

Decision Report – Key Decision

Forward Plan Reference: FP/23/09/28

Decision Date – 03/01/24

Key Decision – Yes



Contract Extension for Advocacy Services

Executive Member(s): Lead Member for Adult Social Care

Local Member(s) and Division: N/A

Lead Officer: Executive Director Adult Services

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1. Summary

1.1 The Local Authority has a statutory duty to provide advocacy under the Care Act 2014. At present, they must involve people in decisions made about them and their care and support. A judgement must be made as to:

- whether that person has substantial difficulty in being involved, and
- if there is an absence of an appropriate individual to support them

1.2 The Local Authority also has a number of other statutory duties to provide advocacy under the Mental Capacity Act 2005, the Mental Health Act 2007 and the Health and Social Care Act 2012. These duties are all provided through the current advocacy service.

1.3 The current contract for this service is due to expire on 31st March 2024. A full re-commissioning exercise if required to ensure that the service is compliant with current legislation, fit for the future and delivers best value. This will include looking at opportunities for joint commissioning arrangements with health colleagues.

1.4 Procurement advice has been sought with regard to the extension and a Waiver has been completed with Procurement colleagues to support this decision. To mitigate the need for any further Waivers, a full re-commissioning plan and procurement plan will be co-designed with Commissioners and Procurement Officers in early 2024.

2. Recommendations

- 2.1 The Executive Director Adults Services agrees to extend the current contract for an additional 12 months to allow for a review of the existing service and a re-commissioning exercise to be undertaken.

3. Reasons for recommendations

- 3.1 To continue to meet the Council's statutory duties whilst developing a specification that can incorporate current legislation and is fit for the future and demonstrates best value.

4. Other options considered

- 4.1 **To go out to the market with the existing specification -**
This is not deemed a good option as the current service specification and service model may not be effective and deliver best value.
- 4.2 **Do nothing -**
The contract will expire on the 31st March 2024, without an advocacy service in place Somerset Council will fail to meet its statutory obligations under the Care Act 2014, impacting hundreds, if not thousands of vulnerable people across Somerset.

5. Links to Council Plan and Medium-Term Financial Plan

- 5.1 These services contribute towards the outcomes within Somerset Council's Plan (2023-27) "A fairer ambitious Somerset" – A priority for the Council is to do what ever we can to reduce inequalities so that everyone in Somerset can live the life they choose.
- 5.2 These services also contribute towards the priorities set out within the Adult Social Care Strategy 2023-26.

Prevention and Early Help – People in Somerset should be assisted to get information and advice about their health, care and support and how they can be as well as possible – physically, mentally and emotionally. They should be supported to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and, where possible, reduce future needs for care and support.

Right Support at the Right Time - People in Somerset should have care and support that is coordinated and enables them to live as they want to, being seen as a unique person with skills, strengths and goals. We must work with people and our partners to maintain safe systems of care, ensuring continuity when people move between different services and making safeguarding personal by concentrating on improving people’s lives. In understanding the diverse health and care needs of our local communities, care should be joined-up, flexible and support choice and continuity.

6. Financial and Risk Implications

6.1 Until the re-commissioning exercise has been undertaken, service requirements and contract prices are unable to be accurately determined, therefore the council is not in a position to negotiate a new contract as yet.

It is also safer for the continuity of the service to use the established provider whilst developing and embedding an understanding of what could be significant changes to the advocacy service as it is known.

This will provide the council with an opportunity to work with other stakeholders to re-design the new and person-centred service, with minimal disruption to extremely vulnerable service users that will meet the Deprivation of Liberty Safeguards (DoLS) requirements.

6.2 The annual budget for the contract is £655,524 and is within the existing budget for next year.

6.2 There are risk implications in relation to ensuring sufficient continuity of existing advocacy after 31st March 2024.

Likelihood	2	Impact	2	Risk Score	4
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7. Legal Implications

7.1 There are no legal implications identified, a full procurement process will be part of the re-commissioning plan to mitigate any challenge put forward from perspective providers.

8. HR Implications

8.1 There are no HR implications identified.

9. Equalities Implications

9.1 The service is centred on the needs of eligible individuals, irrespective of any disabilities they may have. It ensures that it prioritises the most vulnerable and those who find it hard to access services. As such the provision of effective advocacy is fundamental to ensuring that the duties within the Equality Act are met for the most vulnerable people, as they receive health and social care support.

