

The Final Report of the Joint Review of Independent Advocacy Services in Edinburgh

City of Edinburgh Council

16 December 2010 (continued to 3 February 2011)

1 Purpose of Report

To submit recommendations, in terms of Standing Order 53, following consideration by the Health, Social Care and Housing Committee of the final report of the joint review of Independent Advocacy Services.

2 Background

On 7 December 2010, the Health, Social Care and Housing Committee considered the attached report by the Director of Health and Social Care on the joint review of Independent Advocacy Services in Edinburgh which had been commissioned in conjunction with NHS Lothian. The report sets out recommendations for the future structure of the service, based on the results of the joint review, and provides information on the procurement implications and timescale. Seven options for future provision are identified which were developed through consultation with current providers and using information from other Scottish Councils. The Director's recommendations are set out at paragraph 16.1 of the attached report.

3 Deputations

The Committee heard deputations from the Consultation and Advocacy Promotion Service (CAPS) and from People First (Scotland). The deputations did not think the consultation had been robust and felt that it did not have the interests of service users at heart. Of the seven options presented they preferred option 1(a) and they set out their concerns on option 4 which was recommended by the Director. The deputations also questioned the need for the service to be subject to competitive tendering.

4 Motion

- 1) To approve Option 4.
- 2) To request a procurement plan for a special meeting of the Health, Social Care and Housing Committee in January 2011.
- 3) To retain a default position of competitive tendering to three providers as specified in the report by the Director of Health and Social Care.
- 4) To retain an option of existing providers to propose a consortium that achieved three packages as specified under option 4, which must also meet savings and quality specification.

- moved by Councillor Edie, seconded by Councillor Work.

5 Amendment

- 1) To approve recommendations 16.1 (a), (b) and (c) by the Director of Health and Social Care.
- 2) To delete recommendations 16.1 (d), (e) and (f).
- 3) To note that these services were specialist and, taking into account guidance available from the Scottish Independent Advocacy Alliance: A Guide for Commissioners, to agree:
 - (a) To reject competitive tendering.
 - (b) To agree to the savings in the Director's report.
 - (c) To use existing providers. Officials to set budgets and levels of service provision in consultation with Lothian Health.
 - (d) Following this work, to negotiate with the existing service providers to deliver services for the three packages.
 - (e) To ask the Director to report back on the outcome of this work to a special meeting of the Health, Social Care and Housing Committee in January 2011.

- moved by Councillor Hinds, seconded by Councillor Ewan Aitken.

6 Voting

The voting was as follows:

For the motion	-	13 votes
For the amendment	-	5 votes

7 Decision

- (a) To approve the motion by Councillor Edie.
- (b) **In terms of Standing Order 53, the requisite number of members required that the decision be referred to the Council as a recommendation.**

Alastair Maclean
Head of Legal and Administrative Services

Appendix	Report by the Director of Health and Social Care
Contact/tel	Carmel Riley 529 4830, e-mail carmel.riley@edinburgh.gov.uk
Wards affected	City wide
Background Papers	Minute of Health, Social Care and Housing Committee 7 December 2010

The Final Report of the Joint Review of Independent Advocacy Services in Edinburgh

Health, Social Care and Housing Committee

7 December 2010

1 Purpose of report

1.1 The purpose of this report is to:

- a) Provide a final report of the joint review of Independent Advocacy Services which was formally commissioned by the Health, Social Care and Housing Committee on 19 May 2009 and by NHS Lothian on 4 November 2009.
- b) Set out the recommendations for the future structure of independent advocacy services in Edinburgh, based on the results of the joint review.
- c) Provide information on the procurement implications and timescale.

2 Summary

- 2.1 This report follows on from previous progress reports to the Health, Social Care and Housing and the Joint Board of Governance. These reports set out the aims, methodology and progress of the Joint Review and the range of possible options for the future delivery of independent advocacy services.
- 2.2 This report will also be presented for approval to Edinburgh Community Health Partnership Sub-Committee at its meeting to be held on 9 December 2010.
- 2.3 The report makes a recommendation to the Committee and to Edinburgh CHP Sub-Committee for the future structure of independent advocacy services. A transparent Options Appraisal process, which was well publicised with stakeholders, has been undertaken. This incorporated the findings of the Equalities Impact Assessment and the Options Consultation with stakeholders, with an assessment against a financial framework and against the success criteria which were approved by the Committee on 18 May 2010.

