by Health and Wellbeing advisors working in an asset based way. The service helps people with smoking, weight, alcohol, stress and sleep.
- Smoking cessation is a key part of the service delivered. Referrals are from a wide range of sources, including the CURE programme, primary care and self-referrals. It involves one-to-one and regular support from trained advisors, as well as access to local information and groups.
- The oral health aspect focuses on supporting the prevention of poor oral health among children and young people as well as advice on the care of oral health for the older population, with a particular focus on care homes and social care support.
- NHS Health Checks are a statutory function, and are offered every 5 years to everyone in England aged between 40 and 74 years who is not currently recorded as having a long-term health condition. The Health Check aims to identify those at high risk of, or with early signs of stroke, heart disease, kidney disease, dementia, or type 2 diabetes[4].

[4] NHS (2019) NHS Health Check. Available online at: https://www.nhs.uk/conditions/nhs-health-check/

Health checks are delivered in various community locations and at local events, particularly in communities where people might not be as well served by healthcare interventions. Following the health checks, the team refer people on as required.

- In addition to the individual services, a community team attend events and locations to generate referrals to the Health Improvement advisors, to signpost and/ or refer to other services; offers training courses to professionals; and supports the delivery of a number of campaigns throughout the year. It has close links to community organisations and primary care.

2.4 Like others, the service has had to adapt delivery over the past 12-18months, in line with COVID-19 advice and regulations. As a result, a digital offer has been developed and delivered where delivery a face-to-face service has not been possible. As regulations have changed, some elements of the face-to-face have been re-established where it has been safe to do so. Certain elements of the service listed above have been more restricted by the pandemic than others.

2.5 There has been positive feedback from service users and staff on the expansion of the service to digital. There has been a reduction in non-attenders via telephone appointment, which makes the service more efficient and suggests accessibility is improved for many. Whilst there is a recognition this service is not suitable or preferable for all, it supports development of a hybrid offer in the future.

2.6 Despite the difficult circumstances, and some frontline services having to pause due to COVID-19, during 2020-21, Be Well Tameside has worked hard and had some really positive outcomes. These include:

- Attracted 804 new clients who have never accessed the service before and supported a further 892 people who have been in touch with the service previously.
- 1519 clients created their own personal health plans with their own personalised goals for health and wellbeing, with 55% of people achieving their goals and a further 29% part achieving them.
- After a concerted focus on smoking cessation through the pandemic, the service supported 692 clients to achieve a 4-week quit and encouraged 956 clients to sign up to the smoke free homes pledge 'Take 7 Steps Out', to reduce passive smoking.
- 338 clients were supported to achieve weight loss.
- In terms of wider lifestyle and wellbeing scores such as connecting with others, coping, money, jobs, training, volunteering and enjoying life, 1069 reported an increase in their personal scores of these measures.
- Promoted and supported 16 health and wellbeing campaigns and marketing initiatives.
- Pre-pandemic in 2019/20, the service carried out 1460 NHS Health Checks (these had to pause for 2020/21 as per national guidance but have recently restarted).

3. CONSULTATION, ENGAGEMENT AND MARKET TESTING

3.1 A public consultation ran for a period of 12 weeks from 18 February, 2021 to 13 May 2021. There were 131 respondents to the online survey component of the consultation. Feedback was also gathered from a series of 6 focus groups/workshops held with 4 different community organisations and also collected through a group session with staff from the Be Well service themselves. Concerted effort was made to gather feedback from under-represented and protected characteristic groups. The use of a mixed approach aimed to maximise opportunity for the public to take part in the consultation process.

3.2 From the data available, respondents to the online survey were majority female, aged 35-65 and primarily White British, although the ethnic mix was not dissimilar to that of the general population. Some respondents reported having a long-term health condition or disability and a proportion had caring responsibilities. The vast majority responded in their capacity as Tameside residents and over half had used or were using the service, with most of the

remainder having worked for or referred in to the service.

