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Contract

Social Prescribing Service - Brighton and Hove

NHS SUSSEX INTEGRATED CARE BOARD

F03: Contract award notice

Notice identifier: 2025/S 000-063293

Procurement identifier (OCID): ocds-h6vhtk-05aa8a

Published 8 October 2025, 1:30pm

Section I: Contracting authority

I.1) Name and addresses

NHS SUSSEX INTEGRATED CARE BOARD

Sackville House, Brooks Close

Lewes

BN7 2FZ

Email

aelliott1@nhs.net

Country

United Kingdom

Region code

UKJ22 - East Sussex CC

NHS Organisation Data Service

QNX

Internet address(es)

Main address

<https://www.sussex.ics.nhs.uk/>

I.4) Type of the contracting authority

Body governed by public law

I.5) Main activity

Health

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

Social Prescribing Service - Brighton and Hove

II.1.2) Main CPV code

- 85000000 - Health and social work services

II.1.3) Type of contract

Services

II.1.4) Short description

Social Prescribing Service within Brighton and Hove.

This is a Provider Selection Regime (PSR) intention to contract award notice. The awarding of this contract is subject to the Health Care Services (Provider Selection Regime) Regulations 2023. For the avoidance of doubt, the provisions of the Public Contracts Regulations 2015 and Procurement Act Regulations 2023 do not apply to this award.

This contract has not yet been formally awarded, this notice serves as an intention to award under the PSR using Direct Award Process C.

Written representations should be sent to aelliott1@nhs.net and cc. robert.kitt1@nhs.net by midnight on Tues 21st October 2025.

The approximate lifetime value of the contract will be £629,326 over a two-year term, from 1st April 2026 until 31st March 2028.

II.1.6) Information about lots

This contract is divided into lots: No

II.1.7) Total value of the procurement (excluding VAT)

Value excluding VAT: £629,326

II.2) Description

II.2.3) Place of performance

NUTS codes

- UKJ21 - Brighton and Hove

Main site or place of performance

Brighton and Hove

II.2.4) Description of the procurement

Social Prescribing Service within Brighton and Hove.

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II.2.5) Award criteria

Quality criterion - Name: The existing provider is satisfying the original contract and will likely satisfy the proposed contract to a sufficient standard / Weighting: 100

Price - Weighting: 0

II.2.11) Information about options

Options: No

II.2.14) Additional information

On 22 April 2025, NHS Sussex ICB commenced market engagement for a proposed new Sussex community based social prescribing service. Since beginning our pre-procurement engagement, the government's 10 Year Health Plan for England: Fit for the Future has been published.

Whilst expected, the 10 Year Health Plan clearly sets the strategic direction for neighbourhood health; describing a new NHS operating model and provider landscape, to deliver a more diverse and devolved health service. It describes the roles of Integrated Health Organisations, and how strategic commissioners should work to support and develop this infrastructure within their systems. Further to this, we have recognised that we need to reflect further on our intentions for a new Sussex community-based social prescribing service, and how this should best be delivered for the future.

The ICB has therefore paused before the formal tender process is commenced while the ICB undertakes a strategic review of how best to move forward with the future procurement of social prescribing services in a way that is aligned with the 10 Year Health Plan.

This means we are unable to complete our procurement process by April 2026 as intended.

The decision to offer a two-year direct award has been chosen for several reasons. Firstly, it provides time for the new provider landscape to become clearer and allow the ICB to conduct the strategic review. This period is not only reasonable for current providers to commit to but also ensures that we can complete a full competitive procurement process efficiently, including market engagement, Invitation to Tender and then service mobilisation, if competitive procurement is the chosen route to commission the service following the strategic review, making this a comprehensive approach that supports all parties involved and ensures service stability for service users. It is currently estimated that a procurement process would re-commence in early 2026/27.

Section IV. Procedure

IV.1) Description

IV.1.1) Type of procedure

Award of a contract without prior publication of a call for competition in the cases listed below

- The procurement falls outside the scope of application of the regulations

Explanation:

This is a Provider Selection Regime (PSR) intention to award notice (Direct Award C). The awarding of this contract is subject to the Health Care Services (Provider Selection Regime) Regulations 2023. For the avoidance of doubt, the provisions of the Public Contracts Regulations 2015 do not apply to this award. The standstill period begins on the day after the publication of this notice. Representations by providers must be made to the relevant authority by midnight on Tues 21st October 2025. This contract has not yet formally been awarded; this notice serves as an intention to award under the PSR.

