

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

15/00063

For publication

Key decision*

Expenditure of more than £1million, affecting more than 2 divisions

Subject: Commissioning of Advocacy Services for Vulnerable Adults

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to:

- the re-commissioning of advocacy services for vulnerable adults; and
- delegate authority for the Corporate Director for Social Care, Health and Wellbeing to authorise the letting of the contract

Reason(s) for decision:

There is a mixed economy of advocacy provision across Kent for vulnerable adults provided through grants and contracts. The Care Act has placed new duties on the local authority to provide advocacy services and changes to DoLS have led to increase in demand and requirements for accountable, timely services. Alongside this emerging picture of demand several of the advocacy services are ending in April 2016. This has provided an opportunity to rethink what the Local Authority and the public need from advocacy services and, with approval, commission a new model

Cabinet Committee recommendations and other consultation:

The 10 July 2015 Adult Social Care and Health Cabinet Committee considered the proposed decision and the recommendation report. Officers introduced the report and explained the rationale behind the decision.

The Committee resolved that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Health, to re-commission advocacy services for vulnerable adults, and delegate authority to the Corporate Director of Social Care, Health and Wellbeing to authorise the letting of the contract, be endorsed, taking into account comments made by the Committee.

Additionally consultation has taken place with the public and users of services and providers of services at 2 events on the 13th February and 25th March 2015.

Any alternatives considered:

1. Do nothing, i.e. continue to grant fund existing grant funded services, and contract as per existing arrangements. The main risks of this approach are;
 - The local authority will not be Care Act compliant and may not be able to cope with demand.
 - There is no additional resource to meet identified gaps in provision, the service will not be able to meet the needs of people, currently excluded, who may need advocacy.

- The existing arrangements may be in breach of procurement law, as the level of funding will exceed EU thresholds
2. Commission a range of specialist provision, providing a number of different contracts through different providers, separating IMHA, IMCA, Care Act, Health Complaints and variety of Community advocacy services. Whilst this model leads to strong service identity; it does not address the gaps in provision, and heavily relies on the good will of providers to link up their services. It also increases management overheads as we replicate back office functions.
 3. Generic provision – contract with a single provider. This will remove barriers to access and provide a simplified access route, but it can lead to loss of specialist skills and providers may lack the communication skills needed to facilitate people’s involvement. Furthermore, commissioning of a single generic organisation may destabilise the existing market and create the risk of losing potential replacements for the service.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

None



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signed

1 OCTOBER 2015

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date