

	<h1>SCP Business Case</h1>	<p>Project Stage Define</p>
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Project Name	Link Service Contract Retender	Date	29.07.2022
Author	Iain Robertson, Senior Project Manager, ACHSCP	Version	1.5

Contents

1. BUSINESS NEED & BACKGROUND	2
2. OUTCOMES	5
3. OPTIONS APPRAISAL	6
3.1 OPTION 1 – DO NOTHING / DO MINIMUM	6
3.2 OPTION 2 – IN-HOUSE PROVISION	8
3.3 OPTION 3 – COLLABORATIVE COMMISSIONING	10
3.4 SCORING OF OPTIONS AGAINST OUTCOMES	14
3.5 RECOMMENDATION	16
4. SCOPE	16
4.1 OUT OF SCOPE	16
5. BENEFITS	19
5.1 SERVICE USER/ CITIZEN/ UNPAID CARER BENEFITS	19
5.2 STAFF BENEFITS	20
5.3 RESOURCES BENEFITS	20
6. COSTS	21
6.1 PROJECT CAPITAL EXPENDITURE & INCOME	21
6.2 PROJECT REVENUE EXPENDITURE & INCOME	21
7. PROCUREMENT APPROACH	21
8. STATE AID IMPLICATIONS	21
9. EQUALITIES IMPACT ASSESSMENT / HUMAN RIGHTS	21
10. KEY RISKS	21
11. TIME	28
11.1 TIME CONSTRAINTS & ASPIRATIONS	28
11.2 KEY MILESTONES	29
12. GOVERNANCE	30
13. RESOURCES	30
14. ENVIRONMENTAL MANAGEMENT	31
15. STAKEHOLDERS CONSULTATION	31
16. ASSUMPTIONS	32
17. DEPENDENCIES	32
18. CONSTRAINTS	33
19. ICT HARDWARE, SOFTWARE OR NETWORK INFRASTRUCTURE	33
20. SUPPORT SERVICES CONSULTED	34

	<h1>SCPB Business Case</h1>	<p>Project Stage Define</p>
---	---------------------------------	--

21. DOCUMENT REVISION HISTORY34

<h2>1. Business Need & Background</h2>
<p>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.</p> <p>There is high and growing demand for Link Practitioner services, with 1747 referrals in 2021-22 up 16.2% from 1503 referrals in 2020-21. It is anticipated that an ageing population, with increasing number of multiple morbidities, coupled with the impact of the Covid-19 pandemic will drive demand for health; social care; and wellbeing services.</p> <p>Implementing the GMS Contract: Primary Care Improvement Plan (PCIP)</p> <p>The Partnership is required to deliver the Primary Care Improvement Plan and implement the GMS contract to enable GPs to better undertake the roles as expert medical generalists and to improve patient outcomes. Link Practitioners have been found to reduce pressure on primary and community care services by promoting preventative care and strength-based approaches. Link Practitioners provide a complementary service by focusing on the nine social determinants of health, listed below:</p> <p>Abuse; Addiction; Bereavement; Depression and Anxiety; Benefits and Finance; Housing and Homelessness; Weight Management and Physical Activity; Relationships; and Social Isolation.</p> <p>Data taken from the Partnership's Strategic Plan outlines areas of challenge and where Link Practitioners can support the Partnership to improve public health and wellbeing:</p> <ul style="list-style-type: none"> • Healthy life expectancy has fallen in Aberdeen since 2019 • The number of people aged 75 and over will increase by 28.2% by 2033 • It is estimated that 66% of adults over 65 will be living with multiple morbidity • There was a 43% increase in mental health referrals between 2019-22 • 23% of the city's population is obese • Smoking prevalence of those aged between 16-64 increased by 9% between 2018-19 • Only 34% of unpaid carers felt supported in their caring role <p>The Link Practitioner contract will expire on 31 March 2023 and a full procurement process is recommended to identify a commissioned provider to deliver the new contract. SAMH currently hold the Link Practitioner contract and have done so since the service was established in 2018.</p>



SCPB Business Case

Project Stage
Define

As part of project, stakeholder mapping and analysis have been completed and a series of collaborative commissioning workshops have been delivered to ensure a system-wide approach is adopted. Feedback during these sessions, along with Link Practitioner; stakeholder; and service user survey data have informed the preparation of this business case and development of the draft Service Specification document.

Strategic Alignment

The Link Practitioner Service fully aligns with the Partnership's Strategic Plan and meets all four strategic aims (listed below). The objective of the commissioning activity is to source a provider who can meet these outcomes for patients, whilst providing best value to Aberdeen City Health and Social Care Partnership (ACHSCP):

(a) Preventing Ill Health:

Link Practitioners focus on alternative resources for first contact 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 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 to 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



SCP Business Case

Project Stage
Define

organisations; to share learning and resources; and ensure patients receive the best possible service.

The Link Practitioner Service also helps Community Planning Aberdeen to meet the following Stretch Outcomes of its Local Outcome Improvement Plan (LOIP):

Stretch Outcome 1. No one will suffer due to poverty by 2026.

Stretch Outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026.

Stretch Outcome 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.

The Link Practitioner Service helps to meet the following LOIP Improvement Project Aims:

- Mitigate immediate and acute poverty
- Decrease the number of households in fuel poverty
- Increase Community Pantry uptake
- Help people into sustained and fair work
- Address health inequalities and those disadvantaged by Covid-19 pandemic
- Widen digital access and opportunities for upskilling
- Support unpaid carers
- Reduce suicides
- Increase confidence, wellbeing and good health choices
- Increase opportunities for volunteering
- Improve eating behaviours, adopt positive lifestyle choices
- Reduce tobacco smoking
- Refer people living with COPD/respiratory conditions into physical activity community programmes
- Tackle alcohol and drug abuse and support recovery, including Alcohol Brief Interventions
- Promote walking and cycling

The Link Practitioner Service will support the Partnership to meet all nine National Health and Wellbeing Outcomes which are listed below:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.



