Meeting: Cabinet
29 June 2021

ADULT SOCIAL CARE AND PUBLIC HEALTH PREVENTION & EARLY HELP RECOMMISSIONING REPORT

Report of the Director of Adult Social Services

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 The Council is currently undertaking a system review of the Council's approach to Prevention and Early Help, by providing a cohesive all age offer. The offer for adults builds on the previous work undertaken with the voluntary sector and other partners in 2014. Fundamental to this work is to create the right conditions to allow us to work together with communities, partners and others to promote and enable independence, wellbeing and quality of life for our residents.

1.2 There is a refined focus on increasing the resilience of individuals and communities and their potential to help themselves, supported by better online content; by a planned prioritisation of resources and within the context of improving the health and wellbeing of residents and reducing inequalities. This has set the foundations for integration, collaboration, and understanding of the benefits that Prevention and Early Help can have on a wide range of longer-term outcomes for everyone involved. We have included a number of public health prevention offers in this approach.

1.3 Prevention and Early Help is the name we give to the way we support residents, families and communities in Stockport. We want people to live healthy and happy lives, we want to stop problems emerging in the first place or, if issues have emerged, we want to help people to address them and/or prevent and/or delay them from getting worse. We believe a joined up and cohesive offer will ensure our residents are clear about how they can access help early and prevent issues escalating.

1.4 A fundamental review of the prevention and early help strategy and the service delivery framework is required in order to:

- Develop a joint understanding and offer of work on ‘prevention’ in Stockport between commissioners;
- Support future commissioning decisions by identifying opportunities and gaps in capacity and capability;
- Inform the delivery of current plans and strategies to maximise the impact of prevention across the system (providers, communities, businesses etc.);
- Provide opportunities to inform future contracts (e.g. service specifications, outcome measures);
- Assist development of service specification for new preventative services commissioning.

1.5 Given the value of the proposed commissioning activities described below it is necessary as per the Council’s Contract Procedure Rules to ensure the appropriate governance is undertaken and the relevant approvals sought through Cabinet. As the anticipated individual and combined spend of the

AGENDA ITEM

contracts exceed both £663,540 and £10,000,000, Stockport Council would need to ensure that:

- It ran a competitive process in line with the Public Contracts Regulations 2015 (£663,540 is the contract threshold for these types of Services);

- It sought appropriate levels of governance in line with the Contract Procedure Rules and governance requirements.

2. BACKGROUND

2.1 The ONE Stockport Borough Plan outlines the shared strategic aspirations for Stockport 2030. With a hopeful future, we aim to be clear how we work together, as well as what we do. The plan has a number of delivery plans. The One Heart Health and Care Plan, reflects a strong focus on prevention and early help, encourages healthy, physically active lifestyles, targeted action on inequalities, becoming an age friendly borough and embedding the Adult Social Care operating model through prevention, reablement and a Home First ethos.

2.2 The new Adult Social Care Operating model has a strong focus on prevention, the population health offer to prevent ill health, and use of the voluntary and community sector and community assets as well as support to care providers to deliver social care outcomes, reducing the need for people to take up formal health and social care services.

2.3 The most significant investment within Adult Social Care has been in community preventative services via the Prevention Alliance (TPA) and the Wellbeing and Independence Networks (WIN) since 2015. The initial financial envelope was £2,265,000 per annum, reduced to £2,006,000 in 2018/19 as part of the Medium-Term Financial Plan, and is currently £1,956,237, of this £135,000 (CCG contribution for WIN at Home and £30,000 for TPA is subject to further discussion due to funding from other sources.

2.4 The current public health contracts for the full range of adult substance misuse provision (early intervention, treatment and recovery) have been in place since 2015. The overall annual financial envelope being £1,675,841, and in recent years we have extended the VIP model for complex users at a current cost of £241,323 per annum, This brings the total to £1,917,164, noting the VIP element is currently funded on a non-recurrent basis. The wellness service incorporating stop smoking services and tier 2 adult weight management and family weight management services was commissioned in 2016 and, following an in-contract reduction of £400,000, the current annual value is £333,000.

2.5 As part of this work we will consider what both our health partners and the wider Council are commissioning and providing to ensure we reduce duplication and confusion and retain the best of our current commissioning.

