

Report to: **EXECUTIVE CABINET**

Date: 24 August 2022

Executive Member: Councillor Eleanor Wills – Executive Member Population Health & Wellbeing
Councillor John Taylor – Executive Member Adult Social Care, Homelessness & Inclusivity

Reporting Officer: Stephanie Butterworth, Director of Adult Services
Debbie Watson, Director of Population Health

Subject: **ADULT SERVICES AND POPULATION HEALTH COMMISSIONING INTENTIONS 2023 -2024**

Report Summary: The report summarises the strategic commissioning plan of both Adult Services and Population Health outlining activity that will take place during 2023-2024 thus ensuring effective resource planning. This is to be achieved by executing the available contract extensions for a number of contracts whilst options appraisals are carried out to inform the future OJEU tender exercises. The activity is co-ordinated by the Adults Commissioning team under the joint leadership of the Senior Adults and Population Health teams. Individual reports for specific contracts will be brought forward during 2023/2024 for those that require subsequent OJEU tender exercise. The report sets out specific details on the following service agreements:

Adult Services

- Provision of services to help older people stay at home
- The provision of mental health services – wellbeing hub
- Provision of respite services for people with a learning disability
- Mental health supported accommodation
- Healthwatch
- Miles of Smiles (Transport Service)

Population Health

- Women and Families Centre
- Locally commissioned services – GP's
 - Long acting reversible contraception
 - Smoking cessation service
 - Weight management service
 - NHS Health Checks
- Locally commissioned services – Pharmacies
 - Emergency hormonal contraception
 - Smoking cessation service
- National HIV sampling service

Following the closure of Tameside and Glossop CCG, legal rights and obligations transferred to Greater Manchester Integrated Care. GM Integrated Care Tameside remains committed to the Miles for Smiles service and the existing model of delivery and intends to continue the current level of NHS investment subject to receiving the necessary delegations from

Greater Manchester Integrated Care.

The Council are working with STAR procurement on all areas.

Recommendations:

That the Executive Cabinet be recommended to approve:

Adult Services

- (i) Extend the current contract for the provision of services to help older people stay at home by twelve months from 1 April 2023 to 31 March 2024.
- (ii) Extend the current contract for the provision of mental health services – Wellbeing hub by twelve months from 1 April 2023 to 31 March 2024.
- (iii) Tender the respite service for people with a learning disability for a contract period of five years to commence 1 October 2023
- (iv) Tender the mental health supported accommodation service for a contract period of five years to commence 1 April 2024.
- (v) Tender the Healthwatch service for a contract period of six years to commence 1 April 2024.
- (vi) Agree a further three year jointly commissioned grant agreement with the GM NHS ICB for the Miles of Smiles Service.

Population Health

- (vii) Extend the current Women and Families Centre contract for a period of six months from 1 October 2023 to 31 March 2024 to bring in line with Bridges Domestic Abuse Service Tameside contract to enable an integrated approach to commissioning Domestic Abuse Services in Tameside.
- (viii) Extend the locally commissioned services – GP's for a period of twelve months from 31 March 2023 to 31 March 2024.
- (ix) Extend the locally commissioned services – Pharmacies for a period of twelve months from 31 March 2023 to 31 March 2024.
- (x) Extend the National HIV sampling service contract by six months 1 January 2023 to 30 June 2023 and to utilise the national call off framework to directly award the service to the chosen provider of this service post 30 June 2023 based on the specific call off framework agreement and contract duration agreed.

Financial Implications:

(Authorised by the statutory S
151 Officer & Chief Finance Of

Budget Allocation (if Investment Decision)	Funding for these services is currently aligned to the approved 22/23 budget within Adult's Social Care and Population Health
CCG or TMBC Budget Allocation	TMBC and ICB
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG	Cabinet

Governing Body	
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

This paper is seeking to ask permission to extend contracts in the main to the end of March 2024. The annual costs covered in this paper is circa £1.6m of Local Authority commitments that are to be extended. The current contracts are within the local authority budgets for 22/23 and will form part of budget setting for 23/24. This paper also identifies a continued contribution of £46k that came from Tameside & Glossop CCG and it is expected that this arrangement will continue with GM Integrated Care Board.

Legal Implications:

(Authorised by the Borough Solicitor)

This is a detailed report mapping out the commissioning proposals for these services through to 2023/2024.

The proposals include extensions to a number of contracts. It is understood that there are extension provisions in those contracts and the project officers are engaging closely with STaR to ensure compliance.

As set out in the main body of the report the extensions will facilitate the options appraisals in relation to future delivery which will be subject to its own due diligence, governance and decision making in due course.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Living Well and Working Well and Aging Well programmes for action

How do proposals align with Locality Plan?

The service links into the Council's priorities :-

- Help people to live independent lifestyles supported by responsible communities.
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?

The proposals follow the Commissioning Strategy principles to:

- Empower citizens and communities
- Commission for the 'whole person'
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing
- Target commissioning resources effectively

Public and Patient Implications:

Those accessing the service have been identified as having eligible needs under the Care Act 2014 or are assessed as requiring preventative services to delay eligibility and entrance to eligible services.

Quality Implications:

These services support quality outcomes for people to be able to continue living well in their own homes and local communities.

How do the proposals help to reduce health inequalities?

The service delivers whole life support to vulnerable people including ensuring individuals have access to healthy lifestyles.

What are the Equality and

There are no negative equality and diversity implications

Diversity implications?

associated with this report. Equality Impact Assessments have been produced and are available from the report author.

What are the safeguarding implications?

There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, 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 both commissioner and provider. Privacy Impact Assessments have not been carried out.