SCPB Business Case

Project Stage
Define

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Cross-sector resources are used effectively and efficiently in the provision of health and social care services.

2. Outcomes

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.
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.

	<h2 style="margin: 0;">SCPB</h2> <h3 style="margin: 0;">Business Case</h3>	<p>Project Stage</p> <h3 style="margin: 0;">Define</h3>
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3. Options Appraisal

3.1 Option 1 – Do Nothing / Do Minimum

Description	<p>Funding will cease on 31 March 2023 and the Partnership will no longer provide a Link Practitioner Service in Aberdeen City. 26 Link Service posts will no longer be funded.</p>
Expected Costs	<p>Whilst there are no direct financial costs related to this option there are a number of indirect but measurable systems costs:</p> <ul style="list-style-type: none"> • Patients with unmet need are less able to secure or sustain employment; have sound finances able to support themselves and their families; undertake caring or community roles; and are at higher risk of ill health; reduced wellbeing; and harm; • Unmet patient need will likely lead to increased demand on GPs and primary care colleagues; • An increase in inappropriate referrals to secondary care services • 26 Link Service staff would lose their jobs
Risks Specific to this Option	<ul style="list-style-type: none"> • Less likely that the Partnership will be able to meet the outcomes within its new Strategic Plan • Less likely that Community Planning Aberdeen will be able to achieve three of its Stretch Outcomes 1. (No one will suffer due to poverty by 2026); 11. (Healthy life expectancy (time lived in good health) is five years longer by 2026); and 12. (Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026) • Does not help the Partnership and GP practices deliver the 2018 GMS Contract • Will result in the Partnership not delivering it's priorities as set out in PCIP plan which may result in loss of funding to the Partnership. • Will increase pressure on Primary Care services and reduce GPs capacity to undertake their duties as expert medical generalists role. This may impact on the Partnership's strategic risk around Market Fragility in GP practices. • Unmet patient need likely resulting in sustained increase in demand for Primary Care services.

	<h2>SCPB Business Case</h2>	<p>Project Stage Define</p>
---	---------------------------------	--

	<ul style="list-style-type: none"> • Delivery of the Link Practitioner Service would become increasingly challenging up to 31 March 2023 if funding were to cease. Staff absence and turnover would likely increase leading to a diminished service and poorer outcomes for existing patients. • There is a high risk the Integration Joint Board would not approve this option. • Reputational damage in consideration of the above to ACHSCP and IJB
<p>Advantages & Disadvantages</p>	<p>Advantages:</p> <ul style="list-style-type: none"> • Recurring PCIP funding allocated to the Link Practitioner Service will be saved annually which can be re-invested into other PCIP projects • ACHSCP will not be required to deliver an in-house service or contract manage a commissioned provider thereby freeing staff up to deliver other priorities and projects <p>Disadvantages:</p> <ul style="list-style-type: none"> • Patients will have unmet need • GPs have less capacity to undertake their roles as expert medical generalists as set out in 2018 GMS Contract • Increase in demand for Primary Care services • Increase in inappropriate referrals to secondary care services • Less likely the Partnership will meet outcomes within its Strategic Plan; and less likely LOIP Outcomes 1, 11 and 12 are achieved • 26 Link Service staff would lose their jobs • Reputational damage to the Partnership across the third and independent sectors; as well as amongst patients and Link Practitioner Service staff • Delivery of the Link Practitioner Service would likely become increasingly challenging up to 31 March 2023 if funding were to cease from 1 April 2023. Staff absence and turnover would likely increase leading to a diminished service and poorer outcomes for patients • Aberdeen City will not contribute towards meeting the Scottish Government’s target of having 250 community link practitioners operating throughout Scotland

	<p>SCPB Business Case</p>	<p>Project Stage Define</p>
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<p>Other Points</p>	<p>None.</p>
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3.2 Option 2 – ACHSCP In-House Delivery of the Link Service

<p>Description</p>	<p>SAMH will deliver the existing contract until expiry on 31 March 2023. Thereafter the Link Practitioner Service will be delivered in-house by ACHSCP from 1 April 2023. Link Practitioners will transfer from SAMH to NHS contracts.</p>
<p>Expected Costs</p>	<p>£800,000 in year one and recurring annually with salary uplifts based on NHS pay awards. This must include all staffing resource, including on-costs and all other expenses such as management; training and development; ICT costs; project management; travel expenses etc.</p> <p>Funding for the new contract will be funded through the Primary Care Improvement Programme.</p>
<p>Risks Specific to this Option</p>	<ul style="list-style-type: none"> • Due to on costs of moving the service in-house, the number of Link Practitioners may be reduced and there is a risk that levels of existing service provision may have to be scaled back • There may be reputational damage to the Partnership amongst local third sector providers if the decision was taken to move the service in-house. This decision would not align with our market facilitation and commissioning strategies • There may be workforce risks as Aberdeenshire in-house Link Practitioners are currently on salary band 4 NHS contracts, whereas Aberdeen City Link Practitioners are on the equivalent of band 5 NHS contracts. • There may be greater financial risk as the Partnership would be responsible for managing the service and its staff; in addition to recruitment; retention; training; staff wellbeing and absence; as well as significantly higher ongoing costs compared to third sector provision. • A TUPE process would be required to transfer Link Practitioner Service staff to NHS contracts. In line with TUPE regulations, there would be a recruitment freeze during the transition period.



