

DECISION-MAKER:	CABINET MEMBER FOR ADULT CARE FOLLOWING CONSULTATION WITH THE JOINT COMMISSIONING BOARD		
SUBJECT:	AWARD OF THE INTEGRATED ADVOCACY SERVICE		
DATE OF DECISION:	19 TH DECEMBER 2019		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
The report of the Director of Quality and Integration detailing a decision to issue a contract for provision of an Integrated Advocacy Service following a tender process. Tenders will be evaluated according to the most economically advantageous criteria, taking into consideration best quality at the best price.	
RECOMMENDATIONS:	
(i)	To delegate authority to the Director of Quality and Integration, following consultation with the Cabinet member for Adult Care, to award the contract for the Integrated Advocacy Service to the preferred bidders as set out in the report and to enter into contracts in accordance with contract procedure.
(ii)	To delegate authority to the Director of Quality and Integration to progress to contractual and financial close of commissioned services for Integrated Advocacy Services and exercise all further decision making in relation to this re-commissioning.
REASONS FOR REPORT RECOMMENDATIONS	
1.	<p>The current Integrated Advocacy Service, which commenced on 1st April 2015, will end on 31st March 2020 when the current contract expires.</p> <p>Following a service review, agreement was given at Integrated Commissioning Unit Management Team (ICUMT) on 9th August 2019 to explore the possibility of a joint procurement approach with Hampshire County Council (HCC), in order to achieve improved cross authority consistency of service and efficiencies that offer the authorities improved</p>

	<p>value for money.</p> <p>It was agreed that HCC would lead the procurement with an ICU commissioner and ICU senior sourcing and contract manager contributing to the procurement project group, with advice being taken from SCC legal as applicable.</p> <p>The tender was advertised in November 2019 and the Invitation to Tender (ITT) stage will be open until 12th December 2019. The evaluation stage will be completed by 18th December 2019. It is now requested that a decision is made to award the tender aligned to the end date of 31st March 2020.</p>
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	<p>Other commissioning options were considered prior to the decision to jointly tender, for example, continuing to contract with the current provider. However, this was rejected as it did not comply with The Council's Contract Procedure Rules and the European Procurement Regulations. The advantages and disadvantages of each option were fully considered by the Integrated Commissioning Unit Management Team (ICUMT) and the procurement approach agreed.</p>
3.	<p>The possibility of tendering the service as a single Local Authority was considered. However, the opportunity to jointly commission with Hampshire County Council (HCC) was appraised as being the most favourable option because of the following reasons:</p> <ul style="list-style-type: none"> • Potential economies of scale and • Access to a bigger market • Shared procurement resource with HCC taking a lead role in the procurement • Increased access to expertise by pooling resource across SCC and HCC commissioning <p>Initial conversations confirmed that:</p> <ul style="list-style-type: none"> ○ HCC are procuring in a similar timescale and expressed interest in co-commissioning ○ Flexibility was agreed to ensure there are no restrictions on each authority (both authorities' commission statutory and (different) non-statutory services.) ○ Possibility to have one single contract or separate contracts if that was the preferred option ○ Consistency of advocacy relationship could be maintained, for example, where a patient is discharged from Southampton General Hospital to a Hampshire residence

DETAIL (Including consultation carried out)

4. The Integrated Advocacy service is a holistic advocacy service commissioned to offer a single point of access for, and to meet the needs of, all eligible referrals.

“Advocacy” is defined as: “Taking action to help people say what they want, secure their rights, represent their interests and obtain services they need”.

The service provides parity of access to all eligible individuals, regardless of their needs, their reason for seeking advocacy support, or what community they are from. This includes individuals with learning disabilities, autism, mental health issues, physical and sensory disabilities and long term conditions. The service encompasses both statutory and non-statutory advocacy however meeting the demands in relation to statutory advocacy are at all times prioritised over the non-statutory elements of the service.

