Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Commissioning of an Integrated Advocacy Hub	
Date of Meeting:	12 June 2018	
Report of:	Executive Director, Health & Adult Social Care	
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Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Brighton & Hove City Council and Clinical Commissioning Group jointly fund eight different statutory and non-statutory advocacy services. Extensive engagement with people who use, refer and provide advocacy shows that whilst there is some excellent provision, the way that some of the services are organised by client group means that people who need advocacy are sometimes unsure where to go if they have multiple conditions and people need to be transferred between services if they need more than one type of advocacy.

The report recommends the procurement of an Integrated Advocacy Hub with a Lead Provider that will provide a central point of access to service users and referrers but still provide essential specialist provision to people who feel particularly excluded from mainstream services.

Glossary of Terms

BHCC	Brighton and Hove City Council
BHCCG	Brighton and Hove Clinical Commissioning Group
IMCA	Independent Mental Capacity Advocates
IMHA	Independent Mental Health Advocates

IHCA	Independent Health Complaints Advocacy
ICAA	Independent Care Act Advocacy (ICAA)
LGBT	Lesbian, gay, bisexual, trans

1. Decisions, recommendations and any options

1.1 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for an Integrated Advocacy Service with a term of four years.

1.2 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term with the potential to extend the contract a further two years if it's deemed appropriate and subject to budget being available.

2. Relevant information

2.1 Within this report the term advocacy is used to describe the support given to individuals to allow their voice to be heard and their wishes to be expressed in situations where they may be unable to do this fully by themselves. Advocates and advocacy providers work in partnership with the people they support and promote social inclusion and equality.

2.2 Advocacy is essential for people who due to a disability, health condition, communication difficulty, financial circumstances or social attitudes, find themselves in a position where their ability to exercise choice or represent their own interests is limited, or where processes are particularly complex to navigate, such as social care and health pathways or where there is a safeguarding issue. Advocates play an important role in feeding back to the Council and NHS how to improve services to make them more accessible to people.

2.3 BHCC and BHCCG jointly fund advocacy services. There are statutory duties for the following advocacy provision:

- Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act 2005
- Independent Mental Health Advocates (IMHA) under the Mental Health Act 2007
- Independent Health Complaints Advocacy (IHCA) under the Health & Social Care Act 2012
- Independent Care Act Advocacy (ICAA) under The Care Act 2014

2.4 There is no statutory duty to provide Community Advocacy but BHCC and BHCCG are committed to funding this provision as it plays an important role in supporting individuals, the health and care system and communities.

2.5 There are currently eight different types of advocacy provided by seven community and voluntary sector providers under 5 different contractual arrangements (see Appendix 1 for details). All contracts expire on 31st March 2019 and the majority of the services were commissioned via commissioning prospectus or competitive tender. The Care Act Advocacy and Trans Advocacy arrangements were developed in response to changes in legislation and according to an identified need. The IMCA service is commissioned as a joint contract with East and West Sussex.

2.6 In 2017/18 2,598 advocacy referrals were made compared to 2,419 in 2016/17 (7% increase). The IMCA service provided the most advocacy (25%) and the largest increase (65%) was in the demand for Trans Advocacy (177 to 292 new issues). People often present with more than 1 issue and advocacy can last for under an hour or in the case of parents with learning disabilities in care proceedings last for over a year. ICAA has had very little demand with only 88 people supported by an advocate during a social care process. This is less than 1% of the population who have received an assessment, review, care plan or safeguarding. Demand for IMHA and has remained stable at 418 whilst the demand for Community Mental Health advocacy dropped by 16%. The number of cases of LGBT mental health community advocacy, however, increased by 39%.

Advocacy Needs Assessment 2017

2.7 To help determine the current and future demand for advocacy services a Needs Assessment was carried out in 2017[1] (the Executive Summary is attached as Appendix 2) by Brighton & Hove City Council's Public Health department. The Needs Assessment carried out engagement with people who use, provide and refer into advocacy services and also draws on best practice nationally[2] in order to make recommendations for commissioners.

2.8 In summary the Needs Assessment identified that the majority of people were very positive about advocacy provision and its impact on their quality of life. People from the LGBT and learning disabled communities particularly value a specialist service whilst some other users didn't want to be categorised by client group and would like a 'one stop shop'. The lack of capacity, high thresholds and lack of awareness of advocacy were highlighted as barriers and people identified the need for a quick response to assess urgency & prevent crises.

2.9 The majority of referrers were satisfied with advocacy services but experienced greater difficulty in accessing Care Act Advocacy and were unsure where to refer clients with multiple needs. There are also hand offs between organisations where people need more than one type of advocacy.