3.3 Throughout all aspects of the consultation the following themes were recurring. A more complete summary of all aspects of the consultation is included in **Appendix 1**:

- A need to maintain both a digital and face-to-face offer, as well as group and individual sessions to make the service more accessible to all. This included ensuring access to groups that experience inequalities.
- A general feeling that the integrated, broader wellness offer was beneficial and that whilst a more targeted offer had some benefits respondents preferred an integrated service.
- Community outreach and engagement and working with partners was considered a key benefit of the service and should not be lost.
- There was a great deal of positive feedback about the way the current service was run and people were grateful for the input they had received. A number said they would not have been able to quit smoking or lose weight without the service.
- Training and education sessions were felt to be important and there was a recognition that there should be at least an element of the service focusing on prevention.
- There was a general feeling that the service was well recognised and respected by the community and other professionals, but that work would need to be done to maintain relationships and promote the service more widely.

3.4 The results of the public consultation support the previously proposed changes to the service, the main features of which are:

- A mixed digital/telephone and face-to-face model.
- Group sessions alongside one-to-one support where required.
- Maintaining an integrated, broader wellness offer as well as smoking cessation and weight management services.
- Continuing to work with communities and other organisations to provide support and prevention of ill health.
- Targeting those that need the service most whilst ensuring access for all

3.5 An expression of interest (EOI) exercise was conducted with the support of STAR procurement as a form of soft market testing. The previous tender exercise for this service was unsuccessful, so the aim was to understand the optimum way of packaging the services to encourage providers, including charities, social enterprises and Small and Medium Enterprises (SMEs) and new entrants to the market, to bid. Providers were able to express interest in bidding for either the smoking cessation service or community wellness service in isolation, or for both services combined. A total of 24 companies expressed an interest but only 12 of these completed the accompanying questionnaire. Of these, 9 reported being interested in both services combined and 3 were interested in only the community wellness service. No respondents were interested in the smoking cessation service alone, although 2 who expressed an interest in the combined service said they would prefer the services to be offered as separate contracts. Therefore, it is not clear if some of the companies interested in both combined would consider bidding for or running the smoking cessation service in isolation. In addition, a number of the EOIs were from smaller voluntary sector organisations that could struggle to deliver the requirements of the total contract. Of the larger organisations, for the most part these were national companies rather than local businesses.

4. ORAL HEALTH SERVICE

4.1 It is proposed that the core oral health offer will continue unchanged with the service within the Council to enable closer integration and alignment with public health and children's services/early years when the contract is terminated on 31st March 2022. This will support a sustainable population approach to oral health, as capacity to deliver can be incorporated and increased within these services. Oral health will continue to be funded from the budget identified within this report with an annual budget of £80,000. The team consists of 1.6 WTE

staff and a revenue budget to deliver the following initiatives focused on reducing oral health inequalities:

- Targeted supervised-tooth brushing in childhood settings
- Targeted community-based fluoride varnish schemes
- Integration of oral health into targeted home visits by health and social care workers
- Targeted provision of toothbrushes and toothpaste by health visitors or post
- Healthy food and drink policies
- Oral health training for the wider professional workforce

4.2 It is important that the full spectrum of the oral health offer to both children and older adults is not reduced. As highlighted in the introduction, poor oral health is another driver of health inequalities, is linked to wider health conditions and disproportionately affects those in vulnerable and socially disadvantaged groups. Improved oral hygiene and good tooth brushing can reduce the risk of dental decay, gum disease and other health problems[5]. Work across children's and older people's settings will continue.

5. PROPOSAL AND OPTIONS APPRAISAL

5.1 The Council is facing significant financial pressures with increasing demand on services and the impact of the COVID-19 pandemic. The Council is required to improve its financial position by finding further in-year and future savings through a review of all spending as part of the Medium Term Financial Strategy (MTFS).

5.2 With the results of this consultation and the EOI exercise, the opportunity has been taken to review the options for service delivery. In addition to this, the ongoing and likely future impact of the COVID-19 pandemic has been taken into account and all original assumptions revisited. As a result, we have concluded that an element of flexibility will be required going forwards, in order to adapt and respond to the needs of the population and the Council's financial position. Maintaining a holistic service and keeping the smoking cessation and community wellness elements of the service together were also highlighted as important and more cost effective, and this has been taken into account when considering the options outlined below.

5.3 In collaboration with STAR procurement and taking advice from the Council's HR and legal teams, two options are proposed for the continued delivery of a Health Improvement offer for the residents of Tameside. Findings from the consultation and EOI exercise have also been taken into consideration. Regardless of approach, both services would undergo the service changes proposed previously. A financial assessment of the options has been undertaken to assist in establishing affordability and value for money.

5.4 The two options available to the Council in respect of the Health Improvement Service delivery are:

1. Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910.
2. Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.