SCPB Business Case

Project Stage
Define

Advantages & Disadvantages

Advantages:

- Information sharing arrangements will be less complex if Link Practitioners are NHS employees and may have greater permissions and access to patient management systems
- An in-house service may be closer aligned with ACHSCP service plans. Greater alignment of workload and priorities to ACHSCP priorities
- Increased security for staff as aligned to NHS Grampian terms and conditions and pay awards
- Opportunity to grow our talent and provide opportunities for them across ACHSCP as they develop and gain more capacity
- Greater flexibility with in-house staff as they can be reassigned for other business use if required i.e. pandemic response

Disadvantages:

- Costs to manage the team and deliver the service expected to be higher than a commissioning model due to alignment to NHS Grampian terms and conditions
- Due to on costs of moving the service in-house the number of Link Practitioners may be reduced and there is a risk that levels of existing service provision may have to be scaled back
- There is a risk that costs may increase due to rising cost of living and salary inflation over the contract period
- ACHSCP will be responsible for operational delivery of a the Link Practitioner Service and management of complex caseloads and patients
- ACHSCP will be responsible for recruitment and managing staff workload; absenteeism; and turnover rates
- Due to employment with ACHSCP/NHS Grampian, staff would be at risk of immediate redeployment if required i.e. pandemic response, with possible impact on capacity and service provision of Link Practitioner Service
- Staff time and resource will be allocated to establish and embed the new in-house service. This will likely impact on delivery of other projects across the Partnership

	<p>SCPB Business Case</p>	<p>Project Stage Define</p>
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	<ul style="list-style-type: none"> • Does not align with the Partnership’s strategic objective to promote market facilitation. The Partnership may suffer reputational damage amongst third and independent providers • Link Practitioners in Aberdeen City are currently paid at the equivalent of NHS Band 5, whereas Link Practitioners at Aberdeenshire HSCP in-house service are paid at Band 4. Moving Aberdeen City Link Practitioners in-house may cause an issue with Link Practitioners on NHS Grampian contracts being paid at different rates
<p>Other Points</p>	<p>Aberdeenshire Health and Social Care Partnership runs an in-house Link Service.</p>

<p>3.3 Option 3 – Collaborative Commissioning, followed by full procurement process to commission a third sector/independent provider to deliver the Link Practitioner Service</p>	
<p>Description</p>	<p>Prospective commissioning providers and service stakeholders will be invited to take part in a collaborative commissioning process to co-design the Service Specification document for tender. The aim is to develop a robust and inclusive service specification that will enable a variety of commissioning partners to submit tenders for the new contract.</p> <p>Throughout the commissioning and procurement process, the Partnership will comply with relevant legislation and regulations set out below:</p> <ul style="list-style-type: none"> • Procurement Reform (Scotland) Act 2014 • Public Contracts (Scotland) Regulations 2015 • Procurement (Scotland) Regulations 2016 <p>The Collaborative Commissioning sessions will adhere to the Scottish Government’s procurement principles of Non-Discrimination, Equal Treatment, Transparency and Proportionality. Our approach will align with the Partnership’s commissioning principles as set out in the Strategic Plan:</p> <ul style="list-style-type: none"> • Commissioning is undertaken for outcomes (rather than for services) • Commissioning decisions are based on evidence and insight and consider sustainability from the outset • Commissioning adopts a whole-system approach

	<h2>SCPB Business Case</h2>	<p>Project Stage Define</p>
---	---------------------------------	--

	<ul style="list-style-type: none"> • Commissioning actively promotes solutions that enable prevention and early intervention • Commissioning activities balance innovation and risk • Commissioning decisions are based on a sound methodology and appraisal of options • Commissioning practice includes solutions co-designed and co-produced with partners and communities <p>The length of the contract would be for four years, with the Partnership having the option to extend the contract for a further three years through direct award. A review would be conducted during year three to review strategic priorities; supplier performance; and finance.</p> <p>Following feedback from collaborative commissioning workshops and discussions with the PCIP Delivery Group, a longer contract period was preferred as this provided stability and space for innovation and relationship building. Stakeholders also supported a review period during the contract to review supplier performance; assess strategic priorities; and to review the financial position.</p>
Expected Costs	<p>£800,000 on year one with a 3% inflationary uplift recurring annually for the duration of the contract. This must include all staffing resource, including on-costs and all other expenses such as training and development; ICT costs; project management; travel expenses etc</p> <p>Funding for the new contract will be funded through Primary Care Improvement Funding.</p> <p>The collaborative commissioning workshops will be designed and facilitated by the Project Group with support from Organisational Development so there will be no costs other than staff time.</p> <p>The procurement process will be supported by the NHS Grampian Procurement Service. Staff time will be dedicated to developing the Service Specification document and upload of tender documents onto the Public Contracts Scotland portal.</p> <p>Five staff members will be selected to form the Evaluation Panel. This will involve (1) consideration of clarification presentations; (2) individually scoring each tender based on technical criteria and cost respectfully; (3) taking part in a consensus meeting to identify a preferred supplier; and (4) informing providers on the outcome of the procurement process and providing feedback upon request.</p>

	<h2 style="margin: 0;">SCPB Business Case</h2>	<p>Project Stage Define</p>
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<p>Risks Specific to this Option</p>	<ul style="list-style-type: none"> • Collaborative Commissioning process is not seen as meaningful by commissioning partners and stakeholders, nor is it as robust or inclusive as it could be • IJB does not approve the recommended option to issue the tender • There is little or no demand from commissioning partners to submit a tender for the new contract • The Partnership is unable to award the contract to a commissioning partner • Possibility of a challenging transition period if existing provider is not awarded the new contract. • Possible Service Provision Change to transfer Link Practitioners to new provider • The commissioning partner is unable to deliver the contract from 1 April 2023 • The Partnership is subject to legal challenge resulting from the procurement process or contract award • There is a risk that costs may rise due to rising cost of living and salary inflation over the contract period impacting on level of service provision
<p>Advantages & Disadvantages</p>	<p>Advantages:</p> <ul style="list-style-type: none"> • Aligns with the Partnership’s strategic objective to promote greater market facilitation in Aberdeen and support third and independent organisations • Aligns with the Feeley Report on ethical commissioning by listening to voices of patients with lived experience and putting them at the heart of policy development; service design and service delivery • Aberdeen City is seen by third sector providers as a pioneer in collaborative commissioning and is better prepared for the wider roll out of ethical commissioning as set out in the Feeley Report. This may strengthen local market forces and better enable local providers to position themselves and respond to future plans and innovations within health and social care • Undertaking Collaborative Commissioning and a full procurement process is the most open, fair and transparent option available to the Partnership. The aim is to build trust with the third sector and strengthen AHSCP's reputation as a partnership that is good to