Main report

3 Background:

3.1 The aims and methodology for the review were to:

- ensure that statutory duties and strategic priorities are met through sustainable, quality services and that all client groups have equity of access to independent advocacy services
- identify efficiencies of £100,000 per annum from Council advocacy funding of £659,212, through reduction in management and infrastructure costs and by developing a commissioning response which is appropriate and commensurate within a challenging economic climate

3.2 The methodology for the review included a consultation programme, Checkpoint Group and Project Board.

3.3 The Joint Board of Governance discussed a progress report on 23 October 2009 ('Review of Advocacy Services Currently Commissioned within City of Edinburgh Boundary'). The Joint Board recommended to the Executive Management Team of NHS Lothian that they should support full partnership engagement with the Council in the review. This was agreed by NHS Lothian EMT on 4 November 2009 with the stated expectation that the review be taken forward jointly and equitably across the two organisations.

3.4 Progress on the joint review was reported back to the Health, Social Care and Housing Committee on 8 December 2009 and 18 May 2010. These reports noted good progress on the following:

- Efficiencies of £21,665 identified by the Council within 2009-2010.
- Agreement on the joint scope of the joint review, with approval for NHS Lothian to include £424,307 of its funding for independent advocacy services into the review, together with the remaining £637,547 funding from City of Edinburgh Council.
- Additional investment from City of Edinburgh Council funds for adult support and protection services (£40,000), in light of new statutory responsibilities for Adult Protection, and for older people (£60,000), in light of demographic pressures and the known gap in advocacy provision for older people.
- Clarification of the duties of the Council in relation to the provision of collective and individual independent advocacy under both the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007
- Agreement on the minimum priority requirements for Edinburgh – these are to ensure independent advocacy support a) to adults at risk of harm; b) those with a mental disorder and c) those subject to Adult Support and Protection proceedings across all client groupings.
- Establishment of the vision and 'Core Requirements' for future independent advocacy services in Edinburgh from the results of the comprehensive consultation programme.

- Development of the final range of proposed options for the future provision of independent advocacy with initial estimates of efficiency savings and proposed success criteria for the options appraisal.

The Committee noted the significant progress made within the joint review and approved the vision, the core requirements and the success criteria for the Options Appraisal process.

- 3.5 This Report now sets out the results of the Options Appraisal process and recommends a future structure for the provision of Independent Advocacy in Edinburgh, including Lothian wide NHS services to various key groups of patients.

4 The Seven Options

- 4.1 Seven options for the future of independent advocacy provision in Edinburgh were identified. These options were developed through the consultation process; discussion with current providers within the Checkpoint Group and using information from other Scottish Councils.

- 4.2 The Options Appraisal process on these seven options included an Equalities Impact Assessment; an Options Consultation and an assessment against the quality and financial success criteria. The options were:

Option 1a: Status Quo

This option is the existing pattern of service, with:

- *Learning Disabilities – 3 organisations: a collective advocacy service; an individual advocacy service and a citizen advocacy service*
- *Older People – 1 organisation providing advocacy to older people in care homes and to older people with dementia living in the community*
- *Mental Health – 3 organisations: a collective advocacy service in the community; an individual advocacy service which also provides collective advocacy in hospital and an advocacy service for carers*

Option 1b: Partnership Model

This option is the existing pattern of service but with:

- *The 7 advocacy services working together in a partnership providing collective, individual and citizen advocacy*
- *All 7 advocacy services expanding their services to make sure people with physical disabilities, adults at risk and older people living in the community are able to get a service*

Option 2: Five Client Group Contracts / Organisations

This option has one independent advocacy contract / organisation for each of the following client groups:

- *Individual advocacy for people with physical disabilities*
- *Individual and collective advocacy for people with learning disabilities*
- *Individual advocacy for older people and collective advocacy for older people living in care homes*
- *Individual and collective advocacy for people with mental health support needs*
- *Individual and collective advocacy for carers*

Option 3: Three Independent Advocacy Contracts / Organisations

This option has three independent advocacy contracts / organisations for:

- *Individual advocacy for older people and people with physical disabilities*
- *Individual advocacy for people with mental health support needs, carers and people with learning disabilities*
- *Collective advocacy for people with mental health support needs, carers, older people living in care homes and people with a learning disability*

