

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 10 February 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
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Subject: **PERMISSION TO EXTEND THE HEALTH IMPROVEMENT CONTRACT TO ALLOW FOR A REVIEW OF THE SERVICE SPECIFICATION IN LINE WITH A BUDGET REDUCTION AND A FULL PUBLIC CONSULTATION ON THE PROPOSED CHANGES TO THE SERVICE.**

Report Summary: The current integrated wellbeing service, Be Well, is Population Health’s flagship front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals, organisations and communities.

On 22 January 2020 authorisation was granted by SCB to re-tender Health Improvement services with a total budget of £1,092,000. Population Health planned to procure two new services to cover the functions described above, and to novate the oral health function into another service. The new contracts were due to commence on 1st October 2020 with a tender process planned for the months leading up to that date.

In June 2020 due to the disruption caused by Covid-19, permission was granted by SCB to extend the contract by 12 months, to go out to tender as planned for a contract starting on 1st October 2021.

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 savings required amount to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services.

The budget reduction will require significant 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 will be required. It is therefore proposed that an extension period of 6 months to 31st March, 2022 will be sufficient to allow for a consultation to take place and re-design the service.

Recommendations: That the Single Commissioning Board be recommended to agree:

(i) That approval is given to extend or to directly award the contract for an additional period of six months to 31 March 2022 to allow for a re-design of the service and a full Public Consultation following a 20% budget reduction.

- (ii) To note that the cost pressure will be covered from within the Population Health Budget, with the full 20% saving realised from April 2022.
- (iii) That the plan to undertake a full public consultation on the proposed changes to the Health Improvement Services is noted and approved.

**Financial Implications:
(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

The Health Improvement budget in FY 21/22 includes a savings target of £92,900, on the original assumption that the new contract would be implemented from October 2021. A six-month delay in obtaining this proposed 20% saving will therefore mean the original savings target will be deferred, with a corresponding impact that it is anticipated can be managed within the general Population Health budget. As proposed here, this is a temporary pressure with no impact beyond FY21/22, and the full savings target of £185,800 will be achieved in FY22/23.

There is a risk of further budget pressure if the new contract is further delayed, or in future years if the planned 20% reduction proves undeliverable. Conversely, there are financial and contractual risks to rushed or under-resourced procurement, and the Council's value for money duty implies that adequate time and resource be given to this exercise with sufficient consultation where required.

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

The reasons for the additional time being sought to undertake the procurement exercise are set out in the main body of the report.

Whilst any delay to a procurement process especially a delay which impacts on the current contractual arrangements should be avoided there are times when it is necessary in order to take into account longer term objectives as in this case.

It is not clear whether the current extension being sought to the existing contract is technically an extension/modification of an existing contract or a direct award to continue to have the service delivered pending the consultation and reprocurement. There are potential risks of challenge to both approaches but taking advice from STAR should mitigate these and generally as the additional arrangement is for only a short period of time before taking the service back out to tender any risk is likely to be low.

The report sets out that part of the reason for seeking the additional time is in order that a consultation can be undertaken in relation to the delivery of the service going forward. There are both common law and legislative requirements to be met to ensure that the consultation is appropriately undertaken and most importantly that the outcomes from that consultation are carefully considered as part of the decision making process.

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

The proposals link with 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.
- 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:

n/a

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. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions.

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. Further, by conducting a Public Consultation the health needs of our residents can be evaluated and taken into account when designing the changes required.

What are the Equality and Diversity implications?

An Equality Impact Assessment has been undertaken, and will be reviewed to reflect the changes to the service. 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, and the

reduction of health inequalities will be key aims of all Health Improvement services.

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 are being monitored and mitigated through a risk register and regular meetings of the Population Health and Commissioning Teams. 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 Sarah Exall, Consultant in Population Health



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1. INTRODUCTION

- 1.1 The current integrated wellbeing service, Be Well, is Population Health's flagship front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals, organisations and communities. Be Well offers a number of services to help people living in Tameside to improve their health, including:
- 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 Health checks 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:
- Increase physical and mental healthy life expectancy
 - Improve the wellbeing for our population
 - Decrease smoking prevalence
 - Increase levels of physical activity
 - Prevention support outside the care system
- 1.4 The contract is provided by Pennine Care NHS Foundation Trust, who continued their provision following a major service redesign in 2015-16. The service in its current form began operating in March 2016 and forms part of the Pennine Care contract.

