
Decision Maker: **EXECUTIVE**
WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (28 June 2022)

Date: **29 June 2022**

Decision Type: Non Urgent Executive Key

Title: **PROCEED TO PROCUREMENT REPORT - THE ADVOCACY SERVICES CONTRACT**

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Chief Officer: Director of Adult Social Care

Ward: All

REASON FOR REPORT

- 1.1 The Advocacy Service contract expires on 31 March 2023 and there is no further option to extend this contract which is in its final extension period.
- 1.2 The contract was awarded to Advocacy for All following a competitive tender and commenced on 1 April 2018 for a period of three years with the option to extend up to a further two years on a 1 year + 1 year basis.
- 1.3 This report seeks Executive approval to commence the procurement of a new Advocacy Service to ensure the council meets its statutory duty in providing an Advocacy Service under the Care Act 2014 and Care and Support Advocacy Service Regulations 2014.
- 1.4 A Gateway 0 report (ACH22-00) was presented to PDS and Executive in February 2022. The main scope and purpose of that report was to evidence the ongoing statutory requirement and illustrate that the commissioning options had been adequately researched, and that there is a shared understanding of what is to be achieved by the key stakeholders. This Gateway 1 report confirms the commissioning and procurement approach.

1) RECOMMENDATION(S)

- a) Members of the Adult Care and Health PDS are asked to note and comment on this report.
- b) Executive are recommended to approve the commencement of a procurement process for a new Advocacy Service. The new contract will commence on 1 April 2023 for a period of 5 years

(31 March 2028) with the option to extend for up to a further two years (31 March 2030) at an estimated annual value of £321,900 and whole life value of £2,253,300.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The service enables the council to fulfil its statutory duty in relation to providing Care Act 2014 and Care and Support (Independent Advocacy Support) Regulations 2014, compliant advocacy arrangements.
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Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Making Bromley Even Better (2021) Ambitions 1, 2 & 5
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Financial

1. Cost of proposal: Estimated Cost: £2,253k over maximum 7-year period (excluding any inflationary increases).
 2. Ongoing costs: Recurring Cost: Estimated £322k per annum
 3. Budget head/performance centre: Information and Early Intervention
 4. Total current budget for this head: £298k (2022/23 budget)
 5. Source of funding: Existing revenue budget
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Personnel

1. Number of staff (current and additional): No Bromley Staff affected
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of unique enquiries 3022 (2021/22)
-

Ward Councillor Views

- 1.1 Have Ward Councillors been asked for comments? No
- 1.2 Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The London borough of Bromley holds a contract to deliver the statutory independent advocacy service function for both adult and children's services. Additionally, the Service provides the opportunity for partnership working with frontline staff in Health and Social Care organisations such as the Local Authority's Initial Response Team, as well as the wider community, to facilitate a better understanding of Advocacy to improve access. The Council approved the award of a new single point of access Advocacy Service from April 2018.
- 3.2 The aim of the single point of access Advocacy Service was to provide a seamless, accessible service, where different forms of advocacy are delivered in a holistic way centred on the Service Users needs and requirements.
- 3.3 The single point of access advocacy service delivers a simple and accessible referral route to the service, which promotes accessibility by the diverse range of service users, including those who are traditionally 'seldom heard'.
- 3.4 The Advocacy Service supports individuals to express their views and wishes in a variety of circumstances. Where this is not possible an advocate is assigned to represent and present peoples wishes on their behalf. The Service includes ensuring individuals achieve the following outcomes:
- Empowering Service Users by giving a voice so they will not have to struggle to be heard, through their own choice of language and expression and not through language that is standardised or using terminology that the Service User is not happy with or would not use of their own accord.
 - Equipping Service Users with the support they need to voice their concerns to be able to self-advocate where possible
 - Empowering Service Users to be independent and able to make informed decisions regarding the reasons why they required Advocacy support
 - Service Users will be aware of their rights to make a complaint and have the skills to do so.
 - The service supports people to access information and services, defend and promote people's rights and represent people in a variety of settings, principally as a part of any process that involves decisions about that individual.
 - Service Users' voices will be heard or represented during meetings or processes that involve decisions about them.
 - The service will actively work to produce solutions to problems that the Service may encounter and to overcome barriers both on a service level and in terms of individual's cases.
 - In addition, the successful Provider will be required to establish co-produced outcomes with each Service User specific to their individual needs, supporting a strength-based approach.
- 3.5 The current contract provides the following advocacy services:
- Care Act Advocacy;
 - Children's Advocacy;
 - Deprivation of Liberty Safeguards (DoLS) Services;

