

Report for: Cabinet, 14 August 2018

Title: **Award of Contract to provide Joint Advocacy Services for the London Boroughs of Barnet, Enfield and Haringey (Including Independent Mental Health Advocacy (IMHA); Independent Mental Capacity Advocacy (IMCA) and Care Act Advocacy)**

Report authorised by : Charlotte Pomery, Assistant Director Commissioning

Lead Officer: Sam Jacobson, Commissioning Manager

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 This report seeks approval from Cabinet, following the withdrawal of the 1st ranked bidders for Lots 1 and 2 for the provision of Joint Advocacy Services for the London Boroughs of Barnet, Enfield and Haringey, to award contracts for these services to the 2nd ranked bidders for Lots 1 and 2 respectively in accordance with Contract Standing Order 9.07.1 (d).
- 1.2 The contracts will be awarded for; LOT 1 – Independent Mental Health Advocacy (IMHA), LOT 2 – Independent Mental Capacity Advocacy / Deprivation of Liberty Safeguards and Care Act Advocacy (IMCA/DoLs/CA).
- 1.3 The contracts shall run for a period of three (3) years with the option to extend for a further period of one year plus one year.

2. Cabinet Member Introduction

- 2.1 The Cabinet is asked to approve the establishment of contracts in relation to the provision of statutory advocacy services for adults, for the boroughs of Haringey, Barnet and Enfield. These services support some of the most vulnerable people to be involved in key decisions about their care and support.
- 2.2 As cabinet member for Adult Social Care I support these recommendations for the award of contracts and arrangements for the joint commissioning of these

sets of services which will support effective and efficient delivery of services to vulnerable adults and children.

3. **Recommendations**

- 3.1. That cabinet approves the award of contracts in respect of the provision of Joint Advocacy Services for the London Boroughs of Barnet, Enfield and Haringey to Bidder B and Bidder C for an initial period of 3 years with an option to extend for a further period of one plus one year.
- 3.2. Subject to approval being granted the London Borough of Haringey will enter into contractual agreements jointly with the London Boroughs of Barnet and Enfield, and award contracts to the successful bidders.

4. **Reasons for decision**

- 4.1. The current contracts for IMHA / IMCA and Care Act expire on 30th September 2018.
- 4.2. A full tender process was carried out for the services and the award of contract approved by Cabinet in February 2018. Following the Cabinet decision, award notifications were issued and the process for establishing contracts with the 1st ranked tenderer was commenced to ensure the start of contracts in July 2018.
- 4.3. This provider withdrew from the tender in May 2018 and as such officers have extended our current contracts for IMHA/IMCA and Care Act Advocacy services until 30th September 2018 with a view to ensuring enough time for effective transition arrangements to be put in place with the incumbent providers and incoming providers.
- 4.4. Cabinet is asked to agree to award to the 2nd ranked tenderers following the withdrawal of the winning tenderer

5. **Alternative options considered**

- 5.1. **Haringey to commission advocacy services independently:**
This option was considered but it was deemed more beneficial to jointly commission the services with neighbouring boroughs in order to benefit from economies of scale associated with collaborative procurements.
- 5.2. **Haringey, Enfield and Barnet to re-commission IMHA, IMCA and Care Act Advocacy services again via a new procurement process, extending our existing contracts until 2019.**
The option of undertaking a 2nd procurement exercise for these services following the withdrawal of the 1st ranked bidder has been explored with the boroughs of Barnet and Enfield but discounted because officers believe the market in these services is such that the outcome from any subsequent tender exercise is unlikely to be markedly different. Officers do not expect additional providers beyond those who engaged in the procurement to partake

in a tender exercise. Officers are also concerned that interim arrangements do not provide the necessary certainty for operational staff and indeed residents who access advocacy services as services can be required over a long period of time (12 months plus). To ensure continuity of advocate is available to residents the sooner long-term contracts can be established the better.

5.2. Do nothing

This is not an option as these are statutory services

6. Background Information

6.1. Local authorities have statutory obligations to make provision available for IMHA (Mental Health Act 2007), IMCA (Mental Capacity Act 2010) and Care Act Advocacy (Care Act 2014)

6.2. The Council currently commissions IMCA and IMHA services with the London boroughs of Barnet and Enfield in a single contract. This service was originally commissioned from 1st April 2014. The three boroughs currently have separate arrangements for Care Act Advocacy and Children's Advocacy.

6.3. The three-borough IMCA and IMHA arrangements allows Barnet, Enfield and Haringey to benefit from the economies of scale a shared contract brings. The arrangement is also beneficial as advocates currently deliver their service to clients residing across the three local authority areas.

6.4. All three boroughs have agreed that there is value in both re-commissioning IMCA and IMHA on a three-borough footprint, and also incorporating other statutory advocacy services into this arrangement. Barnet have decided not to incorporate their Care Act Advocacy and Children's Advocacy arrangements because they have contracts mid-term for these services; however Enfield agreed to re-commission their Care Act Advocacy and Children's advocacy arrangements with Haringey.

6.5. On 5th September 2017 the Council agreed via Lead Member Cabinet Member Signing for Haringey to lead on the procurement of these services on behalf of the three boroughs.

6.6. On 13th February 2018, the Council agreed via Cabinet to award contracts to the 1st ranked tenderer or winning tenderer in this exercise.

6.7. In May 2018, this tenderer withdrew from the contract, citing issues with the viability of their tender submission. Further information is contained in Part B (exempt part of this report).

