London Borough of Hammersmith & Fulham **CABINET** **7 OCTOBER 2019**	

PROCUREMENT STRATEGY AND BUSINESS CASE IN RELATION TO THE RECOMMISSION OF STATUTORY ADULT ADVOCACY SERVICES

Report of the Cabinet Member for Health and Adult Social Care – Councillor Ben Coleman

Open Report with Exempt Appendix
Appendix 1 to this report is currently exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Classification: For decision
Key Decision: Yes

Consultation:
Operational teams within adult social care have been consulted about the current service and proposed changes to the model of delivery.
Community safety were consulted over the potential to align procurement exercise with that for Independent Domestic Violence Advocates.

Wards Affected:
ALL

Accountable Director: Lisa Redfern, Strategic Director of Social Care

Report Author:	**Contact Details:**
Rebecca Richardson	Email: Rebecca.Richardson@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report seeks the pre-tender approval for the procurement strategy in respect of a Partnership Advocacy Service in which a lead provider will act as the main front door and work with partners to deliver all statutory advocacy services for adults in Hammersmith & Fulham and approval for the Strategic Director of Social Care to have delegated authority to extend the contract in consultation with the Lead Member for Health and Adult Social Care.

1.2. The scope of the re-commission are the advocacy services outlined in the Care Act 2014, Health and Social Care Act 2012, Mental Health Act 1983 and the Mental Capacity Act 2005.

1.3. The re-commission would see providers take forward a partnership model in which one lead provider would be responsible for the overall service and use partners to deliver more specialist forms of advocacy.

1.4. This model would encourage providers to consider their contribution to the local social infrastructure of the borough and develop social value.

1.5. In using this model, we estimate to make up to 15 - 20% in savings on the current contractual arrangements by reducing the number of contracts in place. The total contract value over 5 years would be less than £1,190,000.

1.6. This model will be supported by our non-statutory advice partnership, made up of services provided by Action on Disability, H&F Law Centre, and H&F Citizens Advice.

2. RECOMMENDATIONS

That Cabinet approves:

2.1. The Business case and Procurement Strategy at Appendix 2 for the commissioning of statutory adult advocacy services to start on 1 April 2020 for a duration of three years with an option to extend for a further two year period.

2.2. That a partnership model be tendered in which a lead provider would act as the front door for all advocacy services and take responsibility for the contract monitoring and quality assurance of partners. This is in order to give consideration to social value and improving the local social infrastructure.

2.3. To delegate the decision to extend the contract beyond the initial period to the Strategic Director of Social Care in consultation with the Cabinet Member for Health and Adult Social Care.

3. REASONS FOR DECISION

3.1. The current contracting arrangements are complex. We currently have six different contracts to deliver the areas of statutory advocacy through four different providers. Change is needed to streamline the current contractual arrangements.

3.2. The current contracts have now been aligned so that they all end on 31 March 2020. With the exception of the Independent Health Complaints Advocacy (a consortium contract which could be extended for one more

year), all contracts have exhausted the limits of extension. A procurement exercise should therefore be conducted to ensure we are legally compliant.

3.3. We want to make the service easier to navigate for residents and those making referrals.

3.4. We want to allow Hammersmith & Fulham Council to have better oversight over contracts and opportunity to develop the market through partnerships.

3.5. Our non-statutory information advice and guidance services, which are contracted until end March 2028, support residents with a range of issues that are outside of health and social care. We want our advocacy services to develop strong relationships with these advice services to be able to signpost and re-refer as appropriate.

3.6. We want to encourage and develop the market and build our local social infrastructure, enabling statutory services to signpost our residents more to the third sector where relevant.

3.7. The recommended option has been informed by the principles set out by the Department of Health and Social Care against which the (much-delayed) Health and Social Care Green Paper will be developed, namely:

- Quality and safety embedded in service provision;
- Whole-person, integrated care with the NHS and social care systems operating as one;
- The highest possible control given to those receiving support;
- A valued workforce;
- Better practical support for families and carers;
- A sustainable funding model for social care supported by a diverse, vibrant and stable market; and
- Greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

4. BACKGROUND AND CONTEXT

4.1. The services outlined in this report are enshrined in four key statutory areas under the Care Act 2014, the Health and Social Care Act 2012, Mental Health Act 1983 and the Mental Capacity Act 2005.

4.2. The table below outlines the breakdown of current commissioned adult advocacy services in the borough and what duty it relates to. The financial information is provided in exempt Appendix 1:

Advocacy Type	Contractor	Contract End Date
Care Act with specialism in physical disability	Action on Disability (AoD)	March 2020
Care Act with specialism in learning disabilities	HF Mencap	March 2020

Care Act with specialism in mental health and individuals under a CTO	HF MIND	March 2020
Independent Mental Health Advocacy (IMHA)	HF MIND	March 2020
Independent Mental Capacity Advocacy (IMCA)	Pohwer – 5 London Borough Consortium	March 2020
Independent Health Complaints Advocacy (IHCA)	Pohwer – 20 London Borough Consortium	March 2020

4.3. The three contracts currently operating to provide residents with support under the Care Act have been in operation in Hammersmith & Fulham since 2009 and have been amended to deliver Care Act Advocacy. This reprocurement offers an opportunity to redefine the Care Act advocacy specification.

