



INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Link Practitioner Service
Report Number	HSCP22.062
Lead Officer	<i>Alison Macleod, Strategy and Transformation Lead</i>
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Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	a. Link Practitioner Service Business Case b. Directions to NHS Grampian

1. Purpose of the Report

1.1. To seek IJB approval of the Link Practitioner Service Business Case (**Appendix A**) and its recommended option to undertake collaborative commissioning to procure a provider to deliver the new Link Practitioner Service contract on behalf of Aberdeen City Health and Social Care Partnership.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approve the Business Case, attached at **Appendix A**, and the recommended option to issue a tender for a provider to deliver the Link Practitioner Service for four years from 1 April 2023, with an option to extend the contract for an additional three years;



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- b) Delegate authority to the Chief Officer to extend the Link Practitioners contract to the contract holder in the event of a satisfactory Year 3 contract review for a further three years up to 31 March 2030;
- c) Request an update within the Chief Officer's Report on the outcome of the tender process at the IJB's meeting on 29 November 2022;
- d) Makes the Direction attached at **Appendix B**, and instructs the Chief Officer to issue the Direction to NHS Grampian.

3. Summary of Key Information

Background of Aberdeen Link Practitioner Service

- 3.1. The Aberdeen Link Practitioner Service was established in 2018 and was one of the first Link Practitioner services in Scotland. Following a procurement exercise in 2017, SAMH (Scottish Association Mental Health) were awarded the contract and will continue to deliver the service until the contract expires on 31 March 2023.
- 3.2. Link Practitioners are attached to GP practices and help address socio-economic inequalities and social determinants of health through adoption of a person-centred human rights approach. GPs and Primary Care staff refer patients to Link Practitioners when they assess a social issue is having a bearing on a patient's medical condition.
- 3.3. A key purpose of Link Practitioners is to strengthen the Primary Care sector in Aberdeen City by reducing patient waiting lists and supporting patients to manage non-clinical issues which are impacting on their health and wellbeing. Primary Care referrals to the Link Practitioner Service increase GP capacity and enable them to fulfil their duties as expert medical generalists, a key part of the 2018 GMS Contract which the Partnership is required to implement.
- 3.4. There is high and growing demand for services provided by Link Practitioners in Aberdeen City, with 1747 referrals in 2021-22 up 16.2% from 1503 referrals in 2020-21. It is anticipated that an ageing population with multiple morbidities, coupled with the impact of the Covid-19 pandemic and rising cost of living will drive demand for health, social care, and wellbeing services.



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- 3.5. The most common referrals made by primary care colleagues are set out in **figure 1.** below:

Referral Reasons Referral Reason	Percentage of referrals
Mental Health	26%
Benefits	11%
Finance & Money	10%
Isolation	13%
Housing and Homelessness	9%
Meaningful activity	3%
Employment	3%
Care	3%
Dementia	2%
Bereavement	2%
Carers	2%
Addiction - Alcohol	1%
Post Diagnostic Support (PDS)	1%
Other	1%
Conditions	1%
Shielding and/or crisis line	1%
Abuse	1%
Physical Health	1%
Addiction - Illegal Drugs	1%
Families	1%
Weight management	1%
Parenting	1%
Relationships	1%

Figure 1.

- 3.6. A 2019 evaluation of the Aberdeen Link Practitioner Service found that Link Practitioners reduced GP contacts by a projected 254,048 over a one-year period. 83% of GPs reported they were open to adopting the Links approach and 86% valued the Link Practitioner Service. Patients also reported that six months after using the Link Practitioner Service, they were significantly happier; less lonely; and had a better quality of life.



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- 3.7. The current Link Practitioner Service contract expires on 31 March 2023 and the Business Case attached at **Appendix A** recommends that the Partnership undertake a tendering exercise, supported by NHS Grampian Procurement Service to identify a provider to deliver the new Link Practitioner Service contract.

