



REPORT TITLE: Health and Social Care Independent Advocacy Service for Adults, Children's & Young People

Cabinet Date	23 rd February 2022
Cabinet Member	Cllr Carole Allaway-Martin, Adult Social Care Commissioning Cllr Kathy Williams, Adult Social Care Delivery Cllr Stephen Davies, Children's Safeguarding and Early Years
Key Decision	Yes
Purpose of Report	<p>To seek cabinet permission to invite tenders for new contract(s) for Children's and Adults advocacy services from 30th September 2022 and to award such contract(s). The proposed model provides for a contract divided into the following 2 lots:</p> <p>Lot 1. Independent Advocacy Health and Social Care for Adults. Lot 2. Independent Advocacy for Children and Young People.</p> <p>This will allow an alignment of Independent Advocacy services across Health and Social Care for Adults, Children and Young people to meet the Council's statutory duties laid down in the Mental Health Act 1983, the Mental Health Act 2005, the Care Act 2014 and the Children Act 1989, in addition to the Human Rights Act of 1998.</p> <p>This aligns contract(s) for the duration of the term and saves resources for Commissioning and support services in a joint procurement exercise.</p> <p>In addition, it has the potential to gain more interest in the marketplace.</p>

<p>Recommendations</p>	<p>That Cabinet delegates authority to the Executive Director for Adult Social Care and Public Health in consultation with the Executive Director of Children’s Services, the Cabinet Member for Adult Social Care Commissioning, the Cabinet Member for Adult Social Care Delivery and the Cabinet Member for Children’s Safeguarding and Early Years to:</p> <ol style="list-style-type: none">1. Conduct a competitive procurement process in respect of the following two lots:<ol style="list-style-type: none">a) Lot 1: The provision of Independent Advocacy services across Health and Social Care for Adults; andb) Lot 2: The provision of Independent Advocacy services across Health and Social Care for Children and Young people. <p>Such lots may be awarded to the same tenderer or awarded to two separate tenderers. The contract(s) shall continue for an initial period of five years and include an option to extend their terms for a further period of not more two years.</p> <ol style="list-style-type: none">2. Reserve the council a right under the above-mentioned contract (Lot 1) insofar as it relates to Independent Advocacy Services for Adults to modify its provisions following the introduction of anticipated legislative changes Deprivation of Liberty Safeguards and Liberty Protection Safeguards, changes arising from the Mental Health White Paper and the expectation of increased demand for advocacy for self-funded clients. It is anticipated that such changes will result in increased requirement to commission additional volume of existing statutory advocacy for adults (up to an additional 50%), depending on yet to be released Government guidance.3. Award such contract(s) to the preferred tenderer(s) for the specified period of five years.4. Determine whether to exercise the option to extend the term of the contract(s) for a further period of not more than 2 years on the expiry of the initial 5-year term.
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Reasons for recommendations	<p>Existing contract(s) for the Health and Social Care Advocacy are coming to an end in September 2022 and will need to be re-procured. The opportunity has been taken to review the current arrangements with a view to delivering a more inclusive and consistent approach across Gloucestershire, ensuring the voices of individuals receiving support are heard.</p> <p>The objective of the recommendations is to re-commission advocacy services for both Children & Young People and Adults in Gloucestershire in 2 separate lots to meet both statutory obligations and afford individuals their rights.</p> <p>The aims are to:</p> <ul style="list-style-type: none">- provide advocacy services that ensure compliance with the statutory requirements- secure future funding for advocacy services- ensure service continuity- re-commission services that fit with the commissioning of information and advice services- commission services that fit with the wish to promote independence and active communities.
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Resource Implications

Adult Services Advocacy

- The current available budget for Adults' Advocacy is £737,000 (PA)
- The current average annual spend is £650,000 (PA).
- The estimated value of Lot 1 is therefore £5,159,000.00 over the 7-year term including the 2-year extension.

Children's Services Advocacy

- The available budget is £110,000.00 (PA)
- The estimated value of Lot 2 is therefore £770,000.00 over the 7-year term including the 2-year extension.