4.4. In addition, the reprocurement allows for flexibility to cover new advocacy provision as a result of the Mental Capacity (Amendment) Act 2019, which will come into effect during 2020.

4.5. Our model would be supported by the non-statutory information, advice and guidance in the borough managed by the Council's Community Investment Team.

4.6. As a key part of our model, statutory advocacy services would also work to signpost residents to local services where relevant, thereby building up our local social infrastructure and knowledge base. This also adds sustainability by offering residents the option of support once their threshold of need falls below the statutory requirement but when they may still need further support.

4.7. The advocacy provider market is limited to a small number of national organisations, and localised specialist providers.

5. OPTIONS AND ANALYSIS OF OPTIONS

5.1. Options

5.2. The following table sets out the options of service model delivery.

Option	Description	Recommendation
Multiple Provider Model (current arrangement)	The March 2020 contracts are currently delivered as a multiple provider model, each with individual contracts and scope.	**Not recommended**
Partnership Model	A lead provider would tender together with other smaller providers as a partnership.	**Recommended model**
Single Provider Model	Commission a single provider to deliver the range of statutory advocacy services	**Not recommended**
Lead Provider and Sub-contractor Model	This model would see a larger provider lead on the contract and sub-contract where needed to deliver specialist advocacy services	**Not recommended**

5.3. **Analysis**

A summary analysis is given below. A detailed analysis of procurement options is at Appendix 2, section 4.

5.4. **Option 1: Multiple Provider Model**

The contracts are currently delivered as a multiple provider model, each with individual contracts and scope. This makes contract monitoring very resource intensive and can result in a variable quality offering. The model needs to be changed in order to streamline the referral process, provide clearer and more cost-effective ways of monitoring outcomes and ensure consistent quality. This option is not recommended.

Option 2: Partnership Model

5.5. This model aims to reduce the current multiple contracts to one with a lead provider. It would develop the market whilst providing the specialist provision needed and allowing H&F Council to have full sight of partners (with whom the lead provider would sub-contract). The lead provider would act as a front door for residents and referrers, therefore streamlining the process.

5.6. This model allows for local providers to be part of the partnership. We would encourage added social value through the themes of jobs, growth, community, environment and innovation. A particular focus in this tender would be growth by embedding social value in the supply chain and creating more opportunities for local SMEs and VCSEs.

5.7. By creating partnerships where there were previously multiple contracts, we expect to make an estimated saving of up to 15-20% per annum while maintain service quality. The aim is to reduce the number of contracts to one with a lead provider. This is the recommended option.

5.8. **Option 3: Single Provider Model**

This model would make it more difficult for specialist services such as Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) to be delivered alongside Care Act advocacy by one provider due to the nature of the market. It does not provide scope to develop the market locally and offers less opportunity to build on our local social infrastructure. This option is not recommended.

5.9. **Option 4: Lead Provider and Sub-contractor model**
This option would risk the council losing control over the number and quality of sub-contracting relationships as these would not necessarily be set out in the tender and could change over time. It also reduces the level of influence that we can have over the social value of the contract. This option is not recommended.

6. EQUALITY IMPLICATIONS

6.1 It is not anticipated there will be any direct negative impact on groups with protected characteristics, under the Equality Act 2010, by the approval of recommended option. The proposals offer service continuity that benefits certain protected groups.

6.2 Commissioned adult advocacy services provide vital assistance to Disabled residents in particular and help us meet our legal duties as outlined in this report.

6.3 A completed Equality Impact Assessment is attached at Appendix 3. The analysis indicates an overall neutral impact.

6.4 Implications completed by Fawad Bhatti, Policy & Strategy, Tel. 07500 103617.

7. LEGAL IMPLICATIONS

7.1. Approval of a Procurement Strategy and Business Case, as set out at Appendix 2, is a requirement for all contracts in excess of £100,000 (see Contract Standing Order (CSO) 8.12).

7.2. The proposed contract in respect of the provision of statutory adult advocacy services falls under the category of “Social and other Specific Services” under the Public Contracts Regulations 2015 (PCR). The existing EU threshold for such contracts under the PCR is £615,278. The value of the proposed contract exceeds this threshold, therefore the provisions under the PCR apply in full. In the absence of a suitable framework agreement, a procurement exercise must be undertaken in order to comply with the PCR, as well as CSO 10.2 (table 10.2b). The ‘Light Touch Regime’ under regulations 74-76 of the PCR applies to this contract. Accordingly, a contract notice must be published in the Official Journal of the European Union prior to the procurement process, followed by a contract award notice at the conclusion of the procurement process. The PCR require a

competitive award process to be undertaken and the Contracting Authority may determine the procedures to be applied. Here, it is proposed to adopt a process which mirrors the 'open' procedure. This complies with the PCR and the CSOs.

7.3. Furthermore, under the council's CSOs, table 10.2b, for an above-Threshold services contract the council must use an existing framework agreement or publish a contract notice in the Official Journal of the European Union ("OJEU"), along with an opportunity listing on the council's e-tendering system web page (capitalesourcing.com) and publication of a contract notice on the government's Contracts Finder website.

7.4. The proposal is to tender for one service provider who will act as a lead provider and be responsible for the provision of all statutory adult advocacy services. Officers should seek advice on the appropriate terms and conditions for this proposed arrangement.