6.8. Procurement process

- 6.6.1 The services provided under this contract are considered to be Health and Social care services and are therefore subject to Light Touch Regime under the Public Contract Regulations 2015. An open tender process was carried out in accordance with the Council's Contract Standing Orders and procurement Code of Practice.
- 6.6.2 The procurement process was managed by Haringey Council supported by a team of representatives from commissioning and procurement within the London Boroughs of Barnet and Enfield.
- 6.6.3 A prior Information Notice was published in the Official Journal of the European Union (OJEU) on 31st August 2017 setting out the councils' intentions to procure the services within the next 12 months.
- 6.6.4 A market engagement event was held on 14th September 2017, to communicate commissioning intentions and offer potential suppliers the opportunity to raise any questions and present their views before proceeding to the next stage of the commissioning programme. Following the market engagement event, it was decided that an open tender process was the most efficient and cost effective way to approach the provider market.

The tender was advertised by publishing a contract notice in Official Journal of the European Union (OJEU) and on contract finder on 3rd November 2017. The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration process, the potential tenderers could access the tender documents and submit their tenders electronically

- 6.6.5 By the closing date of 7th December 2017, 20 organisations had accessed the documents and registered their interest on the Delta E-sourcing portal. A total of 11 tenders was received (4 tenders for Lots 1 and 2 respectively, and 3 tenders for Lot 3).
- 6.6.6 Tenders were evaluated on the basis of the Most Economically Advantageous Tender (MEAT) methodology with a split of 60% price and 40% quality. For quality evaluations, a 60% pass mark was set to ensure all bids considered met an acceptable quality standard. The evaluation criteria and weighting were set out within the invitation to tender documents and clarified.
- 6.6.7 Quality was evaluated with method statements covering the following areas:
- Delivery and implementation
 - Staffing and training
 - Practice
 - Business continuity
 - Outcomes monitoring
 - Awareness raising and business engagement
 - Social value
- 6.6.8 The tables below detail scores for the tenderers by Lot. Further information about the tender evaluation is contained in Part B (exempt part) of the report.

Lot 1 – IMHA services

Tenderer	Quality Scores (out of 400 points)	Price Scores (out of 600 points)	Total scores (out of 1000 points)	Rank
1 st ranked tenderer – withdrew from process	272	600	872	1
Bidder A	296	400	696	3
Bidder B	332	417	749	2
Bidder C	336	356	692	4

Lot 2 – IMCA / DoLS and Care Act Advocacy services

Tenderer	Quality Scores (out of 400 points)	Price Scores (out of 600 points)	Total scores (out of 1000 points)	Rank
1 st ranked tenderer – withdrew from process	280	600	880	1
Bidder A	268	391	659	4
Bidder B	328	415	743	3
Bidder C	360	461	821	2

7. Transition arrangements and contract management

- 7.1. The contracts for Lots 1 and 2 are scheduled to start on 1st October 2018, allowing for a period of transition between the incumbent providers and the successful tenderers.
- 7.2. Tenderers were asked to provide an implementation plan as part of their submission, including provision for service handover, which will be monitored by representatives from across the 3 boroughs to ensure timely service commencement.
- 7.3. Contract management will be incorporated into the contract. Key performance indicators are included within the service specification and will be monitored by representatives of the 3 boroughs on a quarterly basis.

8. Contribution to strategic outcomes

- 8.1. The project is directly linked to the Corporate Plan, in particular Priority 1, 'Enable every child and young person to have the best start in life, with high

quality education' and Priority 2 'Empower all adults to live healthy, long and fulfilling lives'.

9. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

9.1. Finance (ref: CAPH18-20)

The full annual cost for the IMHA contract of £52,000 will be met from existing resources within the Commissioning department.

£94,672 of the Care Act & IMCA contract cost will also be met from existing resources within the Commissioning department.

9.2. Procurement

9.2.1 As a service under health and social care category this tender was subject to Schedule 3 of the Public Contracts Regulation 2015 or 'Light Touch' regime. The opportunity was duly advertised in the Official Journal of the European Union given the aggregated contract value

9.2.2 The tender process was carried out in line with the requirements of both the Council's Contract Standing Orders and Procurement Code of Practice

9.2.3 This request to award to alternative tenderers has been made due to the winning bidder's withdrawal despite due diligence undertaken in the tender process. Moreover, a further procurement process would not have yielded any additional benefit as the market for this provision is both specialised and limited

9.2.4 The awards represents the best value available on the open market, with set hourly rates for the contract duration

9.2.5 The contracts shall be robustly monitored against key performance indicators to ensure best value, requisite service standards are met and outcomes are delivered to vulnerable service users

9.3. Legal

9.3.1 The Assistant Director of Corporate Governance notes the contents of the report.

9.3.2. Pursuant to CSO 9.07.1(d), Cabinet may approve the award of a contract if the value of the contract is £500,000 or more and as such Cabinet has the power to approve the award of the Contract in this Report.

9.3.3. The Assistant Director of Corporate Governance sees no legal reasons preventing the approval of the recommendations in the report.

9.4. Equality

9.4.1. The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

9.4.2. By their nature independent advocacy services advance equality of opportunity between people that share protected characteristics because it provides support and representation for vulnerable adults and children, including people with disabilities, to participate fully in decisions for them and about them. Such services also help to prevent discrimination and harassment from occurring.

9.4.3. The contract specifications clearly set out the provider's responsibilities under the Equality Act 2010, including a requirement to ensure that the service is accessible to all sections of the community.

9.4.4. The contractor's compliance with the Equality Act 2010 will be quality assured through regular contract monitoring and service review.

10. Use of Appendices

10.1. None

11. Local Government (Access to Information) Act 1985

11.1. Not Applicable