IV.1.8) Information about the Government Procurement Agreement (GPA)

The procurement is covered by the Government Procurement Agreement: No

Section V. Award of contract

A contract/lot is awarded: Yes

V.2) Award of contract

V.2.1) Date of conclusion of the contract

23 September 2025

V.2.2) Information about tenders

Number of tenders received: 1

The contract has been awarded to a group of economic operators: No

V.2.3) Name and address of the contractor

Together Co

The Lanes, Nile House, Nile Street

Brighton

BN1 1HW

Country

United Kingdom

NUTS code

- UKJ21 - Brighton and Hove

Companies House

03895574

The contractor is an SME

Yes

V.2.4) Information on value of contract/lot (excluding VAT)

Initial estimated total value of the contract/lot: £629,326

Total value of the contract/lot: £629,326

Section VI. Complementary information

VI.3) Additional information

The provider selection process was based on five key criteria, each weighted to reflect its importance in service delivery, value, and sustainability:

- o Quality & Innovation - 22% is allocated to quality and innovation to ensure the service is performing to the standards expected and to demonstrate the provider is able to innovate with the commissioner as per the ICB's expectations. For Social Prescribing, quality is essential to ensuring people receive safe, person-centred, and effective support. This includes staff competence, safeguarding, governance, outcomes monitoring, and user experience. The weighting recognises that access and integration are not sufficient on their own; the service must consistently deliver to a high standard.

- o Value - 15% is allocated to value to ensure our population is getting value for money from the service provided, and to ensure we are spending taxpayers' money efficiently. For Social Prescribing, while cost effectiveness is important, the service is not commissioned on a "lowest cost" basis. The lower weighting compared to the other domains reflects the commissioning intent to prioritise value and impact over absolute cost, while still ensuring bidders demonstrate affordability, financial robustness, and efficiency.

- o Integration & Sustainability - 23% is allocated to integration, collaboration, and service sustainability as integration is key to upcoming ICB plans, and along with collaboration as system wide engagement is required to ensure improvements are made to care and experience. For Social Prescribing, the success of the community social prescribing services relies on being a member of the Integrated Community Team MDTs as well as collaborating with other services, voluntary/community/faith sector organisations, and local authorities. This weighting reflects the importance of embedding the service within existing health and care, preventing duplication, and ensuring long-term viability. It incentivises bidders to demonstrate robust collaborative models and sustainability planning

- o Improving Access & Health Inequalities - 30% is allocated to improving access, reducing inequalities and facilitating choice as these are important factors that must be considered for all services ICBs commission. For Social Prescribing, this has the highest weighting because the primary purpose of community social prescribing service is to widen access to non-clinical

support, targeting those with greatest need. Placing strong emphasis here ensures the service actively reduces health inequalities, enables individuals to make informed choices about their care, and aligns with NHS priorities on prevention and population health

management.

o Social Value - 10% is allocated to social value as services should be able to provide additional benefits to the wider population, not just those who access the service, and local social, environmental, and economic benefits, e.g. reducing CO2 emissions. For Social Prescribing, this weighting ensures alignment with the Public Services (Social Value) Act 2012, encouraging providers to generate additional community benefits such as local employment, volunteering opportunities, and environmental sustainability. While important, it is given a smaller weighting to balance against the service's core objectives.

The decision to award the contract to Together Co. was made through review of the above structured evaluation of key criteria, selection standards, and PSR compliance, which demonstrated that the Organisation continues to provide a high quality service for our population whilst ensuring the best value and service continuity for NHS Sussex.

The assessment of the current service is as follows:

Basic Selection Criteria:

Basic Criteria 1: The provider's suitability to pursue a particular activity Pass

Basic Criteria 2: Economic and financial standing Pass

Basic Criteria 3 Technical and professional ability Pass

Key Criteria:

Quality and innovation: Score 4 (Weighted 17.6%) The provider has demonstrated a clear commitment to delivering a high-quality service and to testing innovative approaches that strengthen both reach and impact.

Q1 data 25-26 shows:

323 referrals were received in quarter 1, a 4% increase from the previous quarter (310).