7.5. This report seeks to delegate the decision to extend the contract for a further period of two years following the expiry of the initial three-year term to the Strategic Director of Adult Social Care in consultation with Lead Member for Health and Adult Social Care. This delegation is permitted under CSO 17.3.1 and 8.12.2.

7.6. Implications completed by Hannah Ismail, Solicitor, Sharpe Pritchard LLP, external legal advisers seconded to the Council, Tel. 0207 405 4600.

8. FINANCIAL IMPLICATIONS

8.1. The cost of the recommended proposal in paragraph 2.1 above will be funded from the existing Social Care advocacy budget provision. The total financial revenue resources available are £238,500.

8.2. There are no financial implications arising directly from this report. Any future implications that may be identified as a result of the tender process will be presented to the appropriate board and governance channels in a separate report.

8.3. Implications completed by Prakash Daryanani, Head of Finance Social Care, Financial Planning & Integration Team, Tel. 020 8753 2523.

8.4. Implications verified by Emily Hill – Assistant Director (Corporate Finance), Tel. 020 873 3145.

9. IMPLICATIONS FOR BUSINESS

9.1. The proposed model encourages the lead provider to embed systems and processes that help our local providers be more professional, and support with business continuity. Also, the lead provider will support recruitment and the social value ask will build a local pool of potential advocates. This will support local business capacity and resilience.

9.2. Implications verified by Albena Kameros.

10. PROCUREMENT IMPLICATIONS

10.1. The procurement strategy is in line with the Council's CSOs and the Public Contracts Regulations (PCR) 2015. Given the limited market availability of statutory advocacy services, an open procedure is the most appropriate procurement procedure. The total value of the contract is estimated to be over the statutory threshold for Schedule Three services. As a result, the opportunity will be published in Tenders Electronics Daily and Contracts Finder.

10.2. The awarding criteria of 60:40 ratio of quality and price will ensure the contract will be awarded to the most advantageous tender. Tenderers will be evaluated by the Tender Appraisal Panel (TAP), in accordance with the CSOs. All evaluation and moderated scores will need to be logged on the e-tendering system for audit purposes.

10.3. The model proposed encourages the development of the local advocacy market, supporting the Council's commitment to local spend.

10.4. Implications verified/completed by Ilaria Agueci, Procurement Consultant, Tel. 0777 667 2878.

11. SOCIAL VALUE CONSIDERATIONS

11.1. Social value will be considered as part of the quality evaluation set at 5%. This satisfies the requirement of the Social Value Act (2012).

11.2. In this tender a National Social Value Calculator will be used for the first time to test the tenders' return. The aim is to be able to measure social value outcomes in economic value.

11.3. The Calculator will enable the Council to quantify the number of activities that the supplier can deliver beyond their contractual obligation. This will improve the social, economic and environmental well-being of the local area (e.g. providing spend through contracts with local small and medium enterprises or SMEs). These measurements can then be made part of the contract's key performance indicators (KPIs) to ensure monitoring and delivery during the life time of the contract.

11.4. Implications verified/completed by Ilaria Agueci, Procurement Consultant, tel. 0777 667 2878.

12. IT IMPLICATIONS

12.1. No IT implications are considered to arise from this report as it seeks approval for a commissioning and procurement plan for adult statutory advocacy services in Hammersmith & Fulham to be delivered by multiple partners, with a lead provider acting as a single front door for service users. Should this not be the case, for example, by requiring new systems to be procured or existing systems to be modified, IT Services should be consulted.

12.2. IM implications: a Privacy Impact Assessment(s) should be carried out to ensure that all the potential data protection risks (e.g. in sharing service

user data with providers) arising from this model are properly assessed with mitigating actions agreed and implemented – for example, ensuring that any IT suppliers to any providers have completed (Cloud) Supplier Security Checklists to ensure the systems used by the providers comply with H&F's regulatory and information security requirements.

12.3. Any contracts arising from this report will need to include H&F's data protection and processing schedule. This is compliant with the General Data Protection Regulation (GDPR) enacted from 25 May 2018.

12.4. Any suppliers appointed as a result of this model will be expected to have a Data Protection policy in place and all staff will be expected to have received Data Protection training.

12.5. Implications verified/completed by Tina Akpogheneta, Interim Head of Strategy and Strategic Relationship Manager, IT Services, Tel. 0208 753 5748.

13. RISK MANAGEMENT IMPLICATIONS

13.1. The proposals will ensure that the council will continue to be a Compassionate Council. Additionally, the estimated savings will contribute to the council's Being Ruthless Financially Efficient priority, with best value achieved through the tendering process. Details of the risks and issues implications identified by the Service Review Team are given in Appendix 2. The council's statutory duties will be met in accordance with the corporate risk register entry, risk 7 and the risk management strategy.

13.2. Implications verified by Michael Sloniowski, Risk Manager, Tel. 020 8753 2587.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None

LIST OF APPENDICES

Appendix 1 – Exempt Financial Information
Appendix 2 – Business Case & Procurement Strategy
Appendix 3 – Equality Impact Assessment

APPENDIX 2:

REPORT RELATING TO PROCUREMENT STRATEGY; and PROJECT MANAGEMENT AND GOVERNANCE FOR PARTNERSHIP MODEL FOR STATUTORY ADULT ADVOCACY

BUSINESS CASE

1. BUSINESS CASE – WHY THE PROCUREMENT IS NEEDED

1.1. This report seeks the pre-tender approval for the procurement strategy in respect of a Partnership Advocacy Service in which a lead provider will act as the main front door and work with partners to deliver all statutory advocacy services for adults in Hammersmith & Fulham.

