

Notice of Meeting

Cabinet Member for Adult Social Care Decisions

**Date & time**

Wednesday, 12
February 2014 at
11.00 am

Place

Room 107 - County
Hall, Kingston-upon-
Thames, Surrey, KT1
2DN

Contact

Anne Gowing
Room 122, County Hall
Tel 020 8541 9122

Chief Executive

David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email anne.gowing@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Anne Gowing on 020 8541 9122.

Cabinet Member for Adult Social Care
Mr Mel Few

AGENDA

1 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

2 PROCEDURAL MATTERS

2a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (6 February 2014).

2b Public Questions

The deadline for public questions is seven days before the meeting (5 February 2014).

2c Petitions

One notice of a petition has been received with 588 signatories.

"Save Redwood Care Home"

From Alison Hamilton, Guildford

3 CONTRACT AWARD FOR THE PROVISION OF MENTAL HEALTH ADVOCACY SERVICES, INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA) AND ADVOCACY FOR PEOPLE IN TREATMENT FOR SUBSTANCE MISUSE PROBLEMS

(Pages 1
- 24)

The Council has a legal requirement under the Mental Health Act to provide Independent Mental Health Advocacy (IMHA) services. This requirement is covered by the current contracts that expire on 31 March 2014. It is therefore necessary to award a contract, following a procurement activity, starting on 1 April 2014.

4 EXCLUSION OF THE PUBLIC

That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information under the relevant paragraphs of Part 1 of Schedule 12A of the Act.

5 CONTRACT AWARD FOR THE PROVISION OF MENTAL HEALTH ADVOCACY SERVICES, INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA) AND ADVOCACY FOR PEOPLE IN TREATMENT FOR SUBSTANCE MISUSE PROBLEMS

(Pages
25 - 28)

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Confidential: Not for publication under Paragraph 3

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

David McNulty
Chief Executive

Published: 3 February 2014

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CABINET MEMBER FOR ADULT SOCIAL CARE**DATE: 12 FEBRUARY 2014**

LEAD OFFICER: DAVE SARGEANT, INTERIM STRATEGIC DIRECTOR, ADULT SOCIAL CARE
SUSIE KEMP, ASSISTANT CHIEF EXECUTIVE
HELEN ATKINSON, ACTING DIRECTOR OF PUBLIC HEALTH

SUBJECT: CONTRACT AWARD FOR THE PROVISION OF MENTAL HEALTH ADVOCACY SERVICES, INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA) AND ADVOCACY FOR PEOPLE IN TREATMENT FOR SUBSTANCE MISUSE PROBLEMS

SUMMARY OF ISSUE:

The Council has a legal requirement under the Mental Health Act to provide Independent Mental Health Advocacy (IMHA) services. This requirement is covered by the current contracts that expire on 31 March 2014. It is therefore necessary to award a contract, following a procurement activity, starting on 1 April 2014.

The report provides details of the procurement process, including the results of the evaluation process, user engagement and consultation and, in conjunction with the Part 2 Annex (item 5), demonstrates why the recommended contract award delivers best value for money.

Due to the commercial sensitivity involved in the contract award process, the names of the potential supplier and their financial details have been circulated as a confidential Part 2 Annex (item 5).

RECOMMENDATIONS:

It is recommended that:

1. The background information set out in this report is noted.
2. Following consideration of the results of the procurement process in Part 2 of the meeting (as required), the award of a contract be agreed on the basis as set out in Item 5.

REASON FOR RECOMMENDATIONS:

The existing contracts will expire on 31 March 2014. A full tender process, in compliance with the requirement of EU Procurement Legislation and Procurement Standing Orders has been completed, and the recommendations provide best value for money for the Council following a thorough evaluation process.

The commissioning and procurement process has been completed on a co-design basis and service users have been involved throughout.

The contract will also deliver an improved service with strengthened performance measures and robust contract management. Adult Social Care will be the lead commissioners for the contract with support from Public Health commissioners ensuring a joined up managed process.

