

Delegated Cabinet Member Key Decision Report

Decision Maker and Portfolio area:	Cllr Barbara Brownridge, Cabinet Member for Health & Social Care
Date of Decision:	8 th February 2024
Subject:	Social Prescribing Contract Extension
Report Author:	Rachel Dyson, Thriving Communities Lead
Ward (s):	All Wards

Reason for the decision: To utilise the right to extend the term of the Social Prescribing Innovation Partnership contract for seven months until 31st October 2024.

Summary: Oldham's Social Prescribing Innovation Partnership was initiated as part of the Thriving Communities element of Oldham Cares, funded through the GM Transformation Programme in 2018/19. The Council entered into a contract with Action Together CIO for the Innovation Partnership. The contract commenced on 1 April 2019 for an initial term of 3 years and the right to extend the initial term annually until 31 March 2025. The first extension to the term was approved for the period 1 April 2022 – 31 March 2023 with funding from the CCG, and the second extension was approved for the period 1 April 2023 – 31 March 2024 with funding from the Pooled Funding Reserve set aside for integrated working between the Council and NHS partners.

The model is also supplemented by link workers funded through PCN Direct Enhanced Services funding.

This report is proposing that the third extension period is utilised, to extend the contract from 1 April 2024 and expiring on 31 October 2024 at a cost of

£376,026, with a further c. £12,000 allocated to continue the license for the Elemental software which supports the model. This total cost of £388,026 will be allocated from the Public Health budget.

The extension is proposed to ensure that there remains continuity of service provision whilst work is undertaken to explore options for contracting or commissioning a Social Prescribing service in the longer-term.

What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):

Option 1 – The proposals outlined in the report are agreed; the Social Prescribing Innovation Partnership contract is extended for 7 months until 31st October 2024. This will be at a total cost of £388,026.

Option 2 - It is agreed not to extend the Social Prescribing contract. This option would have no direct cost to Oldham system partners however, if delivery were to cease this would have the knock-on impact of the current Social Prescribing caseload and those in triage potentially being left without support and needing additional services from the wider system. It would have associated impacts for the Innovation Partnership providers who would either need to seek alternative funding in a short timescale or cease delivery putting existing staff at risk.

Recommendation(s):

Option 1 – The proposals outlined in the report are agreed; the Social Prescribing Innovation Partnership contract is extended for 7 months until 31st October 2024. This will be at a total cost of £388,026.

Implications:

*What are the **financial** implications?*

The preferred option (Option 1) is to extend the Social Prescribing Innovation Partnership contract for a further 7 months, from 1st April to 31st October 2024 at a cost of £376k. A further £12k is required to continue the license for the Elemental software.

The total cost of this proposal is £388k.

Funding is available via the Public Health Growth (£155k) with the balance (£233k) being met from balances held in reserves.

(Jenny Howarth Senior Accountant/Matt Kearns Finance Manager)

What are the *procurement* implications?

The report requests approval to extend the contract by 7 months i.e., from 1st April 2024 – 31st October. 2024. The Social Prescribing

contract was awarded in April 2019 for an initial period of three years plus 3x1year extension and there is a final extension available from April 2024 subject to availability of the budget. It is noted that the 7 months extension is proposed instead of 1 full year which was originally outlined in the Tender and the contract. It is possible to agree a shorter extension period under a Contract Variation agreed between both parties.

It is also noted from the report that the proposed total spend under the contract (estimated £2.4m) would exceed the original tendered value of £2m due to the reasons outlined in the report. There is a provision within the Public Contracts Regulations 2015 reg 72C that allows modification if contract due to spend going over the value originally advertised *where all of the following conditions are fulfilled: —*

(i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;

(ii) the modification does not alter the overall nature of the contract;

(iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement.

Considering the proposal of a short-term tender extension, the Commercial Team also recommends undertaking a competitive tendering/commissioning exercise in compliance to the Council's CPRs and also recommends the following:

- a. A contract variation document must be agreed with the provider and include full financial information such as rates we pay not just the financial envelope. Take appropriate legal advice to complete the contract variation document.
- b. A clear KPI's must be agreed with the provider and the commissioning team manages and monitors KPI's.

- c. Further advise MUST be sought to address potential TUPE implications at the tendering stage.
- d. Set up a working group (project board) involving Procurement team at early stage for the new procurement process.
- e. Ensure appropriate consultation is undertaken at pre-procurement stage with the provider market, service users and other public sector organisations such as Oldham ICB in compliance to the Social Value Legislation.

Raj Ahuja, Lead Procurement Consultant, Social Care and Health

*What are the **legal** implications?*

The contract provides for this last 1 year extension but because of the need to agree the charges, it will be necessary to execute a Deed of Variation (as opposed to just giving 28 days' notice).
(Mark Hope, Legal and Democratic Services)

*What are the **Human Resources** implications?*

None

***Equality and Diversity Impact Assessment** attached or not required because (please give reason)*

There are no equalities implications to the recommended option.

*What are the **property** implications*

None

Risks:

The legal, financial and procurement are highlighted separately in this report. This proposal to extend the term of the social prescribing innovation partnership until the 31st October 2024 will ensure that there remains continuity of service. The contract should be monitored to ensure it fulfils its requirements for quality and cost. Consideration should be given to undertaken a further tender exercise before the end of the extension of the contract. Insurance and information risks will need to be reviewed in light of the extension and future procurement exercise to ensure they are robust and in line with the Contract Procedure Rules. Action Together CIO should continue to provide regular monitoring reports to the Council.