Risk Management:

Risks will be identified and managed by the appropriate officers.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writers Trevor Tench, James Mallion and Janine Byron



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1. INTRODUCTION

- 1.1 The report summarises the strategic commissioning plan of both Adult Services and Population Health outlining activity, which will take place during 2023-2024 thus ensuring effective resource planning. This is to be achieved by executing the available contract extensions for a number of contracts whilst options appraisals are carried out to inform the future OJEU tender exercises. The activity is co-ordinated by the Adults Commissioning team under the joint leadership of the Senior Adults and Population Health teams. Individual reports for specific contracts will be brought forward during 2023/2024 for those that require subsequent OJEU tender exercise. The report seeks authorisation to:

Adult Services

- 1) Extend the current contract for the provision of services to help older people stay at home by twelve months from 1 April 2023 to 31 March 2024.
- 2) Extend the current contract for the provision of mental health services – Wellbeing hub by twelve months from 1 April 2023 to 31 March 2024.
- 3) Tender the respite service for people with a learning disability for a contract period of five years to commence 1 October 2023
- 4) Tender the mental health supported accommodation service for a contract period of five years to commence 1 April 2024.
- 5) Tender the Healthwatch service for a contract period of six years to commence 1 April 2024
- 6) Agree a further three year jointly commissioned grant agreement with the GM NHS ICB for the Miles of Smiles Service for the period 1 April 2023 to 31 March 2026.

Population Health

- 7) Extend the current Women and Families Centre contract for a period of six months to bring in line with Bridges Domestic Abuse Service Tameside contract and to include this element in the new tender (above) for 5 years to commence 1 April 2024.
- 8) Extend the locally commissioned services – GP's for a period of twelve months from 31 March 2023 to 31 March 2024.
- 9) Extend the locally commissioned services – Pharmacies for a period of twelve months from 31 March 2023 to 31 March 2024.
- 10) Extend the National HIV sampling service contract by six months to 30 June 2023 and continue to utilise the national call off framework to directly award the service to the chosen provider of this service post 30 June 2023 based on the specific call off framework agreement and contract duration agreed.

2. PROVISION OF SERVICES TO HELP OLDER PEOPLE STAY AT HOME

- 2.1 The current contract delivered by Age UK Tameside commenced 1 April 2020 for a period of three years with an option to extend for twelve months. The contract is due to come to an end 31 March 2023. The annual budget allocation for 2022/2023 for this contract is; Adults £155,876 and Population Health £35,940.
- 2.2 The Council has a good and established working relationship with Age UK Tameside whose organisational aims are;
- Preventing or relieving the poverty of older people;
 - Advancing education;
 - Preventing or relieving sickness, disease or suffering in older people whether emotional, mental or physical;
 - Promoting equality and diversity;
 - Promoting the human rights of older people in accordance with the universal declaration of human rights;
 - Assisting older people in need be it reason of ill-health, disability, financial hardship,

social exclusion or other disadvantage;

- 2.3 The aim of the commissioned service is to support both the promotion of independence and maintenance of services and also the development of new initiatives in furtherance of agreed preventive principles. Central to this approach is reducing the development of a range of social problems, improving the quality of life for older people in Tameside and relieving pressure on statutory services.
- 2.4 Age UK Tameside have continued to develop the delivery of the overall aims throughout the life of the agreement supporting the Council's Corporate Plan in relation to Ageing Well. The services delivered are outlined as follows:

Advice and Information Service

- Provides an accurate and reliable information and advice service to those people approaching them for help or offering their help for the benefit of others.
- Provides advice and information on the increasing range of care choices services to help people exercise choice.
- Contributes to developing an environment in Tameside where people can make informed choices that are right for them on a number of subjects.
- Supports older people to access benefits to which they are entitled.

Dementia Support Service

- Provides a range of early intervention services for individuals living with dementia or the signs and symptoms of cognitive impairment across Tameside and in so doing provides opportunity for Carer and family support including;
- Provides 'drop-in' sessions for enquiry and 1:1 support to individuals and Carers living with Dementia or signs and symptoms.
- Provides opportunity for early intervention – the service brings together local services under one roof to advise on the range of practical and emotional supports available in the Borough.
- Provides sessions for opportunities to refer directly into the memory clinic.
- Refers people to GPs to commence physical investigations that complement referrals into the NHS – this will be done by helping people access their GP and the services of an advocate as appropriate.
- Ensures all families and Carers that come into contact with the service are advised of their rights to a Carer's assessment, and to register with the Carers Centre.
- Recruits and utilises 'buddies' to support individuals meet identified outcomes, build confidence and self-esteem.
- Supports transition into other mainstream social opportunities or identify interest for continued worker input to work 1:1 on any particular hobby/interest.
- Supports wider strategies to improve services for people living with dementia and the carers across Tameside.
- Delivers four 8-week rolling programs to raise awareness and key facts on dementia – this will be based on the successful 'Carer Course' model.
- Runs monthly Carer Information Sessions with wider partners.
- Facilitates weekly activity sessions that recognise the 'Five Ways to Wellbeing' and include evidenced based activities such as dancing, singing, reading, life story work, walking, health & beauty and gardening.
- Facilitates six events annually to include Awareness Raising, Key Facts about Dementia, end of life planning, legal issues etc.
- Builds on the Information and Advice Service, providing dedicated service hours including the availability of individual support for benefit checks, housing advice, debt advice, and 'Let's Talk Money' workshops. The service offers individuals and their family/Carer the opportunity to have an individual appointment.
- Supports access to end of life planning; financial/advance directives; funeral planning; Legal issues; power of Attorney etc.
- Signposts individuals and families/Carers to the Buying with Confidence Scheme to

ensure they are informed of what is on offer around home safety checks and access to recognised traders.

- Internet Services – provide volunteer 1:1 support for individuals to gain skills in accessing the internet – opening up access to online support and advice such as ‘Talking Point’, ‘Demenshare’, the Dementia Gateway etc.

Volunteering

- Through partnership work the aim of the commissioned service is to increase and improve the quality, quantity, impact and accessibility of volunteering throughout Tameside.
- Age UK have approximately one hundred and seventy active volunteers on its database at any one time.
- Through a range of dedicated volunteers offering a diverse range of support to individuals, positive outcomes are achieved for older people in Tameside.
- The commissioned service aims to ensure a “volunteering friendly” economic, political and social environment within the Borough.