- Independent Advocacy;
- Independent Health Complaints Advocacy Services for Adults;
- Independent Mental Health Advocacy (IMHA);
- Independent Mental Capacity Advocacy (IMCA) inclusive of the Relevant Person Representative (RPR) Service;
- Learning Disabilities Advocacy;
- Mental Health Advocacy.

3.6 The current provider subcontracts the provision of Independent Mental Health Advocacy, General Mental Health Advocacy, and Independent Health Complaint Advocacy to ‘The Advocacy People’ (previously known as ‘Support, Empower, Advocate and Promote/SEAP’). However, this isn’t a service requirement, and a future Provider may tender to deliver the full range of services detailed in 3.5 above.

3.7 Advocacy Service is provided to people who have been assessed by the local authority as meeting the eligibility criteria for care services. Service Users who meet the eligibility criteria are those who are:

- Eligible under the Care Act 2014.
- Eligible for Children and Young People’s Advocacy if they are:
 - A Child in Need that does not have a parent/Carer to help them.
 - A Care Leaver or a Looked After Child
- Experiencing a level of Disability which impairs their ability to advocate on their own behalf.
- Experiencing complex needs and are experiencing situations which they are unable to cope with without appropriate support; and/or:
- In the situation of having no known relatives or friends able to speak for them; and/or, have relatives views which are in conflict with the Service User views.

3.8 The current contract with Advocacy for All was awarded following a competitive tender and commenced on 1 April 2018 for a period of three years with the option to extend up to a further two years on a one year + one year basis.

3.9 The contract is monitored through quarterly contract management meetings to ensure compliance with the terms of the contract and specification. This includes ensuring the Key Performance Indicators KPIs (example included in Appendix 1) are regularly reviewed to ensure they are fit for purpose.

3.10 The figures below provide an overview of the quarterly and annual numbers of enquiries received and advocacy hours delivered by Advocacy for All for the following periods - **2018/19, 2019/20, 2020/21 and 2021/22.**

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2018/19
No of unique enquiries	147	235	377	198	957
No of Advocacy hours delivered	1195	1723	2384	2138	7440

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2019/20
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No of unique enquiries	495	398	377	343	1613
No of Advocacy hours delivered	1440	1896	1824	1770	6930

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2020/21
No of unique enquiries	482	415	478	431	1806
No of Advocacy hours delivered	1235	1525	1815	2135	6710

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2021/22
No of unique enquiries	816	707	729	770	3022
No of Advocacy hours delivered	2186	1961	1879	1926	7952

- 3.11 The figures show that delivery levels in terms of the numbers of enquiries have increased year on year, however, the numbers of hours delivered has reduced in some instances. The Provider explained that the major factor in the reduced hours is the significant reduction in travel time due to the pandemic. For a significant period of time, the majority of work was remote, rather than face to face advocacy. The new model will acknowledge that some service users prefer a virtual advocacy offer.
- 3.12 The increase in referrals has especially been noted for Children and Young People Advocacy, Independent Mental Health Advocacy and Learning Disability Advocacy where the referral levels have far exceeded the Key Performance Indicator Targets. The increased referrals have impacted on the annual cost of the contract and as such the new annual forecast contract cost has increased. In order to ensure funding is available to cover the projected increase in cost for the new Advocacy Service contract, Officers will review current funding levels with service leads for Children and Adult Social Care. The contract will be subject to an annual Quality Assurance Framework review (QAF) monitoring.
- 3.13 This report seeks approval to progress to the procurement of this service to meet the current and future needs of people needing advocacy support in Bromley.

