The London Borough of Camden is proposing to tender its Advocacy Services with a new contract to start on 1st October 2015. These services are currently delivered via multiple, separate contracts; we wish to explore future commissioning options via engagement with the market. This process will inform our procurement strategy.

**Proposed procurement for a specialist advocacy pathway for adults with complex needs**

The London Borough of Camden is developing an advocacy pathway which is easy for customers / patients / carers to navigate, and ensures that they can access the right service at the right time. This will ensure that people are seamlessly signposted to the most appropriate service.

The pathway includes statutory and non-statutory elements:

* Independent Mental Health Advocacy (IMHA)
* Independent Mental Capacity Advocacy (IMCA)
* Care Act advocacy
* NHS complaints advocacy
* Generic advocacy for people with complex needs (e.g. mental health problems, learning disabilities, age-related issues)

It is anticipated that the contract will be for an initial period of 4 years with the option to extend for 2 years and an additional 1 year extension.

1. **BACKGROUND**

The Advocacy Charter[[1]](#footnote-1) defines advocacy as:

“…taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support…. Advocacy promotes social inclusion, equality and social justice.”

The different types of advocacy and client groups means there is potential for advocacy itself to become complicated; therefore, we want to commission a clear, straightforward pathway of advocacy services which are easy for people to access.

Camden Council and Camden Clinical Commissioning Group (CCG) commission a number of advocacy services for adults, some of which are jointly commissioned with other London Boroughs. These are described below.

1. **VISION**

Camden’s vision is that all patients / customers / citizens should be able to get their voice heard, understand their rights and responsibilities, navigate the system, and get the support they need. This aligns with the Care Act, which guarantees to put people and their carers in control of their care and support. Advocacy is crucial for making this vision a reality, especially for people with disabilities, long-term conditions or other challenges.

The Council is seeking to commission a single pathway, with access points that make it easy for customers / patients to find the support they need. This pathway will include statutory and non-statutory advocacy:

* Independent Mental Health Advocacy (IMHA)
* Independent Mental Capacity Advocacy (IMCA)
* Care Act advocacy
* NHS complaints advocacy
* Generic / non-statutory advocacy for all customer groups

1. **PROPOSED SERVICE MODEL**

Camden is seeking to commission an advocacy pathway which provides a range of statutory and non-statutory services, and which meets the needs of a wide range of people, in a seamless way. This section describes the different services, and outlines how we visualise the pathway itself.

1. **Independent Mental Health Advocacy (IMHA)**

CCGs have a duty to ensure that IMHA is available to support people to understand the provisions of the Mental Health Act and support them in relation to the exercise of their rights under the Act.

The advocate will help a person to prepare and work through areas of concern, provide information and advice, and ensure that a person’s views are heard and acted upon. They may provide information on issues around housing, employment, benefits, health and treatment etc, and inform the person of their rights. Advocacy may be provided in hospital or in the community.

This statutory service is for people aged 18 and over who are sectioned under the Mental Health Act.

1. **Independent Mental Capacity Advocacy (IMCA), Deprivation of Liberty Safeguards (DOLS) and Relevant Person’s Representative (RPR)**

There is also a duty to ensure that IMCA is available to eligible customers – i.e. people who are 16 years or older who lack the capacity to make a particular decision, and who do not have an appropriate person to advocate for them.

People who meet these criteria must legally be referred to an IMCA. If these criteria are not met then a person may still be able to receive the IMCA service if:

* there are decisions relating to safeguarding proceedings (even where family/friends exist),
* or if there is a care/accommodation review where it is felt that the person would benefit from an IMCA.

The service encompasses five distinct parts:

* Providing IMCA to all eligible customers.
* Providing a Relevant Person’s Representative service to all eligible customers.
* Providing information about the role and requirements of IMCA instruction for people contacting the service.
* Providing awareness and training sessions to staff who may come into contact with people who are eligible for the service.
* Supporting the local integration of the MCA into practice – e.g. contributing to Local Improvement Networks, safeguarding boards etc.

1. **CARE ACT ADVOCACY**

The Care Act places a statutory duty on Local Authorities to provide advocacy to people who have significant difficulty in being fully involved in assessment and care planning processes where there is no one appropriate available to support and represent the person’s wishes.

There are four areas to consider in order to make a judgment about whether a person has "significant difficulty" in being fully involved:

* Capacity to understand relevant information;
* Capacity to retain information;
* Capacity to use or weigh up the information;
* Capacity to communicate their wishes, views and feelings.

