

Report of: Interim Chief Officer, Integrated Commissioning, Adults and Health

Report to: Director of Adults and Health

Date: 3rd August 2017

Subject: To seek approval to expand proposed ‘Advocacy Support and Services’ contract procurement (reference number: YORE-96DJ4Q) to include additional statutory advocacy service –Independent Mental Capacity Advocate (IMCA).

| | | |
|---|------------------------------|--|
| Are specific electoral Wards affected? If relevant, name(s) of Ward(s): | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the decision eligible for Call-In? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4 Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

1. This report seeks approval to expand the proposed advocacy support and services contract procurement to also include the statutory Independent Mental Capacity Advocate (IMCA) service currently provided through a separate contract but delivered by the same service provider.
2. As part of the existing Advocacy contract, the current service provider, Advonet provide a number of statutory advocacy services including Independent Mental Health Advocate (IMHA), NHS Complaints Advocacy Service (LIHCA) and Care Act Advocacy as well as directly delivering independent, short term issue based advocacy to all user groups.
3. Advonet also provide the IMCA service via a separate contract – reference (YORE-992LML). This is a statutory service all Local Authorities are required to commission from independent organisations
4. The existing two contracts were awarded to Advonet from 1 April 2013 and 1 April 2014 respectively. The Advocacy services contract has already been extended within the terms allowed but the IMCA contract runs until 31st March 2019.

However, Advonet have expressed that they wish to terminate the IMCA contract on 31st March 2018. The new advocacy service, including the IMCA service, will therefore be procured to commence April 2018. It is expected the procurement exercise will begin late summer 2017. A Delegated Decision Notice (DNN) (D44145) authorising this procurement was approved 17/02/17 and reference was made in that DDP report to the possibility of combining these two contracts

Recommendations

5. The Director of Adults and Health is recommended to authorise the extension of the forthcoming advocacy procurement to incorporate both Advocacy Support and Services Contract and the IMCA Service.
6. The Commissioning Officer will liaise with Projects, Programmes and Procurement Unit (PPPU) regarding the procurement exercise to ensure the Public Contracts Regulations 2015 and Contracts Procedure Rules (CPR) are adhered to. The decision will be implemented from April 2018.
7. The Director of Adults and Health will use her delegated authority to take commissioning decisions which will be a direct consequence of this significant operational decision, for example approval of the detailed specifications for procurement and subsequent contract awards. This is subject to the decisions being in line with the key principles and features as described in the report.

1 Purpose of this report

To seek approval to include provision for IMCA statutory service within the forthcoming procurement process to secure Advocacy Support and Services authorised 17th February 2017 under an authority to procure DDN (D44145) report.

2 Background information

- 2.1. The Mental Capacity Act (MCA) makes it a legal requirement for service users lacking mental capacity to have independent advocacy when there is no one else to speak for them. An IMCA must be provided when decisions are being made regarding –
- serious medical treatment; or
 - arranging accommodation; or
 - arranging a change of accommodation in hospital or a care home where the service user will stay in hospital longer than twenty eight (28) days, or a care home for more than eight (8) weeks.

An IMCA may also be instructed for care reviews and adult safeguarding.

- 2.2. Advonet is the current provider of Council commissioned statutory and non-statutory advocacy services. The first contract – YORE-96DJ4Q-has been in place since 1 April 2013. This contract allowed for 3 years with the option of 2 x 12 month extensions both of which have been triggered with the second expiring end March 2018. A second contract - YORE-992LML was awarded to Advonet in April 2014. This contract does not expire until 31st March 2019. However, the existing provider Advonet, has requested to terminate the contract at the end of March 2018.
- 2.3 A service review was undertaken in 2016 which looked at all aspects of the existing services and contractual arrangements delivered by Advonet. This found that the service has been competently delivered to date and demonstrated good value for money. The review concluded with a number of recommendations – including one to re- commission advocacy services beyond the existing contract.

3. Main issues

- 3.1 A procurement exercise will need to take place during the final extension period of the current Advocacy contract to ensure appropriate and statutory advocacy provision from April 2018.
- 3.2 Combining both the current Advocacy and the IMCA contracts via a procurement exercise offers a number of operational benefits to the council, service user and provider. For example, having a single point of entry for all advocacy services will result in a simplified pathway for both service users and greater ease of signposting by referring bodies. It will also enable greater efficiencies in terms of back office function and overheads which can be used to support more direct delivery of advocacy. Finally, there is a great deal of overlap between IMCA and Care Act advocacy so it would be expedient to have both under the same contract.