4. SUMMARY OF THE BUSINESS CASE

- I. The contract with Advocacy for All supports the Council in meeting its statutory duty to provide an Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014, Mental Health Act 1983 (Section 2 and 3), Mental Health Act 2007 (Section 30), The Mental Capacity Act 2005 (Section 35), The Children's Act 1989 (Section 26A), The Children's Act 2004 (Section 53) and The Health and Social Care Act 2012.

- II. The Advocacy Service supports individuals to express their views and wishes in a variety of circumstances to enable people to have choice, control, and independence so that their voices are heard.
- III. An Equalities Impact Assessment (EIA) was completed in advance to ensure that no groups (Protected Characteristics) are directly or indirectly discriminated against in this service provision. The outcome of the EIA showed that the impact of this service will be 'equality neutral' (No negative impact on any groups).

4.1 SERVICE PROFILE/DATA ANALYSIS

- 4.1.1 The performance targets are regularly reviewed at the quarterly contract management meetings to ensure the Provider delivers and/or exceeds the KPIs. Qualitative and quantitative data is also discussed in relation to Service User Feedback, complaints, service trends and barriers to service delivery.
- 4.1.3 Overall, the referral levels for the advocacy service mostly exceed the set targets, however in some areas, the targets have not been met. For instance, the numbers of new and active cases to the Independent Mental Capacity Advocacy/Deprivation of Liberty Safeguards (IMCA/DoLS) this year reduced on the previous year due to the impact of the pandemic. The Independent Health Complaint Advocacy (IHCAS) also experienced low referral levels throughout the contract. However, it is to be noted that this trend has been reported as not being unique to Bromley and the low levels in this area of advocacy is experienced in other boroughs. Lastly, the numbers of referrals for Care Act Advocacy have continued to be low throughout this contract. Officers are aware of the low referrals to Care Act Advocacy and continue inviting the provider to staff team meetings to offer information and guidance as well as empowering staff to refer clients to the service.
- 4.1.4 In developing the new service specification, officers formed a Project Group made up of representatives from each service area to review the current service specification, Key Performance Indicators, Quality Criteria, and they also supported the Service User Consultation and the Provider Engagement Event. The views and support of the Project Group aided the development of the new service specification to ensure the new service going forward reflected the views of all stakeholders and the service needs.
- 4.1.5 Due to the low referral levels received for IHCAS, Officers explored the commissioning model that offers the best value for money for the council and proposed transferring the IHCAS to the CCG. However, this option was not viable because the service commissioned by the CCG would not meet the London Borough of Bromley's service needs. Going forward, since the lifting of restrictions due to the pandemic, the provider will ensure the service is advertised more extensively using an online platform and officers will continue to monitor its use.
- 4.1.6 The Provider continues to monitor the contracts with the sub-contracted Provider 'The Advocacy People' (Independent Mental Health Advocacy, General Mental Health Advocacy, and Independent Health Complaint Advocacy) on a quarterly basis to ensure they are meeting the targets set in the service specification. In terms of the General Mental Health Advocacy CMHA, it is to be noted that a separate Key Performance Indicator was not agreed in the current contract. The need for a separate KPI was discussed with the Project Group and it was agreed that going forward based on current trends a target of 60 KPIs per quarter will be include in the new KPIs. A new KPI of 350 will also be set for CYP because the current referral rates almost doubles the current set target. See Appendix 1 – Example of New KPIs.

4.1.7 Officers monitor the performance targets quarterly at Contract Management meetings to ensure the Provider delivers the KPIs. At these meetings qualitative and quantitative data is also discussed in relation to Service User feedback, case studies, complaints, service trends and barriers to service delivery. In terms of case studies, the qualitative data demonstrates the reason for referral, key actions for the advocate and illustrates the client involvement in terms of choice and control in gaining their wishes and the impact the outcome has had on the client as well as any lessons learnt by all stakeholders.