Community Support Services

- The aim of the Service is to support all vulnerable people, from all client groups, aged 50+, who may be at risk of isolation or are struggling to maintain daily living, to regain their independence, reconnect with the community, develop skills, have a safe discharge from hospital, regain confidence etc. in order to live the life that they wish.
- This Service was designed a number of years ago following a review of three separate services (Hospital Aftercare, Buddying and Befriending) which in practice exhibited a significant number of similarities which lend themselves to a combined response as a Community Support Service.
- The Service is aimed at people who are/define themselves as:
 - Resident in Tameside
 - Feeling isolated or lonely
 - Lacking in confidence
 - Have fallen or are at risk of falling
 - Have lost their independence
 - Have suffered a bereavement or loss
 - Recently been discharged from hospital and needing support
- The support to people leaving hospital is provided to people who have expressed a need for support who are:
 - Not in receipt of a Social Care Package
 - Not living in Supported Accommodation with a package of care
 - Do not have immediate support at home
- The Community Support Service therefore:
 - Accepts referrals from or on behalf of people who define themselves as any of the above.
 - Carries out an assessment to ascertain the appropriate levels of intervention/support to achieve the agreed outcomes for the individual.
 - Provides support appropriate to assessed need.
- The Community Support Service provides an appropriate level of support as determined via assessment to individuals who determine themselves in need. The service operates as follows;
 - Assessment of need
 - Signposts individuals to alternative appropriate services if they are not eligible for this one.
 - For those people who are eligible for the service, determines the outcomes to be

- achieved for the individual by the end of the intervention
- Determines the minimum timescale for the intervention.
- Determines the best level of intervention to achieve outcomes.
- Works in conjunction with the Community Wellbeing Buddying Scheme to ensure any appropriate referrals are made.
- Monitors and reviews the intervention
- At the end of the intervention, signposts or refers the individual to any other services that may be appropriate, with their consent

Falls Prevention

- Falls and fall-related injuries are a common and serious problem for older people, and are the largest cause of emergency hospital admissions for older people. A fall or injury can have a devastating effect on the individual's independence, confidence and quality of life, often leading to inactivity and further decline. However, the worst effects of a fall are often preventable.
- The service funded by Population Health forms part of the Falls Prevention Pathway that supports people following a fall. The aim is to reduce falls amongst Tameside residents aged 65 and over, with specific objectives to:
 - identify and help people at higher risk of falls or who have already fallen.
 - deliver a falls prevention programme (secondary prevention)
 - deliver a universal falls prevention marketing programme
- The service identifies and helps people at higher risk of falls or who have already fallen and patients who are assessed as at severe or moderate risk of falls can be referred into this service. Referrals may be received from a range of services, self-referral is also appropriate. Depending on the needs of the individual the service offers a home assessment, onward referral to other relevant services; and exercise sessions to build strength & balance.

- 2.5 A key aspect of continuing to partner with a nationally recognised brand in provision of support for older people is its accessibility; older people know the brand and readily approach for support, information and advice.
- 2.6 The support and advice offered to older people in Tameside by Age UK reduces demand into core services such as adult's social care and the hospital, and also mitigates other challenges such as financial difficulty, which is particularly important in the light of the current cost of living crisis.
- 2.7 The provision of information and support of choice offered to older people by Age UK Tameside serves the needs identified in the White paper; 'People at the Heart of Care'
- 2.8 Both Adults Services and Population Health will be working closely with Age UK Tameside throughout the duration of the proposed extension to ensure that the service continues to meet the needs of the local population and any identified developments and improvements will be implemented and reflected in the design of the new service specifications prior to tender.
- 2.9 Adult Services will be working closely with the STAR Procurement team in 2023/2024 to undertake an appraisal of the different procurement options available and until then permission is therefore sought to extend the current contract by twelve months to 31 March 2024.

3. PROVISION OF MENTAL HEALTH SERVICES – WELLBEING HUB

- 3.1 The current contract delivered by Tameside, Oldham and Glossop MIND commenced 1 April 2020 for a period of three years with an option to extend for twelve months. The contract is

due to come to an end 31 March 2023. The annual budget allocation for 2022/2023 for this contract is £53,808.

- 3.2 The Council has an established working relationship with Tameside, Oldham and Glossop MIND whose aims are;
 - To promote the preservation and the safeguarding of mental health and wellbeing by carrying out such activities that relieve persons suffering from mental health problems and promote their recovery and foster their emotional and physical wellbeing.
- 3.3 Tameside, Oldham and Glossop MIND have continued to develop the delivery of the overall aims throughout the life of the agreement supporting the Council's Corporate plan in relation to Living Well these aims are outlined as follows;
- 3.4 The Wellbeing Centre service works from a recovery perspective to improve not only mental health services, but also the promotion and maintenance of mental health and wellbeing through health promotion services and preventative initiatives. All partner organisations are committed to, and engaged in, a move towards recovery-based practice and Service provision.
- 3.5 Recovery is fundamentally about a set of values related to human living applied to the pursuit of health and wellness. The six key features of recovery based services are:
 - Promoting Self-Management
 - Responsive Provision
 - Expert "User"
 - Valuing Ethnicity and Diversity
 - Workforce Competency
 - Access, choice and opportunity
- 3.6 The Wellbeing Centre is a place where people can go to access recreational and social opportunities in order to improve their mental and physical health, and to foster the skills and confidence necessary to re-engage with other community resources. The Wellbeing Centre has open access. Based on the principles of wellness, self-directed care and prevention, anyone is able to access the facilities, Services, groups and activities based there, whether they have recognised or diagnosed mental health needs or not. There is a café, open to the general public providing a welcoming, friendly and informal space to eat and drink as well as to access information about mental and physical wellness and mental health issues. It serves wholesome food and promotes healthy eating.
- 3.7 In addition, the Wellbeing Centre provides a selection of activities that change according to demand and interest.
- 3.8 An initial contact, advice and information service (1-2-1) is provided for people with mental health related needs, their family, friends and carers. A key role is to sign-post people on to services that could assist, either within the Wellbeing Centre or elsewhere.
- 3.9 Opportunities for volunteering, along with user-led initiatives, will be actively provided, supported and facilitated.
- 3.10 Adults Services will be working closely with Tameside, Oldham and Glossop MIND throughout the duration of the proposed extension to ensure that the service continues to meet the needs of the local population and any identified developments and improvements will be implemented and reflected in the design of the new service specifications prior to tender.
- 3.11 Adult Services will be working closely with the STAR Procurement team in 2023/2024 to undertake an appraisal of the different procurement options available and until then permission is therefore sought to extend the current contract by twelve months to 31 March 2024.

