

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

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 Sarah Exall , Consultant in Public Health

Subject: **BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION**

Report Summary: The report describes the proposal to award an extension to the Health Improvement contract with Pennine Care NHS Foundation Trust for Health Improvement services in Tameside.

It goes on to describe changes to the delivery of this service in line with the requirements and restrictions in place due to COVID-19.

It is not feasible to continue recommissioning the service as planned, or deliver the service as currently commissioned during the current COVID-19 crisis.

This is due to the effects of COVID-19 on the current market. As providers will have had to realign service delivery to meet national guidance and redirect staff to other priorities, there is a risk that in recommissioning services at this stage of the pandemic, providers will not be in a position to bid for the contract. This would lead to a failure in a robust and competitive tender process and in particular TUPE where staff are carrying out different roles due to COVID-19.

Extending the current contract will allow the current Provider to continue to deliver key elements of the service, which meets the needs of local residents whilst adhering to national guidance. This service is critical to supporting the long term health of local residents, particularly in light of the COVID -19 pandemic.

Recommendations: The Strategic Commissioning is recommended to:

- (a) extend the current contract by 12 months, to 30 September 2021
- (b) note the modified delivery model for the Health Improvement service to meet the needs of local residents while adhering to national guidance.

Financial Implications: **Budget Allocation (if Investment Decision)** £ ,151,710

(Authorised by the statutory Section 151 Officer & Chief Finance Officer) 2020/21 Financial Year Budget Allocation

CCG or TMBC Budget Allocation TMBC – Population Health

Integrated Section 75

**Commissioning Fund
Section – s75, Aligned,
In-Collaboration**

Decision Body – SCB SCB
Executive Cabinet, CCG
Governing Body

Additional Comments

The report request an extension of the existing contract for 12 months from 1 October 2020. Table 1 in section 2.1 provides the indicative value of the contract for the extension period. The contract period will cover 6 months in the 2021/22 financial year and an estimated 2.7% inflation uplift has been included at this stage pending confirmation with the provider. The 12 month extension is estimated to cost £ 1.167 million and will be financed via the Population Health revenue budget.

Members should be satisfied that the contract delivers value for money and performs well. Section 4 of the report states details of the contract performance. It is essential robust monitoring continues during the extension period and reported to Members as appropriate.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

As set out in the main body of the report STAR are providing the procurement and legal advice in relation to these contract extensions and modifications. In particular STAR will have to ensure that all extensions and modifications are implemented in line with the provisions in the existing contracts, the Procurement Regulations and The Procurement Policy Note 01/20 – Responding to Covid 19. Failure to do so could result in risk of challenge.

**How do proposals align with
Health & Wellbeing
Strategy?**

The Health Improvement service directly contributes to all priorities in the Health and Wellbeing Strategy 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

**How do proposals align with
Locality Plan?**

The service supports the locality plan objectives to –

- Improve health and wellbeing for all residents
- Address health inequalities
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?	<ul style="list-style-type: none"> • Promote community development • Provide locality based services <p>This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:</p> <ul style="list-style-type: none"> • Early intervention and prevention • Encourage healthy lifestyles • Supporting positive mental health
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	Extension of these contracts will provide continuity of service for local residents at a critical time for health and wellbeing
Quality Implications:	The service will continue to be monitored as usual, with quarterly monitoring meetings taking place.
How do the proposals help to reduce health inequalities?	The commissioned services provide a universal offer for Tameside residents with a specific focus on reducing inequalities.
What are the Equality and Diversity implications?	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 policies will continue to be followed by the service. A privacy impact assessment has not been carried out.
Risk Management:	Risks will continue to be identified and managed by the Provider in collaboration with the Commissioner through ongoing performance monitoring
Background Papers:	The background papers relating to this report can be inspected by contacting the report writer Dr Sarah Exall, Consultant Public Health.