1.2. The current advocacy arrangements have largely been in place since 2009. There is a strategic need to recommission the services, bringing together the disparate contracts. The current arrangement has six different contracts outlined in the report above. The contracts are a mix of: fixed price block contracts; priced per hour; or variable depending upon remote or face-to-face. This makes it difficult to compare value and outcomes across the piece.

1.3. The current services that will be brought together by this procurement include:

- Independent Mental Capacity Advocacy (Including Liberty Protection Safeguards and Relevant Paid Person Representative)
- Independent Mental Health Advocacy
- Independent Advocacy Under the Care Act (specialisms in physical disabilities, learning disabilities and mental health)
- Independent Health Complaints Advocacy.

2. STRATEGIC CONTEXT

2.1. This procurement strategy is about the provision of statutory advocacy. 'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.'[1]

2.2. The requirements for this are set out in four different pieces of legislation, namely:

2.3. Care Act 2014: Care Act Advocacy

The Care Act says Local Authorities must:

- include people in the decisions that are made about them and their care and support;

[1] Definition taken from Advocacy QPM 'Recognising quality in independent advocacy' Code of Practice revised 2014

- help people to express their wishes and feelings;
- support people to make choices and help them to make their own decisions;

The Care Act also says:

- independent advocacy is about giving the person as much control as possible over their life. It helps them understand information, say what they want and what they need.
- advocacy should be considered from the first point of contact, request or referral and at any subsequent stage of the care and support process. The right to an advocate applies in all settings regardless of whether the person lives in the community or a care home and includes prisons.

2.4. Mental Health Act 1983: Independent Mental Health Advocate

People detained in hospital under the Mental Health Act 1983, or who are subject to a Community Treatment Order, can ask for an IMHA. An IMHA is trained to support people in understanding their rights under the mental health act and participate in decisions about their care and treatment.

2.5. Mental Capacity Act 2005: Independent Mental Capacity Advocacy and Deprivation of Liberty Safeguard (DoLS)

The Mental Capacity Act 2005 introduced the role of the IMCA as a legal safeguard for people who lack capacity to make specific important decisions, including about where they live and medical treatment options.

2.6. A DoLS IMCA is a specialist advocate working with people from all vulnerable backgrounds with all nature of impairments that can leave someone lacking capacity. They only deal with issues relating to DoLS applications. They are independent of the Safeguarding Board and safeguard the rights of people who lack capacity.

2.7. Health and Social Care Act 2012: Independent Health Complaints Advocacy

IHCA is a free and independent advocacy service that helps people make a complaint about any aspect of their NHS care or treatment. This includes treatment in a private hospital or care home that is funded by the NHS.

2.8. The operational environment for advocacy is further complicated by the two key policy changes below that are likely to impact upon the scale and depth of demand.

2.9. Health and Social Care Green paper

The much-delayed Health and Social Care Green Paper is promised during 2019. Early in 2018 the then Secretary of State for Health set out seven principles to guide the Green Paper, namely:

- quality and safety embedded in service provision;
- whole-person, integrated care with the NHS and social care systems operating as one;
- the highest possible control given to those receiving support;
- a valued workforce;
- better practical support for families and carers;

- a sustainable funding model for social care supported by a diverse, vibrant and stable market; and
- greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

2.10. The guiding principles of highest possible control and better practical support may result in changes to the advocacy local authorities that are required to provide.

2.11. Mental Capacity (Amendment) Act 2019
The Mental Capacity Amendment Bill was introduced to the House of Lords in July 2018 and received Royal Assent May 2019.

2.12. The principal change from the Mental Capacity Act 2005 relates to the procedures under which a person may be deprived of liberty where they lack the capacity to consent.

2.13. The associated Code of Practice is likely to come into effect in October 2020.

2.14. The tender specification will make reference to impending changes to ensure continued compliance with the law.

3. FINANCIAL INFORMATION

3.1. The current spending across these services is £238,500 per annum. This is split across a block contract, price by hour and price by case. The breakdown of cost across the different contracts is included in exempt Appendix 1.

3.2. As a result of the varied nature of the contractual arrangements, it is difficult to assess fully how many hours are commissioned in total across the services.

3.3. The contracts with AoD, Mind and Mencap had historically covered all types of professional advocacy, including non-statutory advocacy, as they were originally commissioned prior to the Care Act 2014. It is difficult to clearly ascertain the proportion of their work that is purely Care Act-related as clients often present with a number of issues when they self-refer.

3.4. The proposed new model of service delivery is designed to deliver cost efficiencies through streamlining referral pathways, reducing management overheads and providing a more joined up delivery of statutory advocacy – maximising the use of complementary in-house and commissioned services to provide detailed support to resolve issues not related to health and wellbeing, care and support.