- Community SP referrals were up from the previous quarter, from 144 to 157.
- A small decrease in SP Plus referrals from the previous quarter, from 90 to 85.
- ARRS funded Deans & Central PCN referrals saw a small increase at 81 (76 the previous quarter).

536 people were supported overall during quarter 1. This is a 55% increase from the previous quarter (345). Some one-off interventions at outreach events were coded

incorrectly, making the number supported appear lower, but this is now resolved.

In addition to the above:

- 34 people were provided with single SP interventions/signposting through Together Co's Connection Hub
- 73 individuals with language needs were triaged by bilingual social prescribing volunteers through SIS's volunteer-led social prescribing triage service.

Value: Score 5 (Weighted 15%) The provider demonstrates very good performance against this criterion. Strong evidence of activity and innovation, combined with outcome data, shows measurable improvements in residents' wellbeing, access to services, and social connectedness. These findings support the case that the service is delivering meaningful benefits at individual and community levels. Recent activity includes:

Outreach: Community Link Workers conducted 28 outreach / community events during the quarter to provide direct SP support to residents - details in table below. This included both regular outreach (e.g. monthly attendance at food banks) as well as new and one-off outreach at various community spaces and groups within the 3 ICT neighborhoods. Attendance at outreach and community events led directly to 92 on-the-spot signposting/SP support or referrals into Together Co/SP Plus for further SP support.

Developing links: The Community SP team continue to develop service, professional and community links to facilitate collaboration and explore future outreach opportunities. In Q1 this included: Linking in with Community Pharmacists; we held a meeting with Adult Social and 10 Social Care Managers; link workers meeting up with social care managers to review waiting lists; we are currently waiting for NHS governance approval to start the surgical pre-optimization trial. Saltdean Lido, Family Hubs, Neurophysio Team, NHS Wellbeing Service, Housing Managers at Community Base

Test & Learn: Care Home Pilot has now ended; we have provided the care home with a directory of services & activities. We will also be training care home staff as social prescribing champions in July. We have been approached by Deans & Central Brighton PCN and asked if we will be part of the Work Well pilot in the East. This will run from October 2025 to March 2026.

Integration, collaboration and service sustainability: Score 4 (Weighted 18.4%) The provider has evidenced a wide range of activity across the city, demonstrating a clear commitment to partnership working, outreach, and community integration. Activities span outreach, community events, and formalised links with professional and service networks across West, Central, and East localities, showing breadth of engagement and alignment to citywide health priorities.

Improving access, reducing health inequalities, and facilitating choice: Score 4 (Weighted 24%) The provider has reached 79% of CORE20 LSOAs, which is strong and demonstrates effective targeting of health inequalities.

Year-on-year improvement is clear, with significant progress made in previously underserved areas.

The data reporting has matured, with stronger methods (inclusion of partners, maps, and quarterly monitoring).

However, overall LSOA coverage remains at 56%, meaning nearly half of the city has not yet been reached, and 8 LSOAs (incl. 1 CORE20) remain unserved.

Further action planning is needed to ensure equitable access citywide.

Social Value: Score 4 (Weighted 8%) The provider has illustrated a positive impact on the local population and the health and care system, through connecting individuals with their communities and improving access to support around practical, social and emotional needs, as well as offering individuals the opportunity to develop their skills and employability through volunteering opportunities.

Total Weighted Score: 83%

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A risk of a potential conflict of interest (perceived and/or actual) was identified whereby the PSR assessment was conducted solely by the Local Commissioner. As the commissioning subject matter expert of the service, they had the ability to control the outcome of the assessment, which might lead to either the perception of, or an actual conflict of interest. This risk was mitigated through management oversight of the scoring assessment.

The decision maker is the Deputy Chief Integration & Primary Care Officer and Director of Joint Commissioning, NHS Sussex ICB.

Written representations should be sent to aelliott1@nhs.net and cc. robert.kitt1@nhs.net by midnight on Tues 21st October 2025.

VI.4) Procedures for review

VI.4.1) Review body

NHS Sussex Integrated Care Board

Sackville House, Brooks Close

Lewes

BN7 2FZ

Country

United Kingdom

VI.4.2) Body responsible for mediation procedures

NHSE

Skipton House, 80 London Road

London

SE1 6LH

Country

United Kingdom