A number of factors are expected to increase demand for advocacy services during the lifetime of these contract(s), including:

- Legislative changes (which include the Mental Health White Paper, and Liberty Protection Safeguards)
- Increased demand for advocacy from 'self-funded' clients arising from the implementation of the Dilnot Commission recommendations for a cap on social care funding.

In anticipation of these changes, provision will be made within the Adult Services Advocacy contract to increase its total value by up to 50%, which would take its maximum estimated value to £7.738 million over its full 7 years. This increase in the contract value will be subject to:

- The additional funding being secured either in the form of Government grant or through the Council's own Medium Term Financial Strategy process; and
- A further executive decision to commit that expenditure within the contract.

Background Documents	Cabinet Member Decision (11/03/2020): Extension of Health and Social Care Advocacy Services Contract Cabinet Decision (28/09/2016): Procurement of Advocacy and Related Services The Care Act 2014 NHS Long Term Plan Mental Health Act 1983 Mental Health Act 2005 and the Care Act 2014 Business Case- October Children & Families Act 2014
Statutory Authority	Gloucestershire County Council's Statutory Duties for Adult Services extend to, the Care Act 2014; Health & Social Care Act 2012, Mental Health Act 2007, Mental Capacity Act 2005, Children & Families Act 2014 and Children's Act (various)
Divisional Councillor(s)	All
Officer	Name: Kim Forey - Director of Integration Tel. no: 01452 583799 Email: kimforey@nhs.net
Timeline	Cabinet Approval: February 2022 Tender Process: Spring 2022 Contract(s) Award: Summer 2022 Contract(s) Start: Autumn 2022

Background

Adult Advocacy Services

1. Over time a number of statutory duties to provide independent advocacy have been introduced and Gloucestershire County Council has commissioned these incrementally; sometimes with new contract(s) and other times using variations to existing contract(s).
2. In 2016, Cabinet approved the collective recommissioning of Adult Advocacy services under one Contract.
3. The resulting contract was awarded to POhWER, enabling the collective commissioning of these advocacy services with subsequent successful commissioning arrangements to

efficiently meet a range of statutory duties including the Care Act 2014; Health & Social Care Act 2012, Mental Health Act 2007, Mental Capacity Act 2005, Children & Families Act 2014 and Children's Act (various), as well as the local prevention, early intervention, and personalisation agendas.

4. In March 2020, Cabinet approved an extension and variation of such contract(s) for a period of two years. This contract ends in Sept 2022.

Children's Advocacy Services

5. The current contract for Children's Advocacy Services is with Barnardo's. It includes the supply of independent social care advocacy to children in care and disabled children in Gloucestershire. The Barnardo's Contract is due to end on 30th of September 2022 and is aligned to the end date of the adult's advocacy contact following the expiry of a contract extension that was approved by Cabinet on the 11th of March 2020.

6. The market for providers was last explored in 2017 and a fresh analysis of the market for this service needs to be undertaken to ensure that best value for money provision is offered to people of the county.

Enabling individuals' voices to be heard and to understand choice.

7. Independent advocacy can assist individuals to understand their choices, make decisions and have their voice heard. It supports the Council's commitment to "No Decision about me, without me". The national Advocacy Charter 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 providers work in partnership."*

8. Advocacy is available to Individuals who lack capacity, understanding of complex legislation and need support for their voice to be heard and their preferences to be known with regards to their care and medical treatments or where they live. This includes:

- those who have either a physical disability or sensory impairment.
- individuals who do not have a friend or family member to enable their voice to be heard.
- individuals with a mental disorder (as defined by the Mental Health Act 1983) who are either in hospital or a community setting and are entitled to Advocacy.
- individuals who lack mental capacity e.g., suffering from either permanent or temporary incapacity.
- those who have barriers to communication- English may not be their first language.
- family, carers, or friends who cannot speak up or be available to support the individual who needs their voice heard.
- individuals that do not understand legislation and their human rights.
- those who need an independent person to support them in decisions that might have an impact on the quality and outcomes of their lives.
- persons who have a drug or alcohol related problem.
- Individuals who have an acquired brain injury.