OPTION 1: Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910.

5.5 This option would re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual budget of £885,910 with a termination clause of six months. The Council will work jointly with STAR procurement to undertake the tender if this option is

[5] NHS (2018) The Health Risks of Gum Disease. Available online at: https://www.nhs.uk/live-well/healthy-body/health-risks-of-gum-disease/

deemed most appropriate. Consideration will also be given to maximising the social value of the contracts, following STAR procurement processes.

5.6 The table below outlines the advantages and disadvantages of this option.

Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910.	
ADVANTAGES	**DISADVANTAGES**
Resource - external provider may be able to provide access to expertise, knowledge, innovation and specialists in the field but an inexperienced provider may take time to establish this.	Costs – providers will have additional overheads and costs to be covered that would impact on the budget and capacity for front line service delivery.
Increased reach – a larger provider may have access to capabilities and facilities otherwise not accessible or affordable and may have an established reputation and networks. A newer/smaller provider may experience the opposite.	Service delivery – quality of service may fall below expectation. This can be mitigated by having a robust contract performance framework in place but consideration needs to be given to the costs and time of managing this and the reputational damage to the Council should quality be compromised.
Social value opportunities – this option gives the council an opportunity to offer additional benefits to the community from a commissioning / procurement process e.g. opportunity to procure from a SME or local VCSE provider. Opportunity for providers to align their SV commitments to Tameside Council's priorities.	Lack of flexibility – contract could prove too rigid to accommodate change flexibly, this may be more likely to happen if the budget is compromised.
Costs – may be lower if additional recruitment, equipment, expenses and training are required. However, some of these costs may have been built into the bid for the service therefore the council may not achieve these savings.	Instability – the company could go out of business – this is mitigated by carrying out robust due diligence and checking organisations finances but these risks still need to be considered.
Flexible manpower - if additional staff are required, the council save on recruitment costs.	Procurement – costs and time of this exercise should this be unsuccessful/challenged. The tender of this service has been unsuccessful in the past due to an inability of the market to deliver on the preferred service model. This is also the case if only partially successful if the contract is split and no provider is found for one element, which is an additional risk, as highlighted by the EOI exercise.
Market stimulation - in terms of not having monopolies and allows different suppliers to develop and come up with innovation due to benefits of maintaining competition could include driving reduction in costs and keeping the market buoyant.	Fixed contract – the council are tied into a contract. The contract does have a termination clause but exercising this could prove costly.
	Competition – if a supplier submits a low bid to secure the contract there is a chance quality, service user experience and outcomes could be compromised.

OPTION 2: Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.

5.7 This option would involve terminating the current contract with Pennine care NHS Foundation Trust and transferring the service and staff in-house, with the Council retaining all income and expenditure and control over the service. The current staffing establishment consists of

24 WTE roles to deliver the service with all staff eligible for TUPE to deliver the new service model. Initial financial modelling, considering staffing costs and revenue costs indicate additional savings of approx. £117,000 could be identified from the total available budget. The current provider is an NHS provider therefore staff are on NHS T&Cs. The future service would be subject to Population Health service reviews to ensure that effective service delivery is aligned to corporate priorities and delivers cost effective outcomes.

