

DECISION-MAKER:	CABINET		
SUBJECT:	ADVOCACY SERVICE FOR ADULTS		
DATE OF DECISION:	15 JULY 2014		
REPORT OF:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE		
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STATEMENT OF CONFIDENTIALITY

There is a confidential appendix attached to this report, the confidentiality of which is based on Category 3 (financial or business affairs of the Authority) of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because the information is considered commercially sensitive and doing so would prejudice the Authority's ability to achieve best value for the provision of future services.

BRIEF SUMMARY

Across Southampton a number of dedicated advocacy services are commissioned which cover both statutory and non statutory provision.

These services are fragmented across several separate funding streams and contracts with commissioners paying for multiple sets of overheads and internal contract management resource. There are also some issues with equal and fair access to advocacy services between different care groups.

The 2014/15 budgeted spend on dedicated advocacy services across Southampton is £259,200 per annum. £14,000 of this funding is transferred from Southampton City Clinical Commissioning Group via a Section 256 agreement under the National Health Service Act 2006. A full breakdown of this funding is included within Appendix 1.

This paper outlines a recommendation to amalgamate these funding streams and re-commission advocacy services for adults through a tender process, including all elements of dedicated advocacy provision currently provided across the City.

Not included within the consideration of this report are some specific areas of advocacy, such as NHS Complaints and Direct Payment Support advocacy, which are commissioned as part of wider contracts. It also excludes lower level support or provision of information and advice services for the wider community which may sometimes be referred to as advocacy services.

RECOMMENDATIONS:

Having complied with paragraph 15 of the Council's Access to Information Procedure Rules:

- (i) To approve the re-commissioning, through a tender process, of advocacy services for all adults, inclusive of all elements of specialist and dedicated advocacy currently provided across the City.
- (ii) Following a procurement process to delegate authority to the Director of People to select a provider(s) and after consultation with the Head of Legal and Democratic Services to enter into a contract with a service provider(s), for a maximum period of 5 years, for the provision of advocacy services and take all ancillary action to give effect to this decision

REASONS FOR REPORT RECOMMENDATIONS

1. This report is presented as a general exception item in accordance with Rule 15 of the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days notice to be given prior to determining all Key Decisions. This new requirement was published by Government mid August and came into effect on 10th September 2012. Whilst the report did have the required 28 days notice, the new requirement to indicate potential elements of confidentiality was not complied with as notification of the decision was published on the 4th June 2014.
2. Approving the recommendation to procure an advocacy service which amalgamates current fragmented funding streams will allow the services to be redesigned in order to meet current demand, local need and achieve parity of service access.
3. The recommended option will release a 10% efficiency saving whilst ensuring statutory provision and eligible needs are still met.
4. Approving the recommendation will allow the start of consultation around the future service option for advocacy services within Southampton.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

5. To use the available extension option provided within the contract to extend the current mental health advocacy service for a period of 2 years, whilst implementing the recommendations identified within service reviews. This option maintains the systems inbuilt inefficiencies with multiple contracts to manage, duplicated provider overheads and multiple points of access. Any budget efficiencies that could be realised within this option would result from top slicing the current budget and maintaining the current service model. This does not allow for a more efficient service to be developed and would not obtain best value from available resources.
6. To re-commission the current mental health advocacy service in its current format without including wider advocacy services. This option maintains the systems inbuilt inefficiencies with multiple contracts to manage, duplicated provider overheads and multiple points of access. The opportunity to achieve

the potential budget efficiencies is not present within this option. There is also the potential that through re-commissioning one service without realising system wide efficiencies the unit cost for services may increase, reducing value.

7. To re-commission a service which including only the statutory elements of provision. This option offers the largest headline efficiency but is highly likely to incur significant costs in other areas of the health and social care system due to frontline staff carrying out additional duties and dealing with complaints. This option does not fit with local and national priorities and guidance within key documents such as the Winterbourne Concordat and could have the potential to cause reputational damage to the City Council.