2. CURRENT SITUATION

- 2.1 On 22 January 2020 authorisation was granted by SCB to re-tender Health Improvement services with a total budget of £1,092,000. Population Health planned to procure two new services to cover the functions described above, and to novate the oral health function into another service where it could be better integrated and aligned with other, complementary functions. The new contracts were due to commence on 1st October 2020 with a tender process planned for the months leading up to that date.
- 2.2 In 2020 due to the disruption caused by covid-19, it was not considered feasible to re-commission the service as planned either for the commissioner or for potential providers. The covid-19 crisis would have had 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. Permission was therefore granted by SCB in June 2020 to extend the contract by 12 months, to go out to tender as planned for a contract starting on 1st October 2021.
- 2.3 In keeping with this decision, a tender process has been planned and is due to commence in March 2021, to procure two services as two separate contracts, allowing for a greater range of potential providers. Lot 1 is for a Community Stop Smoking Service (£575,000 total value) and Lot 2 is for a Community Wellness Service (£440,000 total value). The contracts are for a period of up to 5 years commencing on 1 October 2020, with a termination clause of six months. The oral health function (£77,000) will be novated into an existing service.

- 2.4 Procurement of the Community Stop Smoking Service is being undertaken using a standard procedure with flexibility built into the contract to allow for changes in needs and evidence. In addition to one-to-one services, emphasis is placed on community engagement and partnership working in order to improve motivation for behaviour change across the Tameside population. Reduction of health inequalities is to be a key outcome.
- 2.5 The Community Wellness Service is to be commissioned using a developmental, outcomes-based specification. Bids will be invited which explain how potential providers will approach the development of the model, using co-design and the principles of public service reform, with the final model being developed in collaboration between the successful provider and partners, including the council. The new service will take a population-based approach, moving away from one-to-one services and having strong links with existing community groups, services and networks.
- 2.6 For both services, consideration has been given to maximising the social value of the contracts, following STAR procurement processes. The Council are working jointly with STAR procurement to undertake the tender.

3. IMPACT OF THE COUNCIL'S SPENDING REVIEW

- 3.1 In November 2020, the council's spending review identified Health Improvement Services, along with a number of other front line services, for a 20% saving against the budget allocated for the Smoking Cessation and Healthy Weight components of Health Improvement services. The savings required amount to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services. This will require the Population Health department and Commissioners to carry out a full service re-design to ensure that the best use is made of the revised budget.
- 3.2 Since the decision for a budget reduction, the Population Health department and Commissioners have been considering ways in which to deliver savings on the contract while keeping the experience for the end user as strong as possible. Consideration has been given to changes to service delivery, including:
- Using the learning from the current provider on what is working well in the modified service to amend the design for the new offer. It is expected that this would include maintaining some aspects of remote and digital service delivery, and reducing face-to-face activity;
 - With a 20% reduction in budget, it is highly likely that some reduction in activity will be inevitable. This will mean reviewing the targets in the stop smoking service, and reducing what potential providers are able to build into the Community Wellness service.
- 3.3 Additional changes could be made to the service model, which may improve efficiency. These include:
- Bringing some or all aspects of the service in-house, allowing the Strategic Commission more flexible control over activity;
 - Tendering for a lead provider model, as opposed to going out in Lots. This may reduce management costs and overheads. However, it may result in fewer interested providers.
- 3.4 It is the Council's policy, and best practice, to engage and consult service users if there is a service change or redesign decision that will impact them. In some instances the Council has a statutory duty to consult, and in other cases there is a legitimate expectation that we will engage. This occurs in situations where people can reasonably expect a process of consultation, for example for local authority budget cuts or healthcare changes. The Policy, Performance and Communication Department of the Council have advised that the changes

planned to Health Improvement Services in response to the budget reduction now means that a Public Consultation should take place.

4. REQUIREMENT FOR A CONTRACT EXTENSION

- 4.1 In order to carry out a full re-design of the service and a comprehensive consultation exercise, an extension to the contract will be required. In line with best practice guidance, a 12 week consultation period is recommended, in addition to the time needed to develop the questions, analyse the results, and make necessary changes to the service specifications. It is therefore proposed that an extension period of 6 months to 31st March, 2022 will be sufficient to allow for a consultation to take place and re-design the service.
- 4.2 The Commissioning and Population Health teams have 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. They are confident that this situation meets these definitions. We are continuing to work closely with STAR to ensure that the procurement process is fair, transparent and lawful.

