

Meeting:	Executive
Meeting date:	12/09/2024
Report of:	Sara Storey- Corporate Director of Adult services and Integration (DASS)
Portfolio of:	Cllr L. Steels-Walshaw -Member for Health, Wellbeing and Adult Social Care

Recommissioning of Advocacy Hub Services in York

Subject of Report

1. The Council of the City of York (“**CYC**” or the “**Council**”) and York Mind first entered a statutory contract on 1st April 2017 for the provision of the York Advocacy Hub (the “**Contract**”) after a full competitive tendering exercise was completed. The Contract is due to come to an end on 31st March 2025.
2. The purpose of this report is to seek approval from Executive to go out to the market and commence a competitive tender process to re-procure the Advocacy Hub service in York. This will enable CYC to go through a process that is fair, open, and transparent, and will ensure CYC secures value for money and the best outcomes for our residents.
3. The total contract value of the Advocacy Hub contract that will be advertised to invite competitive tenders is £1,994k over the term of the contract, which is for an initial term of 3-years, with an option to extend for up to a further 2-years from 1st April 2025. The Council and NHS Humber and North Yorkshire Integrated Care Board (“**HNYICB**”) both contribute towards the current contract. The ICB currently contributes £52k a year and has agreed to contribute this amount for the term of the contract including inflationary uplifts. The first year’s annual value will be £396k.

4. The commissioned service will be flexible enough to allow for the Council to respond to changes in demand, and changes in legislation; specifically, the possible implementation of the Liberty Protection Safeguards (“LPS”), Mental Capacity (Amendment) Act 2019.

Benefits and Challenges

Table 1 – Pros and Cons detail
Advantages (Pros)
<ul style="list-style-type: none"> • The Council continues to meet its Statutory duties under the Care Act 2014, Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007. • There are no adverse effects to residents currently in receipt of advocacy services, in terms of the continuity of their advocacy support. • CYC will be fully compliant with CYC’s Contract Procedure Rules (“CPRs”) and the Public Contract Regulations 2015 (the “Procurement Regs”) and from 28th October 2024 the Procurement Act 2023 (the “Procurement Act”) by tendering the Advocacy Hub Service on our tender tool YORtender. • Offers an important opportunity to shape the Advocacy Hub Service with a re-developed specification outlining clear expectations of service delivery and outcomes for our customers. • Providers will progress through a neutral selection process with clear set obligations and the selection will be made based on a rigorous evaluation of what CYC requires. • The new Contract will have an initial term of 3-years, with an option to extend for up to a further 2 years (5-year Contract).
Disadvantages (Cons)
<ul style="list-style-type: none"> • The expiration of the current contract without another in place to replace it would mean that the Council would fail to meet its statutory duty. • Previously (prior to April 2017), advocacy provision was not as joined-up as it could be, with an impact on resident experience and officer time. By continuing to take an open approach and combining the stages of the process, it will improve the offer to residents by making access faster and taking account of the different service needs.

Policy Basis for Decision

5. The All-Age Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing providers within the market to provide sustainable, quality and value for money services.
6. The Council's statutory duties to provide rights to advocacy are set out in the following:
 - a) Care Act 2014 - Section 67-68
 - b) Mental Capacity Act 2005 - Sections 35-41
 - c) Mental Health Act 1983 - Section 130A.
 - d) Health and Social Care Act 2012- Section 185
7. Advocacy Services in York directly support the achievement of The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:
 - a) Health-Improve health and wellbeing and reduce health inequalities.
 - b) Equalities and Human Rights- Equality of opportunity.

Financial Strategy Implications

8. The total funding envelope for this procurement over the next 5 years is £1,994k. This includes £1,714k of Council funding and £280k of Health funding. This is affordable within the existing commissioning budget. However, in order to cover off a long standing overspend within this contract, the budgets managed directly by the Head of All Age Commissioning have been rebased which gives little flexibility to find future budget savings from this area.
9. There is no specific efficiency identified against the overall contract value due to the rising demand of advocacy services (see para 18).
10. It should be noted that there is a small element of non-statutory service provided within this contract which is felt to be preventing more serious of escalation of referrals (see para 18).