9.2 A full Equalities Impact Assessment has been undertaken as Appendix 1.

10. Community Safety Implications

10.1 The service provides positive opportunities to impact upon the quality of life and wellbeing of vulnerable and marginalised people. Vulnerable people are often targeted by specialist fraudsters and taken advantage of in a variety of ways. The service serves to decrease the exploitation of people by providing advocacy support which promotes the views and wishes of the vulnerable person rather than professionals, relatives or carers.

All advocates are trained in safeguarding and will work closely with formal services to protect targeted vulnerable people from criminal activity.

10.2 Advocacy can have a powerful impact in supporting people from social isolation or exclusion, by assisting individuals to take action and help their voice to be heard and needs addressed. Many advocacy service users have multiple needs which can be compounded by debt and housing problems.

11. Climate Change and Sustainability Implications

11.1 The service is accessible and visible to people in all communities across Somerset through active promotion and marketing through a range of channels such as advertising, online advertising, professional awareness, social media and other forms of outreach.

Advocacy is delivered both through face-to-face contact and through other channels such as telephone and email, as appropriate. Feedback from service

users shows that some prefer a more anonymous approach which is non-invasive and often allows their case to be progressed more quickly. More work needs to be done between commissioners and the provider to understand the different communication channels offered and the take up numbers to ensure the service is as accessible as it needs to be.

- 11.2 Impacts on the environment will be kept a minimum through the use of alternative methods of communication rather than face to face, unless this is deemed the most appropriate method of contact with service users.

12. Health and Safety Implications

- 12.1 The service provider has policies and procedures in place setting out how it meets health and safety responsibilities. Individuals who are referred to the service are risk assessed as part of the referral process and the service can demonstrate a good understanding of Somerset's safeguarding policies and procedures.
- 12.2 The service has a stringent lone working policy and ensures all staff are thoroughly trained in lone working to reduce unsafe practice and to reinforce the lone working policy. All staff are clear about the importance of communicating their whereabouts and safe completion of visits by mobile phones for instance.

13. Health and Wellbeing Implications

- 13.1 The advocacy service provides a positive impact on Somerset's communities through improved health and wellbeing and more people living healthy and independent lives for longer.
- 13.2 Service users' views are measured before and at the end of the advocacy intervention, to establish whether the individual considers that their voice has been heard.

They have been able to effectively engage with services, they have a better understanding and involvement in decisions about them, they were able to make informed choices, they were able to speak up for themselves where appropriate and they have greater control of their own lives.

13.3 The service also meets the requirements within the Care Act to promote the wellbeing of individuals and to enable individuals to engage in genuine conversations about how their needs for care and support can best be met.

13.4 Maintaining access to the current advocacy service whilst commissioners design a new specification will have a positive effect on the most vulnerable members of society and provide appropriate support when it is needed.

14. Social Value

14.1 Continuing to provide an advocacy service contributes to improving the health and wellbeing of Somerset residents, whilst supporting them to maintain independence and reduce inequalities.

14.2 Social Value will be a key factor within the procurement process that will be undertaken following the review.

15. Scrutiny comments / recommendations:

15.1 The proposed decision has not been considered by a Scrutiny Committee.

16. Background

16.1 The service provides independent advocacy to empower people to express their personal needs and assist them to achieve their rights and entitlements. It assists people to secure relevant information and knowledge thus enabling them to make informed choices, to be involved in decisions about their care and support needs and promote their health and wellbeing.

16.2 The service delivers a countywide service covering the following elements:

- Statutory Advocacy (as defined by the Care Act)
- Independent Mental Capacity Advocacy (IMCA)
- Paid Representatives under the Deprivation of Liberty Safeguards
- Independent Mental Health Advocacy (IMHA)
- Independent Health Complaints Advocacy (IHCA)
- Generic advocacy (not required under the Care Act. This will include people from all client groups including carers and will be time-limited and issue-based.

16.3 The re-commissioning exercise will allow for commissioners to explore joint arrangements with pooled funding opportunities to seek efficiencies within

this re-commission. It will also provide an opportunity to review with health colleagues access for CHC funded clients as the referral route for this cohort is not currently clear in the specification.

