



Report of: Executive Member for Health and Wellbeing

| Meeting of: | Date | Agenda item | Ward(s) |
|-------------|--------------|-------------|---------|
| Executive | 16 July 2015 | | All |

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SUBJECT: Approval of the Procurement Strategy for a Contract for a Single Advocacy Service (Adults)

1. Synopsis

- 1.1 This report seeks pre-tender approval for the procurement strategy in respect of the Single Advocacy Service in accordance with Rule 2.5 of the Council's Procurement Rules.
- 1.2 The Single Advocacy Service will deliver a single point of access to a range of statutory and non-statutory advocacy services, primarily for adults, in Islington. It is the intention that through this procurement the Council can meet the statutory duties around the provision of independent advocacy services ensuring that appropriately qualified advocates are available to work in these roles. The service will also ensure that local, specialist, providers continue to have a role in the provision of advocacy services and help us maintain and develop a vibrant local market. .
- 1.3 Current services which will be brought together by this procurement include:
 - Statutory Independent Mental Capacity Advocacy
 - Statutory Independent Mental Health Advocacy
 - Statutory Independent Advocacy under the Care Act 2014
 - Statutory Deprivation of Liberty Standards – Paid Representatives
 - Generic and Health Advocacy for People with Learning Disabilities
 - Non-Statutory Community Advocacy.

The Service will bring together this provision through a single access route improving the accessibility of the service and providing better continuity of advocacy for service users whilst still seeking to retain access to distinct local advocacy offers.

- 1.4 NHS Complaints Advocacy is not covered by this procurement as current arrangements are in place that involve the collaboration of 27 London boroughs. Contingency arrangements will be included in this contract that is being procured to allow for this service to be included if the pan-London arrangement

ends or fails during the lifetime of the proposed contract.

2. Recommendations

- 2.1 To approve the procurement strategy for the Single Advocacy Service as outlined in this report.
- 2.2 To note the Executive will be asked to approve the award of the contract at the conclusion of the procurement process.
- 2.3 To note the uncertainty around the levels of demand for elements of this service as outlined in section 3 below.

3. Background

3.1 We wish to procure a single gateway service into advocacy services for Adults with Health and Social Care Needs in Islington and for people outside the borough where Islington retains statutory responsibility for the provision of these services. Elements of the provision will also extend to young people undergoing transition between Children's and Adult Services and young carers.

3.2 The following advocacy services are in the scope of this tender – currently these are all delivered through separate contracts.

- Statutory Independent Mental Capacity Advocacy
- Statutory Independent Mental Health Advocacy
- Statutory Independent Advocacy under the Care Act 2014
- Statutory Deprivation of Liberty Standards – Paid Representatives
- Generic and Health Advocacy for People with Learning Disabilities
- Non-Statutory Community Advocacy.

The contract will also encompass activity currently purchased outside of contractual arrangements across Adult Social Care including the provision of out of borough Independent Mental Capacity Advocacy and Deprivation of Liberty Standards paid representatives.

3.3 The total current spending on these services is a minimum of £429,000 p.a. – but could be in excess of £600,000 p.a. due uncertain levels of demand for certain types of advocacy. The total number of advocate hours commissioned across all statutory advocacy services is approximately 7715 hours.

A summary of current contracts and spending is given in Appendix A.

3.4 The total suggested contract price for new services is a minimum and maximum arrangement of £350,000 - £650,000 p.a. This accounts for the fact that demand for Independent Advocacy under the Care Act 2014 is still unknown but predicted in Department of Health modelling to be significant whilst also allowing for savings to be made on some of our existing contracts. The budget envelope 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.

3.5 Proposed new service model

3.6 Under the new service model a Lead Provider would be contracted to provide the elements of Statutory Advocacy. This is highly specialist provision requiring the provision of advocates with specialist knowledge and training. Two providers hold over 40% of national market share of IMCAs with only a single other provider holding significant multiple contracts and that provider currently only operates services in Yorkshire and the North East. Other boroughs contract with highly local providers often specific to their borough for this service.

- 3.7 In Islington no local provider currently has advocates trained to the minimum required standard - a City and Guilds level three diploma in Independent Mental Capacity Advocacy (Deprivation of Liberty Safeguards). This level of qualification for advocates is set out in the Social Care Institute for Excellence Best Practice Guidelines for commissioning independent advocacy. Islington has signed up to these standards after being involved in testing this guidance as part of its development process. Similar qualifications and patterns of service provision exist for other types of statutory advocacy.
- 3.8 It is proposed that under this procurement an advocacy provider able to provide suitably qualified advocates would be invited to become the lead provider. The lead provider would take on the following roles:
1. Provision of Statutory Advocacy Services (IMCA, DOLs Paid Representatives, IMHA, Independent Care Act Advocacy and Independent NHS Complaints Advocacy) – ensuring continuity of advocates for service users.
 2. Coordination of the provision of Statutory Advocacy Services for persons living outside of the borough where Islington retains a duty to provide an advocate.
 3. Coordination of the provision of non-statutory community advocacy and health advocacy through the sub-commissioning of local and specialist providers.
 4. Ensuring the skills of the advocacy workforce across the entire pathway – providing training and development to local and specialist providers to increase the pool of qualified advocates in the borough – particularly amongst speakers of community languages.

The model is shown in figure 1 (in paragraph 3.12 below).

The provision of many of the services considered in this procurement are statutory requirements (Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983 as amended in 2009). Local authorities cannot provide these services themselves as the legislation requires them to be provided independent of the local authority or NHS providers. The statutory guidance around the Care Act 2014 also strongly suggests that local authorities consider the joining up of these services particularly Independent Advocacy under the Care Act 2014 and IMCA and DOLs Representation in order to improve continuity of service for service users.

- 3.9 However, under the new model we are also seeking to improve the offer of non-statutory advocacy. Local and Specialist providers would be sub-commissioned by the lead provider to provide non-statutory community advocacy and health advocacy.
- 3.10 Health Advocacy would include:
- Identifying unmet health needs amongst people receiving statutory advocacy and ensuring appropriate health services were in place to meet these needs
 - Providing Independent Care Act Advocacy-like services to people undergoing assessment for continuing health care.
- 3.11 Non-Statutory Community Advocacy would include:
- Supporting service users to participate in consultations
 - Personal Budgets Advocacy
 - Working with statutory advocates to improve the accessibility of these services for people with very particular access needs – i.e. need for advocacy in a community language.