Recommendation and Reasons

11. Executive are recommended to:

- a) approve the procurement of a new Contract for the Advocacy Hub Service for an initial term of 3-years, with an option to extend for up to a further 2-years, and to delegate authority to the Corporate Director of Adult Services and Integration in consultation with the Head of Procurement (or their delegated officers) to take such steps as are necessary to carry out the procurement.
- b) delegate authority to the Corporate Director of Adult Services and Integration, in consultation with the Director of Governance and the Head of Procurement (or their delegated officers), to take such steps as are necessary to award and conclude the Contract for the Advocacy Hub Service and to determine the provisions of any subsequent modifications and/or extensions thereto post award.

Reason(s): The option proposed will comply with CYC's CPRs, the Procurement Regs and the Procurement Act in terms of completing an open, fair, and transparent process as the market has not been approached since 2017.

Further, the provision of the Advocacy Hub Service ensures the Council meets the statutory duty of the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. The Council would also meet the needs vulnerable adults identified as benefiting from non-statutory advocacy.

Background

12. The current Advocacy Hub model was commissioned in April 2017, for three years to 31st March 2020 plus the option of a further two-year extension, (with subsequent waivers) that expires on 31st March 2025, as a single referral point, holistic and coherent service pathway which meets all statutory advocacy requirements and a range of lower-level non-statutory interventions and materials which will impact on demand levels. A single contract minimises back office and transactional costs and deliver best value.

13. The Hub provides both statutory and non-statutory generic advocacy. They include:
- Independent Mental Capacity Advocacy (“**IMCA**”),
 - paid Relevant Person’s Representative (“**RPR**”),
 - Independent Mental Health Advocacy (“**IMHA**”)
 - Care Act Advocacy
 - NHS Complaints advocacy
 - Non-Statutory Generic Advocacy
14. Through a multi-skilled advocacy team, the Hub ensures responsiveness to fluctuations in demand whilst maintaining continuity of service to clients requiring different forms of advocacy provision.
15. **Legislation Update**

The Liberty Protection Safeguards (“**LPS**”) were introduced in the Mental Capacity (Amendment) Act 2019. LPS will provide protection for people aged 16 and above who are or who need to be deprived of their liberty to enable their care or treatment and lack the mental capacity to consent to their arrangements, in England and Wales. The previous government had committed to bringing LPS into force to replace the Deprivation of Liberty Safeguards (“**DoLS**”) and then announced on 5th April 2023 that the implementation of the LPS will be delayed "beyond the life of this Parliament". Further updates following the election are awaited. The service will be required to maintain responsiveness to evolving advocacy requirements, including adherence to the LPS regulations as they come into effect.’

Contract Monitoring and Performance

16. The Service has been able to demonstrate positive outcomes regarding the following areas.
- a) *Services are responsive/positive customer experience:* - advocates work in a person-centred way to understand the client and ensure that the client has a positive experience. The service has consistently responded in line with target timeframes for statutory streams except for **RPR** (Relevant Person’s representative) but have been able to reduce this significantly

with the triaging and prioritisation and how to allocate a set advocate for each care home.

- b) *Advocacy that is accessible for all:* - Information about the advocacy service is provided in multiple formats including easy read, in appropriate and accessible language. Training of staff example non-instructed advocacy, in recognising the different needs of those with more impaired cognition, in order that they are effectively supported. The Care Act advocacy and IMCA includes supporting young people (generally 16+) who require transition to care into adulthood.
- c) *Empowering vulnerable people:* - facilitate a Learning Disability self-advocacy forum for individuals to develop their self-advocacy skills, and we have an advocacy steering group. Though due to lack of funds the self-advocacy in York only has 1 hr a week for facilitation, this has been raised as an issue and the retendering offers new ways to remodel the contract. The York self-advocates are currently working to design a Learning Disability Partnership Board.
- d) *People with increased skills and confidence in advocating for themselves:* - The results show overall a significant positive impact, particularly in clients feeling they are being listened to more and have more access to services which meet their needs including increased confidence to interact with the community around them, for example, promotion of the NHS Complaints pack on the providers website leading to reduction in requests for an NHS advocate.
- e) *Partnership working:* - Advocates regularly signpost clients to a wide range of organisations and services and support them to access these. This includes Peasholme, with welfare benefits agencies, with the Council's social care, housing and other departments, Local Area Co-ordinators, York District Hospital, TEWV, Healthwatch, PALS team (York Hospital), Partners in Care, Foss Park, Mill Lodge and Clifton House hospitals, and care homes. This allows good communication, partnership working and information sharing which is beneficial for our clients.
- f) *The rights of vulnerable people are upheld:* - All advocacy provision, whether instructed or non-instructed, will involve a person's rights in some way and the advocate's role is to ensure that a client's rights are upheld. For non-instructed advocacy, there are a range of approaches which may be used to support

the client, including the 'rights-based' approach, which, for statutory advocacy (IMCA and RPR roles) makes use of legislation such as the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), in addition to drawing on written guidance, standards and procedures regarding quality of care and care provision (e.g. Care Quality Commission standards). Clients who are informal patients can now have access to an IMHA but using the general advocacy service.