Option 4: Three Independent Advocacy Contracts / Organisations

This option has three independent advocacy contracts / organisations for:

- *Individual and collective advocacy for people with mental health support needs and carers*
- *Individual and collective advocacy for people with learning disabilities*
- *Individual and collective advocacy for older people and individual advocacy for people with a physical disability*

Option 5: Two Independent Advocacy Contracts / Organisations

This option has two independent advocacy contracts / organisations for:

- *Individual and collective advocacy for people with mental health support needs, carers and people with learning disabilities*
- *Individual advocacy for people with physical disabilities and older people and collective advocacy for older people living in care homes*

Option 6: One Independent Advocacy Contract / Organisation

This option has one independent advocacy contract / organisation which will cover all client groups and provides both individual and collective advocacy

5 The Options Appraisal: Equalities Impact Assessment (EQIA)

5.1 An Equalities Impact Assessment event for Stakeholders was held. The following are the main points from the assessment:-

- Possible negative impact on carers and users if they are in receipt of independent advocacy service from the same organisation, where there is a conflict of interest between the carer and service user.
- Possible negative impact on all equalities groupings if proactive action is not taken by independent advocacy services to support referrals / access from 'hard to reach' groups and if partnerships are not established with specialist organisations – for example, Black and Minority Ethnic Communities; Lesbian Gay Bisexual and Transgender Groups; Deaf Action; Royal National Institute for the Blind - in order to provide a bridge into mainstream advocacy services
- Possible negative impact on each of the equalities groupings if client group definitions are rigidly maintained without recognition of overlapping issues such as dual diagnosis and transitions into older people's services.

- Possible negative impact in bringing together various different client groupings with possible loss of specialist knowledge and understanding
- Possible negative impact on existing users and carers if current pattern of provision is changed. Impacts identified included: mental health and wellbeing, participation and involvement and continued commitment of volunteers
- Possible negative impact of larger organisations – impacting on perception of independence, confidentiality, choice and shift in the balance of power.

5.2 These issues were then addressed within the Options Appraisal process.

6 The Options Appraisal: Options Consultation with Stakeholders

- 6.1 Following feedback from the Equalities Impact Assessment a further consultation on the range of possible options was undertaken with stakeholders. This 'Options Consultation' was conducted using an Option Consultation Questionnaire and small group discussions.
- 6.2 Responses were requested on the perceived advantages and disadvantages of each of the proposed options in relation to the priorities which had been identified within the earlier consultation programme. These were: ease of access, choice of advocate, choice of type of advocacy, separation of carers' and users' advocacy services and continuity of provision whether at home or in hospital or under or over age 65 years.
- 6.3 This Options Consultation completed the extensive engagement programme on the joint review over the period June 2009 – September 2010.

7 The Options Appraisal: Process and Scoring

- 7.1 The Options Appraisal Team developed a Scoring Framework to ensure consistent scoring of the options against the success criteria. The maximum score was 100.
- 7.2 The Team agreed to allocate a maximum 70 of these points to quality elements, and a maximum 30 to financial elements, giving a 70:30 weighting towards quality. The Team also confirmed that the findings of the Equalities Impact Assessment and those of the Options Consultation would be central to the quality scoring for each option.
- 7.3 All stakeholders involved in the Options Consultations received a pack which included the following information: the Options Appraisal Team, Timeline, Scoring Framework, Combined Findings of the EQIA and the Options Consultation and the Financial Evaluation Framework. In addition, members of the Project Board offered to be available to assist with feedback on this information to small groups of current users, carers, providers or other stakeholders.

8 The Options Appraisal: Results of the Quality Scoring

8.1 It was clear from the initial results of the EQIA and the Options Consultations that each option had both negative and positive impacts, and disadvantages as well as advantages.

8.2 The **quality scoring results** (maximum total score 70) were as follows:

Option	Criteria 4 (Vision/ Success Criteria) (Max score 35)	Criteria 5 (Equalities) (Max score 35)	Total Quality Score (Max 70)
1a	14	14	28
1b	16	21	37
2	24	28	52
3	22	25	47
4	25	25	50
5	25	23	48
6	27	23	50

Comments on the results

8.3 The three top-scoring options were only separated by two points. However the results showed that option two scored highest in the quality appraisal, followed closely jointly by options four and six.

