

# NHS Greater Manchester GSP Extension Programme - procurement launch

# Background to the GSP continuation programme



Greater Manchester

In December 2023, the cross-government programme 'Preventing and tackling Mental Ill Health through Green Social Prescribing' (GSP) programme was awarded £2.865m of continuation funding from HMT's Shared Outcomes Fund. This will provide funding for a one-year extension to the GSP programme that formally finished in March 2023.

The national programme has three core elements that build on the original programmes objectives of scaling up GSP:

- 1. Developing a value-for-money model towards a cost-benefit analysis**
- 2. Data tracking through the full GSP pathway**
- 3. Building models for sustainable funding**

On 12<sup>th</sup> April 2024, NHS Greater Manchester were informed of their successful proposal to play a part in the extension programme, delivering on **Element 1 and Element 3**. NHS GM have been awarded £354,730 to deliver the programme between now and **31<sup>st</sup> March 2025**.

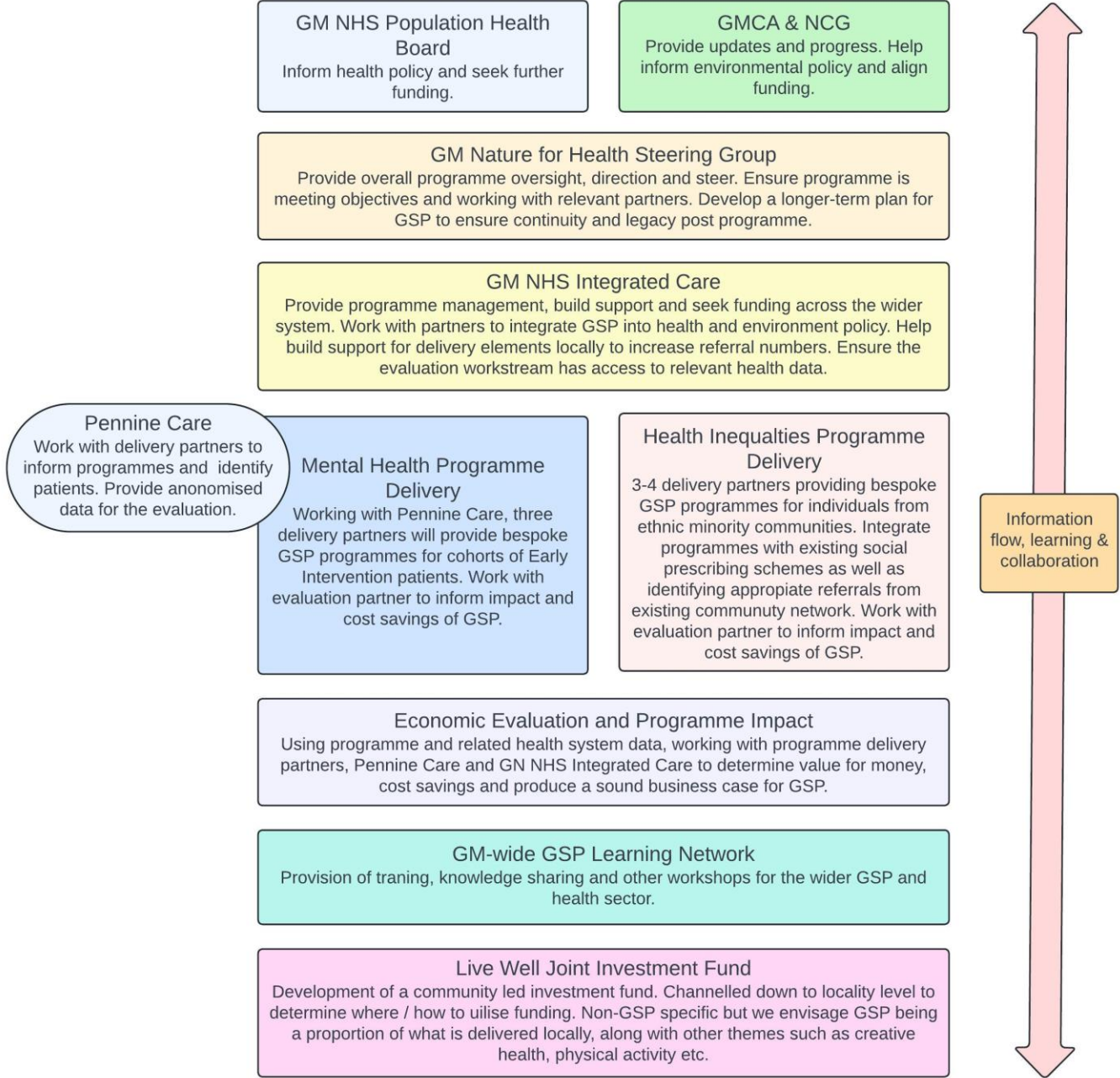
A national evaluation workstream will run in parallel, the scope of which is slightly unclear at this stage. We will need to support this workstream with data and learning.