2.6 We want to ensure our commissioning is the best it can be to support the challenges we face going forward, with a particular focus on:

- Moving away from silos and towards whole system thinking;

- Moving away from competition and towards collaboration;
- Place based understanding of need and delivery;
- Co-design and co-production; including Stockport residents lived experience and providers in the design and delivery of services;
- Person centred and asset-based approaches;
- Inclusive and in line with One Stockport (supporting small and local organisations);

3. SCOPE

3.1 The scope of this model is wide and covers a range of service areas including those linked traditionally to adult social care and public health. The key aims and outcomes will vary across each service area, but will include the following overarching principles:

- Services will be person-centred, working with the individual to identify their assets and needs, aspirations and goals, adopting a strengths-based approach;

- People will be supported to develop a sense of purpose and together we will celebrate their achievements and contributions to the community of Stockport;

- Co-production and collaboration will be at the heart of service design and delivery;

- People will receive information, advice and guidance at the time they need it and if further help is required, will be linked into the most appropriate service for their needs;

- Services will support people holistically to improve their physical health and mental wellbeing and develop tools and strategies to maintain this in the longer term;

- Through the range of preventative services on offer, people will be supported to maintain independent living;

- People will be supported to achieve and maintain financial independence at all stages of adult life;

- Informal carers will be supported and recognised for the valuable work they do;

- People will be connected to their wider support networks of families, friends, peer groups and communities and encouraged to link into the informal support networks which will support them in the longer term;

- Technology and digital inclusion will be promoted to ensure that people can access services and activities online and feel better equipped to live in an increasingly digital world.

3.2 Stockport Council currently commissions a range of Prevention and Early Help Services; Examples of service provision and delivery are detailed in the table below:

Service	**Service Description**
Alliance for Positive Relationships (Early Help, Complex Safeguarding, Domestic Violence Advocacy)	Early Help and prevention service for victims of domestic abuse: • Offer information, advice and guidance • Offer one to one support to support a reduction in escalation of domestic abuse incidents • Provide a range of support around economic and social needs of victims and perpetrators Work with perpetrators to support reduction in violence and abuse. Work in partnership with the multi-agency partners and third sector organisations to ensure a coordinated community response to victims and perpetrators of domestic abuse.
The Prevention Alliance	Support for adults with wide ranging, often complex needs, offering the following: • Information, advice and guidance on a range of issues • One-to-one work so a person can make positive changes in their lives • One-to-one-work to explore social opportunities, connections and networks that can enhance a person's wellbeing in the longer term • Adopting a strengths-based approach, the service can work with people on a wide range of issues including: - Physical health - Mental wellbeing - Relationships - Budgeting - Employment and skills - Housing

Wellbeing Independence Network **Wellbeing and Independence at Home**	Focuses on providing a range of short-term practical support in and around someone's home environment, specifically supporting people who, without the service, are likely to struggle to remain living at home independently and safely. The range of services are prioritised towards people who are overcoming acute or sudden changes in their circumstances. The types of support offered include: • Shopping • Maintaining and cleaning the home • Gardening • Home safety checks, warmth and energy efficiency. • Arranging or making referrals for equipment and adaptations
Independent Living and Wellbeing in the Community	Focuses on providing short-term support to enable people to engage with their communities, by participation in social activities and groups, volunteering and employment. Partners will work with people on a 1:1 basis to identify what they would like to be able to do and will then support them to engage with identified opportunities and link them with the support available in the community setting. Also runs groups within community settings.
Wellbeing and Independence through Community Transport	An enabling service for the range of preventative services providing volunteer drivers for people who are unable to use public transport, and accessible and group transport for those who need it. People use the service to engage in community activities, shopping, visits to hairdresser, care home visits, hospital / GP appointments etc.
Carer Support Service (Supporting	The Council currently commissions a

Mental Health Recovery)	Carers Support Service for carers who are caring for adults aged 18 and over with mental illness and distress. It provides interventions including information and advice, statutory assessments when required, setting up and reviewing care plans and signposting into support services.
Carers Assessments	Working closely with Adult Social Care, delivering Carers Assessments on behalf of the Council in line with Care Act criteria. The service offers support in the following areas: • An independent assessment of the Carer's needs, including eligibility for a Carer's budget from Adult Social Care • Supporting economic independence by maximising income and reducing debt • Linking carers into local support services and promoting social inclusion generally • Supporting carers to continue in their caring role, whilst also working with them to develop contingency plans and/or explore other options for care and support, should they ever be needed.
Drugs and Alcohol services – Structured treatment	Support for adults aged 26+ who are physically or psychologically dependent on drugs and/or alcohol. This includes but is not limited to: • Specialist support and treatment. • One to one and group work support • Care co-ordination • Substitute prescribing • Supervised consumption • Community detoxification • BBV testing and vaccination
Drug and Alcohol services **- Early intervention and** **- Recovery Support**	The service offers early intervention and recovery support for adults aged 26+ who are currently or have been misusing drugs and/or alcohol. This includes but is not limited to:

