

HEALTH AND WELLBEING BOARD

20 October 2015

Title: Contract - Advocacy Services Re-tender	
Report of the Strategic Director for Service Development and Integration	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
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Sponsor: Anne Bristow, Strategic Director for Service Development and Integration	
Summary: The local authority currently commissions two different advocacy services to fulfil its statutory advocacy duties: <ul style="list-style-type: none">• Independent advocacy - The Care Act 2014 requires the local authority to arrange independent advocacy to ensure a service user or carer's involvement in the care and support process. This is required where an individual has substantial difficulty in understanding the care and support process and may not have anyone appropriate to support them.• Mental health advocacy - The Mental Health Act and Mental Capacity Act require local authorities to commission Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and advocacy for those undergoing the Deprivation of Liberty Safeguards (DoLS) process. Feedback received from stakeholders has suggested that these services are too fragmented and confusing to access for service users and professionals. As a result, Commissioners have reviewed current service provision and the advocacy pathway. As the current range of advocacy contracts are all due to expire on 31 March 2016, it is proposed that advocacy services are remodelled to address all statutory advocacy requirements. This would mean a single contract for advocates under the Care Act, Mental Capacity Act and Mental Health Act. By bringing the services into one contract, access to statutory advocacy will be improved and simplified and the Borough will be able to make cost reductions on the current budget allocation.	
Recommendations The Health and Wellbeing Board is recommended to: <ul style="list-style-type: none">(i) Approve the procurement of an integrated statutory advocacy service for a term of two years, with the option to extend for one further year, in accordance with the	

strategy outlined in this report.

- (ii) Delegate authority to the Corporate Director for Adult and Community Services, in consultation with the Chief Finance Officer and the Head of Legal and Democratic Services to award the contract to the winning bidder and execute related contracts for an integrated statutory advocacy service.

Reason(s)

The Council is required to fulfil its legal obligation to provide statutory advocacy services under the Mental Capacity Act (2005), Mental Health Act (2007) and Care Act (2014).

The Council has committed to the vision of 'One borough; one community; London's growth opportunity' and advocacy services deliver this vision and in particular, the priority of 'enabling social responsibility'. Advocacy supports individuals who require it, to be meaningfully involved throughout the care and support process for social care and mental health, enabling individuals to direct their care and support and have choice and control.

1. Introduction and Background

1.1 Advocacy means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need.

1.2 There are a number of different statutory duties on local authorities. Statutory advocacy is based on the principle of enabling those who require it to be fully involved in the key decisions that shape their lives by providing extra help to those who need it most. It is different and distinct from general advocacy or campaign activity as it is focussed on the individual within the agreed criteria.

1.3 Our statutory advocacy duties can be summarised as the following:

Mental Health Advocacy

1.4 The Mental Capacity Act 2005 (MCA) and the Mental Health Act 2007 (MHA) introduced statutory obligations in England and Wales to provide advocacy services in certain circumstances. These can be summarised as:

1.5 **Independent Mental Health Advocacy (IMHA)** - IMHAs are specialist advocates who are trained to work within the framework of the Mental Health Act to provide an additional safeguard for patients who are subject to the Act (who have been detained). IMHA support also includes providing information and exploring options for individuals. IMHA work will take place in the community or in hospital. IMHAs are available for anyone over the age of 18.

1.6 **Independent Mental Capacity Advocacy (IMCA)** - IMCAs provide specialist independent advocacy to people (aged over 16) covered by the Mental Capacity Act 2005 who have no one able to support or represent them, and who lack the capacity to make a decision and/or have problems communicating, possibly because of dementia, a brain injury, a learning disability or mental health needs.

- 1.7 **Deprivation of Liberty Safeguards (DoLS)** - DoLS is one element of a wider IMCA Service and is intended to protect individuals who have been deprived of their liberty to serve their best interest. The Council may request advocacy support on receipt of a DoLS application. The purpose of a DoLS is to ensure that a person's liberty is only restricted correctly and safely. The Law Commission are currently consulting on proposals to revise the DoLS regime, and proposals in this paper would be adaptable to their recommendations as they currently stand.