Collaborative Commissioning Part One

- 3.8. The Project Team has undertaken part one of our Collaborative Commissioning process in line with findings of the Feeley Report on Ethical Commissioning. The Collaborative Commissioning process adopted a human-rights approach putting patient voice and those with lived experience at the centre of our planning. The sessions enabled collaboration, rather than competition between providers to strengthen the local health and care market; and placed an emphasis on fair working practices for Link Practitioners to enable delivery of person-centred, quality services which improve patient outcomes.
- 3.9. The Project Team delivered four facilitated public workshops between May-July 2022. The sessions were attended by patients; Locality Empowerment Group members; partners; stakeholders; Link Practitioner staff; and prospective providers from the third sector. The workshops included briefings on project objectives; expectations; and timescales and also provided an opportunity for attendees to co-design the new service outcomes and service specification document for tender. At the workshop sessions, attendees discussed and agreed: contract length and its review period; the need for a citywide procurement, rather than locality lots; the role, responsibilities and skills of a Link Practitioner; growing and changing patient needs and priority areas for the new contract period; the importance of relationship building and partnership working; and opportunities for innovation.
- 3.10. Workshop attendees agreed that the contract should be for a period of four years commencing on 1 April 2023. During Year 3, a review will take place to evaluate provider performance; achievement of outcomes; and to consider strategic priorities and the financial position. The Partnership will then have the option to extend the contract for a further three years by direct award to the contract holder. If the Partnership is not satisfied with provider performance following Year 3 review, the contract will terminate on 31 March



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2027 and before then, officers will report back to the IJB with an options paper on future delivery of the Link Practitioner Service.

- 3.11.** The new Link Practitioner Service contract will be funded through Primary Care Improvement Funding. Funding was approved by the Primary Care Improvement Plan Delivery Group on 12 July 2022. It is proposed that the service is awarded a 3% annual uplift to cover all staffing; ICT; insurance; fees; administrative; and project management costs. This approach strikes a reasonable balance between fulfilling the Partnership's commitments to fair working practices for commissioned staff whilst delivering significant savings in comparison to an in-house Link Practitioner Service with staff transferred to NHS Grampian contracts. Savings are likely to be achieved as it is expected that annual NHS pay awards will be higher than 3%; and on-costs, such as pensions and National Insurance contributions are significantly higher for NHS staff than third sector staff.
- 3.12.** The following service outcomes were co-designed at the Collaborative Commissioning workshops. They provide the basis for the tender documents and new contract. The Partnership's expectations on what the provider should achieve over the course of the new contract are clearly set out:
1. Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.
 2. Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.
 3. Reduce health inequalities through adoption of a human rights approach to enable people to live healthier lives by providing the right support, in the right place, at the right time.
 4. Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.
 5. Build personal and community resilience by promoting empowerment; enablement; and self-management of health and wellbeing.



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6. Through evidence-led approaches, make best use of community assets through collaboration and innovation.
7. Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.

Collaborative Commissioning Part Two

- 3.13. If the Board approves the report recommendations, Figure 2 sets out the key stages in the commissioning process up to the new contract coming into effect on 1 April 2023.
- 3.14. The intention is to issue the tender on the Public Contract Scotland portal on 1 September for 30 days. Thereafter the Evaluation Panel comprising of senior officers from the Partnership and ACVO will score the tenders and providers will be invited to deliver clarification presentations on their submissions. In line with procurement legislation, a 10-day standstill period will be observed before the contract is awarded to the successful provider on 25 October.
- 3.15. The Project Team will form an Implementation Group to manage the transition process from contract award to the new contract coming into effect on 1 April 2023. Key tasks during this period will be to agree the new contract with the successful provider; ensure financial, assurance and performance frameworks are in place; and if required, TUPE staff over from the current contract holder to the new provider.
- 3.16. The Project Team have prepared a Communication Plan which is monitored on at least a weekly basis. Monthly briefings will be prepared for Link Practitioner staff to ensure they are kept up to date with new developments; to provide assurance on the process; and offer them the opportunity to contact the Project Team if they have any queries or concerns. The Project Team will provide an update to IJB members on our communication with key stakeholders such as staff within the Chief Officer's Report on 29 November 2022.



