

Authority to directly award a contract for the Gypsy and Traveller Public Health and wellbeing service to Leeds Gypsy and Traveller Exchange (Leeds GATE)

Date: 31 July 2024

Report of: Chief Officer - Consultant/Public Health

Report to: Director of Public Health

Will the decision be open for call in?

Yes No

Does the report contain confidential or exempt information?

Yes No

Brief Summary

Leeds City Council commissions Leeds Gypsy and Traveller Exchange (GATE) to deliver the Gypsy and Traveller Public Health and wellbeing service which aims to improve the health, wellbeing, and independence of the Gypsy and Traveller communities in Leeds.

The current contract expires on 31st December 2024 and following a review of the needs of the Gypsy and Traveller communities in the city, approval will be sought to directly award a contract to address this gap. If approval is given the new contract will start on the 1st January 2025.

Recommendations

The Director of Public Health is recommended to:

Approve the direct award of the Gypsy and Traveller Public Health and wellbeing service to Leeds GATE for a period of 5 years commencing on 1st January 2025 (with an option to extend for a period of up to 36 months in any combination). The initial contract value is £262,500 (£52,500 per annum). The direct award will be carried out in accordance The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) which came into force on the 1st January 2024.

- a) Note that the value of the contract would be £420,000 if the full extension period is to be utilised.
- b) Note that subsequent decisions arising from this report: such as the decision to utilise the contract extension will be treated as a consequence of this Publishable Admin decision.

What is this report about?

1. The current provision of the Gypsy and Traveller Public Health and wellbeing service was procured in 2020 and commenced on 1st January 2020, delivered by Leeds GATE. The

contract was awarded for a period of three years with the option to extend for a period of 24 months. The current contract therefore expires on 31st December 2024 with no further options to extend.

2. A review of the current need for this service in the city has been undertaken by a project team consisting of officers from Adults & Health Commissioning, Public Health and Procurement and Commercial Services (PACS). A service review was also carried out of the current service including a review of the outcomes and outputs in delivery to date. The findings from the review and consultation are presented in the insight report which is available on request.
3. Gypsies and Travellers are recognised Ethnic Minority groups under the Race Relations Act as amended in 2000 and according to the 2010 Equality Act have 'protected characteristics'. Data around the health of Gypsy and Traveller is limited; nevertheless, it is estimated that women live 12 years less than women in the general population and men 10 years less, although some research has suggested that the life expectancy gap could be much higher (Dept of Communities and Local Government 2012).
4. The University of Bedfordshire submitted health data to the parliamentary inquiry relating to the inequalities facing Gypsy, Traveller and Roma communities in 2019, stating the health status of Gypsies and Travellers is much poorer than that of the general population, even when controlling for other factors such as variable socio-economic status and/or ethnicity. In addition, Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed and Irish Travellers are 3 times as likely to die by suicide than the general population (The Traveller Movement 2016, Impact of insecure accommodation and the living environment on Gypsies' and Travellers' health).
5. Moreover, pupils from Gypsy backgrounds and those from a Traveller background had the lowest attainment of all ethnic groups throughout their school years. Assessments at Key stage 1 show a quarter of Gypsy and Traveller children are making a good level of progress, compared to around 70% of White British children. This gap widens at key stage 4; in 2015/16 the Attainment 8 score – an average of points scored for attainment in 8 GCSEs including English and Maths – for Gypsy and Roma pupils was 20 points compared with the English average of 50 points. Cabinet Office, [Race Disparity Audit: Summary Findings from the Ethnicity Facts and Figures website](#), October 2017
6. A key role of this service is focused on the provision of information and signposting about other relevant local services, networks, and activities to help improve this population's health and wellbeing. The service has also expanded to provide mentoring sessions and attend education forums to further improve inclusion and awareness of this community.
7. In 2022/2023 Leeds GATE engaged with 3191 members across the organisation, with 721 receiving direct support from this contract. This was through their regular welfare calls, outreach visits, their various service user groups, health and wellbeing sessions as well as social media engagement. They have provided invaluable support during the pandemic and during the cost-of living crisis. The service has adapted to increase digital inclusion and provision, outreach visits to both roadside and permanent sites, partnership work with external health providers and bespoke health and wellbeing sessions. Leeds GATE work to build strong, trusted relationships with the Gypsy and Traveller community providing much needed support and advice for a group of peoples that are under-served and vulnerable.
8. Quotes from members (service users):