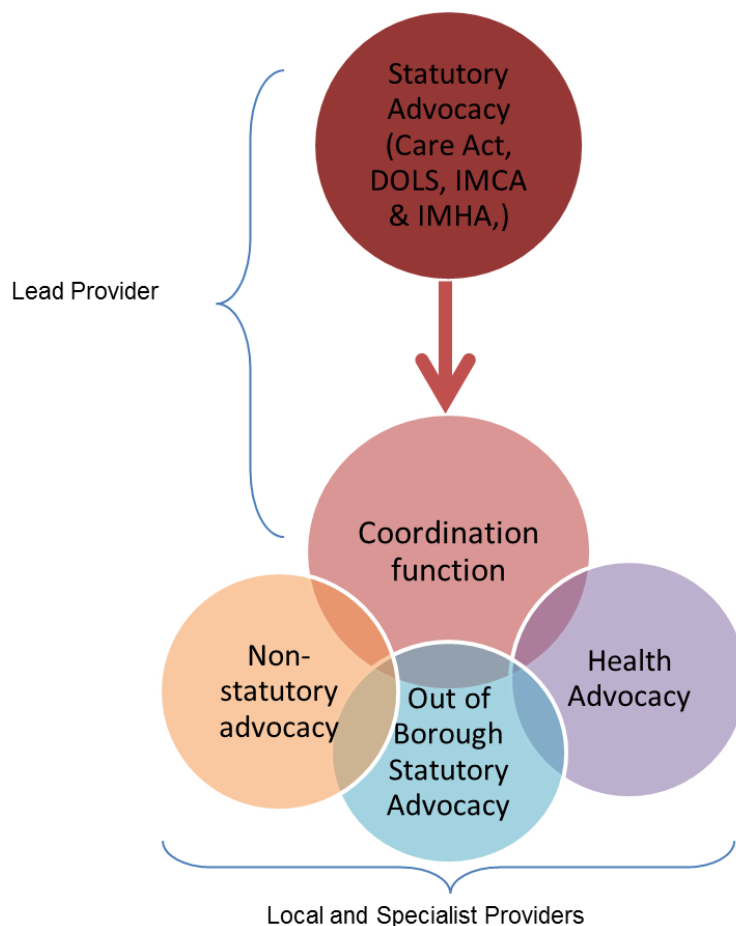


Figure 1: Proposed Service Model

3.13 Elements of non-statutory activity that have also been included in the proposed procurement whilst not being statutory requirements help the Council ensure equitable access to health and social care services and provide additional benefits in terms of delivery of health advocacy. A condition of the new contract would be the lead provider sub-contracts the provision of these elements of the service to local or specialist providers.

3.14 **Scoping Activity Completed to date**

We have engaged with the Safeguarding Team to scope how much activity and spending is currently being spent on out of borough IMCA and DOLs advocates/representatives.

Service user and carer coproduction events have been undertaken, or are in the process of being undertaken, to give service users and carers the chance to contribute to the design of the service specification and development of contract award criteria.

Market intelligence suggested that a payment level of £30 per hour of advocacy was too low to attract interest from suppliers able to provide suitably qualified advocates.

3.15 **Estimated Value**

A cap and collar is therefore suggested with the collar set slightly below current known usage and the cap set significantly in excess of this value. A range of £350,000 to £650,000 per annum is suggested (existing usage priced at £33.50 an hour for statutory advocacy and factoring in the inclusion of non-statutory advocacy would equate to spending of approximately £375,000 per annum) however the new contract must also account for increasing uptake of Care Act Independent Advocacy and the uncertainty about the scale of this demand.

- 3.16 A cap and collar contract sets minimum and maximum thresholds of contract price. This allows us to control the uncertainty around the demand for advocacy (particularly the Care Act Independent Advocacy) whilst giving the market security about the opportunity presented by the contract.

If subsequent demand for Care Act Independent Advocacy is significantly above or below what is estimated, the contract will include provision to renegotiate the cap and collar levels.

- 3.17 Most of the funding needed for this contract is already committed within existing contracts. Efficiencies have been identified in some of these contracts – where hourly rates (planned and actual) are significantly above the cost of the recently negotiated Care Act Independent Advocacy provision. Additional funding was granted by the Department of Health to meet the cost of Care Act Independent Advocacy – although this is unlikely to cover the full cost of the service.

The Safeguarding Team currently holds the budget for the provision of out of borough IMCA and DOLs – budget would need to be transferred to the Commissioning Team from them to fund this contract equivalent to current expenditure on out of borough IMCA and DOLs.

- 3.18 The contract also proposes to maintain a fixed amount of the contract - £120,000 p.a. – to be earmarked for non-statutory advocacy. This represents a small increase in investment in non-statutory advocacy compared to current arrangements. However, again we are expecting to see improved unit prices delivered which would allow non-statutory advocacy to be delivered to a greater number and broader range of service user and carer groups.

The contract will include provision for this value to be reviewed if overall demand for advocacy is significantly above or below what is expected.

- 3.19 The Department of Health has modelled the likely take up of Care Act Independent Advocacy within the overall impact assessment for the Care Act 2014. This modelling suggests we could see the volume of activity increase threefold over the next two to three years; however, there is a high degree of uncertainty around these estimates. It is likely that overall demand for advocacy will increase it seems unlikely that a reduction in budget could be sustainably absorbed as efficiencies will need to be reinvested in the service to deliver extra activity.

However, savings have been built into the design of the new service so that we are achieving a better unit price for all types of service included in the advocacy even though total overall spend may increase due to increased demand for these services. Efficiencies generated against individual types of advocacy will be reinvested in the service.