9. We currently commission Independent Adult Health and Social Care advocacy which covers:

- Independent Health Complaints Advocacy (IHCA)
- Independent Mental Health Advocacy (IMHA)
- Independent Mental Capacity Advocacy (IMCA) including the Relevant Person's Representatives Independent Care Act Advocacy (IMCA)
- Independent Social Care Complaints Advocacy (ISCCA)

10. Our Children's and Young People's Advocacy Services extend to:

- Empowering vulnerable children and young people in care to participate in decisions that affect their lives and to support young people when making complaints.
- Advocacy for children and young people with disabilities, including non-instructed advocacy for those lacking capacity and Special Educational Needs and Disability (SEND) advocacy.

The proposed contract(s) will cover the following provision.

Service	Purpose
1. Independent Health Complaints Advocacy (IHCA)	To enable individuals to make a complaint about NHS care.
2. Independent Mental Health Advocacy (IMHA)	For people who are detained under the Mental Health Act or who are under a Community Treatment Order.
3. Independent Mental Capacity Advocacy (IMCA) including the Relevant Person's Representatives under the Liberty Safeguards (LPS)	To help particularly vulnerable people who lack the capacity to make important decisions (therefore covered by the Mental Capacity Act) about serious medical treatment, changes of accommodation, safeguarding concerns and care reviews and who have no family or friends that it would be appropriate to consult about those decisions. IMCAs will work with and support people who lack capacity and represent their views to those who are working out their best interests. IMCA are not decision makers.
4. Independent Care Act Advocacy (IMCA)	To involve individuals who would experience substantial difficulty and have no appropriate involver, in key processes and interactions with the LA and other organisations as required for safeguarding enquiries or reviews.

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| 5. Independent Social Care Complaints Advocacy (ISCCA) | To enable individuals to make a complaint about Social Care (they must meet the same criteria as Care Act to be eligible for this service). |
| 6. Children's and Young People's Advocacy | Empower vulnerable children and young people in care to participate in decisions that affect their lives and to support young people when making complaints
Advocacy for children and young people with disabilities, including non-instructed advocacy for those lacking capacity and Special Educational Needs and Disability (SEND) advocacy |
| 7. Health Advocacy | To provide scope to include Health Advocacy for Liberty Protection Safeguards to procure services within the Adult Social Care contract for the Clinical Commissioning Group – NHS Gloucestershire should they so wish. |

11. The re-commissioning of these services in two lots (one lot for Adult's Advocacy and one for Children's and Young People's services), provides an opportunity to take a strategic approach to getting best value, better customer experience and responding to fluctuating demand. It also enables us to commission arrangements to efficiently meet a range of statutory duties including the Care Act 2014; Health & Social Care Act 2012, Mental Health Act 2007, Mental Capacity Act 2005, Children & Families Act 2014 and Children's Act (various), as well as the local prevention, early intervention, and personalisation agendas.

Potential Impact of Liberty Protection Safeguards (LPS) and Mental Health Act Reforms:

12. New legislation is expected that will introduce new Liberty Protection Safeguards (LPS). This legislation was due in April 2022 and has been postponed. The Council will reserve the right to amend Adult Services Advocacy aspect of the contract. The contract will need to accommodate these new services in order to ensure that the Council will be able to meet its legal duties thereunder and any other changes that emerge with regards to the Mental Health White Paper when guidance becomes available.

To make provision for additional funding to support changing legislation above as it emerges after the mobilisation of the new contract in Sept 2022 it is proposed that the contract includes provision for its value to be increased by an amount no greater than 50% of the original value.

13. Community Advocacy:

In a recent engagement with Black Asian and Minority Ethnic Groups it was identified that there is a need to increase awareness amongst these groups of what Statutory Advocacy is, how it can enable their voice to be heard and their rights to an Advocate when eligible.

14. Feedback from other charities and organisations indicated that individuals with protected characteristics and the organisations that support them, are less likely to understand their eligibility or how it enables their voice to be heard.