- g) *Improved quality of life and independence for vulnerable people:*
 - Advocates promote options for people, they help the client to understand viable options and explore the person's wishes and views, their likes and dislikes, what is and isn't important to them, so that person-centred decisions can be made.
- h) *Individuals are treated with dignity and respect:* - All advocates work under the framework of the Advocacy Code of Practice, which provides practical application guidance for the 11 standards/principles of the Advocacy Charter. These standards include clarity of purpose, empowerment, a person-centred approach, equal opportunities, and accessibility. General and NHS advocates will always meet with their clients, find out their preferences
- i) *Increased awareness of advocacy issues with voluntary and statutory organisations:* - developed a stream specific advocacy flowchart for professionals to help them understand our service and referral criteria. Advocates have regular engagement and safety meetings with Stockton Hall Hospital managers and developed a plan for IMHA work to be carried out effectively and safely. Regularly attend the Safeguarding Subgroup and meet quarterly, to contribute around safeguarding themes and raise awareness with other services of how advocacy can support with safeguarding processes.

Current Position

IMHA increased sessions

17. The Service has had a significant increase in the number of sessions in Independent Mental Health Advocacy (**IMHA**). This is due to several factors detailed below.
 - Due to limitations on community resources, placements, care packages, etc discharges have been significantly delayed, so admissions are then prolonged

- An increase in frequent re-admissions, often due to quick deterioration, an unsafe discharge and/or lack of support in the community
- Increase in time around preventing unsafe discharges.
- Disputes around funding for placements or care have increased, causing increased work and contributes to unsafe discharges.
- Delays for allocations of necessary community professionals such as care co-ordinator's, social workers, ICB, etc who can complete assessments, search for placements, apply for funding.
- The acuity of patients being admitted over the last year has meant the complexity of the case is increased, opportunities for early intervention have been missed, so treatment takes far longer and is more resistant.
- Patients have requested input of an IMHA and have wanted their advocates to support in many of their meetings, most meetings, tribunals and managers hearings can take between 2-4hours to complete.
- IMHA's have attended an increased number of Care, Education & Treatment Reviews (**CETR'S**) - Children and Adolescent Mental Health Services (**CAHMs**) inpatient and Care & Treatment Review (**CTR's**)-adult inpatient, these can take the majority of a working day.

18. Overall cases are becoming more complex and taking a lot more time, this is due to pressures nationally across all services, funding issues, lack of staffing, limitations of services- there's numerous complications across the entire sector, making case work take far longer. Below is an indication of the current hours and session increase in the last two years of the contract.

Table 2: Summary of Activity 2022 to 2024

	Apr 22 – Mar 23		Apr 23 – Mar 24	
	Total Referrals	Sessions	Total Referrals	Sessions
IMHA	353	5625	374	5878
IMCA	262	1707	296	5473
Care Act	113	3023	116	3489
NHS	29	759	26	833
General	125	1550	83	2051
Parental				549
	882	12664	895	18273

19. *General Self-advocacy*- Increase in the provision of hours for advocates that support this stream. This is essential to support individuals speak or act on their own behalf as a member of a group or individual. A proposal has been put forward for an increase from 1 hour a week to 7 hours a week. This will also support the development of the Learning Disability Partnership Board (**LDPB**).
20. *Parental Advocacy*- As seen on table two, the sessions have gone up significantly. There is a statutory element of parent advocacy where parents with learning difficulties/disabilities are offered the support of an advocate to help them understand and engage in the process with the Council including child protection proceedings which have been priorities by the advocates.

Future Service Delivery

21. It is expected that the sharp increase in demand is a one off and last year's activity levels will stabilise to reflect 2022-23 activity levels. Links with Better Care Fund and work with Mental Health Hubs in York will ensure that services are interlinked to ensure reduced levels of frequent readmissions and prevent pressures across the system.

