

OFFICER DECISION RECORD

This form should be used to:-

- (1) record Executive decisions taken by officers which are non key decisions
- (2) record other non Executive decisions taken by officers

Decision Ref. No:

AHWB.012.2017AdvocacyServices

Box 1

DIRECTORATE:

Adults, Health and Well Being

Contact Name: Fay Wood
Interim Commissioning Manager.
Glyn Sparrow, Contracts Officer

Tel. No: 01302 737817

01302 736091

Subject Matter: Statutory and non statutory advocacy services.

Box 2

DECISION TAKEN:

Procurement of an Advocacy Hub for the provision of Statutory and non-statutory Advocacy, in consultation with the portfolio holder.

1. To seek approval to go out to tender in accordance with Public Contracts Regulations 2015 and to award a contract for a period of 5 years with two, 12 month extensions for the provision of an 'Advocacy Hub' for the following Advocacy services of which Doncaster Council have a statutory duty to provide:-
 - a). Advocacy under the Care Act 2014
 - b). Deprivation of Liberty Safeguard Relevant Person Representative Service (RPRS)
 - c). Independent Mental Capacity Act Advocacy
 - d). NHS Independent Complaints Advocacy Service
 - e). Independent Mental Health Advocacy (IMHA).
2. To include within the Service Specification an element of Generic Advocacy (non-statutory) to ensure equity and to support the population of people who do not qualify in law to formal advocacy but who may need short term advocacy support thereby ensuring they have a voice.

Box 3**RELEVANT BACKGROUND CONSIDERATIONS**

Doncaster Council currently have four contracts in place for the delivery of Advocacy Services as follows:-

- 1) Voiceability are contracted to provide:
Care Act Advocacy, Deprivation of Liberty Safeguard Relevant Person Representative Service (RPRS) and non- statutory advocacy.
Contract end date 31 July 2017
Doncaster Council holds the contract.
- 2) Sheffield Citizens Advice Bureau are contracted to provide:
Independent Mental Capacity Act Advocates (IMCA). Sheffield CAB subcontract with Cloverleaf for the delivery of the service. A tripartite arrangement is in place for this contract with Doncaster MBC, Rotherham MBC and Sheffield City Council with Sheffield holding the contract. Rotherham and Sheffield are independently procuring the service going forward. So, the current arrangement will end on 31 March 2107. Doncaster MBC have put in place a CPR Waiver(CPR/16/10/0007) to directly award the contract to Sheffield CAB to ensure Doncaster MBC are meeting their Statutory obligations and to align the contract with the procurement timeline for the 'Advocacy Hub'. A separate ODR is being processed to reflect this.
- 3) Cloverleaf are contracted to provide:
Independent Mental Health Advocacy (IMHA)
Contract end date 31 September 2018
Rotherham MBC holds the contract. This service will be factored in the Service Specification for the 'Advocacy Hub'.
- 4) Doncaster Healthwatch are contracted to provide:
Independent Complaints Advocacy Service
Contract end date 30 June 2017
Doncaster Council holds the contract.

As indicated above all four of the above contracts have historically been commissioned under separate arrangements and managed independently to each other.

Case for Change.

Demand for advocacy services from users of health and social care services is increasing. The Care Act 2014 brought in new statutory obligations for Local Authorities to enable eligible service users and carers access to independent advocacy and the 2014 Supreme Court Judgement regarding Deprivation of Liberty Safeguards (DoLS) has seen an increase in demand for IMCA interventions. Additionally, significant areas of service redesign, changes in eligibility criteria and cuts to public services mean more people than before are seeking an independent voice to provide an improved service user experience.

Hence the need to develop a strategic approach to the way advocacy is commissioned in Doncaster so as to create the flexibility and capacity to future-proof these services whilst meeting increasing demand and improved service user, carer experience.

The model that will be commissioned will be of a 'Hub and Spoke' structure in that a central hub will be established to co-ordinate all advocacy services. This will ensure individuals accessing the service do so via a single referral point and co-ordination of referral to the appropriate type of advocacy without individuals accessing the service having to make multiple contacts, each time providing their details and story for each service they are referred to.

This model will also encourage the use of local advocacy services via the providers own sub-contract arrangements and thus supporting local agencies and SME's. Although some providers may submit a tender stating that they have capacity to deliver all types of advocacy services, as the service is a face to face service it will still encourage local employment opportunities.

The tender documentation will state that alternative approaches to service delivery are welcomed to strengthen partnerships, prevent a provider monopoly and assist with capacity building within Doncaster. Tenderers shall be asked as part of their tender submission how they will approach strengthening local partnerships.