- 3.20 Key cost drivers are the cost of staff. Advocates need to hold appropriate specialist qualifications and are paid accordingly. The growth of advocacy duties brought in with the Care Act might also lead to a short to medium term shortage in the number of qualified advocates and a successful provider will need to be able to offer competitive rates of pay to attract advocates to work in the Islington service.

- 3.21 The contract envelope proposed has been modelled to provide sufficient funding to meet anticipated demands for advocacy in Islington based on current usage of these services and a likely moderate increase in demand caused by the assumption of the new duty to provide Care Act Advocacy. The contract envelope has also been set to address Department of Health projections of demand for Care Act Independent Advocacy, referenced above in 3.11, which are significantly higher. If the Department of Health projections came to pass, and this is not supported in the evidence of initial usage, there is a risk of a cost pressure of up to £200,000 on the Adult Social Care budget as we will be required to meet the statutory duty to provide this advocacy. The contract envelope has been set to allow us to respond flexibly and quickly within the contract if this scenario comes to pass.

3.22 **Timetable**

Joint Board – 23 June 2015
Executive – 16 July 2015
Conclusion of Procurement – 10 October 2015
Contract Award – 09 January 2016
Contract Start – 01 April 2016

3.23 A number of contracts are involved – most expire on 31 March 2016, however, the IMCA contract expires later on 31 March 2017. The value of this contract is low, approximately £36,000 p.a., so it is unlikely therefore to affect the overall price offered for the service. To avoid duplication of service the current contract will continue until its expiry and the new service would not start to act in IMCA cases until 01 April 2017. There are statutory requirements to provide these services so a break in service is not possible.

3.24 **Consultation with Service Users and Carers**

A number of consultation exercises have taken place or are scheduled. A complete list of consultation activity undertaken and how service user and carer views have influenced this tender is included in Appendix C.

3.25 **Options appraisal**

Commissioners considered the following routes to market:

- Competitive Tender,
- Framework Agreements,
- SPOT purchasing.

Competitive Tender is the preferred option.

It is not possible to insource the majority of these services due to statutory requirements.

3.26 Market Consultation on previous procurement exercises for the provision of the interim Care Act Independent Advocacy service revealed significant provider reluctance to participate in framework or SPOT arrangements as it didn't give sufficient security for them to employ and train staff to the required standard.

3.27 Collaboration was considered with Camden but contract timetables did not line up in a way that made this possible. Collaboration was actively sought with other local boroughs – City of London and Hackney – but they did not want to pursue this at this time.

A full options appraisal of the approaches considered is included in Appendix B.

3.28 **Key Considerations**

Economic Considerations

Much of the advocacy provided is highly specialist with suitably qualified staff required. Currently there are no local organisations able to offer this provision. The design of the new contract though will support Islington-based voluntary sector organisations through:

- a) A requirement for the lead contractor to sub-contract for the provision of non-statutory advocacy included in the contract with local or highly specialist providers.
- b) A requirement for the lead contractor to offer training to staff in these organisations to bring them up to the required standard for the delivery of statutory advocacy – thereby increasing long term diversity in the local advocacy market.

3.29 *Social/Community Benefits*

Social benefits likely to derive from this contract are:

- a) Healthy, active and independent lifestyles – through the provision of advocacy services that enable people to be fully involved in social care assessment, care planning and review processes and the availability of health advocacy

3.30 *Other Considerations*

LLW should apply to this contract.

No significant environmental impacts were identified as applying to this contract.

The contract will achieve best value through the delivery of a cap and collar block contract. A block contract provides greater market interest and security to the provider than other arrangements which should lead to an overall lower unit rate than otherwise would be achieved.

Cap and Collar arrangements on this contract will ensure that we do not overpay for under delivery against current levels of activity or a downward shift in patterns of demand. Whilst collar arrangements will allow significant scope to respond to increased demand for the service.

TUPE will apply to this contract – precise staffing numbers affected are not currently clear due to some of the current contracts being cross borough and the use of bank staff in some contracts. This information will be sought as part of the preparation of the procurement.

3.31 **Evaluation**

This tender will be conducted in two stages, known as the Restricted Procedure as the tender is 'restricted' to a limited number of organisations. The first stage is Selection Criteria through a Pre-Qualification Questionnaire (PQQ) which establishes whether an organisation meets the financial requirements, is competent and capable and has the necessary resources to carry out the contract. The PQQ is backwards looking and explores how the organisation has performed to date, its financial standing, information about their history and experience.

A limited or 'restricted' number of these organisations meeting the PQQ requirements as specified in the advertisement are then invited to tender (ITT). The second stage is the ITT is now forwards-looking using Award Criteria. Tenders are evaluated on the basis of the tenderers' price and ability to deliver the contract works or services as set out in the evaluation criteria in order to determine the most economically advantageous offer.

The proposed headline evaluation criteria are:

Cost – 30%
Quality – 70%

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

- The particularly sensitive nature of the service and vulnerable nature of service users involved.
- The extent of coproduction activity undertaken with service users and the expectation of a quality service this creates.
- The need to secure suitably qualified advocates to act in the statutory advocacy roles and the limited amount of current supply in this respect.

Cost will be evaluated by:

- 1) unit cost per hour for statutory advocacy services. 15%
- 2) unit cost per hour for non-statutory advocacy services 5%

£120,000 within the contract will be set aside for the delivery of non-statutory hours. This will ensure that the statutory duties are delivered but there is also increased investment in non-statutory activity.

Quality Award criteria will be clarified by the time of Executive Report. However, a number of service user and carer engagement events are in progress to inform the development of Quality criteria.

Proposed Quality Sub Criteria:

- 1) **Service Model** – 10%
Outline of the proposed delivery model including the overall approach to ensuring effective customer service for people using the advocacy service.
- 2) **Understanding of the role of the Advocate** – 25%
This will require a demonstration of how you will ensure the independence of advocates, how advocates will form relationships with service users/carers and confidently represent them and how your advocates will empower service users/carers to act for themselves as much as possible.
- 3) **Managing conflict** – 10%
This will include the service's approach to managing conflicts between advocates and professionals employed by the council, the local NHS or other partners as well as how conflicts between advocates and service users and carers are managed.
- 4) **Demonstrating local partnerships** – 10%
Providers will be asked to demonstrate how they plan to ensure that the service is linked in with local and specialist services, particularly around the delivery of non-statutory advocacy.
- 5) **System wide training and development** – 10%
Providers will be asked to demonstrate how they plan to provide training and development opportunities to develop the local supply of qualified advocates.
- 6) **Implementing the new service** – 5%
Providers will be asked to demonstrate they have appropriate plans in place to implement the service by the contract start date including managing smooth transitions for service users and staff.