- 3.3 The 2014 procurement exercise for the IMCA service resulted in a sole bid from the existing provider which suggested limited interest and capacity within the market. .

4. Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The Executive Member for Adults and Health has been consulted and is supportive of the proposal.

4.1.1 A review of the existing service provided was undertaken in 2016 which involved extensive consultation with service users, staff, volunteers and other stakeholders. Feedback about the current services was very positive.

4.1.3 Consultation and engagement will be a requirement within any new contract and will be monitored through a robust contract monitoring process.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An Equality, Diversity, Cohesion and Integration Screening has been completed (Appendix 1) to examine the impact of the proposal. The screening toolkit demonstrates that the service meets the desired equality requirements.

4.2.2 The provider has appropriate policies and procedures in place.

4.3 Council policies and Best Council Plan

4.3.1 The commissioning of this service supports aims in the Leeds City Council Best Council plan 2015-2020. In particular the objectives “Supporting communities and tackling poverty” and “Delivering the better lives programme”.

4.3.2 Effective advocacy also supports the 5 aspirations for service users highlighted in The White Paper: Caring for Our Future. These are that everyone receiving care can say the following:

- I am supported to maintain my independence for as long as possible
- I understand how care and support works, and what my entitlements, and responsibilities, are
- I am happy with the quality of my care and support
- I know that the person giving me care and support will treat me with dignity and respect
- I am in control of my care and support

4.4 Resources and value for money

4.4.1 The value of the proposed wider Advocacy contract is £1,001,228pa. The value of the proposed IMCA contract is £246,000 which would be added to the wider advocacy contract funding. However, the IMCA budget is an indicative figure only as it is based on level of demand. As such, activity will be closely monitored against expenditure and any underspend will be recouped by the Council.

- 4.4.2 Combining the procurement exercise for both contracts will streamline the process thereby reducing costs and overheads for both internal staff and external providers involved in the bidding process.
- 4.4.3 The resource implications in terms of monitoring and reviewing the proposed contract in order to ensure the service continues to meet statutory requirements and the necessary outcomes will be provided from within existing staffing in the Adult and Health commissioning and contracts team. Again, combining the advocacy role into a single contract will provide a greater degree of efficiency and reduce the potential for duplication.
- 4.4.4 A full service review has been undertaken in 2016 which showed that Advocacy services were meeting their outcomes and providing value for money.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 The decision highlighted in this report will be taken by the Director of Adults and Health in line with the officer delegation scheme as detailed in Part 3 of the Council's Constitution.
- 4.5.2 As the overall value of this decision does not exceed £250,000 the decision is a significant operational decision and therefore is not subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

4.6 Risk Management

- 4.6.1 The previous contracting process was conducted in accordance with the Council's CPRs.
- 4.6.3 The contracts discussed within this report incorporate statutory advocacy services and the Council has a duty to facilitate this provision. Should this procurement not be approved the Council may not fulfil its statutory requirements.

5 Conclusions:

- 5.1 By approving the refinement of the forthcoming advocacy service model and subsequent procurement exercise to include IMCA statutory obligations a more accessible, cost effective and streamlined service is more likely to be achieved.
- 5.2 A Commissioning Officer will undertake the procurement exercise in conjunction with the PPPU and the future commissioned service will be subject to robust contract monitoring and on-going review.

6 Recommendations:

- 6.1 The Director of Adults and Health is recommended to authorise the expansion of the forthcoming advocacy procurement to incorporate both Advocacy Support and Services Contract and the IMCA Service

- 6.3 The Commissioning Officer will liaise with PPPU regarding the procurement exercise to ensure the Public Contracts Regulations 2015 and CPRs are adhered to. The decision will be implemented from April 2018.
- 6.4 The Director of Adults and Health will use her delegated authority to take commissioning decisions which will be a direct consequence of this significant operational decision, for example approval of the detailed specifications for procurement and subsequent contract awards. This is subject to the decisions being in line with the key principles and features as described in the report.

7 Background documents¹

- 7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.