4.2 OPTIONS APPRAISAL – COMMENCE TENDER FOR NEW ADVOCACY SERVICE CONTRACT

4.2.1. The following options have been considered at this time:

4.2.2 Option 1: Commence Tender - Recommended

4.2.3 It is recommended that a formal tender process to procure a new single point of access Advocacy Service commences in July 2022 to allow time for a full tender exercise to be undertaken so that a new Advocacy Service Contract can be in place for 1 April 2023 and to ensure that the council meets its statutory duty in providing an Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014.

4.2.4 Option 2: Bring the Service Inhouse – Not Recommended

4.2.5 This option is not recommended because the Independent Advocacy Service as required by The Care Act 2014 regulations for independent advocacy state that providers of advocacy must be independent of the local authority so must be provided by an external provider.

4.2.6 Option 3: Decommission the Service – Not Recommended

4.2.7 Decommissioning the Service is not a viable option because there is an ongoing need for this service as the council have a statutory duty to provide an Independent Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014.

4.3 PREFERRED OPTION

4.3.1 Option 1 above - commence formal tender process in July 2022.

4.4. MARKET CONSIDERATIONS

4.4.1 A competitive tender was undertaken in 2018 with only two compliant bids.

4.4.2 The Advocacy Service contract was awarded to Advocacy for All, following a competitive tender exercise. This contract saw seven individual contracts amalgamated to create a single point of access advocacy service.

4.4.3 A Service User consultation and Provider Engagement event (see section 6.3 and 6.4) was conducted and informs the development of this single point of access advocacy service. The feedback from those participating in the events will directly help to shape the new service as outlined in this report.

4.4.4 Independent Advocacy Service is a specialised service delivered by a small market of third sector providers. In order to maximise interest in the upcoming tender, a Prior Information Notice (PIN) was published on Pro-Contract, the procurement portal, inviting providers to be involved in shaping the future service. The event was attended by 13 providers illustrating that there is likely to be interest from the providers that attended, alongside any that were not able to attend or did not want to.

5. SOCIAL VALUE AND LOCAL / NATIONAL PRIORITIES

5.1 The Public Services (Social Value) Act 2012 requires local authorities to have regard to economic, social, and environmental wellbeing in connection with public service contracts. In doing so, the London Borough of Bromley contracted services must consider these factors when tendering for a new service and measures must be put in place to ensure that Providers adhere to the Council's Social Value and Local /National Priorities.

5.2 In proceeding to procurement, the new Advocacy Service contract and service specification will be reviewed to maximise the Social Value opportunities. For example, Providers will be asked to convey via the tender their Social Value strategy which will include detail on what they will do to grow the local economy e.g. via apprenticeships and work placements for residents. Providers will also be asked to consider the impact of their service on the environment. This may include encouragement of active travel for staff and service users and resource efficiency in terms of sourcing equipment, in line with the Council's Net Zero Carbon ambitions.

6. STAKEHOLDER ENGAGEMENT

6.1 The use of Service User feedback, complaints, and compliments form part of the quarterly monitoring oversight in order to ascertain service user's views on what is important to them in service provision. The Contracts Compliance Team also conducts a Quality Assessment Framework Questionnaire with the Provider annually.

6.2 Service User feedback and case studies are regularly gathered by the Provider and included in data supplied at the quarterly Contract Management Meetings for information and discussion.

6.3 The table below displays a breakdown of the groups who were consulted and a summary of the result of the consultation is included in Appendix 2.

Date sent	No. sent by email	No. sent by post	Total sent
Adults			
24 February 2022	17	163	180
Children and Young People – Child Protection Plan			
11 March 2022	151	209	360
Children and Young People – Children Looked After			
11 March 2022	0	42	42

6.4 The aim of this review is to ensure that the views of Service Users are reflected. A total of 582 Service Users were consulted through feedback questionnaires to ensure the service reflected their views. However, the response rate was low, with 23 respondents (2 people

received advocacy from 2 service areas) to the questionnaire. It is thought that due of individual's capacity and the nature of the service this may have affected the response rate. The feedback on improvements and the future service will be reflected in the tender.