	• Brief advice, support and treatment. • One to one and group work support • Care co-ordination • Needle exchange provision • Ongoing recovery support • Peer support / volunteering
Drug and Alcohol services **- VIP complex drug and alcohol programme**	The service is for adult complex drug and alcohol users who are not engaging with core substance misuse services but have a range of needs which are creating demands on the wider system (e.g. A&E, social care, police). This includes but is not limited to: • Outreach work to engage resident • Proactive and flexible support around clients' wider needs (not necessarily substance misuse) • Care co-ordination • Harm reduction • Extensive joint working with adult social care and other agencies/organisations
Smoking Cessation and Tier 2 Adult and Family Weight Management	The service includes but is not limited to: • Community stop smoking: - One to one behaviour change support - Provision of Nicotine Replacement Therapy and / or vaping kits - Training support for primary care professionals • Tier 2 adult weight management - Provision of support around achieving and maintaining a healthy weight - One to one behaviour change - Group programmes • Family weight management programme: - One to one support for young people within a family context - Group programmes

3.3 Within our current contract arrangements, we collect a range of data to show activity and outcomes. A summary of our local activity and performance is provided in **Appendix A** for information.

4. DISCOVERY & ENGAGEMENT

4.1 The Council is in the process of a full programme of engagement and co-production with this commissioning process. In the months of April and May a series of 'discovery', sessions have been undertaken with key stakeholders including existing providers, the wider voluntary sector, Council departments including neighbourhood services, adult social care (at operational and strategic levels) and public health. These sessions explored some of the key benefits and challenges facing the communities of Stockport in accessing preventative support and early intervention services as well as what has worked well so far and what gaps might exist within the current provision. These sessions alongside current monitoring data are a first step in the development of service specifications and associated outcomes. We have also undertaken more in-depth workshops with current providers and targeted stakeholder interviews around substance misuse with other partners including Stockport Family, criminal justice agencies, GMFRS, Stockport Homes and DWP. This enabled us to consider current provision and opportunities for future development from a wider system perspective.

4.2 At present the Council is undertaking some soft market testing that is intended to allow interested organisations with relevant experience to outline their views on the proposed model and tender and to provide information to Stockport Council with no commitment on either party. Information has been provided detailing existing services that has been commissioned by the Council for prevention and early intervention and its fit with the One Stockport Strategy. It also seeks views on the proposed negotiated tender process (details provided in section 6). So far 20 providers in total have expressed an interest in one or more of the services included in the new model, and there is support for working in a more collaborative way and using a negotiated tender process.

4.3 A wider programme of engagement is in the planning stages to allow for further information and support to the Voluntary Sector and other providers to prepare for the process and for the Council to receive feedback on its initial commissioning intentions.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 Budget Considerations

5.1.1 All the contracts outlined in the tables have a contract end date of 31st March 2022 and are proposed to be within the scope of this recommission as part of the new model of provision and delivery.

Contract Title	Contract Start Date	Contract End Date	Current Annual Value	Estimated Total Value	Supplier Name
Alliance for Positive Relationships (Early Help, Complex Safeguarding, Domestic Violence Advocacy)	01-Aug-15	31-Mar-22	£280,000	£1,866,667	Stockport Without Abuse, Talk Listen Change, Stockport Women's Centre
Targeted Prevention Alliance	01-Jun-15	31-Mar-22	£1,308,237	£8,939,620	Stockport Homes
Stockport Council Wellbeing and Independence Network (WIN) Lot 1 - Wellbeing and Independence at Home	01-Oct-15	31-Mar-22	£270,000	£1,755,000	Age UK Stockport
Stockport Council Wellbeing and Independence Network (WIN) Lot 2 - Independent Living and Wellbeing in the Community	01-Oct-15	31-Mar-22	£270,000	£1,755,000	Pure Innovations
Stockport Council Wellbeing and Independence Network (WIN) Lot 3 - Wellbeing and Independence through Community Transport	01-Oct-15	31-Mar-22	£108,000	£702,000	Stockport Car Scheme