Individual Advocacy under the Care Act

- 1.8 Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions. An independent advocate can help someone to do this.
- 1.9 Individual advocacy must be considered from the very first point of contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review.
- 1.10 The criteria for the provision of independent advocacy is set out in the Care Act. It is required if the individual has substantial difficulty in:
- Understanding relevant information
 - Retaining information
 - Using or weighing the information as part of engaging
 - Communicating their views, wishes and feelings.
- 1.11 An individual advocate will need to be provided if there is no other appropriate individual available to support and represent the person's wishes and their involvement in the care and support process. It should be noted that an individual advocate cannot be paid or professionally engaged in providing care or treatment to the person or their carer.
- 1.12 The Care Act is clear that all local authorities must ensure that there is sufficient provision of independent advocacy to meet their obligations under the Act. There should be sufficient independent advocates available for all people who qualify, and it will be unlawful not to provide someone who qualifies with an advocate.

Independent NHS Complaints Advocacy

- 1.13 Independent NHS Complaints Advocacy supports patients, service users, residents, their family, carer or representative with a complaint or grievance related to any aspect of healthcare as described in the Health and Social Care Act 2012. This includes that which falls under the remit of the Health Service Ombudsman, such as complaints about poor treatment or service provided through health services in England. **This is out of scope for this tender – please see para 2.3 below.**

2. Current advocacy services

- 2.1 The Council currently commissions three separate contracts for the provision of statutory advocacy:

Contract	Statutory Advocacy	Provider(s)	Advocacy Hours	End date	Annual contract value	Notes
Mental Health Advocacy	IMCA IMHA DoLS	Voiceability	2,962 hours approx	31 March 2016	£79,646	
Specialist Advocacy Framework providing Independent Care Act Advocacy (ICA) and 'specialist', non-statutory advocacy	Individual advocacy under the Care Act	Advocacy providers: <ul style="list-style-type: none"> • Voiceability • Royal Mencap • DABD Gateway provider: Independent Living Agency (ILA)	3,800 hours approx	31 March 2016	£95,000* split between the three advocacy providers £11,700* for the Gateway provider	This contract currently provides 'general', non-statutory advocacy. This is advocacy support that is outside of Care Act requirements. This has been a reducing proportion of the activity since the Care Act was introduced and it is anticipated that this reduction will continue.
Total					£186,346	
						* Please note that £61,700 of the specialist advocacy framework has been funded from the Care Act Burdens Grant to enable the contract to deal with additional demand from the Care Act
NHS Complaints Advocacy Service (NCAS) Out of scope	Independent NHS Complaints Advocacy	Voiceability	1,925 hours approx	31 March 2016 (option to extend for one year)	£52,000 (currently being negotiated down)	This is a pan-London contract with 26 London Boroughs. The London Borough of Hounslow is the Lead Commissioner.

- 2.2 Each of the current advocacy services have different routes into the service. For Mental Health Advocacy or NHS Complaints Advocacy, Voiceability are directly contacted. For independent advocacy under the Care Act and non-statutory advocacy, the Independent Living Agency (ILA) are contacted as the 'gateway'. The ILA screen referrals, and monitor the contract. Social workers determine if an individual is eligible or not for individual advocacy.
- 2.3 For the purposes of this tender, the NHS Complaints Advocacy Service (NCAS) is out of scope. This service is provided on a Pan-London arrangement and the Commissioning Manager for this contract is negotiating a reduction in the Barking and Dagenham spend to maximise efficiencies (it operates as a fixed amount independent of activity). There is also an option in extending this contract to March 2017 which the lead Council are encouraging participant boroughs to take up, and which is supported by Barking & Dagenham's commissioners. It is proposed that the existing pan-London agreement would therefore continue but referrals would also be able to be signposted through the 'Advocacy Centre' proposed below – see Section 4.

Feedback on current service provision

- 2.4 As part of the consultation process for the re-tender of advocacy services, consultation has been undertaken with social workers, providers, service users and other professionals to gain feedback on the current advocacy service. Feedback can be summarised as the following:
- Advocacy services are **confusing to access** because there are two different contact telephone numbers and two different sets of referral forms (one for Mental Health advocacy and one for the specialist advocacy contract, which includes the Care Act).
 - Stakeholders have suggested that **one referral pathway would be beneficial**. Stakeholders also suggested that a **web-based**, digital platform would be welcome in order that advocates can be selected and booked.
 - Social workers have stated that they **do not always get feedback** on which provider has been given their referral for individual advocacy and the timescales involved.
 - Service users have also commented that they have had to **repeat their stories a number of times**, particularly where they have made self-referrals to an advocacy provider. They can be passed from an advocacy provider, to the gateway (for the referral to be logged and allocated), and then to a different advocacy provider, or to a signposted service where the referral is not eligible for the advocacy service. This has created some anxiety and confusion for service users. This is not to do with the performance of the gateway contract.
 - Social workers have also commented that the current advocacy providers **do not always have specialist advocates available**, particularly enough advocates who are trained in working with adults with learning disabilities or who communicate non-verbally.
- 2.5 The majority of service users who access these advocacy services are people with learning disabilities, older people with dementia, people who have acquired a brain injury or people with mental health problems, as well as people with a temporarily reduced mental capacity due to alcohol or drug abuse, illness or trauma.