8.4 An advantage in all three of the highest scoring options was that the issue of flexibility was addressed by providing a service whether the individual is in hospital or at home. Provision was also extended to previously excluded groups. Each option was also more likely to offer a choice of gender of advocate due to having a larger pool of advocates, and each provided a clearer point of access.

8.5 In contrast to other models, option two (five contracts) offered the advantage of having an access point based on all five client groups, so would provide a clear point of contact for them. It was also the only option which provided a separate independent advocacy option for carers, thereby reducing any potential conflict of interest. However, it did not address the issue of continuity as it would still require an individual to change services at the age of 65.

8.6 Option four (three care group contracts/combined individual and collective advocacy). This model had been suggested by some members of the Checkpoint Group. It delivered on access, and on integrating individual and collective advocacy for care groups. It also delivered on choice and flexibility, although did not have a separate contract for carers and still required an individual to change services at the age of 65.

- 8.7 Option six (one contract) also delivered on access, choice and flexibility, and it was the only option that did not require an individual to change services at the age of 65. However, it did not provide a separate contract for carers. Some stakeholders also expressed their concern that there was a risk that some care groups may become marginalised in a large contract.
- 8.8 The Qualities Options Appraisal had highlighted that the issue around potential *conflict of interest for carers* was significant. Therefore, it was agreed that any model going forward that did not have a separate contract for carers would need to address this through contract management and codes of conduct. Similarly, the issue of *change of organisation at age 65* was a concern. In light of equalities legislation and feedback from stakeholders, it was therefore agreed that any model would need to allow an individual reaching the age of 65 to stay with their existing service provider.
- 8.9 Other assumptions agreed for the Appraisal were that every model would have policies and procedures in place to address the equalities groups of faith, gender, race, sexuality and social class. All existing service users would continue to receive a service from the new service, as long as they continue to meet the eligibility criteria for the service. These assumptions applied equally to each model.

9 The Options Appraisal: Results of the Financial Analysis

- 9.1 The financial evaluation framework, which has been circulated to stakeholders, included:-
- A 'bottom-up' modelling which accurately represents the level of output that can be anticipated from a Full Time Equivalent (FTE) Advocacy Worker
 - The level of provision currently available within each of the client group advocacy services
 - The approximate costs of employing an FTE Advocacy Worker
- 9.2 The financial scoring of each option also required a number of assumptions:-
- The number of contracts in each option would determine the number of "lots" of overheads within each option (e.g. three "lots" of overheads for three contracts), each lot of overheads incorporating administration, management, premises and running costs. In determining these costs, assumptions have been made about average annual costs and these have been consistently applied across all of the options.
 - In determining the requirements of manager and/or assistant manager posts for each separate contract a ratio of 1 manager to 7 advocacy workers has been applied consistently across the options
 - The total cost associated with each of the options includes:-
 - an appropriate allocation of the new monies has been made across the client groups

- Subtraction of the required CEC efficiencies from the CEC current funding allocation
- Subtraction of pro-rata efficiencies from the NHS Lothian current funding allocation, re-invested back into advocacy services.

9.3 It should be noted that, as with any cost estimates based on assumptions, the actual figures are likely to change once a procurement process has been undertaken. The savings should therefore be noted as notional.

9.4 The **finance scoring results** are as follows:-

Option	Scoring Savings generation (Max 25)	Scoring Additional savings (Max 5)	Total Score (Max 30)	Ranking	Conclusions
1a	0	0	0	5	This was modelled on seven contract streams from seven overhead centres. Efficiency targets not met
1b	0	0	0	5	This was modelled on seven contract streams from seven overhead centres. Efficiency targets not met
2	0	0	0	5	This was modelled on five contract streams from four overhead centres. This is due to the PD contract being too low to stand alone as real life overheads would be prohibitive. Efficiency targets not met
3	25	1.46	26.46	3	This was modelled on three contract streams from three sets of overhead centres. Efficiency targets met and potential to generate additional savings.
4	25	1.46	26.46	3	This was modelled on three contract streams from three sets of overhead centres. Efficiency targets met and potential to generate additional savings.
5	25	3.90	28.90	2	Two sets of overhead centres with potential due to economies of scale to reduce overheads below 30% and potential to generate some additional savings.
6	25	5.00	30.00	1	One overhead centre with potential due to economies of scale to reduce overheads below 30% and potential to generate some additional savings.