DETAIL (Including consultation carried out)

8. Those individuals who access, or may be entitled to access, health and social care support services are often unable to fully express their wishes, express choice and control over decision which impact their lives or protect their rights. Advocacy services support these individuals to take control of their own lives, understand their options and take the decisions they want. This can include support related to all aspects of life which impact on health and wellbeing, from care and support decisions to welfare and benefits or housing issues.
9. Across Southampton several dedicated advocacy services are currently commissioned to meet the needs of those who receive health and social care support services. Currently these services are covered by several separate agreements which range from small purchase orders to larger tendered contracts. Historically these services have each catered for those with defined needs or specific user groups. The exception to this is provision for statutory services which are accessible to all individuals regardless of their needs through the current mental health contract.
10. In the summer of 2011 SCC re-commissioned advocacy services for those with mental health issues, including statutory and non statutory provision. This service was developed with the amalgamation of two separate service specifications in order to gain service efficiencies.

This service includes provision of:

- General advocacy – non Statutory (excluding for those with Learning Disabilities & those aged over 65)
- Independent Mental Health Advocate - Statutory
- Independent Mental Capacity Advocate and Deprivation Of Liberty Safeguards advocacy – Statutory

This service started on 1st November 2011 with a contract period of 3 years with a 2 year extension option.

11. The multiple services for learning disabilities were under separate contracts and set for review during 2011. Consideration was given to including advocacy for those with learning disabilities within the wider amalgamated mental health service at this time however, for various reasons this option was not possible and was not taken. During 2012 the separate funding elements were pulled together under one contract which was due to end on

31st March 2014. This contract covers

- Locally Based Hospital Unit Advocacy
- Learning Disabilities Development Fund Advocacy Services
- Supporting Vulnerable people and Busy People
- Adults Services - General Advocacy for those with Learning Disabilities

12. A separate smaller service is provided with its own funding stream for those aged 65 and over and those who have dementia. This service provides non statutory advocacy only.

13. Full service reviews for the Mental Health and Learning Disabilities service have recently been carried out along with a desktop review of contact monitoring and consultation with the contract manager. These service reviews found that:

- The services currently commissioned meet an important and increasing need within the City and contribute to local and national strategic aims and objectives.
- The services enable the City to meet its statutory requirement in relation to the provision of advocacy under that Mental Health Act 2007 and Mental Capacity Act 2005
- All services have a good local presence and links with the community and with those that it supports
- The demand for and the type and style of advocacy is affected by wider changes to legislation and services both locally and nationally for example the Welfare Reform Act (2012) and changes to the social/health care market
- Multiple separate funding streams were recognised as being an issue along with a recognition from services that a lack of longer term contracts in some instances reduce the ability for providers to develop and invest in more efficient ways of working, thereby reducing value.
- Benchmarking for value and price shows local providers offer services at costs which are comparable within Southampton and favourable when compared to hourly rates paid within neighbouring areas and nationally. Approximately 650 individuals were supported by dedicated advocacy services during 2013/14 with demand for services expected to increase.

14. Recent national and local developments (Supreme Court judgement around Deprivation of Liberty, national report into the implementation of Mental Capacity Act and local CQC visit to University Hospital Southampton) have increased and will continue to increase demand for statutory advocacy within the City. In order to meet this increase in demand a greater proportion of advocacy funding will be required for statutory provision. As a consequence the amount of money committed to non statutory advocacy will be reducing.

15. Within Southampton advocacy is commissioned on both a statutory and non statutory basis. The provision of advocacy outside of statutory requirements currently accounts for a large part of the total investment into advocacy support. However, due to recent changes to the understanding of legislation

and resulting directly from a Supreme Court judgement, referrals for statutory provision have increased significantly. This trend is expected to continue resulting in an increasing proportion of funding being allocated to statutory provision. While there is no legal requirement to commission non statutory elements of support, it has attracted funding in the past on the basis that it is viewed as central to the development and maintenance of a fair, equitable and good quality care and support market which safeguards vulnerable individuals.

16. Following a review of the current mental health contract a report outlining future commissioning options was submitted to the Integrated Commissioning Units senior management team meeting for discussion and recommendation.

17. With the recommendation of the ICU management team a briefing paper was taken to the People Directorate Management Team outlining the preferred option to re-commission a new advocacy services for adults which includes all elements of specialist, dedicated advocacy currently provided across the City.