- 2.6 It is useful to note therefore that some individuals have need for advocacy under both of the current services that are commissioned, for example IMCA and individual advocacy under the Care Act.
- 2.7 Currently, these individuals would need to be referred separately to the two different services. However, the Care Act explicitly states that where someone already requires an Independent Mental Capacity Advocate (IMCA) or an Independent Mental Health Advocate (IMHA) **the same advocate may be used** in the context of providing individual advocacy.

Utilisation and demand

- 2.8 The IMCA/IMHA/DoLS contract is paid on a quarterly basis at a fixed value, independent of the usage of the service. Last year the service received 218 referrals. In estimating utilisation, using the average hours spent on each case and a typical market rate for advocacy services, it is suggested that the current contract was under-utilised by approximately £15,000 last year. Although efforts are currently being made to gauge the full impact of recent Supreme Court judgements on IMCA workloads, we expect that we will see a similar number of referrals for IMCA, IMHA and DoLS this year.
- 2.9 Although activity is being seen to increase in recent months for individual advocacy under the Care Act, by the end of Quarter 1 of 2015/16 there was an underspend on the budget for these services. The Department of Health and national advocacy organisations such as Voiceability have predicted an increase in the number of Care Act referrals, and there are early indications that this is now coming through. 30 Care Act referrals were made in Q1 and for Q2, 50 referrals have been made – a significant increase already on the first quarter. It is expected that demand for Care Act advocacy will be progressive as the Act becomes embedded, and it is estimated that the Borough may see 200 referrals for individual advocacy under the Care Act this year.

3. Looking forward: one advocacy service

- 3.1 There is substantial duplication and overlap between the two existing advocacy services that are commissioned (excluding NCAS) and substantial under-utilisation of the current budget.
- 3.2 This combined with the feedback at paragraph 2.4 above strongly suggests that both of the advocacy services should be integrated into one contract. This will minimise duplication of referrals for an individual and simplify the different access routes for service users and stakeholders. One advocacy service will lead to a more outcome-focused service, enabling one advocate to support an individual throughout their care and support journey, whether this is subject to the Care Act, Mental Capacity Act or Mental Health Act without any reduction in specialisms. A single advocacy service (proposed to be called the 'Advocacy Centre') will:
- Receive all referrals for advocacy as per the requirements outlined in the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and the Care Act. It should be noted that the Care Act requires independent advocacy to be available for those who require it for assessments for young carers, as well as assessments for young people and their carers

approaching transition. It is anticipated that this will be included in the Advocacy Centre.

- Provide a seamless advocacy service for the Borough's diverse population, with one advocate (where possible) supporting the needs of an individual who requires statutory advocacy.
- Provide an easy-to-access, flexible referral process with one system to allocate and monitor referrals effectively. Providers should actively promote digital, self-service technology options for service users and professionals, which put them in control, improve their customer experience and reduce the need for costly one to one contact where possible. A web-based system with functions enabling professionals to book an advocate would be desirable.
- Ensure that referrals are allocated appropriately and efficiently to trained advocates that have a range of specialisms (including learning disabilities, mental health, dementia, autism and older people). The lead provider would need to have capacity to mobilise or supply-in specialist and targeted advocates as needed.
- Communicate effectively with professionals in order that they are aware of the progress of advocacy referrals.
- Signpost to other services in the Borough and encourage informal and self-advocacy – see 3.4 below.
- Participate in prevention and capacity building activity to sustain the local advocacy market – see 3.8 below.
- Promote advocacy services to service users, carers, professionals and providers.

Non-statutory advocacy

3.3 At present, services provide advocacy which is not directed by a social worker in response to a capacity assessment or an assessment of 'substantial difficulty' that the service user experiences during the assessment process. This is outside the Care Act requirement for advocacy and therefore could be termed 'non-statutory'. In line with the need to consider the essential nature of any expenditure, it is proposed that non-statutory advocacy ceases as part of the new contracting arrangements.