SCPB Business Case

Project Stage
Define

work alongside; and co-produce and co-deliver with. This ensures a resilient market place for the future (future-proofing)

- Collaborative Commissioning will provide an opportunity to promote the Link Service and the new contract. It is hoped that an open and inclusive process will encourage and enable more commissioning partners to submit tenders
- Collaborative Commissioning will provide an opportunity for prospective providers and stakeholders to shape the Service Specification document. It is hoped the tender document and new contract will be more robust and representative as a result
- Collaborative Commissioning aims to strengthen relationships between the Partnership and the Third Sector, and promote an ethos of collaboration rather than competition amongst third sector providers
- The tender process will ensure the continuation of Fair Working Practices for Link Practitioners
- A competitive commissioning process will better enable the Partnership to identify a technically proficient partner with appropriate resources to deliver the new contract, whilst providing best value to the Partnership
- The commissioning option is likely to be more cost effective than delivering the service in-house
- Will help the Partnership to meet outcomes within its Strategic Plan; three Stretch LOIP Outcomes; and all nine of the National Health and Wellbeing Outcomes
- A robust contract and good relational practice should ensure contractor performance and delivery are aligned to ACHSCP service plans
- Third Sector providers have valuable community knowledge and connections. The current contract holder has linked patients into over 500 community organisations and services across Aberdeen during the first contract period
- Learning from programme review of the first Link Practitioner contract has found that the service can be successfully delivered by a commissioned provider even during a global pandemic
- Will provide an opportunity to re-engage with commissioning providers; partners; and wider

	<h2 style="margin: 0;">SCPB Business Case</h2>	<p>Project Stage Define</p>
---	--	--

	<p>stakeholders following the covid-19 pandemic where engagement activity was disrupted</p> <ul style="list-style-type: none"> • Will help to meet the Scottish Government's national target to have 250 community Link Practitioners operating across Scotland <p>Disadvantages:</p> <ul style="list-style-type: none"> • Greater complexity and more challenging from an information governance perspective than if Link Practitioners were NHS Grampian employees. This relates to permissions and access to GP practice patient management systems and referral process • A service provision change may be required to transfer staff from the existing provider to new contract provider. This may cause anxiety and uncertainty for Link Practitioner staff • A greater amount of staff time will be dedicated towards facilitating the collaborative commissioning workshops; issuing the tender; scoring the tenders; and informing commissioning partners of the tender outcome, in addition to providing feedback upon request
<p>Other Points</p>	<p>None.</p>



Business Case

Project Stage
Define

3.4 Scoring of Options Against Outcomes

Outcomes	Options Scoring Against Outcomes							
	1	2	3	4	5	6	7	8
	Do Nothing	In-House Provision	Collaborative Commissioning					
Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.	-1	2	3					
Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.	-1	3	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.	0	3	3					
Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.	-1	2	3					
Build personal and community resilience by promoting empowerment; enablement;	0	2	3					



Business Case

Project Stage
Define

and self-management of health and wellbeing.								
Through evidence-led approaches, make best use of community assets through collaboration and innovation.	0	2	3					
Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.	-1	3	3					
Total	-4	17	21					
Ranking	3	2	1					

Scoring

Fully Delivers = 3

Mostly Delivers = 2

Delivers to a Limited Extent = 1

Does not Deliver = 0

Will have a negative impact on objective = -1



Business Case

Project Stage
Define

3.5 Recommendation

Based on the options appraisal above, it is recommended that **option 3 (Collaborative Commissioning)** be approved.

4. Scope

Outcomes

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.
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.

Outputs

1. Adopt a human rights approach to ensure equity for all patients across Aberdeen City.
2. Work closely with GPs and primary care staff to raise awareness of the Link Practitioner Service and its remit to address social determinants of health through social prescribing which are having an impact on patient health and wellbeing.
3. Support Primary Care staff with community mapping; joint training; integrate into local practice teams; and be a trusted source of advice, guidance and support for practice staff.
4. Provide short-term, personalised support to patients referred to the Link Practitioner Service.
5. Effectively manage waiting lists and patient expectations.
6. Be a source of information about wellbeing and prevention approaches. Help patients identify the wider issues that impact on their health and wellbeing, such as



Business Case

Project Stage
Define

debt, poor housing, unemployment, loneliness, alcohol use, physical inactivity and caring responsibilities.

7. Have meaningful conversations with patients; assess patient need; and co-produce a personalised support plan to improve health and wellbeing;
8. Introduce or reconnect patients to community groups and statutory services. Recognise these may be virtual services in the initial period and support should be tailored to individual needs to enable them to access these services (e.g. physical activity opportunities and peer support).
9. Support patients to access groups/services identified by providing a 'warm handover/soft transition' and if required, accompany them or provide virtual support to access an initial session.
10. Refer individuals to other health professionals/agencies, when their needs are beyond the scope of the Link Practitioners role – e.g. when there is a mental health need requiring a qualified practitioner.
11. Develop a broad understanding and awareness of the range of community services, resources and opportunities available locally to support mental health and wellbeing. Keep GPs and primary care staff updated on community assets.
12. Make connections and build relationships with local community services/groups to ensure the opportunities available are safe and accessible to all who would benefit.
13. Prioritise innovation and ensure continuous improvement to update and modernise the service in line with patient and service need.

Evaluation measurements:

The following metrics will be used:

- Number of Link Practitioners
- Referrals by GP Practice
- Referrals by Route i.e. by GP, Advanced Nurse Practitioner, Health Visitor
- Referrals by Reason
- Breakdown of Patient Demographic Data
- Link Practitioner Intervention by type i.e. signposting, onward referral, counselling
- Onward referrals by Service/Organisation
- Number of patients requiring enhanced support
- Average length of Link Practitioner intervention
- Repeat Referrals
- Number of inappropriate referrals
- Number of patient complaints
- Impact on primary care workload
- Number of positive outcomes/destinations for patients



Business Case

Project Stage
Define

- Patient satisfaction data
- Staff satisfaction
- Staff retention rates
- Training and development

*Further KPIs will be discussed with the successful provider during the transition phase based on the content of their tender submission.