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1. INTRODUCTION

Health Improvement Service

- 1.1 The current integrated wellbeing service, Be Well, is Population Health's main front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals and communities. Be Well is provided by Pennine Care, and offers a number of services to help people living in Tameside to improve their health, namely:
- An integrated wellbeing service covering smoking cessation, weight management, diet, sleep and stress management;
 - Community NHS Healthchecks;
 - Community engagement;
 - Health improvement campaigns;
 - Workforce development and training on brief advice and interventions;
 - Population oral health.
- 1.2 NHS Healthchecks are a statutory function of Population Health. In Tameside they are currently commissioned and delivered via two routes to maximise access and choice for residents: Be Well in the Community, and in General Practice by individual GP surgeries.
- 1.3 The Health Improvement service directly contributes to a number of priorities of the Corporate Plan, in particular:
- 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
- 1.4 The Health Improvement contract currently held by Pennine Care is due to come to an end on the 30 September 2020.
- 1.5 A key decision was agreed at SCB on 22nd January 2020 to re-commission the Health Improvement services described above. Population Health was therefore planning to procure two new services to cover the above functions, which would take over the contracts on 1 October, 2020.
- 1.6 This report outlines the current structure of the Be Well service, and asks for permission to extend the existing contract to 30 September 2021 as a result of the unforeseen circumstances caused by the COVID-19 pandemic.

2. CONTRACT EXTENSION

- 2.1 The Health Improvement functions provided by Be Well are detailed in two service specifications covering NHS Healthchecks and the wider Be Well service, at an indicative total value of £1,167,256 for the period 1 October 2020 to 30 September 2021. These service specifications form part of the larger contract with Pennine Care Foundation NHS

Trust. Table 1 provides the related contract value details which will be funded via the Population Health Service revenue budget.

Table 1

Service	Contract Value			
	01/04/20 to 30/09/20 Incl 2.7% Inflation	01/10/20 to 31/03/21 Incl 2.7% Inflation	01/04/21 to 30/09/21 Incl Estimated 2.7% Inflation	Total 12 Month Extension Period
	£	£	£	£
Be Well Service	525,280	525,280	539,462	1,064,742
Health Checks	50,574	50,574	51,940	102,514
Total	575,854	575,854	591,402	1,167,256

- 2.2 Currently in light of national guidance, a national directive is covering NHS contract arrangements during COVID as per the COVID-19 NHS guidance.
- 2.3 The commissioner has been working with STAR procurement throughout this period, who have advised that under Public Contract Regulations 2015, there is provision for extending or modifying a contract during its term where there are urgent requirements due to unforeseen circumstances, including COVID-19. STAR considers that the extension and modification of the NHS Healthchecks and Be Well services is justified under the above regulations.

3. IMPACT OF COVID-19 ON POPULATION HEALTH

- 3.1 Due to the crisis caused by the COVID-19 pandemic, investment in the long-term health of communities is now more critical than ever. We know that people already experiencing long term health conditions are at higher risk of more severe disease from COVID-19. We also know that people from some disadvantaged and marginalised communities are disproportionately affected, both by the disease itself and by the economic impacts of the pandemic. The effects on mental wellbeing are also likely to be severe, and not felt equally throughout society.
- 3.2 The Health Improvement service is particularly crucial to two aspects of COVID-19 recovery:
- Smoking Cessation**
- 3.3 From the earliest reports of COVID-19 in Wuhan, China, it was clear that there was a link between the risk of dying from COVID-19, and smoking cigarettes.
- 3.4 Public Health England notes that the evidence on smoking and coronavirus (COVID-19) is mixed and developing. On the available evidence, it advises that smokers generally have an increased risk of contracting respiratory infection and of more severe symptoms once infected. COVID-19 symptoms may, therefore, be more severe in smokers.
- 3.5 The World Health Organisation (WHO) also notes that available research suggests that smokers are at higher risk of developing severe COVID-19 outcomes and death. WHO advises that smoking any kind of tobacco reduces lung capacity and increases the risk of many respiratory infections and can increase the severity of respiratory diseases. COVID-

19 is an infectious disease that primarily attacks the lungs. Smoking impairs lung function making it harder for the body to fight off coronaviruses and other respiratory diseases.

- 3.6 In addition to the impact on lung health, the WHO has warned that the hand-to-mouth action of smoking or sharing any type of tobacco or smoking product could increase the risk of catching or spreading coronavirus.
- 3.7 The advice is for all smokers, particularly those who have an existing health condition such as poor lung health (asthma or COPD), high blood pressure (hypertension), diabetes or any other condition that is often caused by or made worse by smoking, to quit. Smokers who do not want to quit should take steps to protect others from second-hand smoke exposure as this could also exacerbate the symptoms of COVID19. NHS England & NHS Improvement identified community stop smoking services as a priority service to continue during the COVID-19 pandemic.
- 3.8 At Greater Manchester, a greater focus has been placed on smoking cessation during the COVID outbreak with the hashtag #quitforcovid used to promote local services.