DETAILS:

Background and options considered

1. Advocacy is defined as “Taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice”. Source: A4A Advocacy Charter 2002.
2. A case study is attached as Annex 1 to illustrate the benefit to people who use this service. In summary, the case study illustrates how the advocacy provision enabled a seamless journey for an individual who had been sectioned under the Mental Health Act through to their subsequent engagement with community services.
3. Surrey County Council, through its Adult Social Care and Public Health teams have been commissioning the following services separately:
 - a. Advocacy for people with mental health problems who access secondary mental health services such as the community mental health recovery services
 - b. Independent Mental Health Advocacy (IMHA) services for qualifying patients under the Mental Health Act 1983 (transferred from NHS to County Council responsibility from April 2013).
 - c. Advocacy for people who access substance misuse treatment services.
4. In 2011/12, a co-designed joint commissioning strategy for advocacy was developed which has guided our commissioning intentions for provision of advocacy for people with differing needs. The countywide advocacy service which arose from this commissioning strategy provides advocacy services for a range of people with differing needs, including those who access primary care or the voluntary sector for their mental health needs.
5. As a result of this commissioning strategy, IMHA services and general advocacy for people who access secondary mental health services remained a separate service. The qualitative data indicated that the delivery of this service should be seamless. Guidance for commissioning IMHA services also states these services should complement and work with non-statutory mental health advocacy; again this is illustrated in the case study in Annex 1.
6. The role of advocacy in the substance misuse treatment system across services in Surrey was established in 2006. A substance misuse advocacy needs assessment, conducted during August and September 2013, indicated an evolving change in the needs of service users and that advocacy

resources may need to be expanded to a wider population within the substance misuse treatment system.

7. Commissioners from Adult Social Care and Public Health worked together to bring the different service requirements together and develop a joint tender across the two departments to deliver greater value for money and efficiency.
8. Different options were considered for the service design which were based on evidence from the advocacy commissioning strategy, we looked to contract with one lead provider. This model ensures equity of service delivery across the county and a single management structure. We specified the delivery of a range of advocacy services in Surrey outlined in the service specification:
 - a. Advocacy for people who access secondary care mental health services, such as community mental health recovery services
 - b. Independent Mental Health Advocacy, to help qualifying patients understand the legal provisions to which they are subject to under the Mental Health Act 1983, and the rights and safeguards they are entitled to, and to help them exercise their rights through supporting participation in decision-making
 - c. Advocacy for people who access substance misuse treatment services.
9. The Care Bill has implications for commissioning and managing the market, with a focus on preventing and delaying needs for care and support. The provision of mental health advocacy enables people to secure their rights and any services they may require, which can maintain people's mental health and well-being and help with recovery.
10. Provision of advocacy assists the family, friends and community to support direction of travel in Adult Social Care. Advocacy interventions look at the strengths of individuals, enabling and facilitating a person to 'speak up' and secure their rights.

Procurement strategy

11. Several options were considered prior to commencing the procurement activity. These included not delivering any service, awarding the contract in separate lots or to aggregate demand county wide into one contract.
12. After a full and detailed options analysis, it was decided to invite tenders as this demonstrated best value for money from the options appraisal completed.
13. A joint commissioning and procurement project team was set up, including representatives from service user groups.

Use of e-Tendering and market management activities

14. Steps were taken to stimulate interest in the tender through a series of meetings and supplier awareness events. Use of the electronic tendering platform enabled a competitive process that was open and transparent to all involved.

Key implications

15. By awarding a contract to the supplier recommended in the confidential annex (Item 5) for the provision of Mental Health Advocacy Services to commence on 1 April 2014, the Council will be meeting our statutory responsibilities towards qualifying people detained under the Mental Health Act.
16. By awarding the contract, Surrey County Council will receive a high quality of service at a competitive rate.
17. Feedback from users on the current service was that advocacy is not being offered to all eligible people. Data from current contracts indicate 60% of all eligible people in Surrey take up the offer of IMHA. The expectation is that by the end of the Contract all eligible people will be offered IMHA services and a minimum of 80% eligible people will use the service.
18. The tender model incorporates incentivised payments. The Provider will be paid 90% of the total service cost quarterly throughout the year and the additional 10% will be paid to the Provider quarterly in arrears, on the successful completion of service outcomes.
19. The incentivisation of payments will encourage the provider to achieve the desired outcomes.
20. Performance will be monitored through a Key Performance Indicator as detailed in the contract and reviewed at quarterly monitoring meetings.

KPI	Target	Notes
Delivery of IMHA to eligible people within quarter	<p>Year 1 delivery of IMHA to a minimum of 70% of eligible people within Surrey</p> <p>Year 2 delivery of IMHA to a minimum of 75% of eligible people within Surrey per Surrey and Borders quarterly dataset submission</p> <p>Year 3 delivery of IMHA to a minimum of 80% of eligible people within Surrey</p>	Surrey and Borders quarterly dataset submission is the baseline for eligible people

21. The management responsibility for the contract lies with Adult Social Care Commissioning – Mental Health team and will be managed as stated in the contract documentation. This allows for regular reviews of performance, cost, and any efficiency savings identified from continuous improvement in performance.