5.8 The table below outlines the advantages and disadvantages of this option.

<table>
<tr><th colspan="2">Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.</th></tr>
<tr><th>ADVANTAGES</th><th>DISADVANTAGES</th></tr>
<tr><td>The Council retains all income and expenditure and control over the service.
There will be a reduction in costs – for example costs of conducting a tender process, internal resource to manage and monitor the contract, quality issues, reputational damage, and use of the Council's existing assets (i.e. estate).
Additional financial savings on top of 20% reduction have been calculated to be approximately £117K by bringing the service in-house. Future cost reductions may be achieved by service redesign, integrating services and reducing management overheads.</td><td rowspan="3">HR risks of TUPE:
Redundancy would be higher. Under NHS T&C redundancy pay is calculated as one months' pay for every continuous year of service capped at 24 months, with a minimum salary level of £23k and a salary cap at £80k.
Occupational sick pay - NHS scheme more beneficial. Consideration also needs to be given to the other occupational schemes (e.g. maternity) however they are less frequent and similar/less costly.
Pension scheme - as part of a TUPE the Council can apply to the NHS pension fund to continue to offer the NHS pension scheme or the GMPF as an alternative. HR have advised that employer costs are comparable.</td></tr>
<tr><td>Improves opportunities for the Council to work collaboratively with communities in the design and delivery of public services which reflect what they need, recognising that service delivery is a core element of our relationship with residents.</td></tr>
<tr><td>Ensures an integrated service offer can be delivered within existing population health team and prioritised, as outlined in consultation outcome.</td></tr>
<tr><td>Quality control – can be easier to keep control over the quality of work leading to an increase in productivity hence achieving improved outcomes. Problems can be identified and resolved at an earlier stage.</td><td>Experience - not having some levels of expertise and wider partnership working from an external provider, although this is mitigated to an extent by the established partnerships that already exist with the Council.</td></tr>
<tr><td>Workforce - strengthening of the Council's public health organisational sustainability and resilience, by further developing the skills and knowledge of the Council's public health workforce, organisational capacity and infrastructure.
Allows closer working with staff to know their strengths and weaknesses so work can be assigned by skillset. Also allows for greater flexibility in service delivery should priorities change. Greater control over the development of staff skills and knowledge to align with priorities.
Benefit of gaining skilled and experienced staff via TUPE. Having a varied combination of skills and professional backgrounds within the core public health workforce will also increase the recruitment pool and allow for movement across the wider system.
As posts become vacant there is opportunity for service</td><td>Capacity – the service has a lead manager, but an element of capacity from the existing senior team will be required to oversee the service. This can be offset to an extent by the time spent commissioning the service and contract monitoring.</td></tr>
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redesign and recruitment of roles via Council T&Cs. Provides an element of stability to existing staff rather than the uncertainty of a new external provider.	
Control – greater control over decision making and aligning the service to Council and local priorities. Enables more rapid change should local, regional or national policy or drivers change.	Recruitment – if staff leave or additional staff are required, cost and time for recruitment will be required, which would otherwise be an external providers responsibility. There is also a risk that posts could lie vacant if recruitment is unsuccessful.
Integration – can allow for a more joined-up delivery and integration with other services, increasing efficacy and efficiency and reducing duplication. This includes at a local level but also potential on a regional footprint as well. Delivery of a holistic solution with other council services including vulnerable groups, supporting public health, children/ adult services and social care outcomes and Corporate Plan strategic objectives	Time and resource – will be required to transfer the service in-house. Support from population health, HR, legal for example will be required to lead the due diligence exercise.
Communication – enables direct communication with staff, preventing risks of miscommunication via an intermediary, such as dealing with a manager of a commissioned external service.	

5.9 Advice has been gained from Legal Services, Human Resources, Finance, Adults commissioning and STAR procurement to assess the feasibility, risks and benefits of each option. It is the groups view that **option 2 is the preferred option for the authority to take**, following a detailed due diligence exercise. The Council has experience of leading a similar, although more complex, due diligence process following the TUPE transfer of public health staff and novation of public health contracts and services into the Council in 13/14.

5.10 Should option 2 be chosen, a project working group will be established to oversee the process and to draft a timetable for change:

- Sept 2021: Initiation of detailed due diligence to cover HR, Finance, Asset management, accommodation, Data/IG
- End Sept 2021: Consultation with existing health improvement team staff over TUPE process, terms & conditions
- Nov 2021: Report to ECG for TUPE process
- April 2022: Service & staff transfer to TMBC

5.11 The provisional budget requirement for an in-house Health Improvement team, inclusive of Oral Health, is set out below. Because the vast majority of the costs would arise from NHS staff transferring under TUPE, the position is uncertain until the contractual situation can be definitively determined. However, on the estimate below this option would achieve the 22/23 savings target, and save a further £117k to cover overheads or be offered up as an additional saving.

Health Improvement Team	**£000s**
Health Improvement Gross Budget	1,152
22/23 Base Savings Target	(186)
Net Budget	**966**
Staffing including oncosts (including Oral Health)	809
Additional operating costs	40
In-house Health Improvement- Total Costs	**849**
Additional saving	(117)

5.12 Staffing costs are based on information provided from Pennine Care and with contractual matters such as pension, redundancy, and sick pay still under review. The estimate has been formulated on the basis of:

Health Improvement Team- cost estimate after TUPE	
Salary Costs (assumes 3% 21/22 pay award)	£626,280
Employers National Insurance (13.8% above secondary threshold)	£53,489
Pension Contribution (contribution rate 20.68%)	£129,515
Additional operating expenses (mileage, office costs, Oral Health materials)	£40,000
Total	**£849,283**

6. EQUALITIES

6.1 Screening for equality impacts has been undertaken in order to help ensure that potential changes to delivery models do not result in any discrimination against individuals or groups who share the protected characteristics. It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal, although some positive impacts are anticipated. An equality impact assessment has been developed. This is a live document that will be updated as required, see **Appendix 2**.