- “I have really enjoyed being treated by Leeds GATE I feel really grateful and it’s the only time for a long time that I have felt relaxed and like I have had a break from reality. I love coming to GATE and I feel like a part of something”
- “I have liked bringing my grandchildren here today I like to introduce her to thing that celebrate our culture as it is important to feel valued”
- “I really enjoy coming to the groups it has been taking my mind away from my problems”

9. Regarding the new contract specification, Public Health and Commissioning officers have reviewed the Key Principles of the current service and concluded they are still relevant and will guide the features of the new contract specification. The main principles are:

- A varied and effective service delivery model, which has been co-produced with the Gypsy and Traveller communities and wider partners in Leeds.
- Becoming a visible and trusted partner for the Gypsy and Traveller communities by establishing a regular presence where they feel safe and naturally congregate.
- Providing an effective outreach to meet the public health needs of the 83.3% of Gypsies and Travellers living throughout Leeds in bricks and mortar accommodation, as well as the 16.3% in caravan/mobile structures (2011 Census). Living in a house and rarely travelling has been particularly associated with long term illness, poorer health state and anxiety.
- Facilitate a broad range of groups and activities in response to identified community needs to maximise engagement and build capacity.
- Build community capacity within the communities by identifying, empowering and supporting community members to become volunteers, peer educators or health champions to promote culturally sensitive health messages and public health activities within their communities.
- Promote good maternal health within families in or travelling through Leeds to ensure they receive the support they need to get the best start for their babies and children.
- Support and improve people’s mental health and wellbeing, including reducing social isolation across the life course, including families, young people, older people, males and females.
- Support people to have more choice and control over their own health and wellbeing including access to relevant services (e.g. Education, skills, Employment, Housing, Welfare Rights), which tackle the impacts of the wider determinants of health.
- Support people to build a wide range of health promoting and social cohesion opportunities by using the assets of people, skills and resources.
- Co-ordinate timely and effective responses to health protection challenges e.g. work collaboratively with public health and other health services to protect the community such as promoting immunisation during an outbreak;
- Support and deliver work to increase awareness of and acceptability of health services in particularly screening and prevention), including liaising with the full range of voluntary and public sector services;
- Identify, build and strengthen bridges between the Gypsy and Traveller communities and the wider community around them. Each and every positive connection would help improve health and wellbeing.

10. Following consultation with Procurement and Commercial Services (PACS) we believe this contract falls within scope of the PSR which came into force on the 1st January 2024 and regulates the procurement for Health Care related services. Direct award Route C will be used to directly award the contract to Leeds Gypsy and Traveller Exchange (Leeds GATE). The Direct Award Process C is permissible where an existing provider is satisfying the existing contract and is likely to satisfy the new contract, and the proposed contracting arrangements are not changing considerably from the existing contract. PSR routes A and B were deemed not applicable as it is believed that there may be more than one provider in the market capable of providing these services (although outside the West Yorkshire region), which rules out route A and the contract being entered into is not one that offers patients a choice of provider which rules out route B.
11. The current service is well established and already delivering the service. As the service specification will not be changing significantly it is felt that Leeds GATE are best placed to deliver using their experience and expertise in the area. Due to the services high level of expertise they also work with the gypsy and traveller community within the wider West Yorkshire area.

What impact will this proposal have?