- 6.5 Who were the respondents –Of the 20 who completed this question:
- 65% (13) were the person with the advocate
 - 35% (7) were a family member/friend.
- 6.6 What improvements to advocacy services should be made? – 13 people answered this question.
- 31% (4) stated there was nothing that could be improved.
 - 23% (3) that more appointments were needed.
 - 15% (2) that more promotion of the service was needed.
- 6.7 What should be the method of working with an advocate in the future – 22 people answered this question.
- No one wanted to work purely on-line. Of those who stated how they wanted to work in the future all wanted some form of in person contact.
 - 55% (12) wanted to work solely in person.
 - 27% (6) wanted to work both in person and on-line
- 6.8 Services used and rating of service– 20 respondents answered these questions:
- 70% (14) used the Learning Disability Advocacy service
 - 20% (4) used the Children and Young Person's Advocacy.
 - 54% (13) were extremely satisfied and 29% (7) were very satisfied
- 6.9 The views of professionals were also sought through a Provider Market Engagement event which was held on 31 March 2022. The event was attended by 23 professional participants inclusive of Heads of Service and other Social Care colleagues as well as 13 prospective providers. Following a presentation, the providers were asked for their views on the current service specification and KPIs, which had been shared with them prior to the event. The providers were also asked to respond to 5 probing questions included in an online DoPoll. Nine of the thirteen Providers responded to the questions which related to how they currently managed advocacy service elsewhere and lessons learnt during the pandemic.
- 6.10 In reviewing the responses to the questions asked at the Engagement Event, the providers in most part felt that the Advocacy Service Specification is very comprehensive and that the KPIs are fit for purpose. Other comments around the lessons learnt during the pandemic, e.g., having an online presence and as well as face to face going forward mirrors some of the learning Officers will be including in the new service specification going forward.
- 6.11 The engagement has illustrated that the service specification and KPIs are still relevant. Commissioning will continue to review the KPIs, Service User Feedback and Case Studies to ensure the service is meeting individual need and is focused on good personalised outcomes. We have historically asked providers to present case studies every 3 - 6 months, however, following the consultation process the case study will be supported by questions aimed at promoting a strength-based approach, for the provider to demonstrate via a case study for example, how Mrs Jones was supported to feel empowered, which has the transferable skill of being more able to independently advocate for herself.

7. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 7.1 Estimated annual contract value: £321,900
- 7.2 The estimated whole life value of this contract is: £2,253,300
- 7.3 Other Associated Costs: none known
- 7.4 The proposed timetable for the procurement of new Advocacy Service Contract is as below.

Activity	Date from	Date To
Establish Advocacy Service Project Group - Key decisions	Feb-22	Ongoing
Provider Market Engagement	End 2021	March 2022
Service User Consultation	February 2022	March 2022
Development of new Service Specification	January 2022	July 2022
Privacy Impact Assessment	January 2022	July 2022
Begin Tender	July 2022	August/Sept 2022
Tender closed and evaluation (60/40) price/quality split & Interviews	September 2022	October 2022
Award report authorisation	October 2022	October 2022
Notification and Mobilisation	November 2022	March 2023
Commencement of contract	1 April 2023	

- 7.5 The current service specification is fit for purpose; however, we continuously seek to improve the service by reflecting on any lessons learnt during the lifetime of the existing contract including the service user consultation feedback, and the outcome of the market engagement event.
- 7.6 The Proposed Tender Process will be carried out with support from Corporate Procurement in line with the Council's Contract Procedure Rules and compliance with the Public Contracts Regulations 2015 requirements and prospective bids will be evaluated on a 60% price and 40% quality split.
- 7.7 The proposed quality criteria for scoring prospective bid will be based on the following which has been agreed by the Advocacy Service Project Group. The matrix has been developed based on the successful evaluation process from the last tender, whilst updating it to include other key priorities which will maximise value for money:

Criteria	Weighting
Financial Resources & Contract Affordability	10%
General Data Protection Regulations (GDPR) and Information Governance	5%
Implementation/Mobilisation	5%
Management, Operation and Delivery of Service:	
Achieving Outcomes	10%
Service Delivery	30%
Contract Management	10%
Staffing and Structures	20%
Social Value	10%

8. IMPACT ASSESSMENTS

- 8.1 The single point of access Advocacy Service enables improved access to Advocacy Services and will promote equality by helping individuals to self-advocate and speak up for themselves in a variety of settings.
- 8.2 An Equalities Impact Assessment (EIA) has been completed in advance to ensure that no group (especially those with Protected Characteristics) is directly or indirectly discriminated against by the proposals in this report.
- 8.3 The outcome of the EIA revealed that the Advocacy Service was 'equality neutral' and would have no negative impact on any groups.
- 8.4 A Privacy Impact Assessment will also be carried out before the commencement of the procurement exercise.

9. POLICY CONSIDERATIONS

- 9.1 The contract with Advocacy for All supports the Council in meeting its statutory duty to provide an Independent Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014, Mental Health Act 1983 (Section 2 and 3), Mental Health Act 2007 (Section 30), The Mental Capacity Act 2005 (Section 35), The Children's Act 1989 (Section 26A), The Children's Act 2004 (Section 53) and The Health and Social Care Act 2012 and the Public Service (Social Value Act) 2012
- 9.2 The commissioning approach embraces the Building a Better Bromley Ambitions:

1. *For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.*

2. *For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.*

Whilst the procurement approach will support ambition 5: *'to manage our resources well, providing value for money, and efficient and effective services for Bromley's residents'*.

10. IT AND GDPR CONSIDERATIONS

- 10.1 The contract has been updated to ensure it is GDPR compliant. As part of the tender process, Providers will need to demonstrate they are compliant with all data protection legislation.

11. STRATEGIC PROPERTY

- 11.1 Not applicable, as the Independent Advocacy Service contract will be managed by an external Provider.

12. PROCUREMENT RULES

- 12.1 This report seeks Approval to proceed to procurement for an Independent Advocacy Service. The contract will commence on 1st April 2023 for a period of five years with the option to extend for a further period of up to two years. The annual cost of the proposed contract is £321,900 and a whole life value of £2,235.300.
- 12.2 This is an above threshold contract, covered by Schedule 3 of the Public Contracts Regulations 2015. A restricted process will be used, and a timetable is included at Section 7.5 above.
- 12.3 The Council's specific requirements for authorising proceeding to procurement are covered in Rules 1 and 5 of the Council's Contract Procedure Rules with the need to obtain the Approval of Executive following Agreement of the Assistant Director Governance and Contracts, the Director of Corporate Services, and the Director of Finance for a procurement of this value.
- 12.4 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.
- 12.5 In compliance with the Council's Contract Procedure Rules (Rule 3.6.1), this procurement must be carried out using the Council's e-procurement system.
- 12.6 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

13. FINANCIAL CONSIDERATIONS

- 13.1 Based on the current contract, the estimated cost of the proposed new Advocacy Service contract is £322k per annum with a whole life value of £2,253k over the maximum 7 year term (excluding any inflationary increases).
- 13.2 The 2022/23 budget for this service is £298k, and assuming 2% inflation for 2023/24, the year 1 budget will be £304k which equates to a shortfall of £18k.

- 13.3 If budget cannot be identified to cover this shortfall, then it will need to be considered as part of the departments (CEF and ACH) budget planning for 2023/24 and the medium-term financial strategy.

14. PERSONNEL CONSIDERATIONS

- 14.1 No LBB personnel.