3.5. The lead provider would be contracted to have oversight across all elements of statutory advocacy. The delivery of the service would be worked out in collaboration with partners pre-tender, either as a percentage of the advocacy hours or by level of case need or specific type of advocacy. These proposals

will be evaluated as part of the tender process on their ability to deliver outcomes in accordance with KPIs.

3.6. The estimated cost of the new contract is between £190,000-£202,000 per annum. The aim is to reduce the costs through the streamlining of the new model. However, due to the amendments to the Mental Capacity Act, we are expecting the level of demand on statutory advocacy related to Liberty Protection Safeguards (LPS) to increase so the proportion of spend may alter and will need to be actively managed.

4. OPTIONS APPRAISAL AND RISK ASSESSMENT

4.1. Procurement Options

4.2. The procurement options for the provision of statutory adult advocacy services are as follows:

A. Undertake an open tender procurement exercise for a new advocacy partnership to provide Hammersmith & Fulham's statutory advocacy provision.
B. Lead the procurement exercise as part of a consortium with other local authorities.
C. Use a framework agreement that can be called off as needed to deliver advocacy services.
D. Directly Award the contract to the existing providers, Pohwer, H&F Mind, Action on Disability and H&F Mencap.

Table 1: Procurement Options Appraisal

Option	Advantages	Disadvantages	Recommended YES/NO
A	Procurement can be tailored to meet the needs of our desired model and service specification. More likely to reach new and/ or smaller providers. Specify desired social value to come from the contract. Achieve efficiencies of scope.	Time consuming and more costly to the Council.	YES
B	May be able to attract a more diverse range of suppliers and achieve greater efficiencies of scale.	Less likely to support local providers. Council would have reduced influence over tender specification. Reduced influence over social value.	NO
C	Quicker and would require	Less likely to support local	NO

	less investment from the Council.	providers. Council would have reduced influence over tender specification. Reduced influence over social value.	
D	Already have relationships with existing providers.	The case for change has been outlined in the above report.	NO

4.3. **Risk Assessment**

Table 2: Proposed Model Risk Assessment

Risk	**Mitigating Action**
New model does not meet potential increased demand in advocacy services.	As part of specification, tenderers will be asked to support the development of 'appropriate persons' where possible in order to reduce demand and prevent returning service users.
Lead provider does not effectively quality assure and monitor the outcomes delivered by partner providers.	Tenderers will be asked to stipulate how they will monitor this and have agreed plans with partners at point of tender.
Cases that do not meet the threshold for statutory advocacy needs are not met by the third sector offer.	Specification will stipulate that providers have to build relationships with relevant third sector partner in order to support step down of cases and prevent escalation.
Potential tenderers are unable to form effective partnerships with other providers.	Market engagement to explain our proposed model and encourage providers to make relationships at an early stage.

4.4. **Demand for advocacy**

4.5. The last full year of data available for advocacy provision within Hammersmith & Fulham is financial year 2018/19.

2018/19 data on advocacy provided by type		**Q1**	**Q2**	**Q3**	**Q4**	**Total 2018/19**
Care Act[1]	PD/ General - AoD	4	8	20	17	49
Care Act[1]	LD - Mencap	1	2	2	2	7
Care Act[1]	MH - Mind	2	11	14	4	31
Total clients seen by the advocacy partnership above[2]		77	78	88	75	318
IMCA	Total case numbers	22	26	20	29	97
	Of which DoLS cases were:	5	4	1	4	14

	Of which RPPR cases were:	2	10	9	10	31
IMHA[3]	Q1 and 2 are estimates see note 3	100	100	110	107	417
IHCA		20	19	21	28	88

Notes

1) Providers also provided non-statutory advocacy over and above these numbers.
2) This includes non-statutory advocacy – for 2019/20 the suppliers have been instructed to ensure Care Act advocacy is prioritised, and to log more explicitly the issues for which they are supporting residents so we can better understand the statutory Care Act advocacy demand.
3) Numbers represent all aspect of in-patient support by H&F Mind. Data collected by H&F CCG. H&F CCG contributed £99,000 towards IMHA: community and inpatient and managed the contract.

4.6. **Factors which may impact on future demand**

- Refresher training with front line staff raises awareness and correlates to increased referrals.
- Changes to DoLS/ Liberty Protection Safeguard (LPS) legislation is likely to increase demand for IMCA.
- Efforts to increase rates of handling DoLS cases may increase demand on IMCA advocacy.
- Outreach work with other professionals is likely to generate increased referrals.
- Financial constraints and demand pressure on NHS provided services may result in an increase in Independent Health Complaints Advocacy.
- AoD, Mencap and Mind have been instructed to focus on statutory Care Act advocacy over 2019/20, which will enable better assessment of demand.

4.7. With these factors in mind it is reasonable to expect the following pattern of advocacy demand over the next three years:

	Total 2018/19	**Trajectory**
Care Act	318 - of which 87 were Care Act specific	Significant reduction of overall numbers as non-statutory advocacy is minimised, and work is focussed.
IMCA	97	Significant increase due to LPS legislation.
IMHA	400 - of which many were given advice only	Slight increase of detailed 1:1 advocacy due to general rise in prevalence of mental health.
IHCA	88	Static or slight increase.

5. <u>THE MARKET</u>

5.1. The market for adult advocacy services is limited. There is a number of national providers, but the local market is not as well developed.

