

ANGUS COUNCIL

POLICY AND RESOURCES COMMITTEE – 6 December 2022

**PROCUREMENT AUTHORITY REPORT – PROVISION OF SOCIAL PRESCRIBING WITHIN
ANGUS GP PRACTICES**

REPORT BY GAIL SMITH, CHIEF INTEGRATION OFFICER

ABSTRACT

This report outlines the procurement strategy relating to the contract for Social Prescribing within Angus GP Practices in line with the Angus Health and Social Care Partnership's (the Partnership) Strategic Commissioning Plan and seeks authority for its implementation.

1. RECOMMENDATION(S)

It is recommended that the Policy and Resources Committee agrees to:

- (i) authorise the direct award of a short-term contract (via a 9-month extension and variation of the existing contract) for Social Prescribing Within Angus GP Practices from 1 January 2023 to 30 September 2023 as set out in Section 6 of this report.

2. ALIGNMENT TO THE ANGUS COMMUNITY PLAN/COUNCIL PLAN

2.1 This report contributes to the following local outcomes contained within the Angus Community Plan 2017 – 2030:

- Improved physical, mental and emotional health, and wellbeing
- More opportunities for people to achieve success

**3. ALIGNMENT TO THE ANGUS HEALTH AND SOCIAL CARE PARTERSHIP STRATEGIC
COMMISIONING PLAN 2019-22**

3.1 It should be noted that the Angus Integration Joint Board agreed at its meeting on 25 August 2022 to extend the Partnership's Strategic Commissioning Plan for a further year. The new plan will take effect from 1 April 2023.

3.2 Integration Joint Boards (which are responsible for the strategic oversight of Health and Social Care Partnerships) must produce a Strategic Commissioning Plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Local Authorities and Health Boards are responsible for the operational delivery of services which the Integration Joint Board has directed them to perform (including the procurement of services as required) in accordance with identified strategic priorities. The Partnership's Strategic Commissioning Plan prioritises improving health, wellbeing and independence and working with communities to address loneliness and isolation.

3.3 The aim of social prescribing is to work with patients to assess their non-medical needs and assist them to access appropriate support and services within local communities. The service provides practitioners based in or aligned to an Angus GP surgery who work directly with patients with social concerns rather than medical issues to help them navigate and engage with wider services. The service comprises a combination of supports to people, often from socio-economically deprived communities, and assisting people who need support because of the complexity of their conditions or rurality. It should be noted that this is not a statutory function that sits with Angus Council under the Integration Scheme but that it contributes to the Angus Council Plan outcomes of improved physical, mental and emotional health, and wellbeing, and more opportunities for people to achieve success, and more generally to the statutory power to advance well-being of persons within our area.

4. BACKGROUND

- 4.1 The current contract has been in place since December 2019 with Voluntary Action Angus (VAA). This contract was initially a pilot for 15 months and was procured by means of a QuickQuote by Tayside Procurement Consortium (TPC) on behalf of the Partnership.
- 4.2 A variation was made by TPC to extend the contract from 1 April 2021 to 31 March 2022 to enable a full evaluation of the pilot. In late 2021 this contract was handed back from TPC to Angus Council to manage.
- 4.3 A short-term extension was approved by the Exemptions Co-ordinator under delegated powers to continue the contract for a period of nine months between 1 April 2022 and 31 December 2022 to carry out a review and explore the market for other potential providers capable of delivering this service. The exemption also included longer term planning involving a report being taken to Policy and Resources Committee toward the end of 2022 requesting a further extension to allow for a more enduring procurement solution based on the findings of the market exploration.
- 4.4 Market research was undertaken between July and September 2022 in order to determine if a market existed or not for this type of contract. This included exploring how other Health and Social Care Partnerships were commissioning social prescribing services. A number of research methods were used. These included contact with neighbouring Partnerships, internet searches for similar services, a request via the Social Work Scotland Procurement and Commissioning Practice Network and a search of Public Contracts Scotland (PCS).
- 4.5 The market research highlighted that there are various approaches to providing social prescribing across Scotland – Appendix 1 – Supply Market Analysis refers. To fully satisfy ourselves of the absence or presence of a market in Angus, a Prior Information Notice (PIN) was published on PCS. The purpose of this PIN was to determine if there was a market of potential providers out there and, if so, to provide them with advanced notice of the possibility of a contract opportunity in the foreseeable future. The PIN sought notes of interest in providing a social prescribing service based on the current service specification and in order to note an interest, interested parties had to return a questionnaire evidencing their capacity and capability to deliver the service. Twenty-one providers noted an interest with four questionnaires returned from businesses with experience of providing social prescribing services, including VAA and two other charitable organisations. This return indicated that the compliant route to market for awarding a new contract would be via a tender rather than a direct award to VAA.