15. LEGAL CONSIDERATIONS

- 15.1 The Council has various legal/statutory duties and powers in providing an Advocacy Service. This is also echoed generally under the 'Care Act 2014', 'Care and Support Advocacy Service Regulations 2014' 'Mental Health Act 1983 (Section 2 + 3)', 'Mental Health Act 2007 (s30)', the 'Mental Health Capacity Act 2005 (s35)', the 'Children's Act 1989 (s26A)', the 'Children's Act 2004 (s53)' and the 'Health and Social Care Act 2012'. In addition to this, the 'Public Services (Social Value) Act 2012' touches upon the economic, social, and environmental wellbeing aspects regarding public services Contracts. In furtherance of these powers, the Council has the legal power to enter into a Contract with the Advocacy Service and may also provide and commission through the services outlined in this report.
- 15.2 This Report seeks approval to proceed to procurement of a new Advocacy Service, to support individuals to express their views/wishes in a variety of circumstances to enable them to have choice, control and independence, so that all voices are heard. A competitive tender process was undertaken. The Contract is currently in its final two year extension period and expires on 31.03.23. The new Contract will commence on 01.04.23 following a competitive tender process. The annual value of the new Contract is £321,900. The contract's overall whole life cost over the whole life (i.e., total cumulative spend) is £2,253,300
- 15.3 This is a public services Contract within the meaning of the Public Contracts Regulations 2015 whereby the value of the Contract is above the relevant threshold and falls within the services outlined in Schedule 3 of the Public Contracts Regulations (PCR's) 2015.
- 15.4 Under the Council's Contract Procedure Rules, the Council's requirement for Proceeding to Procurement is in accordance with CPR 1 and 5, where advice should be sought from the Procurement Team, Legal Services (Contracts) and the relevant Head of Finance for any procurement with a value of £5k or over. Advice should also be sought from Human Resources, Information Technology and Strategic Property as required. Furthermore, the agreement of the Budget Holder, Chief Officer, Assistant Director Governance & Contracts, Director of Corporate Services, Director of Finance, Portfolio Holder for Adult Care and Health Services and approval of the Executive must also be sought for a Contract of this value. In accordance with CPR 2.1.2, Officers must take all necessary professional advice.
- 15.5 In accordance with 3.6.1 of the Council's Contract Procedure Rules, all Officers are required to make use of the Council's eProcurement System when carrying out any Contracting activity which has an estimated value of £5,000 and above, unless otherwise agreed with the Head of Procurement.
- 15.6 The Contract can be awarded in accordance with the Council's Contract Procedure Rules and the Public Procurement Regulations 2015.

PROPOSED NEW ADVOCACY SERVICE KEY PERFORMANCE INDICATORS

Service Area	Minimum Target (Annually/Quarterly)
Care Act Advocacy	
No. of new Care Act Referrals in Qtr.	150 Annually
No. of Active Care Act cases in Qtr.	
Independent Mental Capacity (IMCA & DoLs) Advocacy	
No of new IMCA - referrals in Qtr.	100 Quarterly
No of active (IMCA) cases in Qtr.	
No of new Paid Relevant Person's Representative (RPR) referrals in Qtr.	
No of active cases (RPR) cases in Qtr.	
IMHA Advocacy	
Independent Mental Health Advocacy - IMHA	90 referrals Quarterly
CMHA Advocacy	
Community Mental Health Advocacy (GENERAL)	NEW KPI 60 referrals Quarterly
Children and Young People Advocacy (CYP)	
Children & Young People (CYP)	NEW KPI 350 Annually
Learning Disability Advocacy	
Learning Disabilities (Advocacy)	100 Annually
Learning Disabilities (Meetings)	70 Annually
IHCAS Advocacy	
Independent Health Complaint Advocacy IHCAS	70 referrals Annually