7. RISKS

7.1 The following risks have been identified and will be managed as part of the project plan and mobilisation.

Risk	**Risk Description**	**Mitigation**
Mobilisation – failure to meet key deadlines.	The new model is not delivered on time to dovetail with the expiry of the existing contract which results in service disruption and reputational damage for the Council	Project plan with milestones is in place supported by commissioning team. The Population Health team will oversee the implementation of transfer of the service in-house. An updated project plan and more detailed programme of due diligence will be undertaken to ensure key milestones are met.
Financial – affordability of new model	The change in model result in costs being greater than working budget	The cost of delivering the service within the financial envelope are affordable. Further detailed due diligence will be carried out to confirm the available budget and possible savings. All costs to be identified including accommodation, currently provided via CCG. If the service is re-commissioned, Officers will follow Tameside's procurement procedures, such as the Contract Standing Orders (CSOs), which are designed to ensure that the Council achieves best value and continued improvement for all commissioned services.
Staffing and culture – insufficient capacity within the	The organisation's capability and capacity to accommodate an expanded Population Health team with the	The Health Improvement team will align to the Health Improvement team within the Population Health team. Through detailed project

organisation.	associated infrastructure, management and staffing requirements. Through detailed project planning the organisational capacity required will be identified and detailed in the preferred in house model and will impact on a number of other directorate functions.	planning, the organisational capacity required will be identified. Due diligence to include review of subcontracting arrangements within the current contract. A risk assessment on the status of fixed term workers (as defined by the current provider) to ascertain whether these individuals are casual or permanent employees.
Reputational – failure to deliver on council commitments and service standards	The preferred option does not deliver the additional benefits to the community.	The Health Improvement service model has been informed by extensive resident and customer engagement over the past 18 months. The current specification reflects this and will form the basis of the team plan, aligned with the population health service plan. Continued evaluation of the delivery model will aim to identify service benefits to the community and future service improvements.
COVID-19 recovery - ongoing uncertainly of the pandemic	Demand for services have changed and this may affect referrals into the service and the way the service is delivered.	Flexibility will need to be built into the service delivery plan and monitoring of demand/ pathways to ensure residents can easily access support
Legal and regulatory – health and safety responsibility	Increased risk and exposure for the Council as it will take on health and safety and other associated responsibilities previously held by the current provider.	Ensuring that the health and safety management of the health improvement service is sufficiently resourced.

8. CONCLUSION

8.1 The Council has a wide range of strategic outcomes which will change over time and have been affected by the impact of the COVID-19 pandemic and the inequalities experienced by our residents. There are also sub-sets of objectives and priorities that are reflected within the Corporate Plan, education plans, adults and children services, early help plans, and social care plans. These requirements can be documented within contracts and specifications; however, to build these relationships with external providers can often be difficult for Council departments to deliver. Changes can be difficult to put in place, given there is normally a financial and contracting implication to be considered and approved. This can often be seen as providing a less flexible approach to the constant changes to the Council's own outcomes, demand and needs.

8.2 As outlined above and in a previous commissioning intentions paper that was approved by SCB, many aspects of the current offer are working well. Reconsidering how the service is delivered will, however, give us the opportunity to make changes to optimise the efficiency and outcomes of the service, and to bring the offer in line with recent changes to local health needs and the evidence-base.

8.3 The consultation provides important information to note when considering the re-design but does not preclude the option to make the proposed changes to the service, providing a mix of group and individual sessions, maintaining a digital/telephone offer alongside face-to-face, targeting groups that are more likely to experience inequalities and working with communities.

8.4 In conclusion, it is felt that on balance, the option to transfer the service in-house is preferable. This is because it provides additional financial savings and allows a greater flexibility around continued provision of the service to meet priorities and service demand. Whilst there are risks associated with both options, the risks associated with bringing the service in-house are considered more acceptable and manageable.

9. RECOMMENDATIONS

9.1 As set out at the front of the report.