18. Advantages of recommendation

- Ability to re-design service model
- Service is market tested
- Commissioning resource efficiencies with one contract to manage
- Back office/administration efficiencies for service provider
- Competitive tender where price is evaluated part of selection criteria
- Easier access to one service for professional and service users
- Implement improved monitoring, quality and outcomes frameworks which are central to service improvement
- Ability to tie into wider work around information and advice services, reducing resource required for advocacy services

Disadvantages of recommendation

- Potential risk to local voluntary sector agencies in losing business
- Fear that some specialist skills which provide for targeted groups will be lost
- Service Users may prefer the option of accessing a specialised service
- Commissioning resource on tender process

19. The provision of dedicated advocacy services across Southampton is currently fragmented with a number of separate funding streams and contracts in place. This is an historic set up which builds a number of inefficiencies into the City's advocacy provision. For example, additional internal resources are required to manage multiple contracts and financial requirements and each provider will have built separate overhead costs into their service pricing. The recommended option outlined below will create one service which combines all funding streams for dedicated advocacy, giving the opportunity to realise efficiencies both in terms of costs and commissioning resources. Within commissioning and procurement options opportunities for the consideration of consortium and partnership bids will be

included. These options will be explored during stakeholder consultation events. Prior to the commencement of any procurement process a 10% efficiency saving from the current £259,200 funding committed to advocacy services will be released. This is a saving of £26,000 per annum. The 10% budget efficiency will maintain enough resources dedicated to advocacy services within Southampton to commission a service which meets the needs of the City and safeguards the rights, needs and wishes of vulnerable individuals within the context of increasing demand for services.

20. All current contracts for dedicated advocacy service end on 31st March 2015. Through the service reviews and contract monitoring processes the service providers within the City are aware that the ICU is looking at the provision of advocacy services. As part of developing any new service model, service user and stakeholder groups will be consulted, and their input used to inform decision making. The proposed timescales for the procurement are;
- Forward plan submission - June 2014
 - Cabinet – 15th July 2014
 - Work with Provide Relationship Team to engage/stimulate market - June to July 2014
 - Develop service specification/model - July to August 2014
 - Tender phase (PQQ, ITT and evaluations) to commenced - September 2014
 - Provisional award - December 2013
 - Services fully implemented - April 2015

RESOURCE IMPLICATIONS

Capital/Revenue

21. Within the Health and Adult Social Care Portfolio budget for 2014/15 there is a budget of £259,200 for all contracted advocacy services of which SCCCG fund £14,000. This is currently split across six budgets with three separate providers. In addition there is a budget of £4k for spot purchased advocacy for Paid Representatives.
22. The anticipated cost of the newly provided service is expected to be within the approved budgeted level for 2014/15. Furthermore due to a 10% efficiency target that will be built into the tender process it is expected that there will be a minor saving of £26,000. As part of the tender process it is anticipated that there will be one provider, or one provider leading a consortium bid, within the new arrangements.
23. There are not expected to be any additional revenue costs, one off or recurring, from this tender exercise other than those already detailed within this report. Any saving will be retained within the Portfolio until such point it can be confirmed that fluctuations of activity volume will not adversely affect it's long term achievability.

Property/Other

24. There are no property implications.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

25. The Mental Capacity Act 2005 covers the statutory provision of Independent Mental Capacity Advocates (IMCA). This Act also covers the provision of Deprivation of Liberty Safeguards which falls under statutory advocacy services.
26. The Mental Health Act 2007 covers the statutory provision of Independent Mental Health Advocates
27. Section 256 of the NHS Act 2006 which covers the transfer of £14,000 from the CCG for advocacy services.

Other Legal Implications:

28. The Council would also have to enter into a new Section 256 agreement under the NHS Act 2006 to secure the funding from the CCG.

POLICY FRAMEWORK IMPLICATIONS

29. None

KEY DECISION? yes

WARDS/COMMUNITIES AFFECTED:	None
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SUPPORTING DOCUMENTATION

Appendices

1.	Confidential Appendix Service Review – Advocacy Services for adults with mental health problems, including independent mental health advocates (IMHA) and independent mental capacity advocates (IMCA)
2.	Equality impact Assessment

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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Other Background Documents

Equality Impact Assessment and 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	
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