5. CURRENT POSITION

- 5.1 The current contract with VAA ends on 31 December 2022. The Partnership has acknowledged the success of this contract which enables people who use the service to engage with and navigate a full range of health, social care and third sector services to support their wellbeing and independence. It is estimated that around 20% of patients consult their GP for what is primarily a social problem (Low Commission, 2015) and as such, the Social Prescribing service aims to reduce the acute use of Health and Social Care Services and reduce the use of General Practice appointments for social issues.

6. PROCUREMENT PROPOSALS

- 6.1 Continuation of Existing Contract – Direct Award

A variation to and extension of the term of the existing contract, from 1 January 2023 to 30 September 2023, is proposed in the interim. It is intended that this will allow for consideration to be given to a new tender exercise being undertaken to procure a new Social Prescribing service within Angus GP Practices, with approval for this being sought at a later date.

- 6.2 The whole life cost of the existing contract, including this proposed extension and variation (£978,960) means it is a regulated procurement. Regulation 72 (b) of The Public Contracts (Scotland) Regulations 2015 allows for the modification of a contract during its term to provide for additional services by the original service provider, including an extension, subject to certain criteria. Due to the application of a previous exemption and the value of this extension together

with previous extensions, we cannot rely on Regulation 72(b). Therefore, due to the value of the contract (including the proposed short-term extension and variation) being outwith the delegated authority of the Chief Integration Officer and the Exemptions Co-ordinator, permission to vary and extend the term of the existing contract until 30 September 2023 via a direct award is required from Committee. Furthermore, in terms of the legislation, this would constitute a non-compliant direct award, given that it is not being advertised on Public Contracts Scotland, and this could be challenged by other interested parties. However, given that only a short extension is proposed, prior to the intention of going out to competitive tender, this risk is minimised. Also, as outlined at paragraph 5.1, it is very much in the interests of supported people for this contract to be continued given the benefits that it delivers.

7. FINANCIAL IMPLICATIONS

7.1 Continuation of Existing Contract – Direct Award

Current Contract Spend Dec 2019 – Dec 2022	£787,335
Contract Continuation – 01/01/23 – 30/9/23	£191,625
ESTIMATED WHOLE LIFE COSTS	£978,960

8 EQUALITY IMPACT ASSESSMENT

8.1 A screening Equality Impact Assessment (EIA) was carried out and concluded that, as the proposal is technical procurement in nature and there is no change in the scope and nature of the services to be delivered under the extension, a full EIA was not required. Appendix 2 refers.

NOTE: No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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List of Appendices: Appendix 1 – Procurement Strategy Summary
 Appendix 2 – Equality Impact Assessment

Strategic Procurement Context

Angus Health and Social Care Partnership's Strategic Commissioning Plan 2019-2022 (extended to 31 March 2023) sets out four priorities, one of which is improving health, wellbeing and independence and includes addressing loneliness and isolation. As a means of achieving this priority, people will be offered an assessment of their non-medical needs and assistance to access appropriate support and services within local communities. The Social Prescribing contract feeds into this priority.

Description and Purpose of Services

Social Prescribing aims to provide a service to patients in Angus who visit their GP surgery for support, signposting and guidance on social issues. Social prescribers are based in or aligned to a GP practice or a cluster of GP practices and offer face to face appointments or telephone appointments as required. Social Prescribers work alongside GPs attending multidisciplinary meetings.

The Social Prescribing service has a presence in 16 Angus GP practices as part of the approved Primary Care Improvement Plan. The service involves staff working directly with patients to help them navigate and engage with wider services, often serving a socio-economically deprived community or assisting patients who need support because of the complexity of their conditions or area they live in.

Supply Market Analysis

Voluntary Action Angus is commissioned by Angus Health and Social Care Partnership to deliver the current service.

Good practice dictates that we are as informed as possible about our local markets and thorough market research provides vital information about existing and potential providers to ensure good quality services and value for money. The market research for this contract included exploring how other Partnerships were securing social prescribing services and a number of methods were used. These included:

1. Direct contact with neighbouring local authorities. Dundee and Perth and Kinross advised that they provide in house services.
2. An internet search identified that Aberdeen awarded a contract externally in 2018.
3. Information request via Social Work Scotland Procurement & Commissioning Practice Network. East Lothian, North Ayrshire and Inverclyde all responded to the information request. East Lothian commissions link workers but not social prescribing as Angus recognises it; North Ayrshire employs workers who are based in GP surgeries and is currently in the process of commissioning a social prescribing service that workers will be able to refer in to. Inverclyde commissions services externally.
4. Notice search on Public Contracts Scotland (PCS). The search found a historic contract notice for Highland Council and a recent Prior Information Notice (PIN) for Aberdeenshire Council.