Vicki Gallacher (Head of Insurance and Information Governance)

Co-operative agenda

The proposals will ensure that residents currently accessing support will continue to receive it until other options are explored/agreed. This is in keeping with the Council's Co-operative agenda which seeks to enable and empower residents to manage their health well and supports our aspirations for thriving communities.

(Amanda Richardson, Policy Manager)

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution? Yes

Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the Council's budget? Yes

Are any of the recommendations within this report contrary to the Policy Framework of the Council? No

Reason why this Is a Key Decision (1) to result in the local authority incurring expenditure or the making of savings which are, significant (over £250k) having regard to the local authority's budget for the service or function to which the decision relates

The Key Decision made as a result of this report will be published within **48 hours** and cannot be actioned until **five working days** have elapsed from the publication date of the decision, i.e. before 22nd February, unless exempt from call-in.

This item has been included on the Forward Plan under reference HSC-07-23

There are no background papers for this report

Report Author Sign-off:	
	R Dyson
Date:	7 th February 2024

Please list any appendices:-

Appendix number or letter	Description

Background:

- 1.1 Oldham's Social Prescribing model was initially developed in 2019 as an Innovation Partnership through Oldham's Thriving Communities strand of the Greater Manchester (GM) Health & Social Care Transformation Programme. The initial contract was £1.078m over 3 years, with the potential to extend 3x 12 months to a maximum value of £2m. This was joint funded by the GM Health & Social Care Transformation Fund and earmarked Council reserves.
- 1.2 The Council entered into a contract with Action Together CIO for the Innovation Partnership. The contract commenced on 1 April 2019 for an initial term of 3 years and the right to extend the initial term annually until 31 March 2025. The first extension to the term was approved for the period 1 April 2022 – 31 March 2023 with funding from the CCG, and the second extension was approved for the period 1 April 2023 – 31 March 2024 with funding from the Pooled Funding Reserve set aside for integrated working between the Council and NHS partners.
- 1.3 The intention of the Innovation Partnership was that the flexible approach could respond to need and the developing service/system context, and this learning would inform future commissioning and delivery approaches. The offer includes both social prescribing, through link workers, alongside capacity building within the VCFSE sector.
- 1.4 In the [NHS Long Term Plan \(2019\)](#), NHS England committed to building the infrastructure for social prescribing in primary care and embedding social prescribing and community-based approaches across the NHS. This included introducing social prescribing link workers into Primary Care Networks, and in 2022 introducing a requirement for primary care networks to provide a proactive social prescribing service as part of the contract. As a result, in Oldham, the Social Prescribing model has expanded since 2019 to incorporate PCN Social Prescribing Link Workers as part of the wider network model, by agreement with each PCN.
- 1.5 The ambition to deliver community-led prevention approaches is also well embedded in wider strategies across the Oldham system. The broad nature of wellbeing and the support offer mean that outcomes achieved through a strong Social Prescribing offer are critical to reducing demands and costs in other areas of the system such as Adult Social Care, Children's Services, and Housing. An independent evaluation of the service was undertaken during 2021 and demonstrated the positive impact of the service on participant's wellbeing, as well as reduced demand and cost to wider system services over the longer-term.
- 1.6 The current Social Prescribing offer is considered a key contributor within the Adults Target Operating Model, Children's Early Help Strategy and Housing prevention offer, acting as step-down and improving flow through the system. This has involved the development of a number of specialised elements to the service; children and young people's link workers, and during 23-

24 piloting of a dedicated link worker role in Adults Referral Contact Centre (ARCC). Alongside this a volunteer model has been developed to help support clients with lower-level needs.

Proposals:

- 2.1 A recurrent budget has now been identified to support the continuation of a Social Prescribing model in the longer-term. It is proposed that the remaining +1 extension is used to extend the current contract for a period of 7 months to ensure there is continuity of service provision whilst contracting and commissioning options for the future model are explored.
- 2.2 The contract would be extended, including all elements within the current specification and as well as an amendment to incorporate an additional link worker in the Adult Referral Contact Centre (ARCC), an approach which has been piloted successfully during 23-24. The total cost of the extension would be £376,026. This extension exceeds the initial advertised total contract value of £2m, so a modification is proposed. This is a result of increasing delivery costs during the lifetime of the contract, as well as the addition of specialist children's and ARCC link workers to the core model, which were not anticipated at the outset.
- 2.3 The Council also has a separate contractual arrangement with Access Ltd. who provide the Elemental case management system which the service utilises, it is anticipated that the pro rata license cost for this will be c.£12,000 for a seven month period. The total cost of the proposal is £388,026, which is to be allocated from the public health budget. It is anticipated that the PCN link workers will still be in place as part of the delivery model during this time.

Conclusions:

- 3.1 It is recommended that the Social Prescribing Innovation Partnership contract is extended for 7 months until 31st October 2024. This will be at a total cost of £388,026.



Signed: (Cabinet Member)

Date: Friday 9th February 2024

In consultation with:

Signed: 

Sayyed Osman

(Deputy Chief Executive/Executive Director)

Date: Friday February 9th 2024