5.2. Early market engagement has confirmed this initial assessment. There are three local advocacy providers and another three national providers who have shown interest in the scope of the tender. None of the local providers has IMCA trained and qualified advocates.

5.3. There is a need to draw on national expertise in advocacy in the context of a limited number of professional advocates and predicted increased demand, particularly in the areas of IHCA and IMCA. In recognition of this, our proposed model aims to support the development of local advocacy provision.

5.4. The table below gives an overview of the key areas of feedback from market engagement.

Table 3: Market Engagement Feedback

Key Factors	Market View
Proposed model	Understood the model and willingness to build links with other providers. Suggested linking in with CCG in further development of our model.
Statutory provision covered only.	Raised the risk that there could be a gap in the model as it does not cover non-statutory general advocacy. This can be mitigated by providers building better links with our 3rd Sector Investment Fund advocacy and advice contracts to support appropriate transition of cases and step up, step down where needed.
Commitment to developing local social infrastructure.	Recognised that this is integral to partnering with H&F.
Use of a social value matrix to score tenders.	Supported the use of a matrix to help track and monitor actual value added.
Do things with residents, not to them.	Supported co-production approach and suggested groups of service users who might be happy to be involved throughout the process or at key stages.

6. PROCUREMENT STRATEGY

6.1. Contract package, length and specification

6.2. **Length**: Through our market engagement we know providers are concerned about the impact of short-term contracts on staff retention and service quality. It is therefore proposed to award a three plus two-year contract, with a six-month break clause to be activated by either party at any point in the contract.

6.3. Although six months is not very long to put in place new service arrangements; in the eventuality of the provider issuing notice, in line with standard business continuity practice in the sector, officers would negotiate short-term provision of the support services with another existing provider within the borough, pending tendering a new contract. It is considered that overall there is a benefit to the Council of being able to terminate a contract that is not meeting the needs of residents within a six-month period.

6.4. **Specification**: The full specification will be co-produced for the invitation to tender exercise in October and will detail the front door/ referral pathway as well as the service specific requirements for each advocacy type.

6.5. **Management**: Hammersmith & Fulham Adult Social Care will manage the contract through regular quarterly contract monitoring meetings. Additionally, the contract will allow for additional spot checks and site visits to the providers within the Partnership at any time to audit policies, procedures and to provide quality assurance.

6.6. **Key Performance Indicators**

6.7. KPIs will be co-produced with advocacy service users in targeted workshops as part of the specification. The KPIs will be reflective of the key outcomes that we want our advocacy services to deliver.

6.8. Key outcome domains will be as follows:

- Residents have a voice that is heard and listened to because:
  - advocates work to co-produce a person centred action plan with residents that meets their desired goals;
  - advocates work to feed back to the local authority, CCG and where appropriate third sector organisations where their case work encounters areas for service development; and
  - advocates are responsive and work to deliver for residents within agreed timeframes that support goals.

- Residents have greater choice and control over decisions made about their health and wellbeing because:
  - advocates work to empower service users in order to effectively express their wishes and choices around their own health and wellbeing.

- Resident's rights are upheld and supported because:
  - advocates support residents to understand their rights and expectations in relation to health and social care.

- Residents are supported to build resilience and independence to live their life in the way that they want to because:
  - advocates are able to grasp resident issues and problems readily and work towards a co-produced plan of action to support independent living.

6.9. **Contract award criteria**

6.10. The tender for this procurement will be one stage where at point of Invitation to Tender all providers will be able to apply and the following criteria will apply.

6.11. The proposed contract award criteria are:
- Quality – 60%
- Cost – 40%

6.12. Tenderers will be asked to specify costs in a number of areas:
- core costs for providing the full advocacy service, and any breakdown across the partnership, including any premises costs;
- hourly rates for each advocacy type;
- marketing and promotion;
- training and development; and
- management overheads.

6.13. The best priced tender will be awarded maximum points. Other tenders will be relative to the best price. The average annual value will be set at £202,000.

6.14. Proposed Quality Criteria out of 100, representing 60% of total, are as follows:
- Understanding the role of the advocate: 20;
- Demonstrating ready access to highly qualified advocates 15;
- Service model: 15;
- Designing and managing the referral pathway: 10;
- Demonstrating partnerships with local providers: 15;
- Organisational training and development: 5;
- Marketing and outreach: 5;
- Managing conflict: 5;
- Managing transition of clients from any prior service provider: 5; and
- Social Value: 5

7. SOCIAL VALUE, LOCAL ECONOMIC AND COMMUNITY BENEFITS

7.1. Tenders will be evaluated against a social value weighting, which is set at 5% of the total quality weighting. The process enables suppliers to provide targets against specified commitments in their tenders.

7.2. In this tender we will be testing a Social Value Calculator, which introduces measurements against a series of Themes, Outcomes and Measures. Each measure is allocated a financial value that reflects the cost saving and economic benefit of that specific measure. This allows for financial comparison of each tenderer's social value commitments. Initial market engagement has demonstrated positive feedback to the use of a matrix.

7.3. The main social value we will be looking for is in areas of community and growth. This is to support the development of the local social infrastructure in Hammersmith & Fulham and maximise the commitment to being a compassionate Council. This can be achieved through developing employment pathways for local residents: see paragraph 8.2.