10 The Options Appraisal: Final Results and Conclusions

Option	Description	Combined Quality and Financial Score (Max score = 100)
1a	Status quo	28
1b	Partnership model	37
2	Five client group contracts	52
3	Three contracts – separates individual & collective advocacy	73.46
4	Three contracts – Mental health/carers; Learning Disability; Older People/Physical Disability. Indiv & collective combined	76.46
5	Two contracts; MH/Carers/LD; OP/PD. Indiv & collective combined	76.90
6	One contract, all care groups; indivi & collective	80

10.1 In coming to final conclusions informed by the above, account has also been taken of issues raised during consultation, particularly those relating to service users' preferred models; opportunities for service users to be involved in the running of services; and the size and balance of contracts for service provision.

10.2 In light of this, further consideration was given to the three highest scoring options. Option 6 scored higher than option 5 in terms of both finance and quality. Option 4 scored the same as option 6 in terms of quality but lower than option 5 in generating potential additional savings. All three Options delivered the required joint savings of £130,469, but there were differences in the potential additional savings that each might generate. The breakdown of how these options performed is summarised in the table below. *It must be emphasised that these are estimated figures only at this stage.*

Indicator	Option 4	Option 5	Option 6
Quality Score (Max 70)	50	48	50
Required Savings (CEC & NHSL)	Met £130,469	Met £130,469	Met £130,469
Potential Additional Savings Generated	£25,696	£68,615	£87,907

- 10.3 The financial estimates have not taken into account the financial implications of TUPE as these will only become clear in the next phase of the work, the procurement phase.
- 10.4 It should be noted that there are particular risks associated with option 6, as a single-contract model.
- If the single contract were awarded to a single provider, (as opposed to a consortium of two or more) there is higher risk to service sustainability, should the provider get into business difficulty.
 - It was clear from the consultation that some care groups are concerned about their potential marginalisation if the single service were to become dominated by a care group/s already used to accessing advocacy.
 - Currently, the boards of some providers include a number of service users, who can have a powerful voice. With a single provider, the number of service users able to be meaningfully involved at board level is likely to decrease significantly. Other methods of engagement and empowerment would be required.
 - Some current providers have originated and evolved as organisations from the needs of a single care group. Some volunteers who are attracted to the work by the care group may be less inclined to continue with a generic provider.
 - Some stakeholders expressed the view that there may also be a perceived loss of independence, with the single provider being too close to the Council and NHS Lothian.
- 10.5 However, there are some opportunities unique to the single-contract model – it is an inclusive model whereby anyone can approach for advocacy without having to navigate several organisations; and it moves away from a model that labels individuals based on their disability.
- 10.6 Option 5, having only two contracts, suffers from some of the same risks as option 6 but to a lesser extent. There is less of a threat to service sustainability than option 6, but more so than option 4; there is potential for some care groups to feel marginalised in a large system, but less than in Option 6. The groupings in this model could give potential synergies, but there could also be competing interests between care groups and loss of specialist expertise and focus.
- 10.7 The care groups with the biggest current demand and funding for advocacy services are learning disabilities and mental health. As indicated, in Option 6 the risk of domination by care groups where use of advocacy is already established, would need to be managed. In Option 5 the risk of imbalance in the size of the two contracts, would need to be managed. Service users indicated through consultation that some are very involved in the organisations that provide a service, including at board level. Both Options 5 and 6 could result in these opportunities decreasing significantly, albeit less so on Option 5.

10.8 Option 4 carries the least risk to service sustainability of the shortlisted options, if there is more than one provider. This model is also a better fit with service user preferences, strongly expressed during consultation, for organisations skilled and knowledgeable about their particular field and needs. This model also provides separately for the two service groups with the biggest current demand for and experience of using advocacy - mental health and learning disabilities and so would provide a better balance in contracts than Option 5. Option 4 could present better opportunities for service user involvement at board level than Options 5 and 6. The overall service sustainability risks are less than for one or two contracts. The groupings in this model offers some new synergies, but competing funding requests between care groups would need to continue to be managed. This option may be more acceptable to some stakeholders in that it is a better fit with what people said they wanted, recognising specialty needs and knowledge bases, and is less of a shift in current service provision. However, this Option is less likely to deliver additional savings than Options 5 and 6.

10.9 In light of all the above considerations, Option 4 is recommended to Committee by the Project Board as the optimum outcome of the Review of Advocacy Services.