3.32 **Business Risks**

The amount of funding required to support the service is not yet certain. This is a result of the Care Act Advocacy being a new statutory duty, the impact of which is not fully understood. These risks are being managed through the design of the procurement and contract to accommodate a range of activity through a cap and collar contractual arrangement. The contract will also be drafted to include further scope for the service to be varied if demand differs significantly from what is expected – in accordance with the new EU regulations relating to contract variations.

3.33 The contract offers a long term opportunity to develop a market for advocacy services locally. Currently the market is restricted to effectively two national providers who have advocates of the appropriate qualifications and experience to deliver statutory advocacy. The contract will ask the successful provider to work in partnership with local services to improve accessibility of advocacy services and to provide training to local services so that a pool of qualified advocates is developed locally leading to a more competitive market in the future.

3.34 Service users are affected across adult social care service user groups. However, the contract proposes meeting our statutory duty to service users and building upon it to deliver additional benefits such as health advocacy.

If the Generic and Health Advocacy for People with Learning Disabilities is included in this procurement (subject to strategic review of the service) a specific health advocacy services for this service user group will cease. However, access to health advocacy services will be opened up to all adult social care user groups providing a similar level of service to service users from all service user groups.

3.35 The following relevant information is required to be specifically approved by the Executive in accordance with rule 2.6 of the Procurement Rules:

| Relevant information | Information/section in report |
|--|---|
| 1 Nature of the service | <p>A single service for the delivery of statutory advocacy and other similar types of advocacy to adult social care service users.</p> <p>See paragraph [1.2]</p> |
| 2 Estimated value | <p>The estimated value per month/year is £350,000 – £650,000</p> <p>The agreement is proposed to run for a period of ‘3’ with an optional extension of ‘2’ years.</p> <p>See paragraph [3.1, 3.2]</p> |
| 3 Timetable | <p>Joint Board – 23 June 2015 Executive – 16 July 2015 Conclusion of Procurement – 10 October 2015 Contract Award – 09 January 2016 Contract Start – 01 April 2016 See paragraph [3.3]</p> |
| 4 Options appraisal for tender procedure including consideration of collaboration opportunities | <p>That the proposed service is competitively tendered using the restricted procedure.</p> <p>See paragraph [3.4]</p> |
| 5 Consideration of: Social benefit clauses; London Living Wage; Best value; TUPE, pensions and other staffing implications | <p>Significant social benefits have been identified as relating to this tender including significant service user health benefits and economic benefits derived from planned inclusion in the contract of requirements to work in partnership and deliver training to local providers.</p> <p>LLW will apply to this contract.</p> <p>This contract will have TUPE implications for staff in existing voluntarily sector commissioned services.</p> <p>See paragraph [3.5]</p> |
| 6 Evaluation criteria | <p>The proposed award criteria are Cost 30%, Quality 70%. The award criteria price/quality breakdown is more particularly described within the report (at time of writing this is due to be developed at scheduled service user coproduction events).</p> <p>See paragraph [3.6]</p> |
| 7 Any business risks associated with entering the contract | <p>There are risks around uncertain levels of expenditure and activity under the new contract due to the introduction of Independent Care Act Advocacy as a new service. These risks will be managed through the design of the procurement and new contract.</p> |
| 8 Any other relevant financial, legal or other considerations. | <p>See paragraph [4.1, 4.2]</p> |

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4. Implications

4.1 Financial implications

The Single Advocacy Service will amalgamate current services into one single point of access to a range of statutory and non-statutory advocacy services for Adult Social Services in Islington.

The current cost of these services is at least £429k, and it is proposed the new service will cost in the range of £350-£650k per year. Based on a unit cost of £33.50 for statutory advocacy and the amount earmarked for non-statutory advocacy, this would equate to a contract value of £375k per year so there may be scope for efficiency savings from the new contract.

The potential increase in contract value is attributed to the allowance for the growth in uptake of Care Act Independent Advocacy, and uncertainty about the scale of the demand. If uptake for Care Act Independent Advocacy is high, then this pressure will be need to be reviewed and managed by the department within existing financial resources.

4.2 Legal Implications

The council has various duties to provide advocacy services under: the Care Act 2014, section 67; Mental Capacity Act 2005, sections 35-41; and Mental Health Act 1983 (Independent Mental Health Advocates) (England) Regulations 2008/3166. These duties require that the providers of the advocacy services are independent of the council. The statutory guidance associated with the Care Act 2014 also strongly suggests that local authorities consider the joining up of these services particularly Independent Advocacy under the Care Act 2014 and IMCA and DOLs Representation in order to improve continuity of service for service users. The council has power to provide other non-statutory advocacy services under section 111 of the Local Government Act 1972 which enables the council to carry out any activity that is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions. The council may enter into contracts for such services under section 1 of the Local Government (Contracts) Act 1997.

The advocacy services being procured are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £625,050.00. The value of the proposed contract is above this threshold. It will therefore need to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime. Therefore the council may use its discretion as to how it conducts the procurement process provided that it: discharges its duty to comply with the Treaty principles of equal treatment, non-discrimination and fair competition; conducts the procurement in conformance with the information that it provides in the OJEU advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. Following the procurement a contract award notice is required to be published in OJEU. The council's Procurement Rules require contracts over the value of £100,000 to be subject to competitive tender.

In compliance with the requirements of the light touch regime in the Regulations and the council's Procurement Rules the proposal outlined in the report is to advertise a call for competition in OJEU and procure the service using a competitive tender process

4.3 Environmental Implications

An environmental impact assessment has been conducted on the proposed contract and identified no significant impacts. Minor impacts associated with staff travel and office -based work include vehicular emissions, congestion, energy and water usage, procurement and waste generation, all of which should

be minimised by the contractor.