- 16.4 In addition to the above the recommissioning exercise, we will also look for improved outcomes for services users including young adults.

This will include a review of the boundaries with Children’s advocacy services and will consider provision for adult parents for children in receipt of social care services.

- 16.5 The recommissioning exercise will also consider out of county referrals. We need to explore the potential options for clients within a certain radius of Somerset.

- 16.6 It will be really important to ensure that people with lived experience have an opportunity to shape future advocacy services as well as partners and stakeholders. Therefore, allowing additional time for the re-commissioning exercise will ensure effective engagement with all those that can contribute towards the development of this service.

17. Background Papers

N/A




Report Sign-Off

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	11.12.23
Communications	Peter Elliot	08.12.23
Finance & Procurement	Nicola Hix	07.12.23
Workforce	Alyn Jones	08.12.23
Asset Management	Oliver Woodhams	08.12.23
Executive Director / Senior Manager	Mel Lock	06.12.23
Strategy & Performance	Alyn Jones	08.12.23
Executive Lead Member	Cllr Dean Ruddle	18.12.23
Consulted:	Councillor Name	

Local Division Members		
Opposition Spokesperson	Cllr Sue Osborne Opposition Spokesperson for Adult Social Care	12.12.23
Scrutiny Chair	Cllr Gill Slocombe for Scrutiny Adults and Health Committee	12.12.23

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or
www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council		 NHS Somerset		 NHS Somerset NHS Foundation Trust
Version	V2	Date Completed	12.12.23		
Description of what is being impact assessed					
Extending the contract for advocacy services in Somerset.					
Evidence					
<p>What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset's Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles,, should be detailed here</p>					
<p>Data on the general Somerset population and Joint Strategic Needs Assessment: http://www.somersetintelligence.org.uk/jsna/</p>					

The Somerset Independent Advocacy Service (SIAS) is intended to achieve a more cohesive approach to service delivery, including a single access point to improve accessibility. This offers benefits to service users such as the support of a single advocate where required but it will require a responsive and flexible workforce. A funding model is in place to ensure that the service is able to respond to increasing demands for advocacy.

The SIAS service provides independent advocacy to eligible service users, the vast majority of whom will be Somerset residents. This includes:

- Current service users
- Service users who qualify under the Mental Capacity Act (MCA) 2005 or MCA 2005 Deprivation of Liberty Safeguards
- Service users who qualify under the Mental Health Act 2007
- Adults who qualify under the Care Act 2014
- Adults and children of all NHS services
- Adults with an assessed eligible need seeking non statutory advocacy

The service fulfils the duties listed under the Equality Act 2010 including the Public Sector Equality Duty. The service understands and represents individuals from all Somerset communities and is accessible to all those eligible to receive the service. This includes the provision of specialist support to people whatever their individual and communication needs. This includes people with physical disabilities, sensory impairments including those who are registered as deafblind, learning disabilities, mental health disabilities and those who either lack or have fluctuating capacity.

A referral pathway is set out within the service specification, which explains how people can access all the service elements. The service provider works closely with the relevant statutory agencies to ensure that referrals are made to the service. Key stakeholders are SCC Adult Social Care including Locality, Safeguarding and DoLS teams, Somerset Direct, Somerset Foundation Trust including the Community Mental Health Service, specialist teams and community hospitals and the NHS Acute Hospitals, Patient Advice & Liaison Services (PALS) and private hospitals in Somerset.

The service also networks extensively and works collaboratively with local infrastructure by linking closely with relevant organisations and providers of services. This includes user and carer groups, specialist representative groups, people who are experiencing (or who have experienced) domestic abuse, voluntary organisations, user led organisations and other protected groups covered by the Equality Act 2010.

Currently there is little analysis around the referrals for people who have been identified as having protected characteristics. More work needs to be done around this to ensure the advocacy service is reaching everyone that needs to access the service. Commissioners will be working with the provider over the next 12 months to produce more detailed reports, identify areas and set actions to address improvements to delivery.

The table below provides a breakdown of people accessing the service during a three-month period (May – July 2023).