Many people who qualify for advocacy under the Care Act will also qualify for IMCA, and the same advocate can provide support as an advocate under the Care Act as under the Mental Capacity Act. This enables the person to receive seamless advocacy and not to have to repeat their story to different advocates.

1. **NHS COMPLAINTS ADVOCACY**

The Health & Social Care Act 2012 transfers the duty to commission an independent NHS complaints advocacy service to individual Local Authorities. The service supports patients with a complaint or grievance related to any aspect of healthcare, such as complaints about poor treatment.

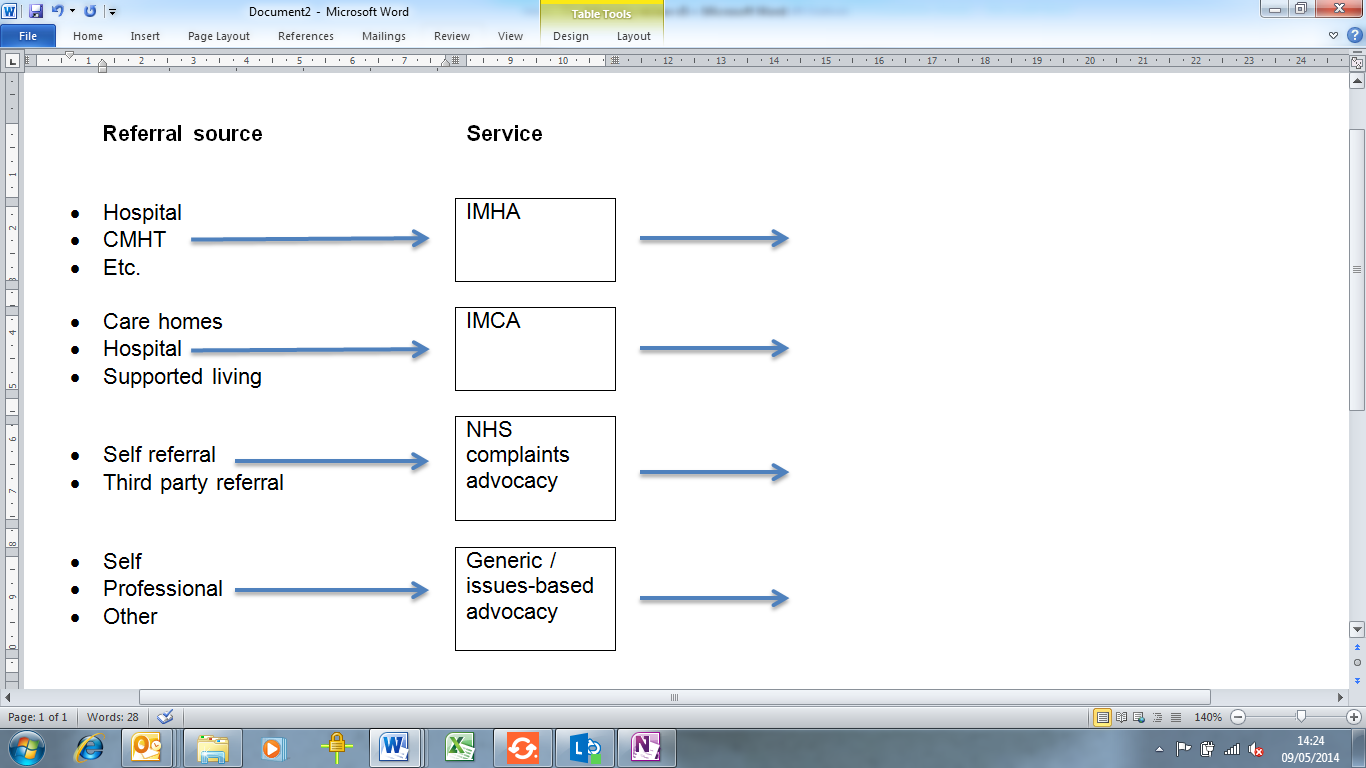
1. **GENERIC ADVOCACY**

As well as fulfilling the duty to provide these statutory advocacy services, Camden is also committed to making available non-statutory advocacy to people with complex needs – e.g. people with mental health problems, learning disabilities, physical disabilities, sensory impairments, age-related issues such as dementia, etc.