Demand for advocacy has been steadily growing since the service started in 2015:

The service has, over the course of this contract, seen an 84% increase in referrals for statutory and non-statutory advocacy combined.

Period	Referrals received	Number per month	Percentage increase	
			From contract start	from last period
2015/16	461	38.41	n/a	n/a
2016/17	647	53.91	40.35%	40.35%
2017/18	883	57.58	91.54%	36.48%
2018/19	849	70.75	84.16%	-3.85%

New legislation in the form of the Mental Capacity (Amendment) Act is due to be introduced in 2020 which will have an impact on demand for the service. This makes it difficult to predict demand in the immediate future. However, potential providers are aware of the imminent changes and the service will be reviewed robustly in order to assess impacts on capacity.

5. This contract is for a joint service to deliver advocacy to meet the requirements of:

- The Mental Health Act 1983 (as amended)
- The Local Government and Public Involvement in Health Act 2007 (as amended)
- The Care Act 2014
- Time limited spot purchased advocacy for other purposes

6. The new service model was developed jointly with Hampshire County Council

	(HCC). Stakeholder and provider engagement has been undertaken in Southampton and Hampshire and the results of this used to inform the new service specification.
7	<p>The Integrated Advocacy service supports and contributes towards achieving one of the four key aims contained in the Southampton City Council Strategy 2016-2020, most significantly “People in Southampton live safe, happy, independent lives”. The overriding purpose of an Advocacy service is to enable individuals to take more responsibility for themselves and reduce their dependency on other people. Empowering individuals to self-manage and to take control of their own lives is central to the advocacy support provided as part of this Service.</p> <p>Several other of Southampton’s strategies and policies make reference to the provision of advocacy including the Adult Social Care and Support Planning Policy 2016 – 2020, and the Southampton Better Care Plan 2017 - 2019.</p>
8.	<p>An option appraisal was undertaken to decide the procurement route for the Integrated Advocacy Service and was considered by the Integrated Commissioning Unit Management team. The decision to tender was taken in order to :</p> <ol style="list-style-type: none"> a. Meet the council’s procurement rules. b. To achieve best quality at the best price.
9.	<p>Tenders will be assessed and providers identified in accordance with the “most economically advantageous” criteria, which take into consideration both quality and price. The quality/price weighting has been agreed as 80% Quality/20% Price, through discussions with Hampshire County Council. This has been agreed due to the need to maintain and improve the quality of services locally where possible and in recognition that poor quality services have a cost in relation to service users requiring services for longer and for more complex conditions if early intervention and prevention is unsuccessful. It is recognised that obtaining the best value for money is also a key consideration.</p>
10.	<p>Outcomes - The appointed providers will work in partnership with Southampton City Council and the Commissioners and will contribute towards the delivery of the following outcomes which are consistent with local and national strategies.</p> <ul style="list-style-type: none"> • Improved health and emotional wellbeing as a result of advocacy intervention • Increased confidence to be able to speak for themselves in future • In relation to Care Act advocacy - the service user is enabled by the advocate to participate in any health and social care process with which they need assistance and support in order to successfully engage in the proceedings and articulate their wishes.