4.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The initial screening for a Resident Impact Assessment was completed on 07 May 2015 and this did not identify any negative equality impacts for any protected characteristic or any human rights or safeguarding risks.

A copy of the RIA is available from the author upon request.

5. Conclusion and reasons for recommendations

- 5.1 To approve the procurement strategy for the Single Advocacy Service as outlined at paragraph 1.2.
- 5.2 To note the Executive will be asked to approve the award of the contract at the conclusion of the procurement process.
- 5.3 To note the uncertainty around the levels of demand for elements of this service as outlined in section 3 below.

Appendices

- Additional Contract Information - Appendix A
- Routes to Market Options Appraisal – Appendix B
- Summary of Service User and Carer Involvement – Appendix C

Final report clearance:

Signed by:



Executive Member for Health and Wellbeing

Date: 25 June 2015

Received by:

Head of Democratic Services

Date:

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Additional Contract Information

| Contract | Provider | Value (p.a) | Activity | Hourly Rate | End Date | Comments |
|---|--------------|-----------------|---|--|------------|---|
| Independent Care Act Advocacy | Voiceability | £65,000-£95,000 | N/A – new contract – maximum 2750 contracted. | £33.50 | 31/3/2016 | Flexible contract to account for unknown demand. Demand likely to increase as Care Act beds down. Could be in excess of £250,000 p.a. |
| Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty (DOL) Paid Representatives | Voiceability | £35,329 | 1000 hours contracted | £35.33 | 31/03/2017 | Contract usage now exceeding the contracted amount – additional activity being spot purchased (see below) |
| Independent Mental Health Advocacy (IMHA) | Voiceability | £152,848 | 2340 hours contracted 674 hours delivered | £65.32 contracted £226.78 delivered | 31/03/2016 | Suggested saving of £44,025 achievable on this contract. |
| Learning Disabilities Generic and Health Advocacy* | Elfrida | £110,000 | c.2900 hours | £37.93 | 31/03/2016 | Under delivering by about 1000 hours per year |
| NHS Independent Complaints Advocacy | Voiceability | £76,000 | Part of pan-London service | | | |

Other advocacy taking place outside of commissioned contracts:

| Contract | Provider | Spend | Activity | Hourly Rate | End Date | Comments |
|--|----------|---------------------------------------|---------------------------------------|--------------------|----------|---|
| Non-statutory community advocacy | Various | Unknown, but amounts likely to be low | Unknown, but amounts likely to be low | £22.50-£24.90 | N/A | Purchased via a previous framework agreement. |
| Out of borough IMCA and DOLs RPR provision | Various | Est. £35,000 | 123 service users | Up to £35 per hour | N/A | Currently SPOT purchased through the DOLs Team. Demand has significantly increased after Cheshire West ruling. Cost depends on location and part of the country. |

Routes to Market Options Appraisal

| Approach | Benefits | Drawback | Comments |
|---|---|--|---|
| Competitive Tender (using the restricted procedure) | <p>Secures specific capacity for the borough.</p> <p>Incentivises the provider to invest in the service.</p> <p>Prices are locked for the life of the contract</p> <p>Prices are competitively tested.</p> <p>More attractive to the provider market.</p> | Risk of collar payment being above the amount of advocacy actually required or the cap being below. | Cap and Collar activity risks mitigated by variation clauses within the contract. |
| Framework | <p>We only pay for activity we use</p> <p>Prices are competitively tested</p> <p>Prices are locked in for life of the Framework</p> | <p>Prices likely to be higher to reflect greater degree of provider uncertainty</p> <p>No incentive for provider to invest in the service in Islington – i.e. no dedicated advocates for the borough.</p> <p>Concern about security of the supply of advocacy in the borough if regional demand is very high</p> <p>Providers have expressed reluctance to participate in Frameworks.</p> | |
| Spot Arrangements | We only pay for activity we use | <p>Providers pricing may change</p> <p>Not competitively tested</p> <p>Prices likely to be higher to reflect greater degree of provider uncertainty.</p> <p>No incentive for provider to invest in the service in Islington – i.e. no dedicated advocates for the borough.</p> <p>Concern about security of the supply of advocacy in the borough if regional demand is very high.</p> <p>Providers have expressed reluctance to participate in SPOT arrangements.</p> | |

Summary of Service User and Carer Involvement

Service users and carers were involved in the co-production of the service specification and tender quality evaluation criteria. Service users were consulted through the following routes:

- Consultation meeting with the Islington (mental health) Borough User Group meeting on the 26 May 2015.
- Consultation with the Power and Control Group (Learning Disabilities Service Users) on the 10 June 2015.
- A widely advertised event specifically for carers held on 29 May 2015 at Lift, Angel.
- A widely advertised event open to the general public on 01 June 2015 at Lift, Angel.

A summary of the discussion at the consultation events is included below as well as details of commissioner's responses and actions taken is detailed below.

| Theme | What you told us | Commissioners Response | Actions Taken |
|--|--|---|--|
| What sort of person makes a good advocate? | The most frequently mentioned qualities were that advocates should be good listeners and good communicators . Advocates need to be open and approachable . | Commissioners agree that good communication and listening skills will be essential qualities in independent advocates. | These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate. |
| | Advocates should be empathetic, understanding, sensitive, compassionate and patient towards the service users and carers they are supporting. | Commissioners also agree that these are essential behaviours for advocates to demonstrate in their interactions with service users and carers. | These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate. |
| | Service users and carers felt it was important that advocates were able to be demonstrably independent of the council and confident and able to communicate service user/carer views to professionals. It was also noted that they must be able to be seen to be able to operate without interference from their own organisation in the interests of their service users/carers. | Commissioners agree that it is important that advocates are demonstrably independent of the council and empowered to stand up for the people they are standing for. | These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate. The service specification will also set expectations for the provider to support advocates to confidently challenge decisions where they feel this is the service user/carers wish and/or best interest. Quality Evaluation Criteria for the tender will be included about how the provider will demonstrate that advocates are empowered to act independently on behalf of service users and carers. |