The scope of the project is to undertake collaborative commissioning; prepare a service specification document for tender; and run an open, fair and compliant procurement process from which a preferred provider can be identified.

Thereafter the Project Group will facilitate a transition to the new contract beginning on 1 April 2023. Delivery of the new contract will be the responsibility of the commissioned provider and a designated ACHSCP officer will be responsible for ongoing contract management arrangements. The project will close following submission of the Project Close Report and disbanding of the Project Group in April 2023.

4.1 Out of Scope

Management of the existing contract remains the responsibility of SAMH. Oversight arrangements by ACHSCP of SAMH and the existing contract are separate from the commissioning process.

The Project Group will not be responsible for delivering the new contract. The Project Group will set up contract management arrangements with the commissioned provider during the transition period and will hand over responsibility for operational oversight to the designated ACHSCP/Primary Care Contract Manager.



Business Case

Project Stage
Define

5. Benefits

5.1 Service User/ Citizen/Unpaid Carer Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Improved wellbeing for patients following referral to Link Practitioner	Patients with a positive outcome	KPI data	Current	Higher % of patients reporting positive outcome	14.07.23	Quarterly
Patients live in better health for longer	Patients living in better health	KPI data	Scored on initial assessment	Increasing % of patients living in better health	14.07.23	Quarterly
	Repeat GP practice appointments	Vision/Emis	Current	Reduction in repeat GP practice appointments	14.07.23	Quarterly
	Patients with a positive outcome	KPI data	Current	Higher % of patients with positive outcome	14.07.23	Quarterly
Patients receive the right service in the right place at the right time	Satisfaction with Link Practitioner	KPI data	Current	Higher Patient Satisfaction	14.07.23	Quarterly
	Referrals to Link Practitioner	KPI data	Current	Higher Number of Referrals	14.07.23	Quarterly
	Inappropriate referrals	KPI data	Current	Lower number of inappropriate referrals	14.07.23	Quarterly



Business Case

Project Stage
Define

	Patients Disengaged from Service	KPI data	Current	Lower number of patients disengaging	14.07.23	Quarterly
	Patient Complaints	KPI data	Current	Lower Number of Complaints	14.07.23	Quarterly
	Shorter Waiting Times for Patients Accessing Link Service	KPI data	Current	Shorter waiting times	14.07.23	Quarterly

5.2 Staff Benefits						
Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Link Practitioners Professional Development	Training/CPD sessions undertaken by staff	CPD log	Current	Link Practitioners attending more CPD sessions, increasing capacity and skillset	14.07.23	Quarterly
Link Practitioners Wellbeing	Job Satisfaction	Staff survey	Current	Higher % of staff reporting job satisfaction	14.04.24	Annual
Reduced pressure on GPs/Primary Care services	Repeat GP practice appointments	Vision/Emis	Current	Reduction in repeat GP practice appointments	14.07.23	Quarterly



Business Case

Project Stage
Define

5.3 Resources Benefits

Benefit	Measures	Source	Capital or Revenue?	Baseline (£'000)	Saving (£'000)	Expected Date	Measure Frequency
Reduced health and social care contacts	Repeat GP practice appointments	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly
Unpaid carers are supported	Referrals for unpaid carers	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly
Uptake in community assets	Referrals to community groups and activities	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly

6. Costs

6.1 Project Capital Expenditure & Income

(£)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Sub-Total	0	0	0	0	0	0	0				

6.2 Project Revenue Expenditure & Income

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	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



Business Case

Project Stage
Define

7. Procurement Approach

May-July 2022 – Collaborative Commissioning process. This will involve a series of workshops with Locality Empowerment Groups; prospective tenderers; stakeholders; service users; and Link Practitioner staff. The purpose of the sessions was to collaborate on the development of service outcomes and the Service Specification document for tender.

June 2022 – Evaluation Panel identified (four officers to score the technical criteria of the tenders and Project Manager to score the cost of the tenders). A consensus meeting is scheduled to identify a preferred provider.

June- July 2022 – Business Case presented to PCIP Delivery Group; Strategic Commissioning and Procurement Board; and ACHSCP's Executive Programme Board for consideration and approval

30 August 2022 – Business Case presented to IJB. The report will request approval to issue the tender on 1 September 2022

1 September 2022 – Invitation to Tender published on Public Contracts Scotland portal

30 September 2022 – Closing Date for invitation to tender on Public Contracts Scotland portal

13 October 2022 – Clarification Presentations from bidders

14 October 2022 – Consensus Meeting to complete scoring and identify a preferred provider

15-24 October 2022 – 10 Day Standstill Period

25 October 2022 – Contract Awarded to preferred provider. Other bidders informed they had been unsuccessful. Feedback to be prepared upon request

29 November 2022 – Report to IJB on tender outcome

1 April 2023 – New Contract takes effect


8. State Aid Implications

Not applicable.