Whilst the Council will agree an annual block payment for the hub operating costs, the contract will be a call-off and therefore offer no guarantees to the number of individuals that will access this service. Also there will be no caps on individuals accessing services or targets to increase numbers of individuals accessing the service.

The tender documentation will clearly state that further efficiencies are sought throughout the life of the contract, to deliver annual savings through smarter ways of working to deliver this service, and including measurable targets for efficiencies and reducing contact time, where appropriate.

The new contract will be for five years with two 12month extensions available. By awarding a long term contract will enable the provider to develop and enhance their service offer.

During the last 12 months, all four services have supported over 700 individuals accessing the services (as shown in table 1 below) and it is predicted that the number requiring statutory advocacy is likely to increase year on year throughout the lifetime of the contract.

Table 1

Service	Approx. Hours over last 12 months	Approx. Referrals over last 12 months	Comments
Professional Advocacy (Generic)	2,201	163	
Care Act Advocacy	1,178	103	
RPR	1,054 (1,405)	144 (192)	9mth's of data (Approximate 12 months data in brackets)
IMCA	374 (1,496)	19 (76)	3mth's data ((Approximate

			12 months data in brackets)
IMHA	-	119	Number of referrals only are recorded
ICAS	-	128	Number of referrals only are recorded
Approximate Totals	6,280 + IMHA / ICAS	781	(approx. 3 referrals / day)

**Box 4
CONSULTATIONS UNDERTAKEN:**

As part of the redesign of this service, consultations have been undertaken with the incumbent providers of each of the services.

A market event was also facilitated on 29th November 2016 where an open opportunity was given to all providers of advocacy services to attend, understand and also provide feedback on the future design of this service.

Box 5

OPTIONS CONSIDERED & REASONS FOR THE DECISION:

Option 1 (Preferred option)

Combine all services into one contract to deliver a single referral point for service users to access the specific advocacy requirement they may need.

Risks

A very low cost tender bid could secure the service without delivering quality outcomes for the service users.

Mitigation

- Tenders will be evaluated against a ratio of 60% quality and 40% price. To place the emphasis on a quality service.
- Robust method statement questions will form part of tender evaluation and the winning tenderers response will form part of the contract documentation.
- Strong and regular contract and performance management meetings to be held between the commissioner and provider.
- Positive relationship building with successful provider.

The benefits of creating a Advocacy Hub' are as follows:

1. Provide a single point of contact for all advocacy queries/referrals
2. Provide a clearer pathway and fewer transition points between services - e.g. if someone has an IMHA but then comes off a Mental Health Act Section, they could still keep the same advocate rather than having to be transferred to another service and another advocate.
3. Maintain a local Doncaster-based service which understands and responds to the needs of Doncaster people and Doncaster services.
4. Make better use of this critical mass – e.g. having IMHA's trained as IMCAs and vice versa.
5. Provide greater flexibility – enabling greater scope to move resources within the Advocacy Hub at times of increased demand for one type of advocacy provision.
6. Provide more reassurance from a future-proofing perspective - by providing a more robust and flexible service to meet demand.
7. Provide a more cost effective service – it is expected that bringing the services together will bring economies of scale and so will see an increase in referrals, within the comparable financial envelope, and a decrease in costs per case.

Option 2

Continue to commission and procure all advocacy services separately.

Risks

- Services become fragmented should different providers secure different

contracts.

- Higher cost.
- Less economies of scale due to the potential for increased overheads across different organisations.
- Inconsistent referral pathways could lead to increased risks to vulnerability of service users and carers.
- Increased contract management resource would be required.

Mitigations

- Provider partnership meetings to manage issues.

Benefits

- None

Option 3

Do not approve the procurement of an advocacy service and decommission existing advocacy services.

Risks

- This is not an option as the Local Authority has a statutory duty to provide advocacy.

Mitigations

- Procure services in line with Option 1.

Benefits

- None

Box 6

LEGAL IMPLICATIONS:

Section 1 of the Localism Act 2011 provides the Council with the power to do anything which an individual may generally do.

The Care Act 2014 and the Mental Capacity Act 2005 state that the Council must arrange for a person who is independent of the Council to be available to represent and support the individual for the purposes of facilitating the individual's involvement.

The decision maker must be aware of their obligations under section 149 Equality Act 2010, the Public Sector Equality Duty (PSED). It obliges public authorities, when exercising their functions, to have 'due regard' to the need to:

- a. Eliminate discrimination, harassment and victimisation and other conduct which the Act prohibits;
- b. Advance equality of opportunity; and
- c. Foster good relations between people who share relevant protected characteristics and those who do not.

The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in

respect of eliminating unlawful discrimination.