3.4 Although the new service would not be commissioned for 'non-statutory advocacy', there would be a requirement for the new service to efficiently signpost to other services in the Borough. The provider would also respond to self referrals by encouraging informal and self advocacy. These measures would help sustain localised advocacy interventions for people whilst reducing the need for formal advocacy providing:

- Information regarding wider sources of advice and support, signposting to other services e.g. Citizens Advice Bureau
- Support tools and templates for those who wish to self advocate
- Information, training and capacity building for appropriate persons advocating as an informal advocate for a friend or relative
- Support to wider Voluntary and Community Sector (VCS) organisations that provide local citizen or peer advocacy such as Sycamore Trust
- Dissemination of generic information materials such as navigating the care system, know your rights, how to complain etc

- 3.5 This would ensure that the advocacy services contribute to the borough's overall approach to prevention (preventing, reducing or delaying social care need) without substantial investment.
- 3.6 We would retain the option to commission additional advocacy in regard to service changes and other operational or specialist demands.

Prevention and Capacity Building

- 3.7 As well as an integrated advocacy service, the remodelled advocacy contract will also include elements around prevention and capacity building to build, shape and develop the local advocacy market in the Borough. The successful Provider will be asked to:
- **Develop and support 'appropriate persons'** (family member, interpreter, friend, carer etc) to provide advocacy support. The Advocacy Centre would support and "train" these appropriate persons in order that service users only require individual advocacy where no appropriate person is available, or professionals determine that an appropriate person would not be acting in the best interests of the individual seeking advocacy.
 - **Work with local organisations**, such as our colleges and Care City, to establish advocacy training centres in the Borough and ensure, where possible, that **advocates are recruited from Barking and Dagenham** and the local area.
- 3.8 Prevention and capacity building activity will support the Council's stated aims of 'enabling social responsibility' and 'growing the Borough', empowering those best placed to support individual's needs, helping to reduce future demand for formal advocacy, and encouraging local employment.

4. Proposed Procurement Strategy

4.1 Outline specification of the works, goods or services being procured

As stated in Section 3 above, a contract award to address all statutory independent advocacy through a contract to procure a service to be known as the Advocacy Centre. This will provide a single gateway for the appointment of advocates under the Care Act, the Mental Capacity Act and the Mental Health Act.

4.2 Estimated Contract Value, including the value of any uplift or extension period.

The budget allocation for the service should allow comfortably for the delivery of current statutory advocacy service demand and be able to accommodate a significant increase in demand due to the introduction of Independent Advocacy under the Care Act and any changes resulting from the Law Commission review of DoLS (see paragraph 1.7).

The budget has been put together using demand data for the IMCA, IMHA, DoLS and Care Act advocacy. Calculations are based on a generous assessment of the hours required for each case and the hourly rates (usually £25 - £30). This allows for any new legal judgements, high use of hours and poor market competitiveness amongst providers.

It is proposed that an investment of £30k will be made in the first year of the contract for prevention and capacity building activity to develop the local advocacy market and reduce the need for formal advocates in later years of the contract. For subsequent years the prevention and capacity building investment will be removed. It is expected that the activity from this initial investment will impact upon the amount of formal advocacy required in year two onwards of the contract.

The proposed budget for the contract can therefore be summarised as the following:

Element of the contract	Year 1	Year 2	Year 3 (one year extension)
The Advocacy Centre (provision of statutory advocacy)	£130,000	£115,000	£115,000
Prevention and capacity building	£30,000	£0	£0
Total	£160,000	£115,000	£115,000

The estimated contract value is therefore **£390,000** for 2 years with an additional one year extension.

A reduction in cost of **£26,346** will be made from the first year of the contract on the current advocacy allocation. As this is an activity-based contract, further cost reductions may also be seen in the first year, although we cannot predict actual activity. From the second year onwards, a further reduction of **£45,000** will be made on the revised advocacy allocation.

4.3 **Duration of the contract, including any options for extension.**

A two year contract from 1 April 2016 to 31 March 2018, with the option to extend for a further year.

4.4 **Recommended procurement procedure and reasons for the recommendation.**

The recommended procurement procedure routes for these services are:

- (i) An open award of a 2 year contract from 1 April 2016 to 31 March 2018 with the option to extend for a further year.

The contract will contain specific service requirements, and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the providers. Performance management of both services will be undertaken by commissioners.