[1] The Adults Advocacy Needs Assessment 2017 is available at Brighton and Hove Connected
[2] Co-commissioning (Kent), Outcome based commissioning (Essex), The Advocacy Hub (Manchester)

Health & Wellbeing

2.10 The Needs Assessment recommended the commissioning of an integrated, responsive advocacy service, with a single point of access for referrals to provide a more streamlined and responsive service. Other recommendations include better promotion, co-location of advocates with referrers and a wider offer of advocacy that includes group, peer and self-advocacy. Not all protected characteristics were captured during the engagement so it was recommended that further engagement take place to ensure the views of all service users is captured.

Further engagement with people who use advocacy services

2.11 Consequently further engagement has taken place with people whose first language is not English, people with hearing impairments, older people, those on the autistic spectrum and parents with learning disabilities. A summary of the engagement and outcomes is included in Appendix 3. The general consensus is that people want continuity of advocates, a responsive accessible service and advocates who have excellent knowledge of local services and processes.

2.12 The older people who participated expressed the need for advocacy for specific issues rather than a dedicated service for older people whereas the deaf participants were very clear they want specific deaf advocacy rather than a BSL interpreter alongside an advocate. This was echoed by people whose 1st language is not English who would prefer a bilingual advocate to an interpreter and advocate. The autistic participants had clear examples of falling between the gaps in services and expressed a need for advocates who have expertise in autism and Asperger's.

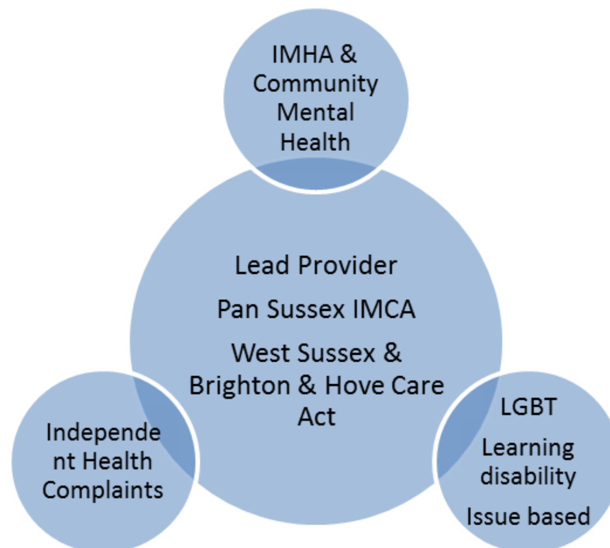
Engagement with advocacy providers

2.13 Engagement has also taken place with local, regional and national providers of advocacy and details are included in Appendix 4. Providers were asked for their perspective on the opportunities for pan Sussex work, providing a central point of access whilst retaining specialist provision, different models for delivery of services (single provider versus partnership models with a lead provider) and to consider whether advocates could provide more than one statutory role. The consensus was that a single point of access is required but the majority of providers, including those providing single advocacy services elsewhere in the country, said it is difficult for a single organisation to be able to provide the breadth of advocacy required across all the protected characteristics.

2.14 The IMCA service has been commissioned as a pan Sussex service for the last 10 years and provides economies of scale as well as continuity for people who are placed in care homes across the geographical area. Providers gave feedback that they could see the benefits of further pan Sussex commissioning as long as the different needs of each area are taken into account.

2.15 All of the above engagement has been considered carefully alongside the experiences of other areas in the country and best practice and the following model is recommended for the re-procurement:

Lead provider model



2.16 The proposal is that a Lead Provider directly provides IMCA across East Sussex, Brighton & Hove and West Sussex and ICAA for Brighton & Hove and West Sussex. The Lead Provider could either directly provide or sub-contract with specialist community advocacy organisations to provide IHCA, Specialist Community Advocacy and a combined IMHA and Community Mental Health Advocacy.

2.17 Spot purchase arrangements would also need to be in place for specialist providers of deaf, bilingual and autism advocacy. It is expected that a subcontracting / partnership arrangement would be the most effective model as it would retain the specialist knowledge held by specialist community providers. Discussions are also currently taking place with West Sussex regarding joint commissioning of some of the other advocacy provision but any pan Sussex arrangements would need to include separate geographical hubs to meet the unique needs of communities in the specific area.

2.18 A lead provider model will ensure an organisation takes the lead in taking referrals, triaging, providing and signposting where necessary. There will be reduced ‘hand offs’ between organisations and people that need advocacy and referrers will know where to go. Feedback from other local services that have a single point of contact show an increased ability to manage demand and identify gaps with better outcomes, increased social value and financial efficiency.