5.Protected Characteristics	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic
Ethnic Origin							
White British	28	15	34	19	4	44	17
Any other white background			1				
Black/African/Caribbean							
Mixed and multiple ethnic groups				1			
Asian			1	3			
Other ethnic group	2				1		
Prefer not to say	1						
Not completed	21	10	81	90	6	14	9

	52	25	117	113	11	58	26
Religion							
Bahi							
Buddhism		1					
Christianity	3	2			2	1	1
Hinduism							
Humanism							
Islam						1	
Judaism							
Paganism							
Sikhism							
Other							
Prefer not to say							
None							
Not completed	49	22	117	113	9	56	27
	52	25	117	113	11	58	28
Sexuality							
Bisexual							
Gay							
Heterosexual	7	7			2	6	1
Lesbian							
Other							
Prefer not to say							
Not completed	45	18	117	113	9	52	27

	52	25	117	113	11	58	28
Gender							
Male	26	18	53	46	2	28	9
Female	22	7	54	32	9	23	14
Male not from birth							1
Female not from birth							
Prefer not to say							
Not completed	4		10	35		7	4
	52	25	117	113	11	58	28
Age							
Under 18				8			
18-25	1	1		4	1	6	3
26-50	5	2	12	22	3	12	14
51-64	9	7	12	16	3	9	8
65 & over	37	15	93	14	4	31	1
Not Completed				49			
Totals	52	25	117	113	11	58	26

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

A full engagement and consultation plan will be developed and delivered as part of the re-commissioning plan. This will include current users of the service and people with lived experience.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<p>Data show us that we have an increasing older population in Somerset and the service will need to continue to meet the needs of people now and into the future.</p> <p>This service is to support people 18 years and over. The specification reflects and responds to the full range of needs of people irrelevant of age. The re-commissioning plan and new service specification will need to ensure that individual outcomes are meet in a variety of ways. As part plan, commissioners will engage with Children’s Services in terms of their Advocacy offer for children (up to the age of 18) and ensure that appropriate plans are in place for those reaching adult hood (in transition).</p>	□	□	□

Disability	The service is centred on the needs of eligible individuals, irrespective of any disabilities they may have. It ensures that it prioritises the most vulnerable and those who find it hard to access services. As part of the engagement plan, we will gather feedback from people with disabilities to assess the effectiveness of the service, the results will feed into a new service specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender reassignment	Those who have had gender reassignment may be concerned about being treated unfairly. The service specification requires the service provider to conduct its business in accordance with the principles of the Equality Act and support people to make the most of their lives by managing their lives in the way they choose and to not discriminate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and civil partnership	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	The provision of effective advocacy is fundamental to ensuring that the duties within the Equality Act are met for the most vulnerable people, as they receive health and social care support. This will include providing accessible information and advice as well as direct support for all communities in Somerset. As part of the re-commissioning plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Commissioners will consider how effective the service is for people of a different race and ethnicity.			
Religion or belief	The single service provides eligible service users with a single advocate and by having a combined workforce the service strives to accommodate individual needs such as, a particular gender of advocate, for example where this is important for cultural/faith reasons. As part of the re-commissioning plan we will test the effectiveness of the service by seeking feedback from those with lived experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	The single service provides eligible service users with a single advocate and by having a combined workforce the service strives to accommodate individual needs such as, a particular gender of advocate if required. As part of the re-commissioning plan we will test the effectiveness of the service by seeking feedback from those with lived experience	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces (including serving personnel, families and veterans)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, e.g. carers, low income, rurality/isolation, etc.	The service is open to those who have been assessed as having an eligible need.	□	□	☒
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Negative outcomes action plan
 Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Review current service user data	31/01/2024	Vicky Chipchase		□
Develop an engagement plan with current service users and those with lived experience	29/02/2024	Vicky Chipchase		□
Develop ways for those with lived experience to feed into the new service specification	29/02/2024	Vicky Chipchase		□
Review and develop the monitoring and performance requirements and incorporate into the new contract	31/12/2024	Vicky Chipchase		□
	Select date			□

If negative impacts remain, please provide an explanation below.

Completed by:	Vicky Chipchase
Date	13.10.23
Signed off by:	Tom Rutland
Date	12 th December 2023
Equality Lead sign off name:	Tom Rutland
Equality Lead sign off date:	12 th December 2023
To be reviewed by: (officer name)	Vicky Chipchase
Review date:	December 2025