15. We seek to raise awareness of Independent Statutory Advocacy by appointing an Equality and Inclusion Community Development Worker, who will be employed by the incumbent provider of Adults' Advocacy during the current contract on a pilot basis, with a view to building in the outputs and outcomes into the future contract.

- engage individuals in all communities to participate in training for 'self-advocacy' and 'peer advocacy' in the future contract – this we believe will support our ambition to reduce health inequalities.
- help people find their own voice and challenge decisions whether empowered to do so, or
- enable someone in their community to access the right supports at the right time by developing individuals to advocate on other behalf.

16. Anticipated demand for Adults' Advocacy.

Table 1 shows new cases received for 2017/2018, 2018/2019, 2019/2020 and 2020/2021. We have compared this data with the contract(s) forecasted figures for each area. The Relevant Person's Paid Representative (RPPR) data is recorded as visits (counting 4 per case) and cases as this was how the forecast was provided.

Table 1

	17/18 actuals	18/19 actuals	19/20 actuals	20/21 actuals	Forecast t 17/18	Forecast 18/19	Forecast 19/20	Forecast 20/21	% Difference between actual and forecast 17/18	% Difference between actual and forecast 18/19	% Difference between actual and forecast 19/20	% Difference between actual and forecast 20/21
IMCA *	232	254	247	219	145	145	150	150	60% increase	75.17% increase	65% increase	46% increase
IMCA * RPPR *	243 (cases) 972 visits	254 (cases) 1016 visits	290 (cases) 1160 visits	298 (cases) 1192 visits	465 visits	480 visits	490 visits	500 visits	109.03% increase	111.67% increase	144.09% increase	138.40% increase
IMCA DoLS *	102	100	113	86	110	110	115	115	7.27% decrease	9.09% decrease	1.7% decrease	25.2% decrease
IHCA *	148	121	121	98	155	155	155	155	4.52% decrease	21.94% decrease	21.94% decrease	36.77% decrease
IMHA *	422	786	1554	1367	300	300	360	360	47.33% increase	162% increase	332% increase	280% increase
CAA*	574	464	408	412	401	462	462	462	43.14% increase	0.43% increase	11.68% increase	10.82% increase

CAA SCC*	19	16	19	11						
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- IMCA* Independent Mental Capacity Advocate
- RPPR* Relevant Paid Persons Representative
- IMCA DoLS * Independent Mental Capacity Advocate, Deprivation of Liberty.
- IHCA* Independent Health Complaints Advocacy
- IMHA*Independent Mental Health Advocate
- CAA*Care Act Advocate
- SCC*Social Care Complaints

17. Please note that these numbers and forecasts are from 2017 to date and are not any guarantee of the level of service to be provided and are offered only as a guide to future need.

18. It should be noted that the Covid-19 Pandemic impacted the volumes of assessments for 2020 and 2021. In March 2020 Residential care homes closed to visitors and assessments were stopped at the time. Remote assessments were begun when allowed by Department of Health and Social Care (DHSC) Guidance and GCC was able to introduce video meeting technology into many care homes which allowed remote assessments to increase. Numbers increased but not to pre-pandemic levels due to the extra time it takes to set up and establish relationship with person.

19. Face to face assessments returned with government guidance in 2021 (where possible) However ongoing Covid-19 outbreaks in care homes has led to further delays in assessments and a reduction in the numbers compared to pre-March 2020 levels. The predicted cases are therefore based on pre-pandemic levels and provide the most accurate figures for forecasting future cases.

20. During the pandemic there has been a slight decrease in referrals to some of our advocacy services including Care Act, Independent Mental Capacity Advocacy (IMCA) DoLS and Independent Health Complaints Advocacy. Some of this is thought be due to lack of awareness that these services were still operational albeit remotely and the limitation on face-to-visits. Independent Mental Capacity Advocacy and Independent Mental Health Advocacy (IMHA) service referrals however although lower than in the previous year, remain high. Based on the figures received for services quarters 1 and 2 of 2021/2022 we anticipate referrals numbers to show an increase across all over the course of the year.