The national team have been clear that there will be no additional funding and the programme will run through to 31<sup>st</sup> March 2025. We have lots to do in a short space of time!

# Structure of GM's GSP continuation programme



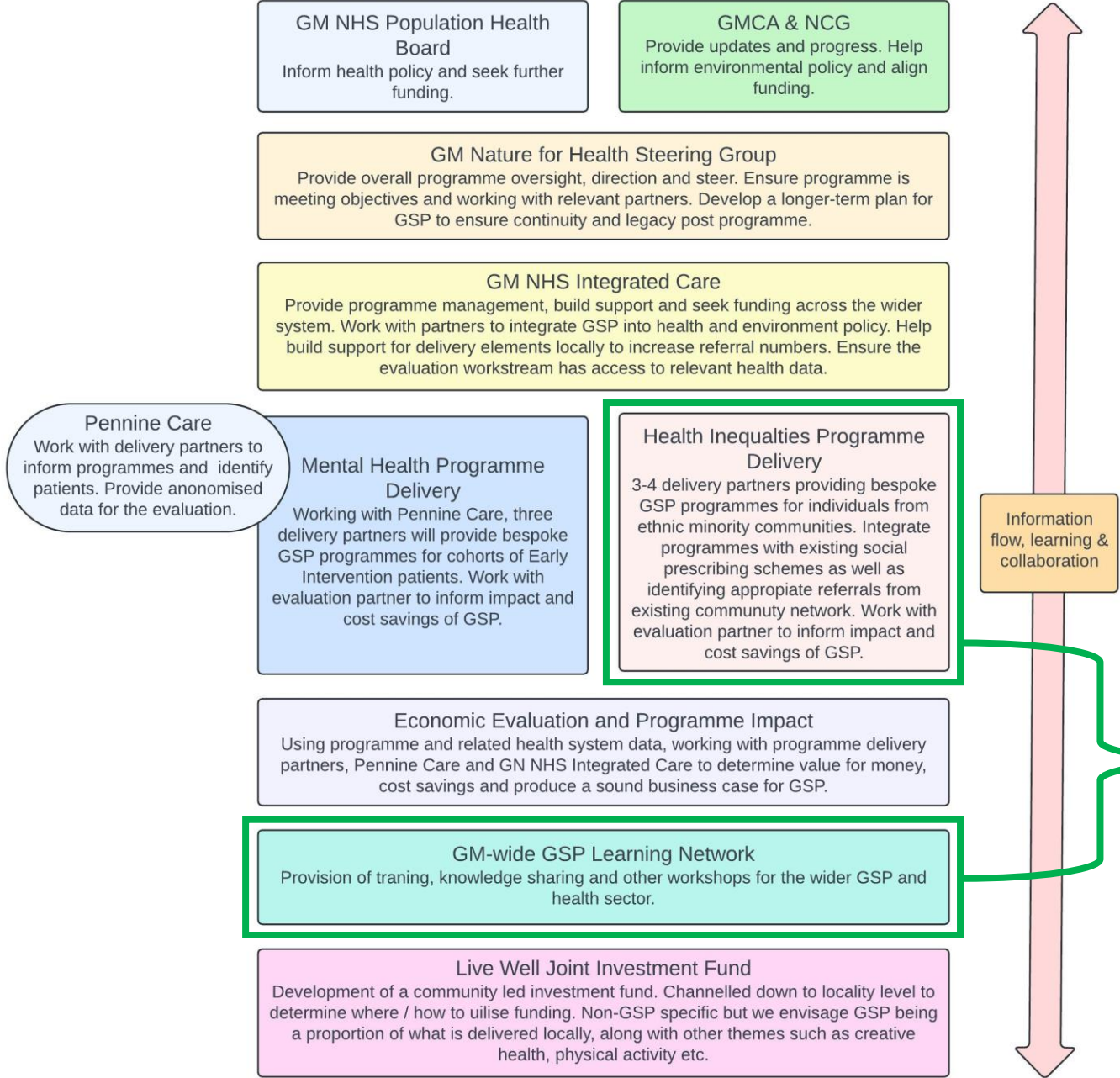
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# Structure of GM's GSP extension programme