Engagement

22. Methodology

A survey was conducted after the pre-election period from 15th July 2024 to 18th August 2024, that was accessible in different formats to ensure voices of our customers are heard. The survey engaged with stakeholders and residents involved with advocacy services. We also engaged with groups of individuals with learning difficulties/disabilities. This included a meeting with Brunswick Organic Nursery to hear their views about advocacy support and with York People First (**YPF**) self-advocates to discuss the need for an increase in support for self-advocates to assist with developing the LDPB.

23. Summary of Survey and engagements

- a) Most people that responded to the survey were aware of York Advocacy Hub. The main way people found out about the hub was through the council, followed by other organisations and healthcare services.
- b) The responses to the survey were mainly from people who have used the Hub on behalf of someone they support, followed by those who work or volunteer in health and social care.
- c) The majority of respondents confirmed that the support received was making sure views, wishes and feelings were heard. Other common support types were making important decisions, Care Act advocacy and understanding rights.
- d) Most people felt positively about York Advocacy Hub; finding the service to be very helpful and finding it quite easy to get support. Feedback suggests that most of the time, the service successfully supports people to have a voice.
- e) From the group discussions, people told us that more support for self-advocacy was important, and it was clear that there is a need to improve people's awareness of what advocacy is, and what York Advocacy Hub offers.
- f) Overall, the responses suggest there needs to be a reduction in waiting times for advocacy. We are aware that the waiting list for non-statutory general advocacy is currently up to 75 weekdays. The other most suggested improvements were an increase in the number of advocates; better promotion of the service; allowing more people to be able to get advocacy support, and more support for self-advocacy.

Please refer to **Annex A**- City of York Advocacy Provision Customer Feedback, for the full report analysis.

Organisational Impact and Implications

Financial Implications

- 24. The current cost of the advocacy contract is £395k, of which £52k is funded by the ICB and £343k by the Council. This can be met from existing budgets.

25. The current pricing model (block contract) offers value for money to the council and ICB. The spot charge averages at £30 to £35/hour across advocacy services which is in line with market rates.

26. Below is the contract value profiled over 5 years (£'000):

	CYC contribution	Health cont.	Total
Yr1 25/26	342.8	53.6	396.4
Yr2 26/27	342.8	55.2	398.0
Yr3 27/28	342.8	57.0	399.8
Yr4 28/29	342.8	57.0	399.8
Yr5 29/30	342.8	57.0	399.8
		Total	1,994.0

Procurement Implications

27. Procurement Regs/Light Touch Regime

- a) The council and NHS Humber and North Yorkshire Integrated Care Board (“**HNYICB**”) wish to jointly procure by going out to the market and commence a competitive tender process for an Advocacy Hub service in York. This will enable the council and HNYICB to go through a competitive tender exercise that is fair, open, and transparent by publishing tender documents and inviting competition to be evaluated and consider for the award of this contract which will provide Value for Money and the best outcomes for our customers. CYC will lead on the procurement.
- b) The procurement of the Advocacy Hub service York is funded by both the Council and the HNYICB and will need to comply with the current Public Contracts Regulations 2015 and also the applicable Light Touch Regime threshold of £663,540 which applies for the procurement of health care, social care, education and other applicable services as defined within the “Procurement Regs” Annex A CPV (Common Procurement Vocabulary) codes. This will therefore require an open, fair, transparent procurement exercise which will be advertised through a published Contract Notice for suitable interested providers to access the published tender documents and consider submitting tenders for the council and HNYICB to evaluate and consider for the award of this contract.

- c) The HNYICB is a public sector body and therefore is also required to comply with the “Procurement Regs” and the Light Touch Regime threshold for the procurement of this Advocacy Hub service York through the combined HNYICB and CYC budgets which are an estimated total contract value of £1,993,983.50, over the contract period of an initial contract period of 3 years with the option to extend for a further up to 2 years.
- d) The Council and NHS Humber and North Yorkshire Integrated Care Board (“HNYICB”) both contribute towards the current contract. The current total ICB Contribution is £ 53.6k, that is, 13% of the contract and the council contribution is £342k which equates to a total contract value of £396k for the first year and therefore for the total contract period including extensions and ICB uplift is £1,993,983.50. Therefore, this procurement will comply with the Public Contracts Regulations 2015 and the Light Touch Regime threshold of £663,540 where a contract notice is published on the ‘Find a Tender’ website and the tender documents will be available to access on the Yortender website
- e) The Advocacy Hub services procurement exercise will include appropriate evaluation criteria weightings for quality and price and these weightings will reflect the key evaluation criteria that the panel will evaluate in order to identify the bidder that represents best value. This may include consideration of an increase to the quality evaluation criteria weightings above the standard 60% quality, then a waiver will be submitted for consideration of any change to the quality evaluation weightings prior to the commencement of the procurement. Underpinning this procurement will be the principle of obtaining value for money for both the council and HNYICB and therefore an appropriate price evaluation criteria/methodology will be developed to robustly assess how bidders will utilise the total contract value for the initial contract period and any extensions.