Carer Support Service (Supporting MH Recovery)	01-Nov-15	31-Mar-22	£74,000	£369,999	Stockport & District Mind
Carers Assessments	01-Jan-20	31-Mar-22	£80,000	£166,667	Stockport Signpost for Carers
Drugs and Alcohol Service Structured Treatment	01-Oct-15	31-Mar-22	£1,186,768	£7,713,992	Pennine Care
Drugs and Alcohol Service Early Intervention and Recovery and VIP	01-Oct-15	31-Mar-22	£489,073 Plus, VIP programme which is currently £241,323 per annum	£3,178,975	CGL
Wellness - Smoking Cessation and Tier 2 Adult Family Weight Management	01-Oct-16	31-Mar-22	£333,000	£1,831,500	ABL

5.1.2 We are seeking to retain the overall current level of investment around these Prevention and Early Help services. This will be the financial envelop for the tender, noting that the price of bids will be one of the key criteria in selecting the provider, and that there are inflationary savings arising from paying costs at the previous 2015-2021 rate (cost avoidance at an estimated rate of 3% per annum). The services listed will not simply be re-commissioned on the same basis. They will be part of an overarching new model and there will be additional requirements placed on services as we develop specifications that reflect our vision, the current evidence base, best practice guidance and innovative practices.

5.1.3 The proposal is to have an initial 5-year contract with the option to extend further for up to a further 2 years. This contract term will enable us to secure interest from providers who are fully committed to our local vision and will engage with us in designing innovative services. It will also provide stability in our local system for residents, providers and other stakeholders.

5.1.4 The table below highlights the contract value for individual service areas over 5 years + up to 2 years. For each service area, we will consider how service provision is best shaped to meet local ambitions, residents' needs and overall outcomes.

Service area	Annual maximum value	5-year maximum value	7-year maximum value
Drugs and alcohol	£1,917,164* * of this £241,323 is subject to further discussion and agreement of future funding due to this element being previously funded on a non-recurrent basis	£9,585,820	£13,420,148
ASC Early Intervention & Prevention	£1,956,237** **of this £135,000 (CCG contribution for WIN at Home & £30,000 for TPA is subject to further discussion due to funding from other sources.	£9,781,185	£13,693,659
Domestic Abuse Services	£280,000	£1,400,000	£1,960,000
Carers Services	£154,000	£770,000	£1,078,000
Smoking Cessation and Tier 2 Family Weight Management	£333,000	£1,665,000	£2,331,000
Total	£4,640,401	£23,202,005	£32,482,807

5.2 The effect of the decision

Approval to proceed with this new model of prevention and early help and linked procurement process will enable the establishment and development of preventative services in line with the Council's aspirations and intentions for all age prevention and early help.

6. RISKS

6.1 The risks that have been considered so far as part of this process include:

Provider engagement and interest
Risk: Lack of interest from providers and organisations to tender
Mitigation: Soft market testing has been undertaken, which has indicated initial interest, alongside a planned robust development and engagement strategy.

Demands and expectations
Risk: External demands and expectations of new service model and delivery not being achieved
Mitigation: The specification is being coproduced with stakeholders and a joint understanding of need is being developed.

Timescales and Capacity
Risk: Insufficient commissioning resource capacity within the required timescales to undertake this work
Mitigation: A robust project structure has been put in place, an appropriate level of prioritisation and resource have been applied to the project and momentum is being maintained.

Financial Challenges
Risk: Requirement to make savings as a Council results in less investment in this model than requested and impacts on the ability to implement the vision around prevention and early help.
Mitigation: The case for investment has been outlined in this paper and is based on a strong evidence base.