21. Children’s Services Demand.

The Children’s Advocacy Service is available to all looked after children, care leavers, privately fostered children, children subject to a child protection plan and, children who receive a service from social care who wish to make a complaint. The demand for advocacy for Children is expected to increase due to the number of young people in care in Gloucestershire.

22. The service continued to provide critical face to face work where required during the Covid pandemic, with robust Covid-19 health and safety measures in place. Continual review of all “working together safely” documents ensures that risks are well managed and that a seamless service continues to be provided to children and young people in Gloucestershire. The Service continued to reflect on the challenges and successes during the pandemic with conscious

efforts to further increase their digital presence and engagement. Numbers did decrease during 2020/21 due to Covid. As of March 2021, the service has resumed office presence in line with safe Covid-19 practice.

23. The service capacity continues to grow year on year and the Service continues to utilise their close links to other advocacy services which has provided the service with additional advocate time.

24. Performance Indicators for Children’s and Young Peoples Services.

Table 2

Performance Indicator	GCC Current yearly set target for Children's Advocacy	Average quarterly target	2017/18 Running total Missing data	2018/19 Running Total Missing Data	2019/20 Running Total	2020/21 Covid Running Total Numbers have dropped.	2021/2022 Covid Current Year only have Q1 & Q2 data available
CYP subject to Child Protection Conference	260	65	282	200	212	151	77
Children in Care/Care Leavers	160	40	155	159	153	128	141
CYP Making Complaint	20	5	15	10	14	9	4
Disabled CYP non-instructed Advocacy (figures included in LAC/CP figures above)	30	7.5	33	43	43	25	9

Options

25. Option 1:

To recommission advocacy services through one procurement arrangement with two Lots 1- Adults and 2-Children and Young people’s advocacy services. This will result in the contract(s) being awarded to one or more successful bidders. It enables the market to have an opportunity to bid on both lots, it streamlines the use of internal resources- particularly pertinent during a pandemic.

This is the recommended option.

26. The benefits of this preferred option would be:

- Both contracts aligned.

- Economies of scale across provision which could lead to development of the services.
- Ensuring all legislative requirements across Adult's and Children's Services are met.

A revised specification will be developed to encompass feedback from key stakeholders, this will draw on the successes of the current model whilst ensuring identified opportunities for further development are realised.

27. Option 2: De-commission.

This option is not recommended as the Council's has statutory duties laid down in Figure 2 under the Mental Health Act 1983, the Mental Health Act 2005 and the Care Act 2014. This option cannot be supported as the Council will be in breach of statutory responsibilities.

28. Option 3: Spot Purchasing of Advocacy Provision (Case by Case basis)

This option is not recommended as this would lead to:

- A sizeable administrative burden.
- Economies of scale would not be realised.
- Provider and market stability may suffer.
- This option may not be appealing to the market.
- Delay or lag in the allocation of the advocates may occur- this poses a significant risk in meeting our statutory obligations as providers do not prioritise spot purchasing above the needs of contractual arrangements they may have with other Local Authorities.
- Quality and availability of services across the county, across age groups and across people with different care needs may arise.

Risks

29. There are three main risks associated with these proposals:

- The Council is unable to meet its statutory responsibilities if the procurement process is unsuccessful.
- Any subsequent transition disrupts the service and/or subsequent provider under performance or insolvency.
- Services are unable to respond to rising levels of demand associated with new statutory duties (e.g., Mental Health White Paper, Liberty Protection Safeguards, and changes in private self-funders utilising GCC to arrange their care)

increased expectations relating to court rulings (e.g., mental capacity) or higher levels of activity (mental health assessments)

30. The risk of market failure should the procurement be unsuccessful is mitigated by market testing and research which suggests that the recommended service model will meet need and has successfully met need and that the Council will be able to successfully procure the required services.

31. The risk of disruption during the transition process will be mitigated by requiring all potential providers to provide robust evidence about their ability to mobilise the new contracts. Once the contracts are in place, robust quarterly performance monitoring and financial reporting will be used to mitigate any potential risks of critical underperformance or insolvency. The annual service reviews will include an assessment of the advocacy market.