Market engagement indicates a maximum of up to 15 potential national and local bidders thus an open procurement procedure would be the recommended option.

4.5 **Selection and Award**

Selection and award will be based upon the offer, which is most economically advantageous to the council. It is proposed that a 70(price):30(quality) selection and award criteria is implemented.

A higher quality component has been proposed because of a number of factors, including:

- Duties within the Care Act, Mental Capacity Act and Mental Health Act.
- The particularly sensitive nature of the service and vulnerable nature of service users involved.
- The need to secure suitably qualified advocates to act in the statutory advocacy roles and the more limited amount of current supply in this respect.

Efficiencies have already been made through the integration of advocacy services under one contract.

4.6 **The contract delivery methodology and documentation to be adopted.**

The standard Council contract 2015 is the form of contract to be used for the contract, with the addition of the terms and conditions agreed for social care contracts. The contract will have a break clause allowing notice to be given by either party for termination. This allows increased flexibility should a significant change in service provision be required. Terms and conditions will also take account of changes in the law, which may be relevant for the work currently being undertaken by the Law Commission.

It is proposed to opt for a full service commissioning model. Bids will be welcomed from a single provider or by a partnership (working on a consortium or lead/sub basis).

The contract will be an activity-based, call-off contract for the provision of statutory advocacy. However, an investment of £30k will be made in the first year of the contract for prevention and capacity building activity to develop the local advocacy market and reduce the need for formal advocates in later years of the contract.

4.7 **Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract.**

See cost reductions as detailed in paragraph 4.2 above.

As stated above, bringing the services together into one contract will create efficiencies, enabling the Borough to maximise contract utilisation and make the budget saving suggested. One advocacy service will also negate the need for a 'gateway' provider to manage the referrals. One service will also lower overheads and back office costs for the provider, enabling them to invest in the promotion of their service and recruiting and developing specialist advocates. The prevention and capacity building additional £30,000 in the first year will help to develop the local advocacy market and reduce the need for formal advocacy in future years.

4.8 **Criteria against which the tenderers are to be selected and contract is to be awarded**

Tenderers will be required to submit a method statement stating how they will meet the criteria detailed in paragraph 3.3. In addition, tenderers will also be marked against the following:

- Providers meeting the National Advocacy Quality Performance Mark as an independent measure of quality.
- Providers with local knowledge of the Borough able to appropriately signpost to alternative local services in Community, Faith and voluntary sector organisations.

4.9 **Tender timetable**

An indicative timetable for tender is outlined below:

Milestone	Date
Procurement Board	29 September 2015
Health and Wellbeing Board	20 October 2015
Advert	November 2015
Evaluation	January 2016
Award decision	January 2016
Implementation	1 February 2016 – 30 March 2016
Contract start date	1 April 2016

4.10 **How the procurement will address and implement the Council's Social Value policies.**

Through the award of the contract the Prevention and Capacity Building support will:

- Develop a sustained localised market for appropriate individuals and representatives wishing to informally advocate for individuals, supporting a more resilient and engaged community, building social value and reducing future demand for formal advocacy.
- Work with local providers, colleges and Care City to develop training centres in the Borough in order that local people could be trained as independent advocates.

We intend to invite providers to bid who have a track record in attracting external investment and building social value through the development of services, jobs, skills and volunteering opportunities.

5. Options Appraisal

5.1 Other options considered as an alternative option to the above are as follows:

5.2 **Do Nothing**

This option is not viable because the Council is mandated to provide advocacy provision for people under the Care Act, Mental Health Act and Mental Capacity Act and the Mental Health Advocacy contract does not permit an option to extend, which would necessitate a need to tender, unless the relating contract rules were waived.

5.3 **Extend and maintain existing contract arrangements.**

Extensive stakeholder feedback and service reviews have highlighted problems with satisfaction around the current contractual arrangements.

There would also be a loss of opportunity to integrate the advocacy service and achieve better outcomes for service users who require independent advocacy. The Care Act explicitly states that where someone already requires an Independent Mental Capacity Advocate (IMCA) or an Independent Mental Health Advocate (IMHA) the same advocate should be used where possible to ensure a seamless service for the individual.

5.4 **Waiver**

Not applicable.

6. **Equalities and other Customer Impact**

6.1 Advocacy means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need.

6.2 This proposal for the remodelling and integration of statutory advocacy services under one single contract will provide a seamless advocacy service for the Borough's diverse population. The service will focus on ensuring that all individuals requiring statutory advocacy can easily access the service at any suitable point of their care and support journey, depending on their condition or setting.