This combined research highlighted that there are various approaches to providing social prescribing across Scotland. To fully satisfy ourselves of the absence or presence of a market for Angus, a PIN was published on PCS. The purpose of a PIN is to determine if there are any potential providers out there and to provide advanced notice of the possibility of a contract opportunity in the foreseeable future.

The PIN sought notes of interest in providing a social prescribing service based on the current service specification. In order to note an interest, interested parties had to return a questionnaire answering the following questions:

1. Name of Provider
2. Do you have experience of delivering a social prescribing type service? If yes, please provide a summary and examples of this.
3. After reviewing the Service Specification, are you confident that your organisation has the capability to deliver the service?
4. After reviewing the Service Specification, are you confident that your organisation has the capacity to deliver the service?

21 notes of interest were registered on PCS with 4 submitting questionnaires, including VAA. Each of the 4 interested parties demonstrated experience of delivering social prescribing and indicated that they had the capacity to do this. This gave a clear indication that a market exists for this type of service provision and therefore the legitimate approach for renewal of this contract is by means of a tender.

Procurement Planning

Contract Continuation – Direct Award

A variation and extension to the term of the existing contract is proposed in the interim to allow for consideration to be given to a tender exercise being undertaken for a new Social Prescribing service within Angus GP Practices. Initially, it was thought that a direct award would be the procurement approach for renewing the contract for the next few years as early conversations with our Tayside colleagues showed that they had provided the service in house. It wasn't until wider market research was carried that other options became apparent.

As the provisions given via legislation that allow for compliant contract modifications don't extend to the circumstances in this case, the extension will be executed via a short-term direct award. The value of the extension in isolation falls within the delegated powers of the Chief Integration Officer but, given the background and aggregate value of the extended contract in its entirety committee approval is required.

It is in the interest of supported people for this contract to be continued to enable people who use the service to engage with and navigate a full range of health, social care and third sector service to support their wellbeing and independence Whilst reducing the acute use of Health and Social Care Services and reducing the use of General Practice appointments for social issues.

Whilst it is recognised there is a need for the continuation of such a service provision, there is not the time to undertake a compliant procurement exercise prior to expiry of the current one. Therefore, the options are:

1. Do Nothing – But Continue the Service Without a Contract – the contract will come to an end on 31 December 2022 but with agreement for the service to continue outwith the governance of contract terms and will leave both parties vulnerable to disputes and the potential for uncontrolled costs associated with the contract.
2. Do Nothing – Service Ends – the contract would come to an end on 31 December 2022. However, the Service would not be able to cease immediately as notice periods will apply for the staff employed by VAA to deliver this Service.

Direct Award – the contract will be renewed for a period of 9 months to allow a competitive tendering exercise to be carried out. The extension will provide the security of terms and conditions and the least disruption to the service. This direct award will be out with the scope of procurement regulations and there is therefore a risk of legal challenge by other interested parties. The extension is however for the minimum period possible in order to provide the Partnership with an opportunity to plan to undertake a compliant procurement exercise. It is intended that this would facilitate implementation of a new contract as the result of a compliant and competitive process – thus instilling confidence that best value is being achieved for the duration of this next generation contract. Approval for any new contract would have to be given at a later date.

Procurement Strategy Conclusions

An interim continuation of contract by means of a direct award should be put in place with the current provider for Social Prescribing to allow for a competitive tendering process to be considered, subject to future approval, as required.



Equality Impact/Fairer Scotland Duty Assessment Form

(To be completed with reference to Guidance Notes)

Step 1

Name of Proposal (includes e. g. budget savings, committee reports, strategies, policies, procedures, service reviews, functions):

PROVISION OF SOCIAL PRESCRIBING WITHIN ANGUS GP PRACTICES

The Proposal relates to extending the current contract for the above Services with Voluntary Action Angus for 9 months for the same type of service provision with no material change to that provision.

Step 2

Is this only a **screening** Equality Impact Assessment

Yes/No

(A) If Yes, please choose from the following options **all** reasons why a full EIA/FSD is not required:

(i) It does not impact on people

Yes/No

(ii) It is a percentage increase in fees which has no differential impact on protected characteristics

Yes/No

(iii) It is for information only

Yes/No

(iv) It is reflective e.g. of budget spend over a financial year

Yes/No

(v) It is technical

Yes/No

If you have answered yes to any of points above, please go to **Step 16**, and sign off the Assessment.