7. FUTURE SAVINGS/ EFFICIENCIES

7.1 In addition to the individual client benefits that are to be gained from the provision of preventative services there are also wider benefits that can be felt across the health and social care system. These can include the following:

- Providing a safe environment to live in reduces accidents and effects on physical health which can lead to reduced hospital admissions and earlier hospital/care home placement discharges. It also leads to a reduced need to access health care and a reduced need to access formal support services.
- Allowing people to remain independent at home which can prevent readmissions to hospital, and prevent/delay move into a formal more costly care settings.
- Improved mental health can motivate people to improve their situation and contribute to the wider community and reduce the need for services to go in.
- Can reduce the time spent away from paid employment, education or volunteering
- Can prevent/delay permanent move into more formal care provision.
- Keeps people safe in the community and stops admissions/crisis from developing that then need support from statutory services.
- Can reduce homelessness by early intervention to support with benefits, debt and tenancy related matters
- Reduces costs associated with rehousing and evictions.
- Provides opportunities for peer support and develops future resilience which reduces reliance on paid support for individuals and groups.
- Improvements on smoking cessation has a significant impact on the health service. Smoking remains our biggest preventable killer. In England alone, 78,000 people a year die from smoking. In addition to the human cost, smoking costs the economy £14.7 billion per year, £2.5 billion of which falls to the NHS.

Smokers who get expert support from stop smoking services are up to 4 times as likely to quit successfully as those who try to quit unaided

- The costs of alcohol and drug misuse to society are significant. PHE estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion.
- Having a healthy Body Mass Index (BMI) reduces a range of conditions associated with obesity. This includes coronary heart disease, type 2 diabetes, stroke, hypertension, osteoarthritis and some cancers. This leads to significant savings for the wider health system as well as improvements in quality of life for the individual.

8. PROCUREMENT OPTIONS

8.1 As part of the initial scoping of this commissioning activity several procurement options were explored. The procurement options considered as part of this process include:

- **Do Nothing** - allow the existing contracts to lapse and to terminate provision. This is not a viable option due to the detrimental effect on individual and system wide outcomes, which would conflict with the vision for the borough.
- **Shorten contract lengths and reduce budgets.** The recommended length and financial envelop for this new model is desired to enable system transformation and provider leadership and engagement.
- **Individual Prevention Contracts** - through separate procurement routes. This would enable us to maintain the same type of provision but is not a preferred option for a wide-ranging model re-design.
- **Joint Prevention Contract** – Open tender combining all contracts into a single procurement with the provision of individual lots. This is the second preferred option, but it does not allow us to work in a more negotiated way with prospective providers at the tender stage or give enhanced flexibility to build a common vision and shape provision.
- **Joint Prevention Contract** – Negotiated Procedure where all the preventative services are procured under one process via a negotiated tender. Utilising this process allows us to better refine requirements as well as capitalise on market expertise and innovation. This is the preferred process.

8.2 Given the ambitious nature of this commission, traditional approaches to procurement, such as individual tenders, or a more open process may not yield the preferred results or outcomes whereas the negotiated procedure allows for a much more developmental approach.

8.3 Following exploration and advice from the Council's procurement partners (STAR) the preferred approach to procurement was determined to be a negotiated tender. This entails the procurement of all preventative services under one process via a negotiated tender. This is a viable option as the Council has a broad idea of commissioning intentions however wants to utilise the process to better refine requirements as well as capitalise on market expertise and innovation. Pre-procurement work could be done with the market to outline intentions as well as highlight consortium bidding and advantages. This approach allows for flexibility and an ability to co-produce solutions and not be fettered by overly prescriptive specifications.

8.4 The below timescale provides for all stages within a Competitive Procedure with Negotiation process. It is essential that the pre-procurement activity is completed by July 2021 in order that we have sufficient time to award, mobilise and have new services in place for 1st April 2022. Subject to receiving approval to progress with the tender in June 2021, we are confident that this can be achieved.

Stage/ Approach	Timescale(s)
Pre-procurement activity	April – July 2021
Prior Information Notice, Soft Market Testing and Market Engagement *This is an opportunity for the Council to give the market prior information regarding its procurement intentions as well as receive feedback from the market prior to tender. This should help to reduce any misunderstandings and allows providers the opportunity to feed into the Council's strategy*	May – June 2021
Issue of Supplier Suitability Questionnaire *This is to pre-qualify suppliers who meet the minimum standards required for the Council*	July 2021
Evaluation of SSQ *The evaluation panel would evaluate sections regarding technical and professional capabilities to ensure that only bidders who are competent are taken through to Stage 1*	Early August 2021
Invitation to Tender (Stage 1)	Mid-August – mid September 2021
Evaluation of Tenders and Negotiation of Stage 1 *The panel would evaluate the initial tenders and then invite all bidders to separate negotiation meetings where key elements would be discussed and negotiated. Bidders would then have the opportunity to provide an updated bid submission incorporating these.* *Note – if the Council believes that its aims have been met at Stage 1, there is the opportunity to award at this point. This will be stated within the procurement documentation for transparency purposes.*	Mid-September – mid October 2021
Notification of Result	Mid October 2021
Invitation to Further Round (Stage 2)	Mid October – mid November
Evaluation of Stage	Mid November 2021
Award	December 2021
Implementation and Go Live *This aspect is critical to the successful mobilisation and delivery of the contract and therefore it is important that the timelines are communicated to bidders and any internal services in advance. Additionally, the service should stick to the timelines to ensure that there are no timescale issues which could impede the contract start date. The service should also be mindful of TUPE impacts*	December - April 2022