4. PROVISION OF RESPITE SERVICES FOR PEOPLE WITH A LEARNING DISABILITY

- 4.1 The current contract delivered by Community Integrated Care commenced 1 October 2018 for a period of five years and is due to come to an end 30 September 2023. The annual budget allocation for 2022/2023 for this contract is £259,681.
- 4.2 The current service is designed as follows:
- Provision of a building based short stay/respite provision for adults with a learning disability.
 - The service will deliver support to individuals with a range of mild, moderate and complex learning disabilities and additional needs.
 - The building base, 1 Cumberland Street, Stalybridge, SK15 1LS, is provided by a registered social landlord via a management agreement with Tameside MBC.
- 4.3 The aims and objectives of the service are:
- To provide access to twenty four hour support within a shared accommodation environment for service users who for the majority of the time reside in the parental/family home.
 - To deliver a service that will adopt an outcomes-focused approach to the provision of support in reflecting individual's lifestyles, skills, aspirations and interests. The service will therefore facilitate opportunities for individuals to engage in purposeful activity, meaningful relationships and inclusion within the community. To this end the service will need to be flexible, responsive, innovative and tailored to personal need.
 - In particular, the provider will need to ensure a model of care and support that understands the differing levels of need of the service users, such as those with a mild to moderate learning disability, physical disability, behaviours that challenge, autism and health needs. The service will also offer an enabling environment for individuals, thus giving people more opportunities to progress with a view to becoming less dependent on support in the future.
 - The service will support positive risk taking and least restrictive practices in individuals' daily lives that is personally meaningful to service users and takes into consideration best interest decision making.
- 4.4 The service will be provided for service users of Tameside who are eighteen years or over and have been assessed by the commissioner as requiring the service in accordance with its eligibility criteria.
- 4.5 The provider will deliver appropriate staffing levels for one property providing short stay/respite for up to four service users at one time, plus one emergency placement.
- 4.6 The Service will be delivered flexibly and responsively three hundred and sixty-five days per year, twenty four hours per day and will be inclusive of one waking night.
- 4.7 In providing a responsive and flexible service, the provider will allow for individuals changing and diverse needs and demand for the service including the emergency placement. The provider will manage this delivery within the maximum budget specified within this contract.
- 4.8 Adult Services will be working closely with STAR Procurement to undertake an appraisal of the different procurement options available for this contract. In addition a full review of the current service including participation from current service users/carers will be completed to ensure service user involvement is integral in the design of the service specification and throughout the procurement process.
- 4.9 Permission is therefore sought to tender for a new respite service for people with a learning disability for a period of five years commencing 1 October 2023.

5. MENTAL HEALTH SUPPORTED ACCOMMODATION

- 5.1 The current contract delivered by Creative Support commenced 1 April 2019 for a period of five years with an annual budget allocation for 2022/2023 of £575,534. The contract is due to come to an end on 31 March 2024.
- 5.2 The current service is designed as follows:
- Provision of twenty four hour a day and three hundred and sixty five days per year supported accommodation to adults with long term mental health needs.
 - The service is delivered across two accommodation settings in the Borough, supporting twenty seven tenants, there is also provision of support for one short stay bed.
 - The current indicative number of day time support hours for the delivery of this service are five hundred and seventy two point five per week. These hours will typically be provided between 7 am and midnight.
 - In addition there are two sleep-ins provided each night, one at each location.
- 5.3 The aims and objectives of the service are:
- The service will deliver access to twenty four hour personalised support across two premises within the Borough of Tameside. The service will deliver an outcome model based on the principles of recovery and rehabilitation. The service will therefore facilitate opportunities for individuals to engage in purposeful activity, develop and improve life skills, inclusion within the community and ensure a pathway to recovery that increases independence and a move on to more independent living.
 - The service will support positive risk taking that is personally meaningful and reflects the lifestyles, skills and aspirations of individuals receiving support.
 - The provider will have a flexible and innovative approach to service delivery. This will allow continued delivery where there is a change in Service User needs and/or demand from the commissioners.
 - The delivery of supported accommodation will consist of a combination of housing and support services. This will allow service users the right to occupy his/her own tenancy. The provider will be required to work in partnership with the landlord of the premises to ensure service users comply with the terms and conditions of their tenancy.
 - The provider will involve service users and carers where appropriate in the planning of their individual service and future developments in provision.
 - The provider will deliver the service in order to meet the needs of a diverse population.
- 5.4 The accommodation is provided by registered social landlord (Creative Support) and offers the following facilities:
- Mottram Road, Hyde which is home to seven tenants:
 - The accommodation is room based, en-suite facilities, and some domestic equipment i.e. kettle/fridge.
 - There is a communal bathroom, lounge, two kitchens
 - In addition there is one short stay bed that offers a respite provision
 - There is a separate area utilised as an office and for a sleep in.
 - Bendix Court which is home to twenty tenants:
 - There are fourteen individual flats
 - There is one all-female facility for three people
 - There is one all male facility for three people
 - There is a separate flat utilised for a sleep-in and as an office.
- 5.5 Adults Services will be working closely with services prior to commencing procurement to ensure that the service continues to meet the needs of the local population and any identified developments and improvements will be implemented and reflected in the design of the new service specifications prior to tender.

- 5.6 Approval is sought for Adult Services to work closely with STAR Procurement to undertake an appraisal of the procurement options and permission is therefore sought to tender the service with a view to awarding the contract to commence no later than 1 April 2024 with a new contract for 5 years.