7.4. Currently over 50% of the total advocacy contract value is with local providers. The commitment to local suppliers and employment will be evaluated through both quality and cost criteria. The expectation is that tenders will match the current proportion over the lifetime of the contract.

8. OTHER STRATEGIC POLICY OBJECTIVES

8.1. The provision of statutory advocacy delivered through a partnership model supports other corporate strategic policy objectives, highlighted below.

8.2. The Disabled People's Commission's report, which has been accepted in full by the administration, recommended strengthening disabled people's organisations. This procurement will support that by committing to the use of local providers in the specification as one area of the partnership model, as well as the development of peer advocacy. From providing opportunity for service users to develop their own resilience, this could progress to being trained as a professional advocate or leading groups that would support with general advocacy. This would have a secondary benefit of supporting the development of this limited market in Hammersmith & Fulham.

8.3. The Industrial Strategy states the Council's commitment to using procurement to support local firms and jobs. By encouraging partnerships with local providers this procurement will support this policy. In order to deliver this effectively we will ensure that local residents and service users have the opportuntity to be trained up as advocates. Additionally, the model will require the lead provider to support smaller providers in their own organisational development, including training, quality assurance processes and fundraising/ bid writing.

8.4. The Older People's Commission recommends better information and a commitment to 'every door is the right door'. Our commitment to one front door for advocacy services and the effective linking of providers to third sector organisation will support this vision of services working together to provide better information for residents regardless of where they first make contact.

8.5. Improving links will also impact the feedback mechanisms we have for monitoring third sector partnerships providing better oversight on the quality of service delivered.

9. STAKEHOLDER CONSULTATION

9.1. In scoping initial options and key areas of consideration, we consulted with Heads of Service in Social Care to get a clear steer on preferred models and service delivery and highlight risks and interdependencies.

9.2. We also undertook Initial market engagement to gain feedback on the proposed model. A more detailed breakdown of the feedback can be found in paragraph 5.4.

9.3. We plan to work in co-production with service users, including through four workshops, to develop and finalise the service specification, outcomes, KPIs, values and service standards we want our advocacy services to deliver. Our current providers have offered to support us in engaging with service users who can co-produce the new model.

10. PROCUREMENT PROCEDURE

10.1. The procurement procedure will be open. This is recommended as it provides the best chance of reaching the widest number of providers in a limited market for statutory advocacy services. See paragraph 4.2 page 14 for more detail.

11. PROJECT MANAGEMENT AND GOVERNANCE

11.1. Project management

11.2. The service review team is made up of a strategic lead and project manager from Adult Social Care commissioning, heads of service in operations who oversee social workers/referrers, and a member of the procurement consultancy service.

11.3. Additionally, the lead commissioner of the CCG's mental health services team has been kept informed. Prior to 2018/19 IMHA was jointly commissioned between the H&F CCG and the Council, with the CCG being the lead commissioner and contract manager.

11.4. There will be additional planning in collaboration with providers to ensure that any cases that do not meet the requirements of statutory advocacy are managed and handed over properly to third sector partners or appropriate agencies. As part of this, the specification will make clear what advocacy is and is not in order to ensure clarity around what cases providers can expect to take on moving forward. We will communicate with current providers and third sector organisations ahead of this transition in order to mitigate the impact of the changing scope of the service on residents and incumbent providers.

11.5. Indicative timetable

Activity	**Date**
Invitation to Tender	14/10/2019
Submission of Tenders	18/11/2019
Evaluation of Tenders	06/12/2019
Notify Tenderers	03/01/2020
Altacel standstill period	31/01/2020

Mobilisation	31/01/2020 – 31/03/2020
Go Live	01/04/2020

11.6. **Contract management**

11.7. Hammersmith & Fulham Adult Social Care with manage the contract through regular quarterly contract monitoring meetings. Additionally, the contract will detail issues that should be escalated outside of the regular meetings and allow for additional spot checks and site visits to the providers within the Partnership at any time to audit policies, procedures and to provide quality assurance.

11.8. Monitoring information will include quantitative reporting on the key performance indicators and qualitative narrative reporting, including information on continuous service improvement, user case studies and complaint handling.

11.9. The social value element of the contract will be monitored using our social value matrix, which will mean that providers will be measured against themes, outcomes and measures (TOMs). The purpose of this matrix is to provide a proxy measure for social value, reflecting the cost saving and economic benefit of a specific measure. It will also help ensure that contracts deliver on this aspect as they would any other part of a contract.

APPENDIX 3:

H&F Equality Impact Analysis Tool

Overall Information	Details of Full Equality Impact Analysis
Financial Year and Quarter	2019/20 Q2
Name and details of policy, strategy, function, project, activity, or programme	Title of EIA: Adult Statutory Advocacy services procurement Short summary: The current contracting arrangements are complex, we currently have 6 different contracts to deliver the 6 areas of advocacy through 4 different providers. Change is needed to streamline the current contractual arrangements. The current arrangement ends in March 2020. Commissioning intentions include: • To make the service easier to navigate for residents and professionals making referrals. • To improve the quality of the service to meet the needs of residents. • To empower residents to be able to self-advocate in future. • To allow Hammersmith & Fulham Council to have better oversight over contracts and opportunity to develop the market through partnerships. Our non-statutory advocacy and advice services, which are contracted until March 2028, support residents with a range of information and advice, therefore, reducing the need for us to invest in our statutory advocacy. We want to encourage and develop the market and build our local social infrastructure and for statutory services to sign post our residents to our third sector offer where relevant.
Lead Officer	Name: Lisa Henry Position: Strategic Lead Email: lisa.henry@lbhf.gov.uk Telephone No: 07584 522 952
Date of completion of	02.08.19