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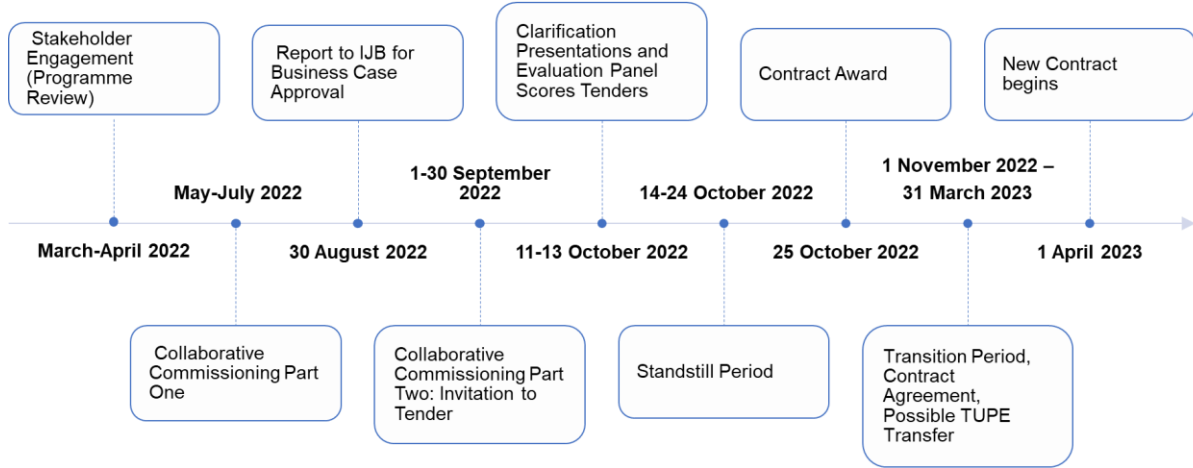


Figure 2.

4. Implications for IJB

4.1. Equalities

It is expected that this proposal will have a positive or neutral impact on those people who share characteristics protected by the Equality Act as its main aim is to provide access to support services. Link Practitioners are trained on how to have meaningful conversations with patients and make appropriate assessments and referrals. A Health Inequalities Impact Assessment has been completed and can be accessed by clicking on the link within section 9 of the Business Case in **Appendix A**.

4.2. Fairer Scotland Duty

The business case has been informed by Collaborative Commissioning and consultation processes. Feedback has been received from a wide range of stakeholders, including representatives from our Locality Empowerment Groups. A key rationale of the Link Practitioner Service is to adopt a social prescribing approach to address determinants of health and wellbeing with an underlying cause relating to socio-economic disadvantage. The Link Practitioner Service has a key outcome to reduce health inequalities and adopt a human rights approach to ensure patients receive the right support,



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in the right place, at the right time. A Health Inequalities Impact Assessment has been completed and can be accessed by clicking on the link within section 9 of the Business Case in **Appendix A**.

4.3. Financial

The funding for the service is funded through recurring Primary Care Improvement Funding. The proposed budget for the Link Practitioner Service is outlined below and would be the maximum budget. Tenders would be asked to prepare their own budgets for delivering the Link Practitioner Service and value for money will be taken into account by the evaluation panel as part of the scoring criteria.

Project Revenue Expenditure & Income								
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Staffing Resource	711,956	733,315	755,315	777,975	801,315	825,355	850,116	5,455,347
ICT Equipment, Admin Costs, Insurance and Fees	88,044	90,685	93,405	96,207	99,093	102,066	105,127	674,627
Sub-Total	800,000	824,000	848,720	874,182	900,408	927,421	955,243	6,129,974

4.4. Workforce

4.4.1 One of the key technical criteria providers will be asked to provide assurance on will be how they will ensure fair working practices for Link Practitioner staff. Tenders will be scored by the Evaluation Panel on their responses.