6. HEALTHWATCH

- 6.1 The current contract delivered by Action Together commenced 1 April 2018 for a period of six years and is due to come to an end 31 March 2024. The annual budget allocation for 2022/2023 for this contract is £135,806.
- 6.2 The local Healthwatch Service operates to support people who use health and social care services by ensuring those who are running these services put people at the heart of care. The purpose of the service is to understand the needs, experiences and concerns of people who use health and social care and speak out of their behalf. The focus is to ensure that people's worries and concerns about current services are addressed.
- 6.3 The aims and objectives of the service are:
- Gather views and understanding the experiences of patients and the public;
 - Make people's views known;
 - Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinised;
 - Recommend investigation or special review of services via Tameside MBC Scrutiny Panels, Health watch England or directly to the Care Quality Commission (CQC);
 - Provide advice and information (signposting) about access to services and support for making informed choices;
 - Make the views and experiences of people known to Healthwatch England (and to other Local Healthwatch organisations) and providing a steer to help it carry out its role as national champion;
 - NHS complaints advocacy – levels 1 to 4 (level 5 provided under the Independent Advocacy Provider contract).
- 6.4 Approval is sought for Adult Services to work closely with STAR Procurement to undertake an appraisal of the procurement options and permission is therefore sought to tender the service with a view to awarding the contract to commence no later than 1 April 2024 with a new contract for a period of six years.

7. MILES OF SMILES (TRANSPORT SERVICE)

- 7.1 The current service delivered by Action Together is a single commission grant agreement which commenced 1 April 2020 for a period of three years and is due to come to an end 31 March 2023. The total annual budget allocation for 2022/2023 for this contract is £59,000 of which Adult Services is £13,000 and GM NHS ICB is £46,000. The NHS grant conditions state that the agreement comes to an end twelve months after the end of the grant period or until the grant monies have been spent.
- 7.2 Miles of Smiles exists to ensure fair and equal access for passengers in Tameside to transport provision to health related and social prescribing related appointments.
- 7.3 Miles of Smiles is a community transport scheme operating for use by residents of Tameside. It supports people that have difficulty accessing public transport, and are NOT eligible for the ambulance service. It also supports individuals who are isolated and not able to access public transport who would benefit from attending a health based group activity within the community or a rehabilitation session (Falls Group).

- 7.4 Difficulties in using public transport and ineligibility for ambulance transport result in people failing to attend health related appointments. Miles of Smiles was designed as a safety net for those people. It is also vitally important that support is provided to people who will benefit from social health and wellbeing activities as a preventative measure and to enable those people to stay healthy, connected and active. This project supports the development of the wider asset based approach to health and social care and community development.
- 7.5 Miles of Smiles offers a flexible and supportive solution through the use of volunteer drivers who use their own cars to transport passengers to their agreed destinations.
- 7.6 Miles of Smiles objectives are as follows:
- To ensure passengers who are unable to access the ambulance service and cannot use public transport are able to attend health related appointments.
 - To ensure that passengers who are unable to access public transport are able to attend social activities and remain independent and active. To reduce health inequalities of adults in Tameside.
- 7.7 Referral to the service is via health professionals, adult social care, mental health team, social prescribing service and other voluntary sector groups. Individuals and family members can also refer. The service is available to adults where, due to complex health conditions (including mental health), disabilities and complexity of journey accessing public transport is an issue and cannot access the ambulance service or any other method of transport.
- 7.8 Miles of Smiles work with health visitors, medical staff, support workers, social workers, community, voluntary, faith and social enterprise sector organisations.
- 7.9 The Adult Services contribution funds the delivery of approximately 15,000 miles per annum for social prescribing journeys and the funds also include the delivery of transport for 5 falls groups. The GM NHS ICB contribution funds the delivery of approximately 40,000 miles for health related journeys.
- 7.10 Approval is sought for Adult Services to work closely with colleagues in the GM NHS ICB and also STAR Procurement to undertake an appraisal of both the service delivery and procurement options available and permission is therefore sought to tender the service with a view to awarding a joint grant agreement to commence no later than 1 April 2023 with a new grant agreement for three years.

8. WOMEN AND FAMILIES CENTRE

- 8.1 In Tameside we face significant challenges in relation to the prolific nature of domestic abuse, drug and alcohol misuse and mental health issues within the Borough which affect the entire system and in particular health, social care, criminal justice, welfare and the local economy.
- 8.2 Commissioners are keen to change the way that women in particular think about lives, including any domestic abuse, their tolerance and their acceptance of abusive behaviour, substance misuse, their mental health, criminal activity and altogether these as effects on their children, family and community inter-generationally.
- 8.3 When women, including often mothers, are affected, children specifically suffer a range of problems as a result of being in a childhood environment where a parent or close adult misuses substances, needs support to create and maintain essential needs, commits crime or is abusive to another parent, sibling or themselves.
- 8.4 Early detection of domestic abuse, mental health issues and substance misuse followed by asset-based strength and early intervention into these often overlapping issues – known as the ‘toxic trio’ - could provide women and their families with greater safety options and an

increased likelihood of successfully overcoming the barriers and problems faced in achieving a safe and independent family life.

- 8.5 Problems in children can present as physical, psychological, and/or behavioural. Children can be affected, regardless of whether it is the mother or father who acts in a manner detrimental to their own health or their child's development and they often take on responsibilities that are beyond their years, including as young carers, thus affecting their own mental health, education and peer relationships as well as sometimes mimicking irresponsible behaviour.
- 8.6 Women benefit from gender-specific groups and 1:1 provision, stating they feel safer within this environment and comfortable to express their issues and feelings in order to address their problems and gain support from staff, volunteers and peers.
- 8.7 The aim of this service is to focus on help for women and their families who are victims/survivors of domestic abuse; those with mental health issues and those who are misusing substances and also contribute to reducing reoffending (ensuring offenders complete their community orders and licences); with an overall aim of developing better health and wellbeing for women.
- 8.8 New Charter Housing (Part of the Jigsaw Group) were awarded a contract to deliver the service for maximum period of five years commencing on 1 October 2018. The budget for the service is £99, 570 p.a (with an additional £13,000 to cover estates costs).
- 8.9 A review of the service, as part of the re tender process will consider the following options:
 - Re-Tender the service
 - Cease delivery of the service
- 8.10 Adult Services will work closely with STAR Procurement to undertake an appraisal of the different procurement options available. In order to align the Women and Families Centre service with the wider Domestic Abuse Service and to allow our approach of a more holistic and integrated service by tendering a joint tender to commence 1 April 2024, permission is therefore sought to extend the current Women and Families Centre contract by six months from 1 October 2023 to 31 March 2024.