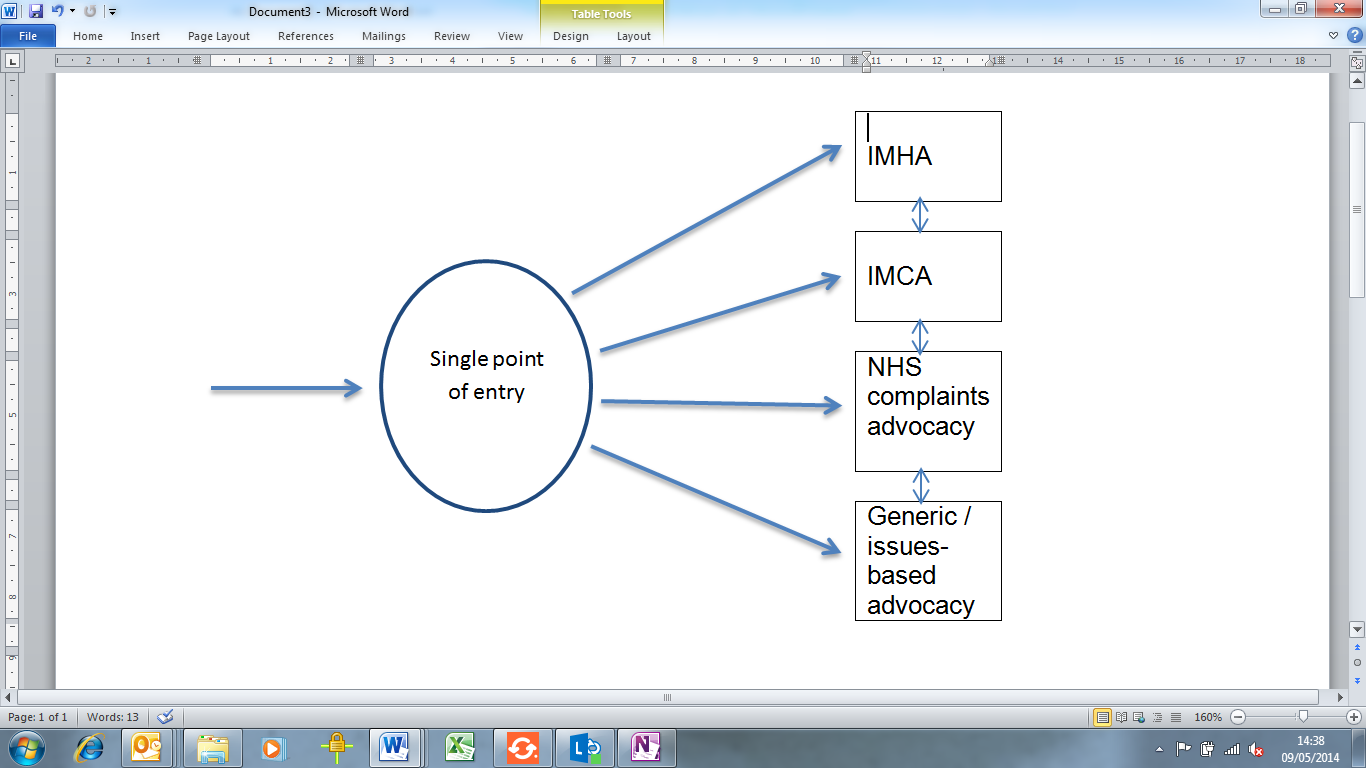
The main focus of non-statutory or generic advocacy is on people facing significant changes, for which short interventions should enable them to get through a period of change, ensuring that their rights are upheld. Longer interventions may be provided where issues are more complex. Advocacy may be provided by paid staff and/or volunteers, depending of the nature of the advocacy required.

It is proposed that five existing advocacy contracts are integrated into a single pathway, with access points that make it easy for customers / patients to find the support they need. It is acknowledged in Camden that while individual advocacy services perform well and support people to achieve their desired outcomes, people currently access advocacy through different routes, and advocacy provision as a whole is not necessarily joined up. The intention is to design a single pathway with a single point of entry, as per the proposal diagram below, which makes it straightforward for people to navigate the system. This will ensure that people are seamlessly signposted to the most appropriate service. The following diagram shows the current situation (“before”), and an indication of what is proposed.

**Before**



**Proposal**



The Council would welcome / require partnerships which would preserve the diversity and local flavour of existing provision. People in Camden value the choice and level of specialism (e.g. specialist advocacy for people with learning disabilities, mental health problems, dementia) they get from having a range of local providers – we want to maintain this. The pathway may be managed by a single provider, or a lead contractor with one or more sub-contractors.