| Theme | What you told us | Commissioners Response | Actions Taken |
|---|---|--|--|
| | <p>Service users felt it was important that advocates had lived experience of the issues faced by service users and carers</p> | <p>Commissioners agree that advocates with lived experience will improve the overall advocacy service.</p> <p>However, we also recognise that many good advocates may not have direct lived experience and still be fantastic advocates.</p> | <p>Islington Council expects its contracts to provide added social value to the borough.</p> <p>The service specification will include provision for services to recruit and train advocates with lived experience from the local area.</p> <p>Quality Evaluation Criteria for the tender will ask providers to demonstrate how they are proposing to deliver added social value to the borough.</p> |
| | <p>Service users and carers expect advocates to be respectful, polite, culturally sensitive, non-judgemental and capable to of tackling stigma. This was felt also to include provision to access advocacy in community languages.</p> | <p>Commissioners agree that these are important qualities for an advocate to demonstrate.</p> | <p>These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate.</p> <p>Commissioners also expect the provision of non-statutory advocacy to bring in local organisations that can provide support in community languages to work alongside qualified advocates.</p> |
| | <p>Service users in particular expected that advocates would be consistent in their behaviour and generally reliable and focused on delivering a good service.</p> | <p>Commissioners agree that these are important qualities for an advocate to demonstrate.</p> | <p>These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate.</p> |
| <p>How do advocates act towards people they are advocating for?</p> | <p>Many of the themes identified were cross cutting with the expected qualities of an advocate such as the need for advocates to listen, act in a non-judgemental manner, and to act with empathy and respectfully.</p> | <p>Commissioners agree that these are important behaviours.</p> | <p>These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate.</p> |
| | <p>Service users also expected that advocates were passionate about representing service users and carers and treated there role as more than 'just a job'. Advocates should be genuinely "interested in you" and care about the feelings and wellbeing of service users/carers.</p> | <p>Commissioners agree that advocates have a role will require them to demonstrate commitment to service users/carers.</p> | <p>It is difficult to judge this commitment to service users as a specific quality to be demonstrated in the tender or include in the specification. Commissioners expect that an advocate able to demonstrate the wider competencies being required will be in possession of this commitment.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>It is important that advocates build trust over time with service users/carers and are easily contactable by service users/carers. This will require advocates act in a confidential way and develop service user/carer confidence over time and can be counted on to always act in the service user/carer's best interests.</p> <p>In ensuring advocates act in the service users/carer's best interests it should be important that advocates don't impose their own views – "doing things with you not to you".</p> <p>Advocates need to work with service users (and their carers) to put plans into action.</p> <p>It will also be important that service users do not feel passed on constantly by advocates and in all matters service users are kept informed about what is happening and.</p> | Commissioners agree that it will be important to advocates to act in this way. | Quality Evaluation Criteria will be developed to ask providers to demonstrate how their advocates will build trust with service users/carers and work in the service user/carer's best interests. |
| What do advocates need to know? | Service users and carers all thought that it was important that advocates acting in statutory roles understand all relevant law and are appropriately qualified and had experience of providing advocacy . | Commissioners agree that these will be essential requirements. | The service specification will set out the qualifications we expect advocates acting in statutory roles to hold and what areas of law they should be trained in. |
| | Service users and carers also thought it will be important that advocates know about the person they are advocating for and that every case will be different. | Commissioners agree and the requirement for the Council and other partners to provide the advocate with the information they need is set out in legislation. | The service specification will reiterate what information advocates should expect to receive. |
| | <p>Knowledge of Islington – its people, services available and other local assets and resources was also felt to be important to enable advocates to appropriately support service users/carers.</p> <p>Knowing how to find things out should be an important skill for advocates.</p> | Commissioners agree that developing local knowledge of the borough and our services and other assets will be important for advocates. | <p>The Service Specification will include a requirement(s) for the provider to develop local partnerships and knowledge.</p> <p>Quality Evaluation Criteria will be developed to test how the provider plans to develop local knowledge and utilise local services, assets and networks to support service users/carers.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>Service users and carers felt that it would be important that advocates received training that would support them to act with many of the behaviours desired (see above). This would include equal opportunities training and listening/communication skills training including thinking about how body language and eye contact are important and how to speak without using jargon.</p> <p>Specialist communication skills such as BSL, Makaton and knowledge of community languages would also be desirable.</p> <p>Specific knowledge and experience about issues such as mental health, dementia and learning disabilities.</p> | <p>Commissioners agree that training like this will be important.</p> <p>Whilst not everyone may be able to become proficient in BSL, Makaton and community languages the service should work in partnership with local and specialist services to meet these needs.</p> <p>Commissioners agree that training and knowledge in these areas will be important.</p> | <p>These training requirements will be included in the service specification.</p> <p>Quality Evaluation Criteria will be developed to test how the provider plans to develop local knowledge and utilise local services, assets and networks to support service users/carers.</p> |
| How do advocates help service users/carers? | <p>Advocates should empower service users and carers to act for themselves as much as possible and help service users make their own choices and decisions. This would be supported by clear standards about the role of the advocate and what they can do underpinned by clear agreements about the support they will give and completion of actions. Where necessary they should have the skills and knowledge to speak up on behalf of the people they advocate for.</p> <p>Advocates need to communicate excellently at all times including writing down what they say and do.</p> <p>Advocates will need to be able to explain complex information simply.</p> <p>A crucial role for advocates is helping people understand and break through bureaucracy around health and social care. Advocates should communicate using jargon free language and work with partners to ensure assessments and care plans are right first time and don't make a bad situation worse.</p> <p>Advocates have a role in ensuring service user and carer's needs are considered holistically and that people are signposted to the appropriate support.</p> | <p>Commissioners also believe that supporting people to act for themselves as much as possible is crucial for the service.</p> <p>Commissioners agree these are essential skills that should underpin how advocates act.</p> <p>Commissioners also see this as a key role for advocates</p> <p>Commissioners see this as part of the advocates role and will rely on the development of key local partnerships and knowledge of services and assets in Islington.</p> | <p>How advocates seek to empower the people they advocate for will be included as a quality criterion for assessing the tender.</p> <p>This will also be included in the service specification around the overarching role of advocates.</p> <p>These qualities will be included in the service specification as competencies we expect advocates to be able to demonstrate.</p> <p>This will also be included in the service specification around the overarching role of advocates.</p> <p>These will be included in the service specification around the overarching role of advocates and development of local partnerships.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>Service users and carers suggested that they would like advocates to provide continuous, long term support and provide one to one support and counselling. Some service users and carers also felt advocates should assist with activities such as escorting to appointments, filling in forms etc.</p> | <p>Commissioners agree that the new advocacy service should be able to provide continuity of advocates for service users/carers. Continuous long term support may not always be appropriate for service users, especially from statutory advocates but non-statutory advocacy may be more appropriate to offer people who need this.</p> <p>Likewise, whilst commissioners see the provision of one to one advocacy support to service users/carers as an essential feature of the service more appropriate services exist to provide counselling, case work, escorting etc. and we would expect the advocates to signpost service users/carers to these services or represent their wishes and needs as part of the care planning process to ensure that this is addressed in care plans. There may be a role for non-statutory advocates working in the service to provide this kind of support in the short term whilst other arrangements are put in place.</p> | <p>The service specification will require continuity of advocates to be provided wherever practicable.</p> |
| | <p>Advocates should provide support at mental health tribunals</p> | <p>This is a core requirement of the role of an IMHA.</p> | <p>This will be included in the service specification.</p> |
| | <p>Community advocacy should be provided to extend support to dealing with services provided in the voluntary sector, housing and health services.</p> | <p>This will be a core part of the role of non-statutory advocacy in the new service.</p> | <p>This will be detailed in the service specification.</p> |