32. The Council will look to balance the risk of not meeting its statutory duties and uncertain demand with the need to be financially prudent and only pay for such services.

Financial implications

33. The current available budget for Adults' Advocacy services is **£737,000.00 (PA)**.

34. The estimated value is therefore **£5,159,000.00** over the potential seven-year contract period excluding Liberty Protection Safeguards, or any changes arising from the Mental Health White Paper and potential demand from private 'self-funders' to evoke their rights to Advocacy.

35. The value of the available budget for Children and Young People's Advocacy is **£110,000.00 (PA)**. The estimated value therefore amounts to a total of **£770,000** over the 7 years term.

36. There is the potential that changes in legislation will increase demand for Adults Advocacy services and increase the costs of commissioning such services. Currently there would be insufficient budget available to cover any changing legislation and increased statutory responsibilities. Guidance on the implementation of LPS was due for April 2022 and the Government have not yet provided a revised date.

37. Pending legislative changes (which include the Mental Health White Paper, and Liberty Protection Safeguard's the Government have not yet provided guidance for Local Authorities on these changes) hinders us in terms of forecasting additional need. Government have advised a delay in providing guidance due in April 2022.

38. We will submit an MTFs bid for 2023/24 to support the impact of the changing legislation across Adult Social Care. The most up to date information available will be used to support the bid submission. Any additional costs in 2022/23 will be managed through the Adult Social Care budget monitoring process. Should additional resources be required to support Children's and Young People's service, a variation of the contract may be requested in the future to no more than half of the current value of the children's contract.

39. Project management and support resources will be provided from within existing support teams.

40. To summarise, we seek approval to award a contract or contracts over a 7-year term (5 years plus 2 years extension) for the following sums:

- £5,159,000.00 for Adult Advocacy Services over 7 years with a right to modify its provisions to allow an additional value of up to £7,738m in order to accommodate legislative changes.
 - £770,000.00 For Children's and Young Peoples Advocacy over 7 years
- Additional authorisation will be sought should the need arise to increase the contract value as a result of legislative changes or increased demand.

Climate change implications

41. Carbon Emissions Implications? Neutral

Vulnerable to climate change? No

Equality implications:

42. Has an Equalities Impact Assessment (EIA) been completed? Yes

43. The provision of independent advocacy and related services contributes to advancing equality of opportunity between people who share a protected characteristic and people who do not share it, a Community Development Worker employed by the provider will work to support this as outlined in paragraph 14. The Equality and Impact Assessment (previously the Due Regard Statement) completed to inform the decisions for the current provision has been reviewed and updated to support the recommendations of this report. Current and future performance management arrangements will be used to ensure robust data is available and providers are committed to informing clients the reasons why we gather such data and use this data to meet the needs of all our residents.

44. Cabinet Members may read and consider the Equalities Impact Assessment to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

45 Any DPIA implications associated with this project has been considered and identified in conjunction with colleagues from the Information Management Service (IMS) and included within the project risk register as appropriate.

46. A data protection impact assessment is legally required due to the sensitivity of the data being processed on a large scale over the course of the contracted term. We have completed the assessment with assistance from IMS and all risks are assessed as low. Mitigations have been agreed to manage all risks identified and can be managed as part of the service monitoring.

Social value implications

47. Any newly awarded contract will contain a requirement for the provider to demonstrate social value in line with the contractual obligations of the Gloucestershire Advocacy Requirements, It will focus on employment opportunities, engagement with the local community and improving the lives and outcomes of individuals.

48. A question relating to social value will also be included as part of the tender questionnaire.

Consultation feedback

49. A survey has been undertaken with users of the existing adults' service. It asked, "What works well regarding advocacy services in Gloucestershire that you have accessed in the last 12 months?". Responses included:

- "Advocates allocated in a timely manner. All advocates represent the people well and support them with ensuring their health and wellbeing, views and wishes are represented"
- "Giving individuals a voice to communicate what is most important to them in their assessment or in regard to their accommodation."
- "Very helpful and caring staff, really trying to get the best for a client.