9. LOCALLY COMMISSIONED SERVICES – G.P'S

- 9.1 The Locally Commissioned Services (LCS) framework in Tameside and Glossop is a series of services commissioned from general practice.
- 9.2 The general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20 framing services within a series of five 'bundles', each with a set of outcomes for an area of care. The model was expanded from 2020/21 with a further three bundles introduced. Six of the eight bundles are commissioned at practice level, with the remaining two commissioned from Primary Care Networks (PCNs).
- 9.3 Tameside & Glossop CCG has now come to an end and arrangements for NHS commissioning for Tameside (excluding Glossop) sit with the Tameside locality element of the GM NHS Integrated Care Board (ICB). The requirement for the LCS in Tameside remains and the LCS contract will remain in place as a standard NHS contract. This will be commissioned from PCNs but with flexibility for delivery across neighbourhood partners and member practices.
- 9.4 All specifications are reviewed and updated, as required through this contracting period, for changes in national clinical and strategic guidance, changes in nationally commissioned services and any local service transformation.
- 9.5 This Public Health aspect of the LCS contract is offered to the 4 PCNs located in Tameside.

- 9.6 Sitting under the LCS contract is the PH bundle of services. Included in this bundle are the specifications for;
- Long Acting Reversible Contraception (LARC)
 - Smoking Cessation Service
 - Weight Management Service
 - NHS Health Checks Service
- 9.7 The contract for these services is due to expire on 31 March 2023 with an option to extend for a further period of 12 months to 31 March 2024. During this time the Population Health team will continue to review the performance and priorities for these services to inform the commissioning intentions from April 2024 onwards.
- Long Acting Reversible Contraception (LARC)***
- 9.8 The Department of Health's Framework for Sexual Health Improvement in England was produced in 2013. A key ambition within this framework is to reduce unwanted pregnancies among all women of fertile age by:
- Increasing knowledge and awareness of all methods of contraception among all groups in the local population.
 - Increase access to all methods of contraception, including long-acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners.
- 9.9 There is increasing evidence that unplanned pregnancies have poorer pregnancy outcomes. Highly visible, accessible contraceptive services that supply the full range of contraceptive methods can reduce unwanted pregnancy and better support people of all ages to have children when they are ready, and these will play a key role in improving outcomes.
- 9.10 Guidance from NICE has found that, while all methods of contraception are effective, LARC methods such as contraceptive injections, implants, the intra-uterine system or the intra-uterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods and are much more cost effective than condoms. However a condom should always be used to protect against STI's.
- 9.11 NICE published guidelines in October 2005 on Long Acting Reversible Contraceptives (LARC), which were further updated in July 2019. The uptake of LARC in the UK has increased in recent years, evidenced in the latest National Surveys of Sexual Attitudes and Lifestyles (NATSAL), particularly among younger people (under-25s). The NICE guidance also emphasizes the impact that increasing LARC uptake can have - if 7% of women switched from their contraceptive pill to a LARC method the NHS could save around £100 million through reducing unintended pregnancies by 73,000 per annum. The key priorities for implementation of the guidance regarding the provision of contraception are:
- Women requiring contraception should be given information about and offered a choice of all methods, including long-acting reversible contraception (LARC) methods
- 9.12 Key evidence
- All currently available LARC methods are more cost effective than the combined oral contraceptive pill even at 1 year of use.
 - Intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives.
 - Increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.
 - Contraceptive service providers who do not provide LARC within their own practice or service should have an agreed mechanism in place for referring women for LARC.
 - It is estimated that about 30% of all pregnancies are unplanned and the majority of teenage pregnancies are unplanned. Of all teenagers who conceive around 50% lead to abortion.

- 9.13 LARC methods are more effective than barrier methods or oral contraceptives because they demand much less – or are independent of the need for – adherence. Failure rates associated with typical use are virtually the same as those associated with perfect use. Active steps must be taken if a woman wishes to stop using an IUD, IUS or implant while discontinuation of other methods (including injectable) is passive.
- 9.14 The provision of contraception to sexually active women should be in the context of promoting good sexual health, including the prevention of sexually transmitted infections. For sexually active women under 25 years of age, any contraception review should include the routine offer of a Chlamydia screening test.
- 9.15 The specification for contraceptive implants and intra-uterine devices is designed to:
- Ensure the availability of the SDI and IUCD through primary care, as part of a range of contraceptive options offered by the practice.
 - Promote contraceptive SDI and IUCD as effective Long Acting Reversible Contraceptive (LARC) method of contraception.
 - Increase uptake and ongoing use of SDI and IUCD and thereby contribute to reducing unintended pregnancies and particularly teenage pregnancies.
- 9.16 The objectives of the service are to:
- Provide an accessible SDI and IUCD insertion and removal service in general practice as part of a range of contraception choices for women.
 - Raise awareness of the benefits of SDI and IUCD by providing high quality advice, support and information on the full range of contraception methods to all women on or seeking contraception.
- 9.17 This is an activity based contract and the available budget for the service is £78,700 per annum.

Smoking Cessation Service

- 9.18 The aim of the Service is to provide an accessible stop smoking service in the community using Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) together with support and advice. The service will support patients to achieve a 4 week quit and to be smokefree permanently. A four-week quit is defined as “not having smoked in the third and fourth week after the quit date”.
- 9.19 The Objectives of the service are;
- To offer an accessible stop smoking service within GP Practices
 - To provide prescriptions for appropriate NRT, Bupropion (Zyban) or Varenicline (Champix) as per the criteria (appendix 1)
 - To offer support and advice to help patients attempting to quit smoking.
 - To educate patients on specific product advice and general stop smoking advice.
- 9.20 The contract is activity based and the available budget for this service is £40,000 per annum.