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**GM NHS Population Health Board**  
Inform health policy and seek further funding.

**GMCA & NCG**  
Provide updates and progress. Help inform environmental policy and align funding.

**GM Nature for Health Steering Group**  
Provide overall programme oversight, direction and steer. Ensure programme is meeting objectives and working with relevant partners. Develop a longer-term plan for GSP to ensure continuity and legacy post programme.

**GM NHS Integrated Care**  
Provide programme management, build support and seek funding across the wider system. Work with partners to integrate GSP into health and environment policy. Help build support for delivery elements locally to increase referral numbers. Ensure the evaluation workstream has access to relevant health data.

**Pennine Care**  
Work with delivery partners to inform programmes and identify patients. Provide anonymised data for the evaluation.

**Mental Health Programme Delivery**  
Working with Pennine Care, three delivery partners will provide bespoke GSP programmes for cohorts of Early Intervention patients. Work with evaluation partner to inform impact and cost savings of GSP.

**Health Inequalities Programme Delivery**  
3-4 delivery partners providing bespoke GSP programmes for individuals from ethnic minority communities. Integrate programmes with existing social prescribing schemes as well as identifying appropriate referrals from existing community network. Work with evaluation partner to inform impact and cost savings of GSP.

**Economic Evaluation and Programme Impact**  
Using programme and related health system data, working with programme delivery partners, Pennine Care and GN NHS Integrated Care to determine value for money, cost savings and produce a sound business case for GSP.

**GM-wide GSP Learning Network**  
Provision of training, knowledge sharing and other workshops for the wider GSP and health sector.

**Live Well Joint Investment Fund**  
Development of a community led investment fund. Channelled down to locality level to determine where / how to utilise funding. Non-GSP specific but we envisage GSP being a proportion of what is delivered locally, along with other themes such as creative health, physical activity etc.

Information flow, learning & collaboration

Today we will be discussing the procurement of these two services.

# Workstream 1: Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities



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## Health Inequalities Programme Delivery

3-4 delivery partners providing bespoke GSP programmes for individuals from ethnic minority communities. Integrate programmes with existing social prescribing schemes as well as identifying appropriate referrals from existing community network. Work with evaluation partner to inform impact and cost savings of GSP.

- Targeting delivery of programmes in the localities of **Manchester, Salford, Oldham,** and **Tameside**, all of which have consistently had the worst Health Index Score (see last slide) across Greater Manchester.
- Health Index Scores used to prioritise geographic impact.
- NHS GM to commission three to four lead delivery partners in these priority localities – final number depends on cost of proposals put forward.
- Target **exclusively** participants from **ethnic minority** backgrounds suffering the biggest health inequalities, individuals **at risk or suffering from mental health issues**.
  - Significant part of the programme, ensure your approach to address this point is clear and well defined.
- Programmes can be delivered as mixed programmes, but we will need to understand the nature of the groups demographics to help inform the evaluation.
- Anticipate a minimum of **100 participants** from ethnic minority backgrounds per locality / delivery partner.
- We will prioritise high **quality delivery** and **data collection** to achieve the best patient outcomes and quality data for an economic evaluation.
- Local programme design should include **lived experience** perspective to ensure inclusivity and help with engagement.