5. CURRENT PERFORMANCE OF THE HEALTH IMPROVEMENT SERVICE

- 5.1 Pennine Care have continued to deliver this service throughout the covid-19 pandemic, with modifications to service delivery in response to changing government guidance and legislation.
- 5.2 The main changes to service delivery currently in operation are;
- Face to face support, including for smoking cessation and physical activity sessions, was paused for all aspects of the service in order to comply with government guidance. In March 2020 the service rapidly transferred all support to a telephone-based model. They continue to accept referrals for support with weight management, healthy eating and smoking cessation, and now offer remote health checks.
 - The team have been working hard to develop protocols for a safe face-to-face offer when this is possible, and until then are continuing to work remotely.
 - The service have worked with the Health and Wellbeing College to develop and deliver an open access behaviour change course, and have also modified their group workshops (Sleep, Stress and Relaxation; and Live Well Eat Well) to become online sessions.
 - Due to the nature of the covid-19 restrictions, the routine referrals to Be Well from GPs and community events have reduced. The service have responded to this in a number of ways:
 - changing the way they communicate and promote the service by increasing their use of social media:
 - proactively communication and work with local GPs;
 - linking in with ICFT to promote their service to in-patients on discharge;
 - working closely with Action Together to promote wellbeing and the Be Well service.
 - Workforce training has moved to a remote offer, and the training lead has adapted other sessions to fit with an online interactive model. They are also working with the professional bodies who accredit some of their workforce training to re-start delivery of these as online offers.
 - Due to the necessary reduction in some activities (such as oral health and community development), Be Well initially had capacity to work in other ways, with some staff members re-deployed to support the covid-19 humanitarian response. In recent months, however, these staff members have moved back into the Be Well team to deliver online support and to develop further different ways of working.

- 5.3 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. In 2019/20, Be Well met or came close to meeting the majority of KPIs, despite the challenges of the final few weeks of the year. During the six months from April to October 2020, Be Well made personal health plans with 762 people with around 80% of people achieving or part achieving their goals.
- 5.4 In 2019-20, Be Well successfully supported 395 clients to quit smoking. The service also supported 1148 households to become smoke free: an essential part of protecting children and young people from second-hand smoke. The service also conducted 1460 health checks (843 full NHS Health Checks and 617 mini Checks).
- 5.5 Over the past 12 months, and in particular since the beginning of March, the commissioner has strongly encouraged and supported Be Well to focus more attention on smoking cessation. The service have performed extremely well, increasing numbers of people setting a tobacco quit date quarter-on-quarter, from 153 people in quarter 1 of 2019/20 to 312 people in quarter 1 of 2020/21, of whom 50% remained quit after 4 weeks.
- 5.6 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.

6. OPTIONS APPRAISAL

- 6.1 The current options for this service are:

Tender the service as planned with no Public Consultation

- 6.2 This option would leave no opportunity for Public Consultation. Significant changes to services are necessary as a result of the budget reduction as well as covid-19, and would be made without giving our residents the opportunity for involvement in the process. In addition, due to the current new lockdown and resultant pressures on both commissioners and potential providers, there is an additional risk that the market and the process would suffer as a result of a procurement exercise in the current environment.

Bring the service in-house at the end of the current contract period

- 6.3 This option would give time for Public Consultation and for service redesign before transfer of the service, but not before decisions about the future of the service were made. Decisions about the service should be made following the Public Consultation, as the results may have an impact on the preferred approach. In addition, transferring the service during this period of change and uncertainty poses risks to a fair and transparent TUPE process.

Extend the contract for 6 months to undertake service redesign and Public Consultation

- 6.4 This would allow the Population Health department and Commissioners to carry out a full consultation and re-design of the service to 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 option would incur a cost pressure which could be managed from within the Population Health budget. The full 20% saving will be realised from April 2022.
- 6.5 This option would maximise the health benefits to Tameside and ensure that the new contract represents the best design and value for money in the medium-long term, and is our preferred option.
- 6.6 Following the 6 month extension period, the contract would come to an end in March 2022 for a new contract to start in April 2022. Before this point, the service will be re-designed in

light of the Public Consultation and budget reductions. It is proposed that a paper would be brought back to SCB in June for a decision on the preferred delivery model.

7. RECOMMENDATIONS

7.1 As set out at the front of the report.