Weight Management Service

- 9.21 The aim of managing overweight and obesity through primary care is to achieve and maintain weight loss by promoting sustainable changes in lifestyle. Primary care provides a potentially ideal setting for weight management for adults. About 75% of the population see their GP in the course of one year and about 90% in five years. Primary care practitioners are potentially well placed to detect and manage obesity in high-risk patients. (Faculty of Public Health Medicine (FPHM) 2005) The Department of Health has provided guidance for the management of adult overweight and obesity in primary care.
- 9.22 The aim of the service is to:

- Actively identify patients with a body mass index of >30; >28 with co-morbidities or; >25 for the following groups: pregnant women, adult men with a waist circumference of 102 cm or above, adult women with a waist circumference of 88 cm or above.
- Assess willingness to change in this cohort of patients
- Refer the patient to a weight management advisor who will:
 - Motivate patient towards weight loss
 - Agree and implement an individual care plan with the patient
 - Sign post or refer to appropriate services in line with plan
 - Review, monitor and support weight loss.

9.23 The Objective is that following the programme patients should demonstrate a loss of 10% of their body weight achieved to a timescale of 1lb per week.

9.24 The desired outcomes for patients

- Loss of 10% of bodyweight achieved to a timescale of 1lb per week
- To adopt and maintain a healthy lifestyle
- To have the knowledge and understanding of how to maintain a healthy weight

9.25 The service is delivered in partnership with the Council's Be Well Team and the available budget for the service is £3,000 per annum.

NHS Health Checks Service

9.26 The NHS Health Check programme is a national systematic prevention programme that assesses an individual's risk of heart disease, stroke, diabetes and kidney disease. It is for people aged 40-74 who have not been previously diagnosed with one of these conditions (including hypertension) and consists of a face to face individual risk assessment followed by risk management advice (the risk assessment element of the check) and interventions (the risk management element of the check). For those at low risk, the risk management might be no more than general advice on how best to stay healthy. Others may be assisted to join a weight management programme or a stop smoking service. Those at the highest risk might also require preventive medication with statins or blood pressure treatment.

9.27 From 1 April 2013, local authorities took over responsibility for the national NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities as set out in regulations 4 and 5 of the Local Authorities (Public Health Functions and Entry to Premises by Local Health watch Representatives) Regulations 2013, S.I. 2013/351.

9.28 The key objectives of the NHS Health check programme is to

- Help people live longer healthier lives by reducing the risk and incidence of heart disease, stroke, type II diabetes and chronic kidney disease and dementia.
- Detecting disease earlier, allowing people to be managed earlier and in doing so improving their quality of life
- Reduce health inequalities by targeting delivery of the NHS Health Check at those most at risk

9.29 The service is delivered in conjunction with the Council's Be Well Team and the budget for the service is £70,000 per annum.

9.30 Adult Services will work closely with STAR Procurement to undertake an appraisal of the different procurement options available. Permission is therefore sought to extend the contract for a further period of 12 months to 31 March 2024 in line with the arrangements for this contract.

10. LOCALLY COMMISSIONED SERVICES – PHARMACIES

- 10.1 The Single Commission is a partnership between Tameside and Glossop Clinical Commissioning Group, (ICS from 1 July 2022) and Tameside Council.
- 10.2 Via the single commissioning arrangements, Tameside and Glossop CCG has previously issued contracts to Pharmacies covering the requirements of both the CCG and Tameside Council. From July 2022 this function is now coordinated between GM NHS ICB (Tameside locality staff) and the council.
- 10.3 Under these arrangements Tameside Council's Public Health commission services from pharmacies located in Tameside to deliver
- Provision of Emergency Hormonal Contraception (EHC)
 - Smoking Cessation Service.
- 10.4 The contracts for Emergency Hormonal Contraception and Smoking Cessation only apply to pharmacies operating within Tameside Borough and funded by Tameside Council's Public Health grant.
- 10.5 Pharmacies are considered in a good position to deliver these service because:
- Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and other activities to encourage more people to use their services.
 - Community pharmacies offer accessible healthcare because:
 - Appointments are unnecessary
 - Opening hours are long
 - Many staff are from the local community and understand local culture and social norms
 - Able to offer advice on healthy behaviours and onward referral to other services, if appropriate
- 10.6 Specifications under the LCS Pharmacy contract are reviewed and updated, as required through the contracting period, for changes in national clinical and strategic guidance, changes in nationally commissioned services and any local service transformation.
- 10.7 The current contract for Emergency Hormonal Contraception and Smoking Cessation are due to expire on 31 March 2023 with the option to extend for a further period of 12 months to 31 March 2024.

Provision Emergency Hormonal Contraception (EHC)

- 10.8 The [Public Health Outcomes Framework](#) sets out a vision for public health. The Framework includes three indicators relating to sexual health:
- [Indicator 2.04](#): Under-18 conception rate
 - [Indicator 3.02](#): Chlamydia diagnosis rates among young adults aged 15-24s
 - [Indicator 3.04](#): % of persons diagnosed with HIV at a late stage of infection
- 10.9 The service for the Provision of Emergency Hormonal Contraception (EHC) is expected to contribute to reducing the number of under-18 conceptions as well as the number of unintended conceptions amongst women of all ages
- 10.10 The aim of the EHC service is:
- to promote the use of, and maintain ease of access to this provision in order to reduce the number of unintended conceptions amongst female residents of all ages and to encourage safer sex and the use of regular methods of contraception.
- 10.11 The objectives of the EHC service are to:
- Consult with clients attending for Emergency Hormonal Contraception and:

- Offer information and advice about all methods of emergency contraception including the emergency IUD and provide information on the probability of failure with advice on the course of action in the event of this occurring
- If deemed to be appropriate, to issue and supply free emergency contraceptive pill(s) in accordance with the relevant Patient Group Direction (PGD). If the client is under 16 years of age, Fraser competencies will be adhered to
- Offer referral information and advice about regular methods of contraception including long-acting methods and how to obtain them
- Offer information and advice about safer sex and the benefits of screening for sexually transmitted infections
- Signpost for free condoms and lubricants
- Refer or signpost to other services including GPs (for routine prescribing of contraceptive pills) and integrated sexual and reproductive health services (for long-acting methods of contraception).