Human Resources (HR) Implications

- 28. There are no CYC HR implications if the current providers are successful in winning the contracts,
- 29. If there are no successful providers and given that this is a statutory service, and the service was therefore ‘In-sourced’ it is likely that

TUPE would apply assuming that the employees attached to the undertaking fulfil the criteria to TUPE.

Legal Implications

30. The procurement of a new Contract will enable CYC to comply with its statutory duties as set out in the body of the report including obligations under:
- a) *The Care Act 2014 Sections 67 to 68*
 - b) *Mental Capacity Act 2005 Sections 35 - 41*
 - c) *Mental Health Act 1985 Section 130A*
 - d) *Health and Social Care Act 2012 Section 185 and the Local Government and Public Involvement in Health Act 2007 Section 223*

Health and Wellbeing Implications

31. It should be noted that the detailed statutory provisions give the Council some discretion as to how and what level of service is provided and the arrangements that it considers to be “reasonable” may take different forms to the existing arrangements.
32. In any decision the Council must consider the advantages and disadvantages of different options to comply with principles of decision making set out in the Constitution and those which apply to all public bodies as a matter of law.

Equalities and Human Rights Implications

33. CYC recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority’s functions).
34. An **Equalities Impact Assessment** has been carried out and is annexed to this report at **Annex B**. In summary, the result of the assessment is set out findings from EIA.

The impact of the proposals on protected characteristics has been considered as follows:

- Age – Positive/High
- Disability – Positive/High
- Gender – Positive/Low
- Gender reassignment – Positive/Low
- Pregnancy and maternity – Positive/Low
- Race – Positive/Medium
- Religion and belief – Positive/Low
- Sexual orientation – Positive/Low
- Other socio-economic groups including:
 - Carer - Positive/Medium

Data Protection and Privacy Implications

35. Data Protect Impact Assessments (“**DPIA**”) are an essential part of our accountability obligations. Conducting a DPIA is a legal requirement for any type of processing, including certain specified types of processing that are likely to result in a high risk to the rights and freedoms of individuals. Under UK GDPR, failure to conduct a DPIA when required may leave the council open to enforcement action, including monetary penalties or fines. A DPIA is a ‘living’ process to help manage and review the risks of the processing and the measures the service area(s) have in place on an ongoing basis. It will need to be kept under review and reassess if anything changes.
36. The DPIA “screening questions” identified there will be processing of personal data, special categories of personal data and / or criminal offence data in the procurement of Advocacy Hub service and the ongoing provision of this service and so a DPIA is required as part of the ongoing project/ plan/ procurement. The DPIA will help to:
- systematically analyse, identify, and minimise the data protection risks of this project
 - assess and demonstrate how we comply with all our data protection obligations.
 - minimise and determine whether the level of risk is acceptable in the circumstances, considering the benefits of what we want to achieve.

Communications Implications

37. We would expect communications to be involved for the duration of this process, including and any post-tendering engagements. With the council's ongoing conversations around the wider financial budget, there is likely to be significant scrutiny of all monetary decisions that CYC make. Involving third parties in council activity brings about its own challenges and will need robust stakeholder management and transparent communications, particularly when it comes to decision making and contract management with any associated parties.

Options Analysis and Evidential Basis

38. **Option 1(recommended). Advocacy Hub Model:** - Approve the procurement of a new contract for the Advocacy Hub Contract for an initial term of 3-years, with an option to extend for up to a further 2 years.

-Pros

- a) Compliance with Contact Procedure Rules (**CPRs**) and (where applicable) the Procurement Regulations or the Procurement Act would reduce any challenges from the market and provide an important opportunity of improving services. The competitive tendering process enable the Council to go through a process that is fair, open, and transparent, and will ensure CYC secures value for money and the best outcomes for our customers.
- b) The Hub offers a single referral point, holistic and a coherent service pathway which meets all statutory advocacy requirements and a range of lower-level non-statutory interventions and materials which will impact on demand levels.
- c) A single contract minimises back office and transactional costs and deliver best value.