# Workstream 1: Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities



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## Health Inequalities Programme Delivery

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### Specific requirements – more in the full procurement documentation

- Must partner, or at the very least make all reasonable attempts to partner with, local social prescribing scheme to offer referral opportunities.
- Ensure you take necessary steps to implement adequate referral numbers for ethnic minorities, including working with faith organisations, community groups, GP practices etc.
- Programmes must be delivered on a regular basis, anticipated duration of 8–12-week blocks, through to 31<sup>st</sup> March 2024.
- Participant data collection and outcome measures is vital to support the wider evaluation workstream – see Appendix 2 of supporting information document. This process will need to be adhered to and data securely stored and anonymised before sending to NHS GM monthly.
- Work with NHS GM team, and the national delivery team, to raise awareness, share learning and collaborate with wider sector.
- Attend monthly GSP Programme Steering Group sessions.
- Monthly check-in meetings with NHS GM, quarterly review meetings.

# Workstream 1: Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities



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**Support for all these requirements will be provided through central NHS GM team, but delivery partners will need to lead the work locally.**

## Workstream 1: Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities



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### Health Inequalities Programme Delivery

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- Funding of £90,000 in total for this workstream.
- Maximum of **£30,000 per delivery partner**, per locality, inclusive of VAT.
- A costed high-level budget will be required in your proposals.
- Depending on volume, quality of proposals and the combined cost we anticipate 3-4 delivery partners, one for each target locality.
- Beneficial if you can demonstrate how this funding will assist with longer term sustainable delivery.



# Workstream 1: Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities



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## Health Inequalities Programme Delivery

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## Procurement timelines

- Procurement information page available immediately after this webinar, page will include:
  - Supporting information document, includes all requirements and scoring criteria.
  - Template response document, please use this form for completing your proposals.
- **Proposals need to be received by the end of day on 7<sup>th</sup> June 2024** (previously 17:00 on 4<sup>th</sup> June).
- Send final proposals to [gmhmsp.pcca@nhs.net](mailto:gmhmsp.pcca@nhs.net)
- All organisations notified of outcome week commencing 10<sup>th</sup> June.
- Standard NHS Terms and Conditions agreement will be used.
- Funding can be invoiced for in full once agreements in place and PO is provided.
- Delivery to start as quickly as possible.

# Workstream 3: GM-wide GSP Learning Network



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## GM-wide GSP Learning Network

Provision of training, knowledge sharing and other workshops for the wider GSP and health sector.

- We will commission one organisation, or collaborative, to deliver:
- Building on the success of our original Nature for Health programme, an offer of centralised learning and collaboration opportunities will be provided.
- Opportunities to participate will be marketed out to organisations and individuals across the health system, the VCSE sector and the natural environment sector.
- We will bring people together to share ideas, discuss learning, and take part in organised workforce training events.
- This will support and develop the sector, aiding longer term sustainability of nature-based delivery.
- Will need to ensure resources and training sessions (recorded where possible) are openly available for wider consumption.
- The objective is to increase interest, create opportunities and build capacity across the nature-based sector.

## GM-wide GSP Learning Network

Provision of training, knowledge sharing and other workshops for the wider GSP and health sector.

### Specific requirements

- Will need to quickly produce a full schedule of events for the duration of the programme.
- A mixture of events including specific training and collaborative workshop style discussion sessions. A mixture of in-person and online to increase access.
- Ensure the schedule of events and opportunity to participate is widely marketed – VCSE, natural environment, health system.
- Document learning and challenges throughout to inform wider programme and improve future events.
- Attend monthly GSP Programme Steering Group sessions.
- Monthly check-in meetings with NHS GM, quarterly review meetings.

# Workstream 3: GM-wide GSP Learning Network



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## GM-wide GSP Learning Network

Provision of training, knowledge sharing and other workshops for the wider GSP and health sector.

- Maximum of **£20,000** available to support this workstream, inclusive of VAT.
- A costed high-level budget will be required in your proposals.
- Beneficial if you can demonstrate how this funding will assist with sustainability of the wider sector in GM.