Business Case

Project Stage
Define

9. Equalities Impact Assessment / Human Rights
<p>Health Inequalities Impact Assessment (Stage 2) attached. The impact on equalities groups and human rights will be monitored through agreed KPIs with the successful provider.</p>
<p style="text-align: center;">  Stg 2 - HIIA Empowering People </p>

10. Key Risks	
Description	Mitigation
<p>Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.</p>	<p>Details of any mitigating action already taken or suggested</p>
<p>IJB does not approve business case for Link Service Re-Tender</p>	<p>Consultation with key IJB stakeholders and reporting to Strategic Commissioning and Procurement Board, Executive Programme Board and IJB Pre-Agenda meeting;</p> <p>IJB statutory consultation;</p> <p>Programme Review and Collaborative Commissioning undertaken with broad range of stakeholders leading to co-design of Service Specification document for tender</p>
<p>Strategic threats such as Covid-19 pandemic disrupt project delivery</p>	<p>Project Team have oversight as per Terms of Reference;</p> <p>Project Manager to monitor daily NHSG Global Briefings on local/national Covid impact. Monthly Strategy and Performance Service Meetings to be briefed on pandemic and service priorities;</p> <p>Reporting to Primary Care Delivery Group, Strategic Commissioning and Procurement Board, Executive Programme Board and IJB</p>



Business Case

Project Stage
Define

<p>Delays and tight timescales to deliver project</p>	<p>Detailed Project Plan with flexibility built in to ensure minor delays do not impact on overall project delivery;</p> <p>Regular meetings with stakeholders;</p> <p>Risk Register prepared and reviewed weekly;</p> <p>Project Team have oversight as per Terms of Reference</p>
<p>Lack of Resource to deliver the project -</p>	<p>ACHSCP recruitment ongoing for vacant positions;</p> <p>Project Resource is protected;</p> <p>Senior Project Manager and Project Manager attached to project so there will be cover during leave and absence</p>
<p>Staff absence impacts on project delivery</p>	<p>Project Group established to support project delivery and mitigate this risk;</p> <p>Regular financial and service meetings scheduled with SAMH to mitigate impact of staff absence</p>
<p>Failure to comply with Information Governance and Data Protection regulations</p>	<p>Project Team have oversight as per Terms of Reference;</p> <p>NHSG and ACC Information Governance colleagues are represented on Project Group</p> <p>DPIA prepared</p> <p>E-Health consulted</p> <p>Tenders will be requested to complete DPIAs as part of tender submission</p> <p>DPO to attend Clarification Presentations to assess tenders and advise Evaluation Panel</p>



Business Case

Project Stage
Define

<p>Ineffective communication leads to stakeholder disengagement and reputational damage</p>	<p>Communication Plan prepared, including engagement with SAMH, Link Practitioners , service users and stakeholders;</p> <p>Collaborative Commissioning to be undertaken;</p> <p>Organisational Development Team providing support on engaging with stakeholders and collaborative commissioning;</p> <p>Project Group have oversight as per Terms of Reference</p>
<p>Press and social media attention</p>	<p>Communication Plan prepared;</p> <p>ACHSCP dedicated Communication Adviser seconded from ACC for support and guidance;</p> <p>ACHSCP Social Media Officers to provide support</p>
<p>Collaborative Commissioning process is not meaningful</p>	<p>Communication Plan prepared;</p> <p>OD providing support to ensure the process is meaningful;</p> <p>Reporting to the Strategic Commissioning and Procurement Board;</p> <p>Key Stakeholder Mapping and Analysis;</p> <p>Project Team have oversight as per Terms of Reference</p>
<p>Lack of engagement with GP and Primary Care staff</p>	<p>Communication Plan prepared, GP Sub Committee (Quality Cluster Leads and Clinical Leads), LMC and Primary Care staff identified as key stakeholders;</p> <p>Primary Care represented on Project Group;</p>



Business Case

Project Stage
Define

	<p>Senior Project Manager reports monthly to PCIP Delivery Group;</p> <p>GPs and Primary Care colleagues involvement in Collaborative Commissioning process;</p> <p>Project Team have oversight as per Terms of Reference</p>
<p>Governance Failure</p>	<p>A Programme Management approach will be followed to mitigate this risk.</p> <p>Appointment of Project Sponsor, Senior Project Manager and Project Manager.</p> <p>Project Team have oversight as per Terms of Reference;</p> <p>Reporting to PCIP Delivery Group, Strategic Commissioning and Procurement Board, Executive Programme Board and IJB</p>
<p>Project costs exceed budget</p>	<p>Business Case prepared and submitted to Strategic Commissioning and Procurement Board;</p> <p>Clear and robust Service Specification document;</p> <p>Evaluation panel to take account of both technical and cost criteria to secure best value to ACHSCP;</p> <p>Oversight by Executive Programme Board, PCIP Delivery Group and IJB;</p> <p>Monitoring inflation rate and NHS pay/funding awards;</p> <p>Monitoring PCIP Funding Allocation;</p> <p>Project Team have oversight as per Terms of Reference</p>
<p>Failure to comply with procurement regulations</p>	<p>NHSG Procurement Services to support the delivery of a full, fair and transparent</p>



Business Case

Project Stage
Define

	<p>procurement process which complies with procurement regulations;</p> <p>Compliance with procurement legislation and processes. Use of Public Contracts Scotland;</p> <p>Reporting to Strategic Commissioning and Procurement Board;</p> <p>Project Team have oversight as per Terms of Reference</p>
<p>The procurement process fails to appoint a provider to undertake the new contract</p>	<p>Pre-tender communication and engagement to be undertaken including five dedicated workshops to promote the contract;</p> <p>Reporting to Strategic Commissioning and Procurement Board;</p> <p>Collaborative Commissioning approach undertaken. Good attendance and interest from third sector organisations;</p> <p>Full, fair and transparent Procurement process supported by NHSG Procurement Services to identify provider best placed to deliver new contract;</p> <p>Existing provider has expressed a firm interest in submitting a tender for new contract</p>
<p>Successful provider is unable to deliver the new contract on 1 April 2023</p>	<p>Full Procurement process supported by NHSG Procurement Services to identify provider best placed to deliver new contract;</p> <p>Robust service specification document to ensure provider's financial sustainability;</p> <p>Implementation Group set up;</p> <p>Regular meetings established with preferred provider to identify and address issues at an early stage;</p>