-Cons

- a) Demand may increase beyond budgetary capacity, but regular contract monitoring will identify this early so that remedial action is taken.

39. **Option 2 - Lead Provider Model** - Approve a new contract with a new lead provider model offering a streamlined access and continuity for people accessing the service who require various types of advocacies, and service capacity is used efficiently. The lead provider would subcontract a non-statutory advocacy to another organisation to take advantage of people with particular needs who require advocacy services e.g., learning disability self-advocacy, parental advocacy and community advocacy.

-Pros –

- a) Compliance with CPRs and (where applicable) the Procurement Regs or the Procurement Act would reduce any challenges from the market and provide an important opportunity of improving services. The competitive tendering process enable the Council to go through a process that is fair, open, and transparent, and will ensure CYC secures value for money and the best outcomes for our customers.
- b) The lead provider model ensures services are efficient, accessible and support people to navigate service options most appropriate to need, for example, learning disabled adults.
- c) Sub-contracting option would allow for the involvement of several organisations if the requisite expertise did not exist within a sole/lead provider

-Cons

- a) Funding constraints within the Council and ICB. Lack of or insufficient advocacy providers to subcontract non-statutory element as benchmarked with neighbouring councils.

40. **Option 3-** Approve a new contract with only the statutory elements of advocacy, that is IMHA, IMCA, RPR, Care Act advocacy and NHS Complaints.

-Pros

- a) This would meet the financial envelope of the council.

-Cons

- a) Would go against Council Plan on equalities and human rights, e.g., generic advocacy such as self-advocacy, supporting people with learning disabilities advocate for themselves.
- b) Cause pressure on the system for people who don't qualify for statutory advocacy but require advocacy support, e.g., those experiencing homelessness, facing domestic violence or parental advocacy.

Recommended Timelines

41. If the recommended approach is adopted the timeline for implementation of sensory service will be the following:

- 27th Aug 2024: CMT Briefing
- 12th Sep 2024: Executive CMT
- Oct-Nov 2024: Tender Process
- Nov-Dec 2024: Evaluation and award of the contract
- Jan-Mar 2024: Implementation Phase
- 1st April 2025: New Service offer commences

Risks and Mitigations

Table 3 – Risks and Mitigations	
Risk	Mitigation
Tendering the Service does not mean that there is a guarantee of Providers bidding for the Advocacy Hub service, and this would lead to CYC not providing statutory service.	A notice will go out to our existing service providers and out via our YORtender service to advertise widely. A market engagement will also be conducted to consult with potential suppliers before starting the procurement process. Providers have verbally expressed an interest for the service being recommissioned.
Increase in activity year on year especially on IMHA may lead to a demand in the service.	Whole system approach with links with Better Care Fund and work with Mental Health Hubs in York will ensure that services are interlinked to ensure reduced levels of frequent readmissions and prevent pressures across the system.
Timescales to reprocure the Service are sufficient currently but if there	The procurement timeline incorporates sufficient time for the tendering exercise,

are delays within the process this may not allow sufficient time to embed the new service if there is a new Provider.	contract evaluation, contract award with a 3-month mobilisation period.
Risk of litigation from clients if statutory service not available under various legislations/advocacy streams and is a Human Rights issue.	There is a commitment from both CYC and HNYICB to go out for tender before contract expiry.
Resource implications for various departments to enable this project to be successfully delivered.	This is a priority project for all departments involved. All departments are aware of this activity and the implications on resource including HNYICB.
If the incumbent Provider is not successful it will take time to establish a new Provider.	This will be managed through a detailed tendering process asking for evidence and reassurance of any areas of concern including a detailed implementation and mobilisation plan for the 3-month period assigned for this activity.

42. Risks are regularly reviewed and managed with required mitigations and controls put in place to minimise likelihood and impact.

Wards Impacted

43. All wards will be impacted as this service is provided for all areas in York. The Equality Impact Assessment in **Annex B** provides details of the potential impacts and how this will be managed whilst this service is tendered and implemented.

Contact details

For further information please contact the authors of this Decision Report.

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Annexes

- **Annex A:** City of York Advocacy Provision Customer Feedback
- **Annex B** – Equality Impact Assessment (EIA)