Competitive tendering process

22. The contract has been let as a competitive tendering exercise. The detailed results of the procurement process are included in the Part 2 Annex (item 5). Tenders were evaluated under the following criteria to ensure the most commercial advantageous response.
 - a. Quality was awarded 70% of the overall score: a detailed specification was developed by the project team drawing from the evidence in the joint commissioning strategy for advocacy and wide ranging knowledge and experience of the team

- b. Price was awarded 30% of the overall score.

CONSULTATION:

- 23. The commissioning of this service covers both Adult Social Care and Public Health responsibilities. The Cabinet Member for Public Health and Health & Wellbeing Board has reviewed the report and agreed that the Cabinet Member for Adult Social Care award this contract.
- 24. Our commissioning and procurement approach has been based on the co-designed joint commissioning strategy for advocacy. Further engagement and involvement was sought from people who use services, carers, providers and other stakeholders to ensure the recommendations from the strategy continue to be relevant.
- 25. A provider day was held in October 2013 where potential providers received the opportunity to find out more about the tender and hear from service users 'what good looks like'.

RISK MANAGEMENT AND IMPLICATIONS:

- 26. The Contract includes a Termination Clause. This will allow the Council to terminate the contract with three months notice should priorities change or funding no longer be available.
- 27. To mitigate any shortcomings should these arise in delivering services the terms & conditions of the Contract include standard provision for:
 - Default
 - Dispute resolution.
- 28. All tenderers successfully completed satisfactory financial checks as well as checks on competency in delivery of similar contracts.
- 29. The following key risks associated with the proposed contract awards have been identified, along with mitigation activities:

Category	Risk Description	Mitigation Activity
Financial	Budget changes	<p>Specification is designed to facilitate flexibility in service levels if needed.</p> <p>The contracts and services delivered will be reviewed quarterly to ensure they are meeting the need of the individuals accessing the service.</p>

Service	Poor quality of service and service does not deliver national and/or local objectives.	<p>Strong contract management and quarterly contract review meetings will mitigate the risk of a poor quality service. The use of an incentivisation model will enable us to closely monitor and understand performance delivery.</p> <p>Failure to meet the service outcomes and objectives will enable Surrey County Council to restrict payment based on performance and ultimately terminate the contract if performance does not improve.</p>
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30. The IMHA service is a statutory responsibility. To stop providing independent advocacy services for people who access secondary mental health services and people who access substance misuse treatment services would have reputational, financial and practice risks. After extensive co-design, communication and publicity, the withdrawal of independent advocacy would harm Surrey's reputation with users, providers, carers and staff.
31. The contract will ensure the rights of Surrey's most vulnerable citizens are protected and promoted. The contract will also fulfil our statutory responsibilities towards qualifying people detained under the Mental Health Act.
32. Commissioners and procurement will monitor the responsiveness of the service quarterly through agreed robust KPIs and the nature of the referrals they receive, to ensure that we monitor any changes in levels of need and the quality of outcomes.

Financial and Value for Money Implications

33. Full details of the contract values and financial implications are set out in the confidential annex (item 5).
34. The procurement activity has delivered a solution within budget – details of the commercial arrangements are included in the confidential annex (item 5).
35. Higher standards have been set in the new contract which will provide an improvement in service performance and a change in the Key Performance Indicators (KPIs) will mean improved service levels.

Section 151 Officer Commentary

36. This contract can be covered by combining existing funding streams and represents good Value for Money.

Legal Implications – Monitoring Officer

37. The provision of mental health advocacy services is a legal requirement under the the Mental Health Act 1983.

- 38. The Council has undertaken the tendering exercise in compliance with the procurement regulations.

Equalities and Diversity

- 39. An equality impact assessment has been completed for this tender process (attached see Annex 2) and will be approved by the Adult Social Care Departmental Equalities Group prior to the contract being awarded.
- 40. The contract will be managed and monitored in line with Surrey’s obligations under the equalities monitoring framework.
- 41. The contract which the supplier will sign stipulates that the supplier will comply with all relevant equality and diversity legislation (including the Equality Act 2010) whilst performing the services. The contract also requires the supplier to adopt Surrey County Council’s equal opportunities policy when recruiting and dealing with Safeguarding responsibilities for vulnerable children and adults implications.

Safeguarding responsibilities for vulnerable children and adults implications

- 42. The supplier recommended in the confidential annex (item 5) submitted their safeguarding policies as part of the tender process. This service plays a key role in safeguarding adults and we are confident that the supplier can deliver safe, quality and efficient services for the eligible population.
- 43. The terms and conditions of the Contract, which the providers will sign, stipulate that the providers will comply with the Council’s Safeguarding Adults and Children’s Multi-Agency procedures, any legislative requirements, guidelines and good practices as recommended by the Council. This is monitored through contractual arrangements.