NHS Health Checks

- 3.9 Be Well deliver NHS Health Checks in community locations, workplaces, and at public events, particularly focusing on communities with higher need. They involve a discussion with the member of the public, as well as physical tests including a blood test. Although this is a statutory service, in order to comply with national guidelines on social distancing, NHS England and NHS Improvement ordered a pause to NHS Health Checks in a letter dated 19 March, 2020 in place until at least 31 July 2020.
- 3.10 However, in the recent COVID-19 recovery plan, published in May 2020 the government recognised that “preventative and personalised solutions to ill health” were a key part of the national effort to improve lives following COVID-19, and named the expansion of NHS Health Checks as the major driver of this.
- 3.11 In addition, Health Checks have been suggested as a key method by which local areas can support individual approaches to improving the health of the frontline workforce, as part of the Strategic Commission’s approach to risk reduction for frontline workers. This is currently being explored by Population Health in partnership with Health & Safety.
- 3.12 In view of the above directives and the evidence for the disproportionate impact of COVID-19 among certain communities, the strong links already in place between Be Well and community groups mean that Be Well are in the perfect position to quickly mobilise and restart face to face NHS Health Checks as soon as allowed to do so. They are also in a very strong position to restart Health Checks in alternative formats to support key priorities, and have consistently demonstrated their flexibility and adaptability to new ways of working.
- 3.13 The temporary cessation of NHS Health Checks also applies to those provided by General Practice under the Locally Enhanced Service (LES), which have also been suspended as a result.

4. CURRENT PERFORMANCE OF THE HEALTH IMPROVEMENT SERVICE

- 4.1 Be Well Tameside performs well against its performance targets overall and maintains quality in the service it provides, evidenced by outcomes and positive client feedback. At a recent review of performance for 2019/20 it was noted that the majority of KPIs were met or close to being met, despite the challenges of the final few weeks of the year. During 2019/20 the service saw 3,453 clients for a range of health and wellbeing support which

led to 1907 personal health plans being completed with clients and 919 clients being supported to get specialist help from other services.

- 4.2 Be Well provides stop smoking support directly to clients and also supports GPs, Pharmacies & Maternity to provide smoking cessation support. In 2019-20, 553 clients were successfully supported to achieve a 4 week quit, with Be Well supporting the majority of these. The service also supported 1148 households to become smokefree, an essential part of protecting children and young people from second-hand smoke. The service conducted 1460 health checks (843 full NHS Health Checks and 617 mini Checks).
- 4.3 Be Well has also supported clients to increase their consumption of fruit and vegetables, reduce consumption of fried or fatty snacks, takeaways and sugary drinks, increase exercise and lose weight. The service promotes oral health and provides training and workshops.
- 4.4 The service has been extremely responsive and flexible during the COVID-19 pandemic and has adapted to continue to provide wellbeing support remotely, as well as supporting COVID-19 response services in other organisations.

5. PROPOSED CHANGES

Contract Extension

- 5.1 As there is currently major disruption due to COVID-19 and its impacts, recommissioning the service now would not be possible for the Commissioner or for potential providers. The COVID-19 crisis would have a severely damaging effect on both the market and the process, risking both a shortage of providers bidding for the contract, and a failure of the tender and TUPE processes to be fair, open and transparent.
- 5.2 In addition, the impacts of COVID-19 described above, combined with the increasing importance placed on the smoking cessation and NHS health Checks programmes by the government mean that the Health Improvement service is more vital than ever. For this reason, after consulting with STAR procurement, a 12 month contract extension to the 30 September 2021 is proposed.
- 5.3 After discussion with Pennine Care NHS Foundation Trust, Pennine Care have indicated that they would be willing to continue to deliver the Health Improvement and NHS Healthchecks contract, should the proposed extension be agreed.