if the incumbent providers do not win. *To support in ensuring the relevant timescales are achieved, a question should be asked at the tender stage regarding mobilisation and TUPE. Furthermore, the service should conduct meetings with the incumbent providers to discuss exit strategies prior to the tender process.*	

9. LEGAL CONSIDERATIONS

9.1 The current contracts expire on 31st March 2022. We are now legally required to conduct an open and transparent procurement process.

9.2 The Council is able to utilise Regulation 76 of the Public Contracts Regulations 2015 (Competitive Procedure with Negotiation) to run a more flexible and innovative procedure, which may better achieve intended outcomes. The Council may opt to utilise an outcomes-based specification and tender for all preventative services. If bidders can evidence minimum standards required for delivery, this process would allow the authority to invite negotiation stages with all successful providers to better refine requirements and value for money. The procurement can utilise lots for each requirement and have separate specifications for each lot, however there should be a complementary overarching specification which references the overall strategic aims.

10. HUMAN RESOURCES IMPACT

10.1 There are no direct HR impact for council other than officer time and resources. Transfer of Undertakings (Protection of Employment) regulations 2006 (TUPE) would apply for contracted services, and we will support the provision of any required TUPE information as part of the tender.

11. EQUALITIES IMPACT

11.1 An equalities impact assessment will be undertaken prior to publishing any tender document. However, given the nature of the services that will be provided and the contractual obligations we will be placing on providers, we do not see any issues that would disadvantage any individuals or groups including those with protected characteristic.

12. ENVIRONMENTAL IMPACT

12.1 Elements of this commission would be well suited for digital solutions and engagement and we will consider that within the context of reducing environmental impact.

13. CONCLUSIONS AND RECOMMENDATIONS

13.1 Effective, early intervention and prevention can not only increase independence, improve outcomes and the quality of life for our residents, but if effective, also provides good value for money through cost avoidance and a reduction in the use of more expensive, acute public service resources.

13.2 We will evaluate the impact of our early help work and the quality of the services we provide and the extent to which it helps to improve lives, making sure the right people are receiving help at the right time, by intervening earlier and effectively, thus reducing demand on other statutory and non-statutory partners.

13.3 Through our recommissioning of Prevention and Early Help services we will be in a place where we can deliver on our ambitions. We will work with Partners who will embrace our One Stockport Values and work with us to deliver the best possible services to the people of Stockport.

13.4 **Cabinet are asked:**

- To note the contents of this report and provide comment/feedback;
- To agree the recommendation to proceed to the procurement stage for this commissioning exercise
- To agree the recommendation for approval to award the contracts upon completion of the procurement exercises is delegated to the Director of Adult Social Care (DASS) or for Public Health specific contracts to the Director of Public Health.

14. BACKGROUND PAPERS

14.1 There are none

Anyone requiring further information should contact Vincent Fraga, Alison Leigh Tel: 0161-474-4401, Tel: 07527 387129 or by email on vincent.fraga@stockport.gov.uk, alison.leigh@stockport.gov.uk

Appendix A: Current Performance Activity and Outcomes

Where available data from the previous two years has been provided. This has been to provide a fuller picture of activity pre and during Covid, noting that for some services, activity has increased or decreased due to the pandemic.