Public Health implications

- 44. Advocacy contributes to increasing positive outcomes for those seeking or engaged in treatment for substance misuse issues in Surrey and those with mental health problems.

WHAT HAPPENS NEXT

- 45. The timetable for implementation is as follows:

Action	Date
Cabinet Member decision to award (including ‘call in’ period)	21 February 2014
10 Calendar day statutory Standstill Period	24 February 2014
Contract Signature	March 2014
Contract Commencement Date	1 April 2014

- 46. The Council has an obligation to allow unsuccessful suppliers the opportunity to challenge the proposed contract award. This period is referred to as the ‘Alcatel’ standstill period.

47. Colleagues from Procurement and Commissioning will work closely with the successful provider to ensure a smooth transition from the current provisions to new services.
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Contact Officer:

Nicola Sinnett, Procurement Category Specialist 020 8541 8746
Jane Bremner, Assistant Senior Manager Commissioning 020 8541 9559
Martyn Munro, Senior Public Health Lead 01483 519644

Consulted:

Michael Gosling - Cabinet Member for Public Health & Health & Wellbeing Board
People using mental health services
Carers of people using mental health services
People using substance misuse treatment services
Surrey and Borders Partnership NHS Foundation Trust
Procurement Review Group
Adult Social Care staff
Surrey Coalition of Disabled People
Mental Health Stakeholder groups
Anne Butler – Assistant Director for Commissioning
Helen Atkinson – Acting Director of Public Health
Christian George – Category Manager, Adults Procurement and Commissioning
Donal Hegarty – Adult Social Care, Senior Commissioner
Carmel McLaughlin - Legal Services
Paul Carey-Kent – Strategic Finance Manager – Adults

Annexes:

Annex 1: Case study: how advocacy makes a difference
Annex 2: Equality Impact Assessment Summary of Impact and Actions
Part 2 Annex attached as agenda item 5

Sources/background papers:

Surrey County Council and NHS Surrey Joint Commissioning Strategy for Advocacy 2012-2016 <http://www.surreycc.gov.uk/?a=342874>

Case study: How advocacy makes a difference

The elderly client was detained under the Mental Health Act 1983 (amended) and became extremely anxious over issues. They had been admitted via hospital after taking an overdose, and their home was allegedly not fit for habitation. There were many professionals involved, including a community psychiatric nurse (CPN), support workers, environmental health and housing officers. The client also had debt problems.

The general feeling from the in-patient team was that the lady could not cope, had delusions, and should go into residential care. Environmental Health officers stated repeatedly that she would no longer be able to return to her home. The client was also estranged from her brother, with little social contact.

In addition, any mention of clearing or accessing the property would very quickly lead to additional distress. The client was very distrustful of most professionals, saying they had asked for help but had not been forthcoming.

The advocate took the time to listen to the client, and visited regularly on the ward to keep them updated. The advocate explained their rights under the Mental Health Act and assisted them to appeal, which was successful.

The advocate gained the views of the client and upon attending a key discharge meeting the client became distressed and left the room. Under instruction, the advocate remained in the meeting to ensure the client's views were heard. The advocate challenged the assumption that the client should go into residential care, and explained Mental Capacity Act legislation, how it should be applied, and that in their professional opinion the client had capacity to decide on where they were going to live and therefore had the right to return home. No capacity assessment had been completed. The advocate also challenged the 'pathologising' of the client's behaviour, which was supported by some of her community team.

The advocate attended a home assessment visit with the occupational therapist prior to discharge to ensure that this went as smoothly as possible, and a number of positive adaptations were identified. The advocate also liaised with environmental health to ascertain the exact situation, and ensure that as far as possible the client's rights were respected. It was confirmed there had been a sewage blockage not caused by the client, and that this had partially flooded her property. The advocate worked with the client and environmental health to arrange a deep clean.

The advocate liaised with the housing association to ensure that they compensated the client for the damage they had caused by failing to fix the sewer problem.

The advocate made contact with the brother and arranged for them to visit, and supported the client to organise their immediate finances.

The client was then referred to our community advocacy team for further assistance around finances and social contact issues. We also worked with the client around the possibility of moving, as the client had confided that they had been unhappy there for some time.

The advocate was able to build up a trusting relationship with the client who was distrustful of professionals. The advocate was able to use this rapport to assist their engagement with professionals.