| <p>What support do organisations give advocates?</p> | <p>The provision of specialist training (i.e. mental health, learning disabilities, dementia, and advocacy) and supervision were key functions of the overall advocacy service. This should equip advocates to be able to work with people in complex situations.</p> <p>The service should also be able to give good advice to advocates about specialist areas of law and practice.</p> | <p>Commissioners agree and wish to see the service offer specialist training to its advocates as well as advocates working in local and specialist organisations the provider partners with as part of this contract.</p> | <p>This will be included in the service specification.</p> <p>Quality criteria will be developed to test how the incoming provider intends to provide specialist training to local and specialist providers.</p> |
| | <p>The service should also help advocates gather a good understanding of what is available locally.</p> | <p>Commissioners agree that the service has an important role in developing this knowledge amongst its advocates.</p> | <p>This will be included as a standard within the service specification.</p> |
| | <p>Advocates will need support from their organisation to have difficult conversations with services and service users/carers and to be able to work as part of a team around the service user/carer, through joint working with partners.</p> | <p>Commissioners agree and wish to see the service offer this training and support to its advocates as well as advocates working in local and specialist organisations the provider partners with as part of this contract.</p> | <p>This will be included in the service specification.</p> <p>Quality criteria will be developed to test how the incoming provider intends to provide training and support to local and specialist providers.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>Service users identified record keeping, ensuring training is kept up to date, safeguarding, managing finances and setting quality standards as key things an organisation would provide support around.</p> <p>Appropriate confidentiality would also be maintained by the service.</p> <p>The service should have a clear complaints policy.</p> | <p>Commissioners believe a responsible organisation should provide key back office functions such as record management, quality management, financial management and have an appropriate set of operational policies (confidentiality, complaints etc.) to run the service.</p> | <p>This will be tested during the pre-qualification process of the tender.</p> |
| | <p>Service users felt that the organisation running the service would need to have realistic expectations about the time advocates need to develop relationships and managed the service in such a way that would enable personal choice for service users/carers.</p> <p>Another key role of the organisation running the service would be to ensure there was a process for matching people with appropriate advocates in a timely manner and for reviewing relationships to ensure they were working effectively.</p> <p>Managers and support staff will need access to training so they understand the challenges advocates face.</p> | <p>Commissioners agree that these are important factors in the success of the service. Sufficient funding will be allocated to allow service providers to give advocates the time they need to develop relationships and to employ sufficient advocates to allow service users/carers choice about the advocate they receive.</p> | <p>These will be included as standards within the service specification.</p> |
| | <p>The service should publicise itself to professionals, service users and carers so people who need the service are able to learn about it.</p> | <p>Commissioners agree that this should happen.</p> | <p>This will be included in the service specification.</p> |
| <p>What is it like when you phone or visit the service?</p> | <p>All service users and carers consulted with felt that good customer service was essential with key aspects being:</p> <ul style="list-style-type: none"> - Flexible hours – information made available out of hours. - Polite, respectful and friendly contact with service users/carers. - Accessibility – of buildings and operates out of a local base - Responsive – phone calls are returned quickly - Information is in accessible formats - Service users being able to directly contact their advocate. - People aren't kept waiting <p>It is also important that service users/carers are kept informed about what is happening.</p> | <p>Commissioners agree that good customer service is essential for the service.</p> | <p>The service specification will include quality standards around this – evaluation criteria will be developed that seek to test providers' responses to these standards amongst other crucial for the service.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>Service users in particular felt it was important that the service was available where people are most comfortable whether that is at home, in another service or in the community.</p> <p>The service should be able to read between the lines and make a holistic offer to service users who contact them.</p> <p>The service should set realistic expectations from the outset.</p> | <p>Commissioners agree that this is an important aspiration but one which may occasionally be hindered by practicalities of gaining access to locations.</p> <p>Commissioners agree that as far as possible the service should be considering the service user/carer's wider needs at each contact and for realistic expectations to be set early in the relationship with an advocate.</p> | <p>This will be included as an aspiration in the service specification.</p> <p>These will be included in the service specification.</p> |
| <p>What should be important to the organisation?</p> | <p>Service users and carers expect the organisation to be values led. Advocacy should be part of the organisation's mission and organisations should be committed to:</p> <ul style="list-style-type: none"> • confidentiality, • quality, • communicating effectively, • respectful of service users, • approachable • assertive on behalf of service users • honest • fair, • caring, • empathetic, • listening • impartial. <p>A good organisation should be one that provides support and guidance to its staff and service users.</p> | <p>Commissioners agree that these are key qualities they would like to see in a successful organisation.</p> | <p>These will be included in the service specification as values we'd expect the organisation running the service to have and be communicated to potential providers through market engagement events.</p> |
| | <p>Service users and carers also felt the service should be locally grounded with a strong focus on partnership working and joint approaches with other organisations. Particularly with preventative services and advice services.</p> | <p>Commissioners agree and providers will be encouraged to make links with local and specialist providers especially around the provision of non-statutory advocacy.</p> | <p>Quality criteria will be developed to demonstrate how the provider will develop strong connections with local and specialist services.</p> |
| | <p>A proven track record of the provision of advocacy services was also felt to be important.</p> | <p>Commissioners agree that this is important.</p> | <p>This will be tested as part of the pre-qualification questionnaire stage of the tender.</p> |
| <p>How does the service ensure that service users and carers are involved in decision making?</p> | <p>Clear communication was felt to be an underlying feature of the organisation that would support this.</p> <p>Service users need to know what decisions are coming up and be involved from the start of a process. Services would need to see what barriers there are to service users taking part and address these.</p> | <p>Commissioners agree with this.</p> | <p>A number of previous actions have considered various aspects of effective communication and how these will be addressed in the specification and tender evaluation.</p> |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | Evidence of service user involvement in important decisions such as recruitment of staff, sitting on the board of trustees is important. | Commissioners agree that this will be important in demonstrating a commitment to service user involvement in decision making. | A number of elements of the specification relate to service user involvement. This commitment is something that could be tested in the pre-qualification questionnaire. |
| | Service users and carers also wanted to see a user led organisation . Peer research would be a key tool the service would use to improve services and the use of peer support should be encouraged. | Commissioners also agree that having a user led ethos is an important value for the service provider to have. | This will be included in the service specification as a value we expect the organisation running the service to have this approach. This will be communicated to potential providers through market engagement events. |
| Other areas of consideration | The service needs to be provided locally for the person using the advocate. Where cross authority boundary issues exists there should be a clear process for communicating with other authorities. | Commissioners agree and will ensure this is clear in the specification. | These requirements will be clearly set out in the service specification. |
| | How the advocates work closely with people already involved in a service user/carer's care and support needs to be considered including the role of advocates in mediating disputes. | Commissioners agree that these are important partnership working roles for the advocate to fulfil. | The service specification will reflect this in the description of the role of an advocate. |
| | Advocates should support people in contacts with the police as well as health and social care services. | There may well be many occasions where an advocate should be working with service users/carers to communicate effectively with the police although this is not a core part of the service. | The service specification will reflect that there may be situations where it is appropriate for an advocate to be involved in this way. |
| | It is important the council/NHS properly briefs advocates and that they receive all the information they need to do their job well. | Commissioners agree that the council and NHS partners also have significant responsibility in making advocacy work. | The expectations on the council and NHS partners will be reiterated in the service specification. |
| | Specific community needs should be recognised and service/user carer choice should be respected – especially if the service user is currently receiving non-statutory advocacy from another source. | Commissioners agree that choice should be offered as far as possible and that specific community needs should be met – although there is an overriding requirement to ensure that advocates are suitably qualified and experienced. | This will be reflected in the service specification and providers will be invited to consider how they can work with local and specialist organisations to ensure that specific community needs can be addressed by the service. |