Business Case

Project Stage
Define

	<p>Transition process or exit plan agreed with current provider;</p> <p>Reporting to Strategic Commissioning and Procurement Board;</p> <p>Project Team have oversight as per Terms of Reference</p>
ACHSCP is subject to legal challenge arising from the project	<p>Project Group to advise where increased risk lies;</p> <p>CLO to advise the Project Group;</p> <p>NHSG Procurement to provide support to deliver compliant tender process;</p> <p>NHSG and ACC Information Governance colleagues to provide support to ensure compliance with Data Protection Act;</p> <p>NHSG HR to provide support to deliver compliant Service Provision Change process (if required)</p>
Link Practitioner Service turnover increases during commissioning process	<p>Regular service performance and monitoring meetings to be held during commissioning process with SAMH;</p> <p>OD and Comms colleagues to support communication approach;</p> <p>Dedicated workshops with Link Practitioners to review existing contract and working practices;</p> <p>Meaningful engagement during collaborative commissioning</p>
Link Practitioner service delivery is disrupted during commissioning process	<p>Regular service performance and monitoring meetings to be held during commissioning process with SAMH;</p> <p>Meaningful engagement with current Link Practitioners during engagement and collaborative commissioning stage</p>

	<h1>Business Case</h1>	<p>Project Stage Define</p>
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	<p>ACHSCP supported SAMH through cyber attack/data breach. Daily Data Protection and Operational Contingency Groups created. Email accounts protected and reset. Project plan delayed by two weeks to enable SAMH to recover and focus on urgent business need</p>
<p>Low morale and uncertainty of Link Practitioners during commissioning process</p>	<p>Regular service performance and monitoring meetings to be held during commissioning process with SAMH;</p> <p>Clear communication with staff throughout the process. Monthly briefings from September 2022-April 2023. Engagement workshops from December 2022;</p> <p>Meaningful engagement with staff during engagement and collaborative commissioning stages</p> <p>Project Managers to attend OD training on Staff Communication and Engagement</p>
<p>Failure to comply with requirements of the Service Provision Change process (if required)</p>	<p>HR Lead to advise Project Managers and Project Group on compliance</p>

11. Time

11.1 Time Constraints & Aspirations

1. The existing contract will expire on 31 March 2023
2. Collaborative Commissioning completed by 20 July 2022
3. Business Case approved by PCIP Delivery Group; SCPB; and Executive Programme Board by 31 July 2022
4. Business Case approved by IJB by 30 August 2022
5. Tender process to begin on 1 September and close on 30 September 2022
6. Contract Award by 25 October 2022
7. Possible service provision change may be required for Link Practitioner staff between 1 November 2022 -31 March 2023
8. Report to IJB on outcome of procurement process on 29 November

11.2 Key Milestones

	<h1>Business Case</h1>	Project Stage Define
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Description	Target Date
Project Initiation	14 February 2022
First Meeting of Project Group	23 March 2022
Key Stakeholder Consultation Commences	30 March 2022
Collaborative Commissioning Part 1 Commences	9 May 2022
Report to PCIP Delivery Group	12 July 2022
Report to Strategic Commissioning and Procurement Board	27 July 2022
Report to ACHSCP Executive Programme Board	27 July 2022
Report to IJB for approval on commissioning approach	30 August 2022
Invitation to Tender Opens	1 September 2022
Invitation to Tender Closes	30 September 2022
Tender Presentations (Clarification Purposes)	13 October 2022
Consensus Meeting: Evaluation of Tenders	14 October 2022
10 Day Standstill Period	15 – 24 October 2022
Contract Award	25 October 2022
Service Provision Change Consultation begins (Dependent on tender outcome)	1 November 2022
Report to IJB on tender outcome	29 November 2022
<p>New Contract comes into effect.</p> <p>Contract Management processes begin.</p> <p>Link Practitioner staff transfer to new provider (Dependent on tender outcome)</p>	1 April 2023
Project Close Report presented to Project Group	28 April 2023
Project Evaluation	1 April 2024

<h2>12. Governance</h2>
<p>A Project Group has been set up which meets regularly to monitor project delivery. The Project Group is chaired by the Senior Project Manager and includes representatives from key stakeholders across ACHSCP, ACC and NHS Grampian; in addition to corporate</p>



Business Case

Project Stage
Define

colleagues who will support and scrutinise project delivery. The terms of reference for the Project Group and its membership are attached below.

The Business Case will be submitted for scrutiny and approval to the Primary Care Improvement Plan Delivery Group; the Strategic Commissioning and Procurement Board; the ACHSCP Executive Programme Board; and Integration Joint Board.

The Project Manager also provides monthly updates to the PCIP Delivery Group and regular updates to the Executive Programme Board on project management and delivery.



LS Project Group
Terms of Reference (



Project Group
Membership.docx

Role	Name
Project Sponsor	Susie Downie, acting Primary Care Lead, ACHSCP
Project Manager	Iain Robertson, Senior Project Manager, ACHSCP
Other Project Roles	Grace Milne, Project Manager, ACHSCP Evaluation Panel (4 technical officers and 1 finance officer)

13. Resources

Task	Responsible Service/Team	Start Date	End Date
Project Management	Strategy and Transformation	01/03/2022	30/04/2023
Collaborative Commissioning and Procurement	NHS Grampian Procurement	01/05/2022	25/10/2022
Evaluation Panel	ACHSCP	01/10/2022	25/10/2022
Service Provision Change (if required)	NHS Grampian HR	01/11/2022	31/03/2023

14. Environmental Management

Environmental impact is assessed to be neutral. Link Practitioners will share office space with Primary Care colleagues and may have the option to work from home. Car use may be needed if Link Practitioners need to travel to meet with patients as part of their duties.