2.19 The advocacy services being procured are subject to the light touch regime and it is recommended that the service is advertised in the Official Journal of the European Union ('OJEU') and procured using a competitive tender process. The tender will be issued in mid-July, with tenders received back in the middle of September and evaluated in late September. Award would take place in mid-October with contract mobilisation from November to March with a start date of 1st April 2019.

2.20 The total funding for advocacy in Brighton & Hove is currently £648,367 per annum. A savings target of 5% is required for the community advocacy and IMHA (£20,810) but as there is some duplication in mental health and learning disability advocacy across the different contracts administrative savings are expected with the proposed model. In addition the CCG are removing £50,000 from community advocacy services and redirecting it to a Navigation role in the Mental Health Support Services. This leaves a total of £577,557 (56% BHCC and 44% CCG funding).

2.21 The specification will be outcome focused using the outcomes set out in Appendix 5 that have been developed nationally.[3] There will also be outputs that the provider(s) will be required to meet, with minimum targets set for each service group supported that include ringfenced activity of the statutory and non-statutory community advocacy provision to ensure that non statutory elements are protected as set out below:

Service group supported	Number of people receiving advocacy in 2017/18	Minimum targets for individuals receiving advocacy under the B&H Advocacy Hub
Independent Mental Capacity Advocates & Paid Representatives	656	700
Independent Care Act Advocacy	88	150
Independent Mental Health Advocacy & Community Mental Health Advocacy	418 338	420 300
Independent Health Complaints Advocacy	130	130
Learning Disability Advocacy	127	120
Older people & Physical disability	218	
Issue based advocacy		200
LGBT Community Mental Health Advocacy	266	250
Trans Advocacy	294	250
Total	**2,535**	**2,520**

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[3] https://www.ndti.org.uk/uploads/files/Advocacy_framework.pdf

3. Important considerations and implications

Legal:

3.1 The council's contract standing orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee which in this instance is Health & Wellbeing Board.

3.2 Schedule 3 of The Public Contracts Regulations 2015 will apply to the procurement of the new contract for integrated advocacy services and the contract must be awarded in accordance with Section 7 of the Regulations. The council is required to advertise the contract by way of a PIN or contract notice published in the OJEU setting out the process by which it is intended to award the contract.

3.3 The tender process conducted must be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.

Lawyer consulted: Elizabeth Culbert Date: 30.05.18

Finance:

3.4 The current Advocacy provision is formed of multiple contracts that are joint funded by the Council, CCG and neighbouring local authorities.

The anticipated overall funding available for the Integrated Advocacy Hub is £0.578m of which the £0.324m is funded by the Council. The expected contribution from the CCG is £0.254m however this is still to be confirmed.

Included within the £0.578m is a savings target of 5% that is required for the community advocacy and IMHA contracts (£0.021m). The CCG has removed £50,000 from community advocacy services which has been included in the figures above.

The IMCA contract is a joint contract across 3 authorities and the funding is as follows: Brighton & Hove City Council £0.162m, East Sussex County Council £0.207m and West Sussex County Council £0.190m. The £0.162m provided by Brighton & Hove is included within the £0.324m overall funding provided by the Council.

Tenders will be requested against an agreed service specification. Both BHCC & CCG are experiencing financial challenges and both organisations are subject to annual government financial settlements which can impact on the availability of funding. However it is anticipated that financial resources will be available to enable the commissioning of the service.

Finance Officer consulted: Sophie Warburton Date: 31/05/2018

Equalities:

3.5 An Equalities Impact Assessment is attached as Appendix 6. In addition to the equalities strands included in the Advocacy Needs Assessment 2017 (Appendix 2) further engagement was also carried out with people that the Needs Assessment failed to engage with to ensure that all of the protected characteristics were considered. As mentioned in the body of the report and the summary of engagement (Appendix 3) the model is entirely influenced by users of advocacy and the purpose of the hub is to ensure that people have better access to services.

Equalities Officer consulted: Sarah Tighe-Ford Date: 25 May 2018

Sustainability:

3.6 The tender will include evidence of social value and bidders will be evaluated on their experience of working collaboratively to meet the needs of the population in as innovative, effective and efficient way as possible. The specification includes the need for the service to offer peer, group and self-advocacy to ensure that people can advocate for themselves and others where possible.

Health, social care, children's services and public health:

3.7 Health, social care and public health issues are already covered but advocacy for children and young people is not considered within this paper.

Supporting documents and information

Appendix1: List of advocacy services
Appendix 2: Advocacy Needs Assessment 2017 Executive Summary (full Needs Assessment available at Brighton and Hove Connected
Appendix 3: Summary of engagement and outcomes
Appendix 4: Report on advocacy provider engagement
Appendix 5: Outcomes framework
Appendix 6: Advocacy Hub Equalities Impact Assessment