Service Delivery Changes

- 5.4 Due to the restrictions placed on the public and on organisations in response to the COVID-19 pandemic, it is not feasible to continue to run the Be Well service model as it was prior to the pandemic. The Be Well team have been extremely flexible and responsive in meeting the requirements put forward by national government while continuing to meet the needs of the communities and individuals they serve.
- 5.5 The COVID-19 pandemic is a rapidly evolving situation, requiring changes to the delivery of most, if not all, front-line services. The commissioner has been working closely with Pennine Care since March, when restrictions on public services were first introduced, to enable services to continue as much as possible in a safe and effective way. The situation is expected to develop and change as time goes on.
- 5.6 Be Well have continued to engage with and support clients throughout the COVID-19 lockdown, and have used a variety of new means to engage with local residents. During the 8 week period from the 30 March, Be Well has had 4367 total contacts with individuals for support. This is comparable with the same period last year, at 4563 contacts. They are currently providing active support to over 900 Tameside residents. As per the NHS

England/ NHS Improvement directive to prioritise smoking cessation services, Population Health worked with Be Well to ensure that additional emphasis was placed on smoking cessation. As a result, during this 8 week period Be Well has been actively supporting 313 clients to stop smoking, with smoking cessation being the largest single area of growth for the service.

5.7 Specific changes which have been introduced so far consist of:

Be Well wellbeing service (including smoking cessation)

5.8 Face to face support, including physical activity sessions, has been paused for all aspects of the service as of 20 March 2020, in order to comply with government guidance on social distancing. Very rapidly, Be Well transferred all support to a telephone-based model, and Be Well are still accepting referrals for support with weight management, healthy eating and smoking cessation.

5.9 The smoking cessation offer has been modified to improve access and safety of the service:

- In line with national guidance, monitoring of Carbon Monoxide levels (by blowing into a breathing tube) has stopped.
- Quit aids are being prescribed for a four week period rather than two, to reduce the pressure on primary care and to minimise repeat visits to the pharmacy.
- Be Well stop smoking advisors have mobilised and trained to give support to pregnant women where this is needed if there is reduced capacity in the specialist maternity stop smoking service.
- Be Well have an agreement with a local pharmacy to collect NRT and deliver it directly to people who cannot leave their house due to COVID-19 restrictions.

5.9.1. The team are working with the Health and Wellbeing College to develop an open access behaviour change course, and are also modifying their group workshops (Sleep, Stress and Relaxation; and Live Well Eat Well) to become online sessions.

Communications

5.10 The nature of the COVID-19 restrictions means that routine referrals to Be Well, for example from GPs and community events, have reduced. They have therefore changed the way they communicate and promote the service:

- increasing their use of social media;
- proactively communicating with local GPs to let them know that they are still taking referrals;
- working with local GPs to deliver text messages to GP patient lists;
- linking in with ICFT to promote their service to in-patients on discharge;
- working with Action Together to promote wellbeing and the Be Well service as appropriate during COVID welfare calls.

5.11 The commissioner is continuing to work closely with Be Well to develop alternative, innovative ways of promoting their services.

Other changes

5.12 Smoking cessation training has moved to a remote offer, and the training lead is also adapting other sessions to fit with an online interactive model. They are also working with the professional bodies who accredit the wider workforce training to discuss the potential for online delivery.

- 5.13 Due to the necessary reduction in some activities (such as oral health and community development), Be Well has capacity to work in other ways. The experience of the team means that they are very well placed to support services for vulnerable people. Some of the staff have therefore been redeployed to Action Together to support the humanitarian community response where their expertise and experience is highly relevant. Staff are also supporting the community response in a variety of other ways, including liaising with Mind to support the buddying programme, and supporting with homeless charities, care and food parcels, where needed. This has the added effect of using and further strengthening the existing relationships between Be Well and the voluntary and community sector.

6. OPTIONS APPRAISAL

- 6.1 The current options for this service are:

Do nothing and decommission the service

- 6.2 This would lose a good service in Tameside. It would leave no community smoking cessation or health improvement offer, or NHS Community Health Check offer in place in Tameside, at a time when health inequalities and poor physical and mental health are likely to increase.

Continue with the tender process as previously planned

- 6.3 As providers will have had to realign service delivery to meet national guidance and redirect staff to other priorities, there is a risk that in recommissioning services at this stage of the pandemic it is highly likely that providers will not be in a position to bid for the contract. This would lead to a failure in a robust and competitive tender process and in particular TUPE where staff are carrying out different roles due to COVID-19. This would be further compounded by the unavoidable delays to the start of the process.

Extend the contract for 12 months

- 6.4 This will give the best chance of recommissioning a strong service, while retaining Be Well in the interim period to continue with their community Health Improvement work. This will maximise the health benefits to Tameside, and is our preferred option.

7. RECOMMENDATION

- 7.1 As set out on the front of the report.