11 Risk Management

11.1 There are a number of risks associated with the implementation of any new service arrangement. The following table identifies the possible risks and the proposed actions which could mitigate them.

Risks	Proposed Action to Reduce Risks
In Option 6 (the top-scoring option) there is potential for monopoly if all advocacy is delivered by one organisation (although possible that a consortium/partnership could win a tender for this model.) This could apply to other options too if one provider is awarded all contracts. There would be associated risks should the business fail, with no other local organisations available to step in easily.	Procurement strategy, rigorous tender process and subsequent contract monitoring.
Potential difficulty in new (or single) provider(s) obtaining an accessible organisational base of appropriate size within the timescale.	Ensure that successful bidder(s) has/have realistic action plan to obtain suitable premises
Potential for loss of expertise and specialist skills	TUPE likely to apply, so existing advocates' expertise and specialist skills should continue to be available.
Potential loss of volunteer advocates who have interest/loyalty to specific care group	Include volunteer retention/recruitment plans in tender process

or provider	
Timescales (and potential complications and delays) and costs associated with applying TUPE regulations in relation to seven existing organisations.	TUPE Transition plan as part of the procurement strategy and arrangements
Potentially reduced opportunities for service users to be part of organisation board(s)	Tender questions to cover service user involvement
Service does not reach harder to reach groups	Include plans to address this in tender questions. Contract monitoring

12 Conclusions

- 12.1 The Committee received detailed progress reports on the Review of Independent Advocacy Services in December 2009 and May 2010.
- 12.2 The final options have been subject to a detailed options appraisal process which has included: an Equalities Impact Assessment; further Options Consultation with stakeholders and a detailed scoring process against the quality and financial success criteria. The three highest scoring options were further considered
- 12.3 Although Option 6 (one contract) is likely to produce more potential for savings, it also carries higher risk (see sections 10 and 11 above). Similar risks, albeit less than for Option 6, attach to Option 5 (two contracts).
- 12.4 In light of this, the Project Board is of the view that **Option 4** would be the most likely to provide a sustainable, quality service. It could also be less likely to create marginalisation of service users, for example enabling more people to be involved at board level, and is a better fit with the continuing degree of specialism that many people told us they wanted, through the consultation process. Option 4 would achieve the required budget savings, subject to any additional costs incurred through TUPE. However, Committee should be aware that the level of additional savings gained is estimated at £62,211 less than for Option 6, and £19,292 less than Option 5.

13 Procurement Implications and Timescale

- 13.1 The Department and NHS Lothian have followed recommended Social Work Inspection Agency (SWIA) Guidelines for Strategic Commissioning in approaching the Review of Independent Advocacy Services. The Guidelines identify four distinct stages in the commissioning cycle: Analyse, Plan, Do and Review.
- 13.2 This Report signals completion of the Analyse and Plan stages. Action is now required to move on to the "Do" and "Review" stages, during which we shall apply principles of good practice.

- 13.3 Scottish Government Guidance on The Procurement of Care and Support Services¹ details the requirements for these 'do' and 'review' stages. This includes the development of a Procurement Plan.
- 13.4 Adoption of Option 4, 5 or 6 involves a new commissioning strategy for how advocacy is provided in the city, with a reduction in the number of current contracts and the bringing together of some care groups to varying extents. The Scottish Procurement Guidance makes clear that in this circumstance, new contracts should be subject to advertisement. CEC Corporate Procurement and Legal Services have confirmed this view, which is also regarded as the fairest way to procure these services.
- 13.5 The option of negotiating the service changes with existing providers was previously raised. However, given the commissioning strategy which is proposed, and the level of operational change involved, Committee is advised that this is not considered appropriate and could give rise to legal challenge.
- 13.6 It is therefore recommended that the new contracts for Advocacy Services are subject to advertisement. Current providers will be able to bid for the work, individually or in partnership/consortia.
- 13.7 The review has been undertaken jointly between the Council and NHS Lothian and the services will be procured together. As one organisation cannot technically procure via competitive process on behalf of both, a resource transfer will be required between NHS Lothian and the Council, or vice versa, to enable services for both organisations to be procured by one of them.
- 13.8 In line with the Scottish Procurement Guidance, a Procurement Plan will now be developed. This strategy will determine: the exact competitive process to be adopted; further development of service specification; documentation to support the procurement process applied; appraisal methodology and arrangements; minimum number of contractors (if more than one contract); and timescales. It will also confirm which agency (CEC or NHSL) will undertake the procurement of advocacy services.
- 13.9 Assuming that the next phase can start immediately after meetings of the Health, Social Care and Housing Committee on 7 December and CHP Sub-Committee on 9 December, it is anticipated that contract(s) could start in summer 2011. This will depend on commitment to staff resource input from both Health and Social Care and NHS Lothian, and on any TUPE arrangements arising. The Contracts Awards would require to be approved by the Council's Finance & Resources Committee.