6.3 It will also go some way to addressing some of the feedback concerns raised with the current service delivery, particularly around being confusing and difficult to access.

6.4 An Equalities Impact Assessment is currently being produced and will be analysed before going to tender.

7. **Mandatory Implications**

7.1 **Joint Strategic Needs Assessment**

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

7.2 Health and Wellbeing Strategy

If agreed and taken forward, the recommendations from the report will contribute to a number of the Health and Wellbeing Strategy outcomes:

- Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.
- Every resident experiences a seamless service.
- Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
- More older people feel healthy, active and included.
- Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

7.3 Integration

Proposals for the Advocacy Centre have been developed in response to feedback from colleagues from the local authority and North East London NHS Foundation Trust.

An integrated advocacy service will minimise duplication of referrals for an individual and simplify the different access routes for service users and stakeholders. One advocacy service will lead to a more outcome-focused service, enabling one advocate to support an individual throughout their care and support journey, whether this is subject to the Care Act, Mental Capacity Act or Mental Health Act without any reduction in specialisms.

7.4 Financial Implications

Implications completed by: Carl Tomlinson, Group Finance Manager

The independent advocacy service is a call-off contract dependent on usage and the rate of advocacy charged by the provider. In previous years the actual costs of the advocacy service has been lower than the allocated budget. The introduction of the Care Act 2014 is seeing an increase in the numbers accessing independent advocacy. The financial envelope of £79,646 set aside for meeting Mental Health advocacy in 2015/16 is projected to spend to the contract value whilst the independent advocacy is projected to under spend by £35,000 against the allocated financial envelope of £95,000.

The cost of the new advocacy service has been determined by using demand data for the IMCA, IMHA, DoLS and Care Act advocacy with some contingency for further demand under the Care Act 2014. The contract value assumes an allocation of hours per case and at the market rate for advocacy to allow for any new legal judgements, high use of hours and poor market competitiveness amongst providers.

All local authorities were awarded a New Burdens Grant in April 2015 to meet its statutory duties under the Care Act 2014. The 2015/16 current advocacy contract of £186,346 (excluding the NHS Complaints Advocacy Service) is met through base budget of £126,346 and £60,000 of New Burdens Grant. The autumn announcement in 2015 will confirm the amount of New Burdens Grant to be paid to

local authorities from April 2016 to support the increased in activity associated with the implementation of the Care Act 2014.

It is intended that £33,654 of the 2016/17 New Burdens grant continues to be made available to support the statutory independent contract of £160,000. In 2017/18 the contract will reduce to £115,000 which will result in savings of £ £11,346 against the base budget of £126,346 with no further call against New Burdens Grant. The trend to date indicates that the proposed advocacy contract can be contained within the allocated financial envelope. However if the level of demand for independent advocacy is greater than anticipated it is expected the additional costs are met within Adult Social Care existing resources.

7.5 Legal Implications

Implications completed by: Bimpe Onafuwa, Contracts and Procurement Solicitor

This report is for the procurement of an integrated statutory advocacy service. This procurement is not subject to the full rigor of the Public Contracts Regulations, but rather to the Light Touch Regime due to the nature of the service.

This procurement is however subject to the EU procurement principles of transparency, non-discrimination and equal treatment of bidders. Clauses 4.5 to 4.9 of this report indicate that there will be a call for competition by way of an advertisement. The clauses also state the timetable, and the evaluation and award criteria for this process – all of which show evidence of a fair tender exercise.

Provided the procurement strategy in this report is adhered to, and the Health and Wellbeing Board is satisfied that the procurement represents value for money, Legal Services do not see a reason why the recommendations of this report should not be approved.

8. Other Implications

8.1 Corporate Procurement

Implications completed by: Euan Beales – Head of Procurement and Accounts Payable

An evaluation model of 70% Cost and 30% Quality will allow an effective approach by the Council to obtain best value services. This will be supported through a 2 +1 year term to a value of £390k, which under the Councils Contract Rules requires approval from Procurement Board and the Health and Well Being Board. Under the 2015 Regulations the Council will be required to conduct the tender process under the Light Touch regime.

The amalgamation of the Advocacy services should allow the Council to realise benefit in terms of economies of scale and/or service delivery enhancements.

I support the recommendations as set out in this report.

Background Papers Used in the Preparation of the Report: None

List of appendices: None