50. Engagement took place to seek internal and external stakeholder feedback and those who are Market Providers-this will inform the service specification for the contract. Feedback informed a need to raise awareness of our advocacy services and individual's understanding of how to access these services amongst those within our community with protected characteristics, i.e., how we make services more accessible and the advocates that support individuals develop further skills in the area cultural competence.

51. Discussions were also held with organisations including the Gloucestershire Deaf Association, Adult Social Care and Gloucestershire Carers Hub to gather their views. A common theme arose for a need to expand services to incorporate some form of community advocacy and steps have been taken to incorporate this moving forward.

52. Children and Young People's Services have accumulated feedback from the current provider, via independent review of a survey issued by their incumbent provider, quarterly reports and with their social workers who refer children and young people to the advocacy service.

53. Engagement with children and young people tells us that this small cohort of children and young people are happy with current provision. However more work needs to be done to ensure that children understand decisions made in their best interests. Children and Young Peoples Service engaged with the Young Ambassadors, and our commissioners reviewed Case studies conducted by our provider and Social Workers who refer children and young people to the service. This informed us of the following;

- The feedback from children and young people is overall positive and reflects that they feel listened to, and that advocacy has had a positive impact on their lives.
- Children and Young people have said they feel-
'Having an involvement of an advocate, has helped them feel listened to.
- Children and young people have also noted; support from an advocate, has had a positive impact on their emotional wellbeing.'

54. For those children and young people who were unhappy with decisions made for them as part of their Child Protection meeting, it was a result of the decision, rather than a reflection on the work achieved with their advocate. Therefore, we will work together to ensure that children understand the decisions that are made in their best interests and seek to continue to build strong relationships with our Advocates and Children's Social Care Practitioners who are involved in the decision-making processes.

55. Our social workers refer children and young people's cases to our incumbent Advocacy Provider. We meet regularly with our Social Workers to identify how Advocacy Services are working for our children and young people. As part of this engagement, we identified a need to improve the systems and process for how we refer requests for advocacy for our children and young people to our Advocacy provider.

56. Both the provider and our Children's Social Care Team are now working together to embed better technology to improve how we refer requests to our provider and the manner in which we receive acknowledgements to confirm the appointments of such advocates. This pilot is now in place, and we hope it will improve speed of appointment of advocates and communications regarding such appointments.

57. Engagement List.

We engaged with the following individuals, organisations and those who support recipients of Adults Advocacy Services;

- Providers (advocacy market providers)
- Adult Social Care.
- Individuals receiving support/carers including:
 - ordinary residents
 - care providers
 - Age UK
 - Carers Hub
 - Gloucestershire Mental Health Services -#BlackLivesMatter's Report Public.
 - Young Ambassadors
 - Children's Services Social Workers (Refers)
 - Young People via the providers Feedback

58. Additional Consultees:

- Operations Teams Adult Social Care.
- Council Strategic Procurement,
- Council Legal Services,
- Council Strategic Finance,

- Council Information Management Service,
- Cabinet Member
- Commissioners of the Council and Gloucestershire Clinical Commissioning Group
- Key staff involved in implementing the Liberty Protection Safeguards (LPS) legislation
- NHS and Council Complaints Managers
- Other local authorities
- Safeguarding team

Officer recommendations

59. Option 1: To recommission advocacy services through one procurement arrangement with two Lots 1-Adults and 2-Children and Young people's advocacy services.

Performance Management/Follow-up

60. The contract(s) will be underpinned by robust contract monitoring in partnership with colleagues in health, social care operations, commissioning and safeguarding.

61. The Service provision requirements will be reviewed annually to assess changes in need and available resources; this will include legislative duties, provider performance, and budget availability. The Council will have the option to terminate the contract in circumstances which make the contract untenable.

62. There will be a common approach to the management of these contract(s) including a performance management workbook for providers to use as well as reporting on quality and outcomes achieved. Over and above this, there will be specific reporting requirements and provision for reviewing the quality of each service. Providers will be required to quality assure services by collecting regular customer feedback and service user experience