12. The Gypsy and Traveller Public Health and wellbeing service contributes to the key aims of the Best City Ambition which focuses on reducing health inequalities and improving the health of the poorest fastest; supporting self-care and more people can manage their own health conditions in the community and promoting opportunities for older people to be healthy, active, included, and respected.
13. By approving this direct award Leeds GATE will be able to continue to deliver an efficient service allowing existing relationships with the community to be further strengthened. The extended continuation of the contract will ensure that the needs of all Gypsy and Traveller peoples are provided for and the health inequalities of all age groups addressed.
14. This contract will be embedding Social Value and the relevant Themes, Outcomes and Measures (TOMs) for this contract will be identified and measured.
15. An Equality, Diversity, Cohesion and Integration screening has been completed (see appendix 1). Equality information will continue to be collected during ongoing contract management and performance monitoring.

How does this proposal impact the three pillars of the Best City Ambition?

X Health and Wellbeing

X Inclusive Growth

Zero Carbon

16. The Gypsy and Traveller Public Health and Wellbeing service is part of the city ambition that Leeds should be a healthy and caring city for everyone.
17. This service directly contributes to the Best City Ambition - Health and Wellbeing pillar, particularly the following indicators:
- Investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds;
 - Delivering a safe and welcoming city for people of all ages and from all communities in which residents feel more secure and have good friends.

18. This service directly contributes to the Best City Ambition - Inclusive Growth pillar, particularly the following indicator:

- An understanding that place matters, and positive identity, culture, heritage and pride in our communities are vital assets in a sustainable future for the city and its local centres.

What consultation and engagement has taken place?

19. It is recognised that the gypsy and traveller community are particularly difficult group of people to engage with and it was therefore important that a number of initial visits took place to help establish a degree of trust between the public health specialist and the GATE members. Careful consideration was also needed as to how best to engage with this community.

20. Insight work was undertaken directly with the Gypsy and Traveller community. This comprised of:

- Two group interviews – a total of eight women attending GATE;
- Two individual interviews with women on an official site;
- Two group interviews with GATE staff members (this included the current health and wellbeing post holder and the CEO of GATE.
(This report is available on request)

Have ward members been consulted? Yes No

Wards affected:

- Burmantofts & Richmond Hill (Leeds GATE offices)
- City & Hunslet (Kidacre Park site)
- Farnley & Wortley (Cottingham Springs site)
- And potentially any part of the city for outreach with temporary sites.

21. The Executive Board Member for Equality, Health and Wellbeing was briefed on 17th July 2024.

22. Procurement and Commercial Services (PACS) have been consulted and will advise on the application of the PSR to commission the new service.

What are the resource implications?

23. It is requested that the amount allocated for the contract be £52,500 per annum to meet the identified need. This is £420,000 for the overall contract period should the full extension be taken up. There is provision in the Public Health budget for this service.

24. It should also be noted that Leeds GATE will submit Due Diligence documents, method statement responses and Service Cost Analysis Form (SCAF) for evaluation to ensure minimum required standards are met and the price is within the budget before formal contract award. Should the provider fail to meet these requirements, then the council reserves the right not to proceed with the award of the contract.

25. The service will be closely contract managed to ensure robust performance monitoring takes place and value for money is being achieved for the Council.

What are the key risks and how are they being managed?