14 Financial Implications

- 14.1 In 2009/10, an efficiency target of £100K was set against the Health and Social Care budget for this project. £21,665 was delivered in 2009/10, leaving £78,335 to be found in 2010/11.

¹ Procurement of Care and Support Services: The Scottish Government: September 2010

- 14.2 NHS Lothian are partner commissioners of advocacy services. Pro-rata efficiencies made from NHS Lothian's current investment in these services will be re-invested back into advocacy services.
- 14.3 In light of additional statutory responsibilities for Adult Protection, and of the known gap in provision for advocacy for older people, the Health and Social Care department has allocated an additional £100k in 2010/11 to extend advocacy services. This funding will be used to achieve a real increase in volume or spread of service, over and above the efficiencies referred to in 14.1 which it is anticipated will be delivered by reducing infrastructure.
- 14.4 This has been a complex project with multiple stakeholders, high efficiency targets relative to budget, and long lead-in times for some of the change options, particularly those which might require formal procurement processes. In light of this, Committee is advised that it will not be possible to achieve the original efficiency savings in the current financial year 2010 – 2011.
- 14.5 It is estimated that the Option 4 would deliver the full amount of savings sought by the Council from the start of the contracts. In addition, it could release pro rata savings for NHS Lothian which they will consider investing back into advocacy services. These savings will, however, depend on the procurement approach taken, the bids submitted and on any additional costs incurred through TUPE and on the estimated procurement timescales being achievable.

15 Environmental Impact

- 15.1 There will be no adverse environmental impact.

16 Recommendations

- 16.1 It is recommended that the Health, Social Care and Housing Committee, subject to the parallel formal approval of the Edinburgh Community Health Partnership of NHS Lothian on 9 December 2010:
- a) notes the significant and continued commitment and engagement of the various stakeholder groups throughout the review process;
 - b) endorses the options appraisal process;
 - c) approves the recommendation of the project board to adopt option 4 as the preferred option for the future delivery of Independent Advocacy Services in Edinburgh;
 - d) approves the commencement of the procurement cycle to be undertaken in line with the Scottish Government Guidance on Social Care Procurement, based on a Procurement Plan which will determine the exact competitive process;
 - e) notes the timescales for the procurement cycle and the estimated start of the new contracts in the summer of 2011;
 - f) notes that the recommendations for award of contracts will be referred to the Council's Finance and Resources Committee for approval.

Appendices	None
Contact/tel/ Email	Sue Brace Head of Strategic Planning & Commissioning Tel 0131 553 8322; sue.brace@edinburgh.gov.uk Alistair Watt, Policy & Partnership Development Manager Tel 0131 553 8469 alistair.watt@edinburgh.gov.uk
Wards affected	All
Single Outcome Agreement	6. We live longer, healthier lives 7. We have tackled significant inequalities in Scottish society
Background Papers	<ul style="list-style-type: none">o <i>Independent Advocacy Services – review proposals</i>. Report to Health, Social Care and Housing Committee 19 May 2009o <i>Review of Advocacy Services currently commissioned within City of Edinburgh Boundary</i>. Report to Joint Board of Governance 23 October 2009o <i>Review of Independent Advocacy Services – Progress Report</i>. Report to Health, Social Care and Housing Committee 8 December 2009o <i>Review of Independent Advocacy Service – Final Progress Report</i>. Report to Health, Social Care and Housing Committee 18 May 2010o <i>Lothian Independent Advocacy Plan 2008-2011</i>o The full Equalities Impact Assessment (EQIA) of the Final Service Delivery Optionso Summary of the EQIA Options Consultation Questionnaireo Consultation Programme for the Review June 2009 – September 2010o Options Appraisal Teamo Scoring Framework for the Options Appraisalo Combined Findings of the EQIA and the Options Consultation for the Options Appraisalo Financial Framework for the Options Appraisal