10.12 This is an activity based contract and the budget available for the service is £40,000 per annum.

Smoking Cessation Service

10.13 The aim of the Service is to provide an accessible stop smoking service in the community using Nicotine Replacement Therapy (NRT) together with support and advice. The service will support clients to achieve a 4 week quit and to stop smoking permanently. (A four-week quit is defined as “not having smoked in the third and fourth week after the quit date”).

10.14 The objectives of the service are to;

- To offer an accessible stop smoking service in the community setting.
- To supply or administer appropriate NRT as per the set criteria
- To offer support and advice to help clients attempting to quit smoking.
- To educate clients on specific product advice and general stop smoking advice.

10.15 The Service is available for tobacco users over 12 years of age, including pregnant and lactating women, identified as sufficiently motivated to quit who are referred via:

- Primary care professionals
- Secondary care clinicians
- Self-referral
- Work place
- Other voluntary organisations
- And other professionals

10.16 The service is delivered in partnership with the councils Be Well Service.

10.17 This is an activity based contract and the budget available for the service is £40,000 per annum.

10.18 Adult Services will work closely with STAR Procurement to undertake an appraisal of the different procurement options available. Permission is therefore sought to extend the contract for a further period of 12 months to 31 March 2024 in line with the arrangements for this contract.

11. NATIONAL HIV SAMPLING SERVICE

11.1 In the UK there are an estimated 101,600 people living with HIV of whom an estimated 7,800 (8%) are unaware of their infection.

11.2 According to NICE, the overall HIV treatment and care costs around £800 million for England,

which equates to an estimated £280,000 - £360,000 in costs over a person's lifetime¹. A more recent lifetime costs estimates for HIV range from £73,000 to £404,300, depending on a person's age when they were diagnosed.

- 11.3 Tameside had the 4th highest HIV diagnosed prevalence rate in the North West in 2020, with 1.83 people with HIV per 1,000 adults aged 15 years and over (n=336), and 3rd highest in GM (after Manchester and Salford).
- 11.4 Despite recent declines in the numbers of new diagnoses, late diagnosis remains a challenge. In 2018-20 42% of all HIV diagnoses in England were made at a late stage of infection, and 47% in Tameside. Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly.
- 11.5 However, not all those considered eligible for HIV testing in specialist sexual health services are tested for HIV (46% nationally and 38% locally), and not everyone at risk of HIV attend specialist sexual health services.
- 11.6 It is therefore essential that people at risk of becoming HIV positive are tested regularly so they can start treatment as soon as possible and reduce possible onward transmission. Providing a range of testing options and approaches in a variety of settings, including online is essential in maximising rates of HIV testing.
- 11.7 Local Authorities are mandated to commission STI testing services (including HIV) and STI treatment services (excluding HIV treatment) on an open-access basis in line with requirements set out in Local Authorities (Public Health Functions) Regulations 2012.
- 11.8 It is NHS England that is responsible for commissioning HIV treatment and care services and funding general practices to offer patient requested and opportunistic screening for HIV/STIs.
- 11.9 In November 2015, based on the success of two national pilots, Public Health England and local authorities co-commissioned and launched a nation-wide HIV Self-Sampling Service for most at-risk populations for HIV acquisition.
- 11.10 The aim of the Service is to provide a cost effective and clinically robust remote HIV Self-Sampling Service for sexually active individuals aged 16 years and over. Emphasis is placed on increasing testing for HIV amongst most key populations including Men who have Sex with Men (MSM) and black African populations. The Service operates a free at the point of use approach and operates independently from all other STI home/remote sampling services.
- 11.11 Nationally, it was decided that the service would be commissioned using a national call off framework. These framework agreements establish the terms governing contracts to be awarded during a given period, in particular with regard to price and, where appropriate, the quantity envisaged. The framework also ensures that the buying process is fully compliant with UK procurement legislation and that all providers and suppliers listed in the framework have been assessed for their financial stability, track record, experience and professional ability.
- 11.12 Local authorities can then directly award the Service to the provider based on the specific call off framework agreement.
- 11.13 The HIV Self Sampling Service is procured and performance managed by Eastern Shires Purchasing Organisation (ESPO), acting on behalf of Public Health England and the individual local authorities.
- 11.14 The Service has been successful at engaging key populations including those who have

never tested for HIV before.

Provider	Dates	No. kits issued	No. kits returned	Return rate	Average no. kits returned per month	Reactivity rate (note small numbers)
Preventx	1Oct 2015 – 31 Dec 2019	1,029	609	59.2%	12	0.4% (n=2) (Oct15 – Dec19)
SH:24 CIC	1 Jan 2020 – 31 Dec 2021	574	365	64%	15	0.8% (n=1) (Apr21-Dec21 only)
National campaign*	January 2020		9,376			0.8%

*National campaign data included to show low levels of reactivity is expected.

- 11.15 The current provider of the HIV Self-Sampling Service is SH: 24 CIC, with a local contract running to 31 December 2022. There is an option to extend this contract for a further 6 months to 30 June 2023.
- 11.16 The budget available for the service is £8,848 per annum.
- 11.17 Preventing HIV must be a key priority as there would be a disproportionate impact on some of our more vulnerable, high risk communities who experience sexual health inequalities if this service were not in place.
- 11.18 It is unknown what the national plans are for this service when the contract for the service expires. However Adult Services will continue to work closely with STAR Procurement to undertake an appraisal of the different procurement options available at the relevant time. Permission is therefore sought to:
- Extend the contract for a further 6 months to 30 June 2023 if this option is made available.
 - Continue to utilise the national call off framework to directly award the service to the chosen provider of this service post 30 June 2023 based on the specific call off framework agreement and contract duration agreed.

12. CONCLUSION

- 12.1 This report seeks approval to progress the contract extension as noted above enabling further options appraisals to be carried out prior to agreeing the subsequent OJEU tender exercises. This ensures the Council continues to meet its statutory obligations for Public Health and Adult Social Care.

13. RECOMMENDATION

- 13.1 As set out at the front of the report.