The decision maker must ensure that they have seen the due regard statement. The duty must be exercised in substance, with rigour, and with an open mind and is not a question of ticking boxes. It is for the decision-maker to decide how much weight should be given to the various factors informing the decision, including how much weight should be given to the PSED itself. The duty is a continuing one and there should be a record/audit trail of how due regard has been shown. It is not sufficient for due regard to be a "rear-guard action" following a concluded decision. The decision maker must also pay regard to any countervailing factors and decide the weight to be given to these, which it is proper and reasonable to consider; budgetary pressures, economics and practical factors will often be important.

The extension of current contract with Sheffield CAB should be the subject of an ODR and waiver.

The procurement of this service must be in compliance with the Public Contracts Regulations 2015 and the information exchanged in market testing should comply with Regulation 40. Legal services should be consulted at the earliest opportunity to advise and provide the appropriate documentation for the procurement. Consideration must be given to the application of TUPE.

The Council's Constitution must be complied with including CPRs and FPRs and the responsible officer for the project must ensure that all internal authorities required by the Constitution are obtained prior to a legally binding agreement being in place.

Following contract signature the contract manager must be fully familiar with the contract terms in order to protect the interests of the Council.

Name: H Potts Signature: by email Date: 10.2.2017

Signature of Assistant Director of Legal and Democratic Services (or representative)

Box 7

FINANCIAL IMPLICATIONS:



Name: Chris Cowan **Signature:** By email FM/AH&W **Date:** 06/03/17
Signature of Assistant Director of Finance & Performance
(or representative)

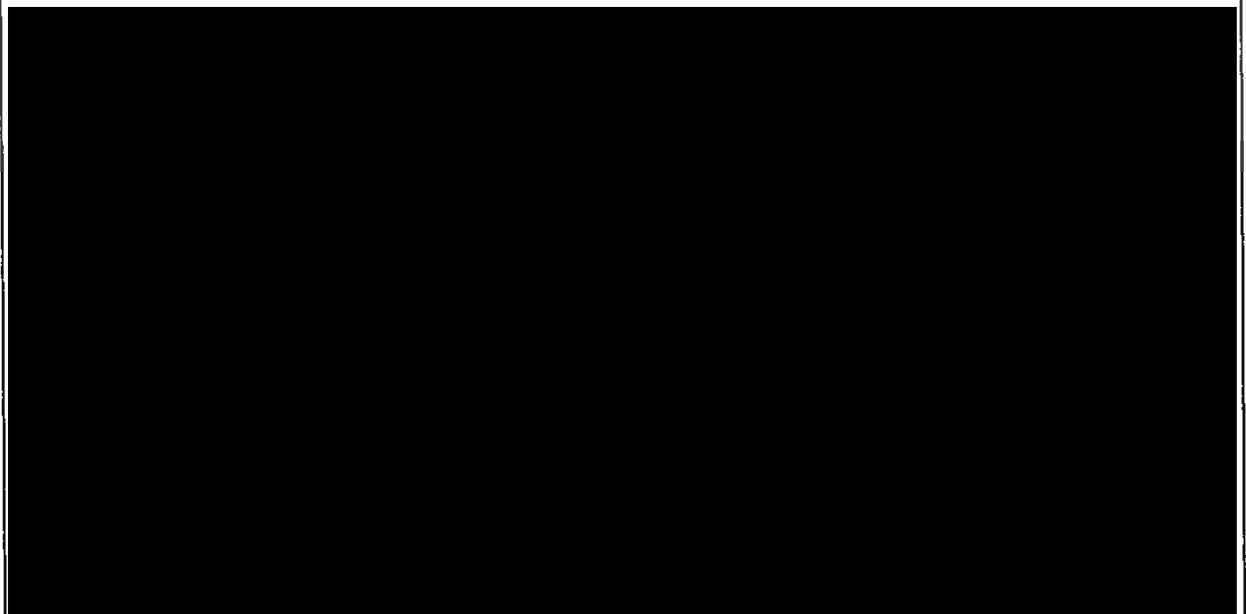
Box 8
HUMAN RESOURCE IMPLICATIONS:

There are no Human Resources Implications

Name: Kelly Gunn **Signature:** By Email **Date:** 1st February 2017

Signature of Assistant Director of Human Resources and Communications (or representative)

Box 9
PROCUREMENT IMPLICATIONS:



Name: Holly Wilson (Senior Category Manager) **Signature:** [Redacted] **Date:**
10/02/2017
Signature of Assistant Director of Finance & Performance

(or representative)

Box 10

ICT IMPLICATIONS:

There are no direct ICT implications.