| Theme | What you told us | Commissioners Response | Actions Taken |
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| | <p>Transparency of process, structure and governance is essential alongside clear guidance around eligibility for the service and to demonstrate the independence of advocates from the council and from undue pressure from their own organisation.</p> <p>Effective handover processes need to be developed around referrals and signposting to reduce the duplication of assessments.</p> | Commissioners agree that transparency is important – key policies and procedures and other information of the service should be made available to service users in accessible formats. | This will be reflected in the service specification around how the service is governed. |
| | Health advocacy has a specific role in identifying unmet health needs advocates need the knowledge to identify needs and links with services to identify people with unmet needs. | Commissioners agree that these are important additional skills for health advocates to possess. | This will be reflected in the service specification around non-statutory advocacy. |
| | There should be consideration made of what contingency plans will be in place to ensure the service can continue to operate during a wider crisis. | Commissioners agree and require providers to have appropriate contingency plans in place. | This will be reflected in the service specification. |
| | Commissioners should think about whether younger adults need a specific offer. | Commissioners are aware of the specific needs of many younger service users – particularly those who have transitioned from Children’s Services Pathways. | Input into the service specification will be sought from the Transitions Project Manager. |
| | Service users are keen that advocacy for groups of vulnerable people including those experiencing domestic violence and rough sleeping is made available. | <p>Commissioners recognise the needs of these groups. Many service users in these circumstances may be eligible for the advocacy service.</p> <p>Other specific support services also exist to support these groups.</p> | |
| | Concerns were expressed about what the costs would be of providing advocacy through a single contract and whether a network of local advocates would be more appropriate. | <p>Commissioners are of the belief that overall management costs will be reduced under the proposed service.</p> <p>A single local network of advocates is not practical due to the increased administration costs and lack of organisational support around training, development, supervision and quality assurance.</p> | |
| | The contract should include measures to end the service if it is not delivering for service users/carers. | Clauses to allow the termination in the event of continuing poor performance of the service are included in all our contracts. | |
| | Commissioners need to consider how potential conflicts between advocates and carers are managed . | Commissioners agree that this is a very important consideration that would need to be carefully managed if it arises. | This will be reflected in the service specification and be included in the quality evaluation criteria. |
| | The contract should be only awarded to a sustainable organisation. | Commissioners test the financial sustainability and quality record of organisations prior to award of contracts. | This will be included in the pre-qualification process for the service. |
| | What systems are in place to launch the service quickly and smoothly? | Commissioners expect providers to outline how they will ensure this as part of their tenders. | This will be evaluated as part of the quality criteria for the tender. |