Business Case

Project Stage
Define

15. Stakeholders Consultation

Consultation Stage 1: Programme Review

- 13 April 2022 – SAMH Workshop 1
- 14 April 2022 – Link Practitioners Workshop 1
- 14 April 2022 – Service User and Stakeholder Surveys published and circulated
- 20 April 2022 – SAMH Workshop 2
- 21 April 2022 – Primary Care Workshop
- 28 April 2022 – Link Practitioners Workshop 2

Consultation Stage 2: Collaborative Commissioning

- 12 May 2022 – Collaborative Commissioning Workshop 1
- 26 May 2022 - Collaborative Commissioning Workshop 2
- 23 June 2022 - Collaborative Commissioning Workshop 3
- 20 July 2022 – Locality Empowerment Group Workshop

Consultation Stage 3: Business Case Consultation

- 12 July 2022 – Primary Care Improvement Plan Delivery Group
- 27 July 2022 – Strategic Commissioning and Procurement Board
- 27 July 2022 – Executive Programme Board
- 2 August 2022 – Draft IJB report circulated for consultation
- 16 August- IJB Pre-Agenda Meeting

Communication Plan attached



0 - LP Retender -
Communications Pla

Communication Schedule attached



OD Comms and
Engagement.xlsx

	<h1>Business Case</h1>	<p>Project Stage Define</p>
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16. Assumptions

Document the high level assumptions that have been made during the development of the business case and any other unanswered questions that may be significant.

- a) The project is not significantly impacted by staff or stakeholder absence resulting from Covid-19 or imposition of new legal restrictions or cessation of services or non-urgent projects;
- b) Data sharing arrangements with Link Practitioners for the new contract are in line with at least current arrangements;
- c) The Project Group and oversight boards provide constructive feedback to strengthen the Business Case and project plan/delivery. Necessary approvals are granted within project timescales
- d) Review of current contract and working practices identify strengths and lessons learned to inform the Service Specification document;
- e) Review of Link Practitioner Service identify gaps and issues that can be discussed and solutions considered during collaborative commissioning process;
- f) The existing contract holder supports and fully participates in the Collaborative Commissioning process;
- g) The existing contract holder will submit a tender application for the new contract;
- h) Following the procurement process, a suitable provider is awarded the contract;
- i) The new contract is signed within required timescales;
- j) The preferred provider is able to fulfil contractual obligations and deliver the service
- k) The existing contract holder will help the Partnership to manage the transition process; and if they are not delivering the new contract, to work closely with the Partnership and new provider to manage the handover and exit process; and
- l) All relevant legislation and statutory requirements are followed throughout the project.

17. Dependencies

Internal Dependencies

PCIP Delivery Group Approval – 12 July 2022
 SCPB Approval – 27 July 2022
 EPB Approval – 27 July 2022
 IJB Approval – 30 August 2022



Business Case

Project Stage
Define

External Dependencies

- The project is not significantly impacted by staff or stakeholder absence resulting from Covid-19; or imposition of new legal restrictions; or cessation of non-urgent services/ projects;
- Data sharing arrangements with Link Practitioners for the new contract in line with at least current arrangements;
- SAMH; prospective providers; and wider stakeholders participate in Collaborative Commissioning process leading to co-design of Service Specification Document for tender
- Providers come forward to tender for Contract
- Continuation of existing service and contractual obligations by SAMH during procurement process and transition period
- Preferred provider is ready to undertake contractual obligations from 1 April 2023

18. Constraints

- (a) Time is the main constraint of this project to retender the Link Practitioner Service. Reporting deadlines for the Strategic Commissioning and Procurement Board will slightly overlap with engagement during the Collaborative Commissioning stage.
- (b) Staffing resource will be a constraint to this project, particularly around engagement, collaborative commissioning and the formal procurement process. This may be exacerbated by ongoing Covid-19 pandemic and if legal restrictions are re-imposed leading to reassignment of staff from project delivery to critical services.
- (c) Costs are a key consideration, particularly the impact of rising inflation which makes multi-year financial projections challenging. The proposal to introduce a contract review during year three will provide an opportunity to take stock of the financial environment; as well as emerging strategic priorities and contractual performance and delivery.
- (d) Information Governance is a key consideration as GP practices are data controllers. Agreement will be needed to provide Link Practitioners with at least the same levels of access to patient information that they currently have, or possibly greater access if this is an outcome of the Collaborative Commissioning process. Data Sharing Agreements will differ from the previous contract to take account of GDPR and the Data Protection Act 2018. DPIA prepared.



Business Case

Project Stage
Define

19. ICT Hardware, Software or Network infrastructure		
Description of change to Hardware, Software or Network Infrastructure	Approval Required?	Date Approval Received
None at this stage.		

20. Support Services Consulted				
Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	James Boulton, Gillian Parkin	All	Content with Finance element	10.06.22
CLO	Adam Watson	All	No comments at this stage.	10.06.22
Procurement	John Pitman	All	Guidance on procurement process; tender documents; and use of Public Contracts Scotland portal	20.07.22
HR	Karen Innes	All	Guidance on service provision change and TUPE requirements	20.07.22
Information Governance	Alan Bell, Roohi Bains and Helen Cannings	All	Recommended to ask tenderers to complete a brief DPIA and for Information Governance colleagues to attend Clarification Presentations in October	15.07.22
Data and Evaluation	Grace Milne	All	Feedback on Outcomes, Objectives, Outputs and Benefits. Advice on KPIs and SMART indicators.	07.06.22
Primary Care Lead	Susie Downie	All	Feedback on business need, human rights, outcomes, outputs, options appraisal, costs, risks and governance	15.06.22
ACHSCP Diversity	Amy Richert	All	Feedback on equalities and human rights. General comments on options appraisal.	15.06.22

	<h1>Business Case</h1>	<p>Project Stage Define</p>
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Project Group	Project Group Members	All	Comments on risks, budget uplifts, staffing cover	10.06.22
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21. Document Revision History			
Version	Reason	By	Date
1.0	Initial draft	I Robertson	05/04/2022
1.1	Following feedback from collaborative commissioning workshop 1 and publication of new Strategic Plan	I Robertson	20/05/2022
1.2	Following feedback from collaborative commissioning workshop 2	I Robertson	02/06/2022
1.3	Feedback following consultation with support services as per s20	I Robertson	15/06/2022
1.4	Costs updated following consultation with Finance colleagues	I Robertson	04/07/2022
	Following feedback from Strategic Commissioning and Procurement Board and Executive Programme Board on 27 July.	I Robertson	29/07/2022