GM-wide GSP Learning Network  
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# Programme initiation timeline



Greater Manchester



**22<sup>nd</sup> May**

Procurement launch  
Two-week window

**7<sup>th</sup> June**

Submit by end of day  
submission deadline  
Ensure proposals  
submitted to  
[gmhscp.pcca@nhs.net](mailto:gmhscp.pcca@nhs.net)  
(this was previously 17:00  
on 4<sup>th</sup> June but has been  
extended)

**10<sup>th</sup> June**

Proposals scoring  
begins  
Scoring panel review  
proposals

**w/c 10<sup>th</sup> June**

Aiming for all decisions  
communicated before the  
end of the week  
All organisations notified  
of outcome

**w/c 17<sup>th</sup> June**

Contracts, funding,  
start delivery activity

## Other generally helpful information



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- Both Workstream 1 and Workstream 3 will be included on the procurement web-page, be very careful which one you download and complete based on your chosen workstream.
- This presentation and all Q&As will also be available on the procurement web-page.
- If you have questions or clarifications during the procurement window check the Q&A document before asking. If your question is not listed email it to [gmhscp.pcca@nhs.net](mailto:gmhscp.pcca@nhs.net).
- All off-line questions and answers will be added to the Q&A document as we go.
- Collaboratives and partnership approaches are welcomed, think carefully about roles and responsibilities and ensure these are well communicated in your proposals. One organisation will need to act as 'lead'. The lead will need to make the proposal submission, will be the lead for the contract and all reporting, including meetings, and will need to take receipt of funding.
- AI may be utilised for research, but it must not be used verbatim in proposal responses. Proposals that have been deemed to be written entirely by AI will not be considered.

# Scoring criteria



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Points	Interpretation
5	<b>Exceptional Response</b> - Exceeds the requirement. Exceptional demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services. Response identifies factors that will offer potential added value, with evidence to support the response.
4	<b>Good Response</b> - Satisfies the requirement with minor additional benefits. Above average demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services. Response identifies factors that will offer potential added value, with evidence to support the response.
3	<b>Meets Minimum Requirements</b> - Satisfies the requirement. Demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with evidence to support the response. The described requirement is offered.
2	<b>Minor Reservations</b> - Satisfies the requirement with minor reservations. Some minor reservations of the applicant's relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.
1	<b>Serious Reservations</b> - Satisfies the requirement but there are major reservations. Considerable reservations of the applicant's relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.
0	<b>Very Poor or Unacceptable Response</b> - Does not meet the requirement. Does not comply and/or insufficient information provided to demonstrate that the applicant has the ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.



Procurement web-page – now live



Greater Manchester

[gmnatureforhealth.org.uk/gmnfhprocurement](https://gmnatureforhealth.org.uk/gmnfhprocurement)

## Q&A

# Appendix – Health Index Scores



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Health Index in England 2021

## Greater Manchester Areas: Health Index Scores (table)

The Health Index was designed by the Office for National Statistics (ONS), with the support of health experts, to present a single number measuring the health of an area. This value is calculated from many different measures of health, focusing on the drivers of health rather than direct measures of health services. This value is 'indexed' against the England Average in 2015: a value of 100 indicates that this area has the same general health as England had in 2015, with higher scores meaning generally better health, and lower scores meaning generally worse health.

Area Name	2015	2016	2017	2018	2019	2020	2021
Trafford	111.1	111.4	111.5	109.4	113.2	110.9	111.3
Stockport	103.3	105.1	106.3	107.8	104.7	104.2	105.4
England	100.0	100.5	100.9	100.9	100.9	100.1	100.8
Wigan	100.3	99.2	99.8	99.8	100.0	95.1	100.5
North West	95.8	96.3	97.2	97.1	97.2	96.2	96.4
Bury	99.3	99.7	100.1	99.5	101.9	97.8	96.3
Bolton	95.1	95.0	94.8	94.5	94.6	93.9	94.5
Tameside	90.9	91.5	92.5	93.2	93.1	91.0	93.8
Greater Manchester	93.0	93.3	94.2	93.8	94.4	92.6	93.7
Oldham	92.3	92.8	94.3	91.0	91.3	92.9	91.1
Rochdale	90.2	91.7	92.3	90.2	92.6	90.7	91.0
Salford	85.2	85.3	86.0	85.0	86.5	85.5	83.5
Manchester	77.7	78.2	80.0	80.8	81.3	79.5	81.8

Data sourced from Health Index in England. For more information, see: <https://blog.ons.gov.uk/2023/06/09/the-health-index-2021-taking-a-deep-dive-into-the-nations-health/>