final EIA	

Section 02	**Scoping of Full EIA**
Plan for completion	Timing: Cabinet decision October 2019 Invitation to tender October 2019 New service mobilisation ready for April 2020. Strategic Lead – Lisa Henry Project Manager – Rebecca Richardson Procurement advisor – Ilaria Agueci
Analyse the impact of the policy, strategy, function, project, activity, or programme	The procurement of new advocacy services will not in way alter the availability of the service for people with protected characteristics. As part of the invitation to tender suppliers will be required to demonstrate that they work to the Advocacy Charter this enshrines that equality and diversity is a core principle of the behaviours and values of the organisation. In all instances the new procurement will therefore have a neutral impact upon people with protected characteristics. The table below gives the statistics for one of the current advocacy services to provide a snapshot of the profile of current users of our IMCA service. This demonstrates that statutory advocacy is a service used by some of the more vulnerable residents.

Protected characteristic	**Analysis**			**Impact:** Positive, Negative, Neutral
Age	**Age**	**No.**	**%**	Neutral
	0 - 15	0	0%	
	16 - 24	0	0%	
	25 - 29	0	0%	

		30 - 34	2	2%	
		35 - 39	0	0%	
		40 - 44	3	3%	
		45 - 49	0	0%	
		50 - 54	2	2%	
		55 - 59	4	4%	
		60 - 64	4	4%	
		65 - 69	8	9%	
		70 - 74	13	14%	
		75+	58	62%	
	Disability	**Client Group**	**No.**		Neutral
		Acquired brain injury	9		
		Autism/ Asperger's Syndrome	1		
		Cancer	3		
		Cognitive Impairment	8		
		HIV/ Aids	4		
		Learning disabilities/difficulty	9		
		Long term illness/condition	26		
		Mental health	15		
		Mental Health - Dementia	52		
		Mental Health - Older Peoples'	3		
		Physical Disabilities	16		
		Sensory disabilities - blind - severe visual impairment	2		
		Sensory Impairment – Vision	3		
		Stroke	2		
		Substance misuse	3		
		Substantial Difficulty	2		
		Unconscious	3		
	Gender reassignment	Not collected			Neutral

Marriage and Civil Partnership	Not collected		Neutral
Pregnancy and maternity	Not collected		Neutral
Race			Neutral

Ethnicity		**No.**	**%**
White	British	56	58%
	Irish	4	4%
	Other White	9	9%
Asian / Asian British	Bangladeshi	4	4%
	Indian	4	4%
	Pakistani	1	1%
	Other Asian / Asian British	3	3%
Black / Black British	African	2	2%
	Caribbean	8	8%
	Other Black / Black British	3	3%
Chinese / Other Ethnic Groups	Other Ethnic Group	2	2%

Religion/belief (including non-belief) — Neutral

Religion	**No.**	**%**
Christian/ Catholic	62	67%
Hindu	1	1%
Jewish	1	1%
Muslim	7	8%
No religion	18	19%
Sikh	4	4%
Prefer not to say	3	

Sex — Neutral

Gender	**No.**	**%**
Female	32	33%
Male	64	67%

Sexual Orientation — Neutral

Sexuality	**No.**	**%**
Bisexual	1	1%
Gay male	4	4%
Heterosexual	88	95%

	Prefer not to say	3	

Human Rights or Children's Rights
If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice

Will it affect Human Rights, as defined by the Human Rights Act 1998?
Yes

Will it affect Children's Rights, as defined by the UNCRC (1992)?
No

Section 03	**Analysis of relevant data** Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.
Documents and data reviewed	Monitoring reports from current service providers have been reviewed to ensure that our current provision treats all residents fairly, and equally.

Section 04	**Consultation**
Consultation	Market engagement event highlighted areas for consideration, particularly related to the new Liberty Safeguard Provision that has been made law through the Mental Capacity (Amendment) Act 2019 that will come into force during 2020.

Section 05	**Analysis of impact and outcomes**
Analysis	The procurement of new advocacy services will not in way alter the availability of the service for people with protected characteristics.

Section 06	Reducing any adverse impacts and recommendations
Outcome of Analysis	The specification will highlight the requirement for providers to adhere to the advocacy charter and provide their corporate equality policies so this commitment can be verified. Co-production will be embedded within the service specification for continuous improvement and staff training and development.

Section 07	Action Plan
Action Plan	Over Aug/ Sept 2019 the service specification will be finalised which will include the aspects noted above.

Section 08	Agreement, publication and monitoring
Key Decision Report (if relevant)	Date of report to Cabinet/Cabinet Member: 07.10.19 Key equalities issues have been included: Yes
Equalities Lead (where involved)	Name: Fawad Bhatti Position: Policy and Strategy Date advice / guidance given: 21.08.19 Email: fawad.bhatti@lbhf.gov.uk Telephone No: 07500 103 617