(B) If you have answered No to the above, please indicate the following:

Is this a full Equality Impact Assessment

Yes/No

Is this a Fairer Scotland Duty Assessment

Yes/No

If you have answered Yes to either or both of the above, continue with Step 3.

If your proposal is a **strategy** please ensure you complete Step 13 which is the Fairer Scotland Duty Assessment.

Step 3

(i)Lead Directorate/Service:

(ii)Are there any **relevant** statutory requirements affecting this proposal? If so, please describe.

(iii)What is the aim of the proposal? Please give full details.

(iv)Is it a new proposal? Yes/No Please indicate OR

Is it a review of e.g. an existing budget saving, report, strategy, policy, service review, procedure or function? Yes/No Please indicate

Step 4: Which people does your proposal involve or have consequences for?

Please indicate all which apply:

Employees Yes/No

Job Applicants Yes/No

Service users Yes/No

Members of the public Yes/No

Step 5: List the evidence/data/research that has been used in this assessment (links to data sources, information etc which you may find useful are in the Guidance). This could include:

Internal data (e.g. customer satisfaction surveys; equality monitoring data; customer complaints).

Internal consultation (e.g. with staff, trade unions and any other services affected).

External data (e.g. Census, equality reports, equality evidence finder, performance reports, research, available statistics)

External consultation (e.g. partner organisations, national organisations, community groups, other councils).

Other (general information as appropriate).

Step 6: Evidence Gaps.

Are there any gaps in the equality information you currently hold? Yes/No

If yes, please state what they are, and what measures you will take to obtain the evidence you need.

Step 7: Are there potential differential impacts on protected characteristic groups? Please complete for each group, including details of the potential impact on those affected. Please remember to take into account any particular impact resulting from **Covid-19**.

Please state if there is a potentially positive, negative, neutral or unknown impact for each group. Please state the reason(s) why.

Age

Impact

Disability

Impact

Gender reassignment

Impact

Marriage and Civil Partnership

Impact

Pregnancy/Maternity

Impact

Race - (includes Gypsy Travellers)

Impact

Religion or Belief

Impact

Sex

Impact

Sexual orientation

Impact

Step 8: Consultation with any of the groups potentially affected

If you have consulted with any group potentially affected, please give details of how this was done and what the results were.

If you have not consulted with any group potentially affected, how have you ensured that you can make an informed decision about mitigating action of any negative impact (Step 9)?

Step 9: What mitigating steps will be taken to remove or reduce potentially negative impacts?

Step 10: If a potentially negative impact has been identified, please state below the justification.

Step 11: In what way does this proposal contribute to any or all of the public sector equality duty to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations between people of different protected characteristics?

Step 12: Is there any action which could be taken to advance equalities in relation to this proposal?

Step 13: FAIRER SCOTLAND DUTY

This step is only applicable to **strategies** which are key, high level decisions. If your proposal is **not** a strategy, please leave this Step blank, and go to Step 14.

Links to data sources, information etc which you may find useful are in the Guidance.

Step 13(A) What evidence do you have about any socio-economic disadvantage/inequalities of outcome in relation to this strategic issue?

Step 13(B) Please state if there are any gaps in socio-economic evidence for this strategy and how you will take measures to gather the evidence you need.

Step 13(C) Are there any potential impacts this strategy may have specifically on the undernoted groupings? Please remember to take into account any particular impact resulting from **Covid-19**.

Please state if there is a potentially positive, negative, neutral or unknown impact for each grouping.

Low and/or No Wealth (e.g. those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.

Impact

Material Deprivation (i.e. those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, leisure and hobbies).

Impact

Area Deprivation (i.e. where people live (e.g. rural areas), or where they work (e.g. accessibility of transport).

Impact

Socio-economic Background i.e. social class including parents' education, people's employment and income.

Impact

Other – please indicate

Step 13(D) Please state below if there are measures which could be taken to reduce socio-economic disadvantage/inequalities of outcome.

Step 14: What arrangements will be put in place to monitor and review the Equality Impact/Fairer Scotland Duty Assessment?

Step 15: Where will this Equality Impact/Fairer Scotland Duty Assessment be published?

Step 16: Sign off and Authorisation. Please state name, post, and date for each:

Prepared by: Tanya Brown, Contracts Officer, Procurement & Commissioning

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