RESOURCE IMPLICATIONS									
<u>Revenue</u>									
11	<p>The annual funding available for this tender in 2020/21 is as follows:</p> <table border="1"> <tr> <td>Advocacy</td> <td>£267,827</td> </tr> <tr> <td>Learning Disabilities Housing Advocacy</td> <td>£14,157</td> </tr> <tr> <td>Substance Use Disorder Advocacy</td> <td>£15,000</td> </tr> <tr> <td>Total per annum</td> <td>£296,984</td> </tr> </table> <p>The budget available for the two year period of the contract is therefore £593,968. There is an option to extend the contract for up to two years. If this option is exercised the total cost of the contract across the four year period is £1,187,936.</p>	Advocacy	£267,827	Learning Disabilities Housing Advocacy	£14,157	Substance Use Disorder Advocacy	£15,000	Total per annum	£296,984
Advocacy	£267,827								
Learning Disabilities Housing Advocacy	£14,157								
Substance Use Disorder Advocacy	£15,000								
Total per annum	£296,984								
<u>Property/Other</u>									
12.	N/A								
LEGAL IMPLICATIONS									
<u>Statutory power to undertake proposals in the report:</u>									
13.	The Council has the power to offer Advocacy services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution.								
<u>Other Legal Implications:</u>									
14.	The services provided on behalf of the Council will be required to be delivered in accordance with the Equalities Act 2010, the Human Rights Act 1998 and the Council's duties under the Care Act 2014, The Mental Health Act 1983 (as amended), The Local Government and Public Involvement in Health Act 2007 (as amended), The Mental Capacity Act (2005)								
CONFLICT OF INTEREST IMPLICATIONS									
15.	N/A								
RISK MANAGEMENT IMPLICATIONS									
16.	<p>The Integrated Advocacy service undertakes statutory requirements within relevant legislation and statutory guidance (see below Policy Framework implications). Therefore, failure to provide this service would carry with it significant risks for the Council including delivery of a statutory responsibility and delivery of key outcomes and operational activities.</p> <p>Failure to provide this service would also have significant reputational risk to the Council as it is likely to have significant levels of stakeholder, service user and family and carer concern and interest as the service supports vulnerable</p>								

	<p>service users, often with complex needs.</p> <p>The current contract for the service is due to expire on 31st March 2020 In order to avoid either non-compliance or a break in service the preferred bidder will be appointed on 19th December 2020, following the decision of the Joint Commissioning Board (JCB) and the delegation of authority to the Director of Integration and Quality in consultation with the Cabinet Member for Adult Social Care. This will allow sufficient time for new service mobilisation and implementation to be completed with service commencement on 1st April 2020.</p>
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POLICY FRAMEWORK IMPLICATIONS

18.	<p><u>Statutory Advocacy</u></p> <p>This Service is commissioned to meet all statutory requirements with regards to advocacy support outlined within relevant legislation and statutory guidance. This includes the provision of:</p> <ul style="list-style-type: none"> • Independent Mental Health Advocates (IMHA) under the Mental Health Act (2007) • Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act (2005) • Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act (2005). This includes the provision of the Paid Relevant Representative Role. • Independent Advocacy provided under the Care Act (2014) • Advocacy to support those with Special Educational Needs under the Children and Families Act (2014). <p><u>Non Statutory advocacy</u></p> <p>The Service additionally offers non statutory advocacy in order to support eligible individuals to have their views and wishes heard and acted upon in relation to a variety of issues. This element of the Service is needs led and models of delivery are therefore flexible.</p> <p>The provision of non-statutory advocacy includes but is not limited to:</p> <ul style="list-style-type: none"> • Supporting parents who have a learning disability and whose child is subject to child protection proceedings • Supporting self-advocacy groups and self-advocates to lead the advocacy support that they receive, attend forums and meetings across Southampton and to understand and have a say over the issues which impact their lives • Supporting individuals to become peer advocates, enabling people with a shared experience to support and empower each other • Supporting individuals through the hospital discharge process and decision making about discharge and support options • Providing advocacy support to individuals and groups as part of strategic service reviews and system redesign undertaken by public sector bodies. <p><u>Learning Disabilities Housing Advocacy</u></p> <p>The provision of advocacy for individuals with a complex needs is also</p>
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	covered by this service. The Service is supporting individuals through the process which for some will mean a move from living in residential, nursing or other settings to supported living services or more independent settings; enabling them to have their say and ensuring that their views and wishes are taken into account.
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KEY DECISION?	Yes
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WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Appendix 1 - – Equality Impact Assessment
2.	Appendix 2 – Data Protection Impact Assessment
3.	
4.	
5.	

Documents In Members’ Rooms

1.	
2.	
3.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	Yes
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. None	