4.4.2 If the current contract holder of the Link Practitioner Service do not take on the new contract, TUPE regulations will protect their rights as an employee as they transfer to the new provider. Link Practitioner staff have taken an active



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part in engagement exercises, beginning at the Programme Review stage in March 2022 and they were well represented at the three collaborative commissioning workshops.

4.4.3 Link Practitioner staff have been advised that TUPE transfer is a possibility, depending on the outcome of the tender process. As set out within the Communication Plan, the Project Manager will provide at least monthly updates to staff to keep them informed of any updates and to provide them access to advice and support from NHS Grampian HR colleagues. Link Practitioner staff have been provided with contact details of the Senior Project Manager and Project Manager if they have any questions or concerns regarding the project or the commissioning process.

4.4.4 Following the award of the contract to the successful provider in October 2022, an Implementation Group will be formed to manage the transition from the current contract to the new contract commencing on 1 April 2023.

4.5. Legal

The report seeks approval to issue the Link Practitioner contract for tender and thereafter agree a new contract with the successful provider. The Project Team will receive advice and support from NHS Grampian's Procurement Service; Information Governance Team; Central Legal Office; and HR. Other services will be co-opted to advise the Project Team where required.

It is expected that compliance with the following legislation and regulations may be required:

- Procurement Reform (Scotland) Act 2014;
- Data Protection Act 2018;
- *Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) ("TUPE")

*in the event that the current contract holder does not take on the new contract

Legal risks are captured in the project risk register which is monitored on a weekly basis. Legal risks are currently assessed as medium risk. The Project



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Team will mitigate these risks through regular engagement with NHS Grampian support services as listed above. The Project Team's terms of reference also provide it with oversight of the project's risk management and assurance arrangements. The Senior Project Manager reports on a monthly basis to the PCIP Delivery Group and an update to the IJB will be provided within the Chief Officer's Report on 29 November 2022.

4.6. Covid-19

Link Practitioners help free up capacity for GPs and primary care colleagues by working with patients who have unmet socio-economic needs which is having an impact of their health and wellbeing. This reduces demand on primary care services, which increased significantly during the Covid-19 pandemic and frees up capacity to enable GPs to fulfil their duties as expert medical generalists as per the 2018 GMS Contract.

4.7. Unpaid Carers

Link Practitioners support non-clinical needs of unpaid carers and help them access support and resources they need to undertake their caring responsibilities. The importance of identifying and meeting the needs of unpaid carers was highlighted during collaborative commissioning workshop sessions and will be a key priority during delivery of the new Link Practitioner Service contract.

4.8. Other

N/A.

5. Links to ACHSCP Strategic Plan

a) Preventing Ill Health:

Link Practitioners focus on alternative resources for patients in the community and provide an opportunity to undertake preventative health interventions. Link Practitioners tackle preventative risk factors such as poor mental and physical health; and promote positive lifestyle choices to reduce obesity; smoking; and alcohol and substance abuse. Link Practitioners also fulfil a role as independent advocates, particularly for disadvantaged patients



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to help them navigate health and public systems. This helps to ensure equity across the system and reduce health inequalities. Link Practitioners work closely with the Partnership's Mental Health team and will contribute towards delivery of outcomes within the Mental Health and Learning Disabilities Transformation Plan.

b) Caring Together:

Link Practitioners help to build resilience within local communities by promoting self-management of care; joined up services; and community empowerment in line with the Primary Care Improvement Plan. A key outcome of the Link Practitioner Service is to reduce pressure on primary care services to enable GPs to exercise their roles as expert medical generalists as per the 2018 GMS Contract.

c) Keeping People Safe at Home:

Through preventative intervention, Link Practitioners help reduce the impact of unscheduled care by shifting the balance of care from acute settings to support in the community. Link Practitioners have established a close working relationship with the Council's Housing Service to expand the choice of housing options to patients and help them with adaptations and other housing needs.

d) Achieving Fulfilling Healthy Lives:

Link Practitioners help people access support to overcome the impact of social determinants of health. Link Practitioners add to the number of multi-disciplinary teams around GPs and adopt innovative social prescribing approaches to improve patient mental health and wellbeing which can complement or be an alternative to clinical intervention. The service provides an opportunity to connect people to appropriate community services and raise awareness within GP practices of key services and organisations across the city. Link Practitioners specialise in networking and key aims of the service are to adopt an integrated approach; set up effective communication channels with public and third sector organisations to share learning and resources; and ensure patients receive the best possible service.



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6. Management of Risk

6.1. Identified risks(s)

The following risks have been identified and are included within the project risk register:

- Project Management and Governance
- Financial
- Legal
- Procurement
- HR, particularly TUPE and staff wellbeing
- Communication and reputational risk to the Partnership/JB
- Impact of commissioning process on Link Practitioner Service operational delivery
- Information Governance
- Capacity of successful provider to undertake the new contract

Additional detail on risk management can be found in section 10 of the Business Case attached at **Appendix A**.

6.2. Link to risks on strategic risk register:

Risk 1. There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the JB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

Risk 2. There is a risk of financial failure, that demand outstrips budget and JB cannot deliver on priorities, statutory work, and projects an overspend.

Risk 5. There is a risk that the JB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.



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Risk 8. There is a risk that the IJB does not maximise the opportunities offered by locality working

Risk 9. There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.

6.3. How might the content of this report impact or mitigate these risks:

Strategic Risk 1 – The collaborative commissioning process and public workshop sessions have informed the Project Team that there is firm interest from third sector organisations to submit tenders for this contract to manage the Link Practitioner Service. **Low Risk, Low Likelihood.**

Strategic Risk 2 – The contract will be funded through PCIP funding. Contract funding will be fixed for four years until the mid-point review has taken place. It is expected that by procuring a third sector provider to deliver the Link Practitioner Service, the Partnership will make savings as the cost of operational management and transferring Link Practitioner staff to NHS Grampian contracts, with higher on- costs would be significant. **Low Risk, Low Likelihood.**

Strategic Risk 5 – It will be a requirement of the tender process to ensure providers comply with all industry standards and legal requirements. The tender process has been designed to assess the technical capacity; expertise and experience of prospective providers. An experienced five-person Evaluation Panel has been selected to score the tenders. The Project Team will liaise with colleagues from NHS Grampian HR; Central Legal Office; Contract Management; Procurement; and Information Governance to ensure the contract with the successful provider is robust. When the contract comes into effect on 1 April 2023, the Partnership will identify a dedicated Contract Manager to monitor contractual performance and delivery. The Contract Manager shall hold quarterly monitoring meetings with the providers and be provided with quarterly accounts and performance reports to hold the provider to account on contract delivery. It is expected that the Link Practitioner Service will have to manage significant demand from patients during the next contract period due to the impact of factors such as covid-19 recovery; a growing demand for mental health services; and a local



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population which is ageing and managing multiple morbidities. **Medium Risk, Low Likelihood.**

Strategic Risk 8 – Link Practitioners are aligned to local GP practices; community settings; and our locality areas. Link Practitioners link up community assets and resources and support delivery Locality Plans. **Low Risk, Low Likelihood.**

Strategic Risk 9 – The Link Practitioner Service is a new innovative social prescribing service which aims to strengthen the local marketplace. A key element of the commissioning process is to ensure Link Practitioners are entitled to fair working practices to strengthen service sustainability, which in turn support primary care services. **Low Risk, Low Likelihood.**

Approvals	
	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)