26. A risk register has been established as part of the re-procurement process and this will continue to be managed and updated. Significant risks will be reported to the Public Health Programme Board.
27. The decision to directly award the Gypsy and Traveller Public Health and wellbeing service contract to Leeds GATE under the PSR is seen as a risk. The reason for this is that the PSR process is relatively new, the provisions are still untried for many public bodies affected by the new regulations. This risk is being managed continuously by working with PACS and Legal to mitigate this.
28. Directly awarding the contract could open us to challenge from other providers. However, the risk is considered low because an assessment has been carried out to ensure that the criteria for using the Direct Award Process C have been met under the PSR. The current provider is satisfying the existing contract and it is felt that they will satisfy the new contract. The contract arrangements are not changing considerably and therefore the contract can be awarded to the incumbent supplier under the Direct Award Process C PSR.
29. A mobilisation period has been built into the procurement timetable to ensure that the service can be fully mobilised before the contract start date. This will be minimal as no significant changes are not being made to the contract
30. If the decision is not approved, the current service will fall out of contract on 31st December 2024, causing significant risk to the Council and its providers. There is evidenced need for this service, and should it not continue to be delivered beyond the expiry of the current contract, this would result in a lack of service provision for the Gypsy and Traveller communities in Leeds.
31. A Project Team comprising of Public Health, Adult & Health Commissioning and Procurement & Commercial Services has been set up to oversee the re-commissioning process to ensure that we progress within the timescales and to ensure that we adhere to the PSR regulations.
32. The service will continue to be contract managed by Leeds City Council on a quarterly basis to ensure a quality service is being delivered. To ensure this, service delivery and development, performance, finance, safeguarding, contract issues and compliments and complaints will be discussed during quarterly contract management meetings.

What are the legal implications?

33. The decision contained in this report is treated as a Publishable Admin Decision as the overall value is less than £500,000 and is therefore not subject to Call In.
34. This report does not contain any exempt or confidential information under the Access to Information Rules.
35. Directly awarding the contract to Leeds GATE without a competitive process could mean that the Council is open to challenge from other providers who would have been interested in bidding for the contract. However the nature of services to be provided under this contract falls within the scope of the PSR and consequently the Council has the ability to directly

award the contract to the incumbent provider under the Direct Award Process C, provided certain criterion is met.

Briefly, the three mandatory criterion which must be met are as follows:

1. The Council is not required to follow Direct Award A or Direct Award B under the PSR.
2. The Council proposes to replace an existing contract which is due to expire with a new contract upon the existing contract expiring.
3. The considerable change threshold is not met.

36. It is confirmed that the direct award proposed under the Direct Award Process C to Leeds GATE firmly meets all three of the mandatory criteria. Therefore, the direct award is permissible in this instance under the PSR.
37. The appointment proposed is made in accordance with the Council's internal Contract Procedure Rules (CPR), specifically CPR 31 which replaces the CPR's when procuring Health Care Services. For the avoidance of doubt, the value of the appointment under the CPR's is designated as a high value procurement, however as the PSR applies CPR 9 is not applicable.
38. The direct award of the service has been assessed against the provisions of the Subsidy Control Act. It is not a subsidy on the grounds that it is not an economic activity.
39. Subsequent decisions arising from this report: such as the decision to award the contract will be treated as a consequence of this Publishable Admin Decision.
40. The above comments should be noted and in making their final decision the Director of Public Health is recommended to approve the direct award to Leeds GATE on the basis it represents the best value to the Council.

Options, timescales and measuring success

What other options were considered?

41. The option to recommission the service once the current contract comes to an end through a competitive process.
42. The option to end the provision once the current contract expires. However, there is still evidenced need for this provision as highlighted in the insight report.

How will success be measured?

43. As part of the direct award Leeds GATE will need to successfully complete an evaluation process before the contract is awarded subject to due diligence as detailed in paragraph 23.
44. The contract will include a Performance Framework for the purpose of monitoring service delivery and outcomes within the contract management process.
45. Contract Management meetings will take place on a quarterly basis between the Provider and Leeds City Council (LCC), these could also be more frequent if required. The provider will also need to complete the LCC Quality Management Framework. The service will also be reporting on Social Value.

What is the timetable and who will be responsible for implementation?

46. If approval is given it is our intention to undertake the following: -
- The Method Statement submission and evaluation will be carried out by September 2024.
 - Due Diligence will be carried out during September and October 2024.
 - The contract will be awarded in October 2024.
 - This will allow for a one month mobilisation period starting November 2024. (this in minimal as no significant changes are not being made to the contract).
 - The new contract will start on the 1st January 2025.

Background papers

- Insight report into Gypsy and Travellers health and wellbeing perceived needs (available on request)