1. Tier 2 Adult Weight Management

Indicator	Annual target	Actual 19-20	Actual 20-21
Total number of referrals	505	347	413
Number of clients starting intervention	300	261	328
Number of clients completing intervention	180	130	124 + 62 still in service
Percentage achieving a weight reduction	75%	76%	81%
Percentage achieving a 5%+ weight reduction	30%	13%	23%

2. Family Weight Management

Indicator	Annual target	Actual 19-20	Actual 20-21
Total number of referrals	200	144	135
Number starting intervention	50	69	57
Number successfully completing intervention	30	32	12 + 37 still in service
Percentage of CYP who have maintain or reduced BMIZ at 3 months	60%	88%	100%
Percentage of CYP who have maintain or reduced BMIZ at 12 months	30%	75%	90%

3. Smoking Cessation Service

Indicator	Annual Target	Actual 19-20	Actual 20-21
Total number of referrals	1200	945	1427
Number of interventions started	600	557	1062
Number setting quit date	450	388	782
Number of interventions completed	180	127	316
Percentage achieving a successful 4 week quit	40%	33%	42%

4. Substance Misuse Early Intervention and Recovery

Indicator	Annual Target 19-20 / National average	Actual 19-20	Annual Target 20-21 / National average	Actual 20-21 (to 31 Dec 20)
Total number of new presentations	N/A	321	N/A	288
Numbers in treatment	300	411	300	442
Percentage in treatment retained / completed	71.7%	92.2%	73.4%	76.7%
Successful completions by substance:				
- Opiate only	5.8%	60%*	4.9%	40%*
- Non-opiate only	36.7%	44.4%	35.9%	57.6%
- Alcohol only	38.5%	53.9%	36.4%	58.8%
- Alcohol and non-opiate only	33.5%	44.4%	32.5%	53.7%
Needle exchange contacts (via service)	N/A	294	N/A	558
Needle exchange contacts (via pharmacies)	N/A	4309	N/A	3146

* very low number skews percentage 3/5 in 19/20 and 2/5 in 20/21

5. Substance Misuse - Structured Treatment

Indicator	Annual Target 19-20 / National average	Actual 19-20	Annual Target 20-21 / National average	Actual 20-21 (to 31 Dec 20)
Total number of new presentations	N/A	438	N/A	390
Number in treatment	1,300	1118	1,300	1097
Percentage in treatment retained / completed	71.7%	84.3%	73.4%	90.8%
Successful completions by substance				
- Opiate only	5.8%	5.8%	4.9%	3.5%
- Non-opiate only	36.7%	23.1%	35.9%	30.2%
- Alcohol only	38.5%	48.3%	36.4%	31.6%
- Alcohol and non-opiate only	33.5%	20.3%	32.5%	18.6%

6. Substance Misuse – VIP

Referral Pathway	Referrals received	No Referrals received	No Successful Completions	No still on case load
Community	June 17 – April 21	62	23	10
Front Door	July 20 – April 21	113	74	40

7. Wellbeing & Independence Network (WIN)

Indicator	Annual target	19-20	20-21
WIN at Home			
No. referred	N/A	10,070	5,159
No. Supported	N/A	12,573	10,611
Number of people who have improved their mental wellbeing	N/A	1940	1814
Number of people who are reporting that they feel less isolated	N/A	1547	2027
Number of people who have increased independence	N/A	1344	2526
WIN in Community			
No. referred	N/A	857	200
No. Supported	N/a	1347	1440
Number of people who have improved their mental wellbeing	N/A	792**	n/a**
Number of people who are reporting that they feel less isolated	N/A	497**	n/a**
Number of people who have increased independence	N/A	538**	n/a**
WIN Transport			
No. referred	N/A	827	1430
No. Supported	N/A	3719	4321
Number of people who have improved their mental wellbeing	N/A	792**	n/a**
Number of people who are reporting that they feel less isolated	N/A	497**	n/a**
Number of people who have increased independence	N/A	538**	n/a**

**Data unavailable (due to Covid clients kept open for support & therefore weren't closed & outcomes therefore couldn't be measured or services unable to run)

8. The Prevention Alliance (TPA)

TPA			
TPA Referrals	N/A	4095	4759
Positive Relationships Referrals (Domestic Abuse)	N/A	554	983
No of people who received advice	N/A	1102	1512
Advice provided (according to the number and types of advice provided, rather than cases)	N/A	2674	3443
No of people starting one to one work	N/A	1016	680
No of goals of care completed	N/A	850	544
No of domestic abuse advice outcomes	N/A	152	644
No of domestic abuse victim cases opened	N/A	77	152
No of domestic abuse perpetrator cases opened	N/A	32	33
No of people connected	N/A	248	159
Group support and training provided	N/A	97	79
Independent community groups started	N/A	4	9
Employment skills and training accessed	N/A	123	56
Employment gained	N/A	5	4

AGENDA ITEM