Camden commissions advocacy services with a number of other London boroughs. It is the intention to continue to commission the statutory services with other boroughs. Commissioning across borough boundaries, especially where hospitals and care homes are used by residents of more than one borough makes sense. The non-statutory services will be commissioned solely by Camden.

Given the fluctuating demand for advocacy and the unknown impact of the Care Act (customers going through assessment and support planning have a right to access an advocate from 1st April 2015), it is proposed that a pricing model is developed which guarantees a certain level of funding to the provider(s) on the basis of a minimum level of activity, and funds additional activity through one or more tariffs.

**Outcomes**

There is no nationally agreed outcome framework for advocacy. This makes it challenging for Local Authorities to benchmark and/or establish a robust evidence base. Action for Advocacy’s *Lost in translation* toolkit states that:

* “The people who use advocacy services may be unable to clearly identify or express goals and/or outcomes, therefore the tool cannot be solely reliant on the service user perspective” (A4A, p.10)
* “Advocacy is often about moving towards a goal and developing the potential of people rather than the achievement of a final state […] measurement cannot be solely based on achieving the desired concrete result” (A4A, p.10)
* “The input of advocacy may be one of many influences or interventions in a person’s life…and so changes noticed (or absent) during advocacy relationships cannot be wholly ascribed to the advocacy process” (A4A, p.10)

1. **CURRENT USAGE**

It is proposed that the contract will be a single contract with five elements.

The 2013/14 usage for four elements are given below. The Care Act advocacy comes into force on 1st April 2015 therefore there is no known usage available.

|  |  |
| --- | --- |
| Contract | 2013/14 Usage |
| Independent Mental Health Advocacy (IMHA) & generic mental health advocacy | 527 individuals  4048 hours |
| Independent Mental Capacity Advocacy (IMCA) | 291 individuals  3884 hours |
| NHS complaints | 47 remote cases / 32 intensive cases |
| Generic/non-statutory | Professional Advocacy for older people: 136 individuals  Citizen’s Advocacy for older people: 275 individuals |

Organisations will be able to bid to deliver the service. The Council will welcome bids to deliver these contracts from partnerships/consortia of organisations working together. Any partnership/consortia must be able to deliver all of the services.

Before commencing a procurement process, we wish to engage with the market to help us shape the process for these services. We would therefore welcome your responses to the questions on the We Are Camden site.

Please complete the online survey on We Are Camden. The Council would appreciate a response by the close of business on **Thursday 18th September**. If this is not possible, it will still be possible to engage with the Council.

**We appreciate that this questionnaire might be inaccessible for some so if you or your organisation requires information and support to complete the questionnaire please provide us with your details.**

Following this market testing exercise the Council expects to run a procurement exercise with the following key dates:

|  |  |
| --- | --- |
| **Milestone** | Due date |
| Market engagement process | August – September |
| Procurement strategy Cabinet decision | 17th December 2014 |
| Advert | 5th January 2015 |
| Award decision | 15th June 2015 |
| Implementation | 15th June 2015 – 30th September 2015 |
| Contract start date | 1st October 2015 |

*Interested parties will not be prejudiced by any response or failure to respond to this soft market testing/sounding exercise and a response to this notice does not guarantee any invitation to participate in any future public procurement process that the Council may conduct.*

*This notice does not constitute a call for competition to procure any services for the Council and the Council is not bound to accept any proposals offered. The Council is not liable for any costs, fees or expenses incurred by any party participating in the soft market testing/sounding exercise. Any procurement of any services by the Council in due course will be carried out strictly in accordance with the provisions of the Public Contracts Regulations 2006 and the Public Contracts (Amendment) Regulations 2009 No. 2992.*

*Any responses provided will not be treated as commercially confidential and may be used by the Council in the final service specifications used for the contracts but no organisation will be individually identified.*

If you are interested in this or any of our advertised contract notices, please register on the Councils e-tendering system, eu supply (<https://www.eu-supply.com> ) -[register online](https://lbcamden.eu-supply.com/pub/registercompany.asp?OID=1&B=LBCAMDEN).

See the link below for more information:

## <http://www.camden.gov.uk/ccm/content/business/in-business-in-camden/selling-to-camden-and-strategic-procurement/register-on-esourcing-for-advertised-contracts.en>

## Tenders will also be advertised on the Compete for website:

<https://www.competefor.com>

1. Action for Advocacy, 2002 [↑](#footnote-ref-1)