In commissioning the providers for the IMCA Service and Advocacy Hub, due consideration needs to be given to:-

- How information is shared between the Council and the providers and
- Any IT systems requirements to support monitoring and tracking of performance.

The Commissioning Team should engage with ICT early in the process to consider any arising IT implications.

Name: Peter Ward (ICT Strategy Programme Manager)

Signature: P. Ward

Date: 03/02/17

**Signature of Assistant Director of Customers, Digital & ICT
(or representative)**

Box 11

ASSET IMPLICATIONS:

There are no implications arising from the recommendations of this report that impact on the use of DMBC assets.

Name: Gillian Fairbrother (Assets Manager, Project Co-ordinator)

Signature: By email

Date: 31st January, 2017

**Signature of Assistant Director of Trading Services and Assets
(or representative)**

Box 12

RISK IMPLICATIONS:

To be completed by the report author

Doncaster Council have a statutory duty to provide:-

- a). Advocacy under the Care Act 2014
- b). Deprivation of Liberty Safeguard Relevant Person Representative Service (RPRS)
- c). Independent Mental Capacity Act Advocacy
- d). NHS Independent Complaints Advocacy Service
- e). Independent Mental Health Advocacy (IMHA).

Therefore we need to go out to tender in accordance with Public Contracts Regulations 2015 and to award a contract.

Name: Fay Wood Signature: [REDACTED]
author)

Date: 01.02.2017 (Report

(Explain the impact of not taking this decision and in the case of capital schemes, any risks associated with the delivery of the project)

Box 13

EQUALITY IMPLICATIONS:

To be completed by the report author

Due regard Statement completed

Name: Fay Wood Signature: [REDACTED]
author)

Date: 01.02.2017 (Report

Box 14

CONSULTATION

Doncaster Council does not directly contract for the provision of IMCA and IMHA. Sheffield City Council holds the IMCA contract and Rotherham MBC hold the IMHA contract. Both, Council's have carried out their own customer satisfaction and feedback on the services. Additionally, Doncaster Council carried out a Service Review on the IMHA service in 2015.

However, Doncaster Council does hold the contract for the provision of Care Act Advocacy; RPR and generic non-statutory advocacy. Customer satisfaction and feedback is also gathered for these services on an on-going basis. Consultation is also undertaken by the provider.

Officers

(In addition to Finance, Legal and Human Resource implications and Procurement implications where necessary, please list below any other teams consulted on this decision, together with their comments).

Helen Potts, Education and Litigation Officer has been involved with the Due Regard Statement.

Chris Stephenson, Executive Office has been informed of this piece of work.

Members

Under the Scheme of delegation, officers are responsible for day to day operational matters as well as implementing decisions that have been taken by Council, Cabinet, Committee or individual Cabinet members. Further consultation with Members is not ordinarily required. However, where an ODR relates to a matter which has significant policy, service or operational implications or is known to be politically sensitive, the officer shall first consult with the appropriate Cabinet Member before exercising the delegated powers. In appropriate cases, officers will also need to consult with the Chair of Council, Committee Chairs or the Chair of an Overview and Scrutiny Panel as required. Officers shall also ensure that local Members are kept informed of matters

affecting their Wards.

Please list any comments from Members below:

Councillor Jones, Adult Social Care portfolio holder has been consulted.

Box 15

INFORMATION NOT FOR PUBLICATION:

It is in the public's interest to be aware of this decision under the Freedom of Information Act therefore this decision will be published with redactions of financial figures in boxes 7 and 9 which are considered to be commercially sensitive and signatures.

Name: Amy Haughan Signature: by email Date: 30/03/2017

Signature of FOI Lead Officer for service area where ODR originates

Box 16

Signed: 

Director/Assistant Director

Date: 30/3/17

I have consulted on the above decision, (for use if it is considered appropriate to consult the relevant member in taking a decision).

* Signature of Mayor or relevant Cabinet Member (portfolio holder) (if appropriate):

Signed: _____

Date: _____

* Signature of Chair of OSMC or relevant Standing Scrutiny Sub-Committee (if appropriate):

Signed: _____

Date: _____

* Signature of Chair of Committee (for Non Executive functions, if appropriate):

Signed: _____

Date: _____

- This decision can be implemented immediately
- A record of this decision should be kept by the originating Directorate's Business Assistant for accountability and published on the Council's website 'How do I?' section via 'Access decisions made by the Council'.
- A copy of this decision should be sent to the Directorate FOI Lead Officer to consider 'information not for publication' prior to being published on the Councils Website.

ODR Publishing Template

(Please be aware this information will be reproduced as-is onto the Councils website)

Director/Assistant Director Name:	
Directorate:	
Decision Date:	
Decision	