Overview Advocacy Service KPIs for 2021/22

Number of referrals within Qtr 1 - 4	Minimum Target	Qtr 1 No.	Qtr 2 No.	Qtr 3 No.	Qtr 4 No.	2021/22 (31/3/22)
Care Act	150 Annually	14	15	11	13	53
IMCA DoLs, Paid RPR and Rule 1.2	100 Qtrly	71	66	64	67	182
IMHA	90 Qtrly	77	90	101	98	366
CMHA (GENERAL)	0	52	47	56	66	221
Children	270 Annually	136	113	127	123	499
Learning Disabilities (Advocacy)	100 Annually	56	51	53	50	210
Learning Disabilities (Meetings)	70 Annually	39	31	38	44	152
IHCAS	70 referrals Annually	25	13	18	17	73
Total Advocacy Referrals		470	426	468	478	1756

Result of Advocacy Services Engagement 2022

Engagement with residents who had used the Advocacy for All Advocacy Services in the past two years was carried out between 24 February 2022 and 4 April 2022, to understand user satisfaction with the service and how they preferred to access the service.

Methodology

The invitation to participate was by email and letter: questionnaires could be completed either on-line or by hard copy.

Date sent	No. sent by email	No. sent by post	Total sent
Adults			
24 February 2022	17	163	180
Children and Young People – Child Protection Plan			
11 March 2022	151	209	360
Children and Young People – Children Looked After			
11 March 2022	0	42	42

Outcomes

In total, 23 responses were received. The low response rate may be indicative of the difficulties in obtaining the views of people who do not have the capacity to put forward their views without the aid of an advocate.

Respondents –Of the 20 who completed this question:

- 65% (13) were the person with the advocate
- 35% (7) were a family member/friend.

Referral –Of the 22 respondents:

- 23% (5) of referrals had come from Adult Social Care
- 23% (5) of referrals had come from Children’s Social Care
- 18% (4) of referrals had come from a voluntary organisation.

Services used and rating of service– 20 respondents answered these questions.

- 70% (14) used the Learning Disability Advocacy service
- 20% (4) used the Children and Young Person’s Advocacy.
- Some respondents used more than one service.
- There were no respondents who had used 3 of the services.
- All respondents, except for one, were satisfied with their service.
- 54% (13) were extremely satisfied
- 29% (7) were very satisfied

Difficulties in finding out about or using the service – only 11 people responded to this question.

- 82% (9) stated they had no difficulties
- 18% (2) mentioned Bromley Together.

What works well – 18 people answered this question and all responses were positive. Specific mention was made of:

- staff’s communication and listening skills 28% (5).
- other staff skills 28% (4).
- Bromley Together 22% (4).

Improvements to advocacy services – 13 people answered this question.

- 31% (4) stated there was nothing that could be improved.

- 23% (3) that more appointments were needed.
- 15% (2) that more promotion of the service was needed.

Explaining views –18 people responded to this question.

- 78% (14) stated the advocate had helped to explain their views.
- 17% (3) stated they had not.

Length of use of service – 22 people answered this question.

- 36% (8) had used the service for more than 2 years.
- 14% (3) had either used the service for 1 to 2 years or between 3 and 6 months.

Current method of working with advocate – 22 people answered this question.

- 50% (11) worked with their advocate in person.
- 14% (3) worked on-line.
- 23% (5) worked both in person and on-line.

Method of working with an advocate in the future – 22 people answered this question.

- No one wanted to work purely on-line. Of those who stated how they wanted to work in the future all wanted some form of in person contact.
- 55% (12) wanted to work solely in person.
- 27% (6) wanted to work both in person and on-line.

Private access to the internet –21 people answered the question.

- All who wanted to work partially on-line stated they did have private access to the internet.
- Overall, 71% (15) stated they did have access to the internet in a private place.

How we have used the feedback to improve service

Due to the nature of the service, the numbers responding to the Service User Feedback Questionnaire was low. Officers will consider other ways of consulting with this group in the future as none of the respondents completed the questionnaire independently. Some of the lessons learnt from the consultation include the need to promote the service, ensuring service users have a choice of online and face to face meetings and recognising that not everyone will have access to a computer or WIFI, so work needs to be done to ensure people have access to the internet.

To support and encourage improvement to the service, The result of the Service User Questionnaire was shared with the Project Group, Heads of Service and the Service Provider.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]