The client was able to understand their rights under the Mental Health Act and enact them. Once the 'section' was rescinded the same advocate remained with them under the 'generic' service model.

In talking about issues of their home with professionals, the client became too distressed to continue. In spending time with the client, the advocate was able to represent their views even though they could not always remain in attendance. This meant their views were heard and listened to by professionals, but most of all, their right to choose, to self-determination, and to retain their independence and to return home were respected.

It was the seamless transition between the Independent Mental Health Advocacy (IMHA) and generic mental health advocacy services, as well as a clear understanding of the Mental Capacity Act 2005, that ensured the client returned home. I have no doubt that without advocacy involvement, they would have been moved to residential care against their express and capacitous wishes.

“Thank you for all your help. I don’t know what would have happened if I hadn’t have met you on the ward. I think without you, it would have been terrible and I would have ended up in a home.”

1. Topic of assessment

EIA title:	The provision of mental health advocacy services, Independent Mental Health Advocacy Services (IMHA) and advocacy for substance misuse
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EIA author:	Martyn Munro – Senior Public Health Lead Jane Bremner, Assistant senior manager commissioning adult social care
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2. Approval

	Name	Date approved
Approved by¹		

3. Quality control

Version number	V2.0DRAFT	EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Martyn Munro	Senior Public Health Lead	Surrey County Council	Project lead
Jane Bremner	Assistant Senior Manager	Surrey County Council	Project lead

¹ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Surrey County Council (Adult Social Care and Public Health) have been commissioning advocacy for people with mental health problems who access secondary mental health services, Independent Mental Health Advocacy (IMHA) services for qualifying patients under the Mental Health Act 1983 and for people who access substance misuse treatment services. From April 2013 Surrey County Council have the responsibility for commissioning IMHA; this is a transferred responsibility from NHS.</p> <p>In 2011/12, a co-designed joint commissioning strategy for advocacy was developed which has guided our commissioning intentions for provision of advocacy for people with differing needs. The countywide advocacy service which arose from this commissioning strategy provides advocacy services for a range of people with differing needs, including those who access primary care or the voluntary sector for their mental health needs</p> <p>As a result of this commissioning strategy, independent mental health advocacy (IMHA) and general advocacy for people who access secondary mental health services remained a separate service. The qualitative data indicated that IMHA services and general mental health advocacy services for people who use secondary mental health services should be seamless. Guidance for commissioning IMHA services also states these services should complement and work with non-statutory mental health advocacy.</p> <p>The joint commissioning strategy is accompanied by an EIA; this EIA builds on that work and ensures the current round of commissioning and procurement has comprehensively assessed the impact on equalities.</p>
<p>What proposals are you assessing?</p>	<p>We are looking to contract with one lead provider to deliver a range of advocacy services in Surrey outlined in the specification:</p> <ul style="list-style-type: none"> • Advocacy for people who access secondary care mental health services, such as community mental health recovery services • Independent Mental Health Advocacy, to help qualifying patients understand the legal provisions to which they are subject to under the Mental Health Act 1983, and the rights and safeguards they are entitled to, and to help them exercise their rights through supporting participation in decision-making • Advocacy for people who access substance misuse treatment services

Who is affected by the proposals outlined above?	Adults with mental health problems who access secondary mental health services, Independent Mental Health Advocacy (IMHA) services for qualifying patients under the Mental Health Act 1983, those with differing needs, including those who access primary care or the voluntary sector for their mental health needs. People who access the Surrey Substance Misuse Treatment system.
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6. Sources of information

Engagement carried out
<p>The service specification has been informed by the following processes:</p> <ul style="list-style-type: none"> - In 2011/12, a co-designed joint commissioning strategy for advocacy was developed which has guided our commissioning intentions for provision of advocacy for people with differing needs. The countywide advocacy service which arose from this commissioning strategy provides advocacy services for a range of people with differing needs, including those who access primary care or the voluntary sector for their mental health needs - A substance misuse advocacy needs assessment conducted during August and September 2013 which indicates an evolving change in the needs of service users and those advocacy resources may need to be expanded to a wider spectrum of those accessing the substance misuse treatment system. - Distilling findings from Joint Strategic Needs Assessment; - The proposal has been worked through with colleagues within the Adult and Social Care, Public Health team and Supporting People and co-ordinated by Surrey County Council procurement. - Engagement with mental health stakeholder groups and the Substance Misuse Service User Involvement team
Data used
<p>The following data sets were used:</p> <ul style="list-style-type: none"> - Adult provider quarterly performance reports (green report); - Adult Alcohol provider quarterly performance report (purple report); - Diagnostic Outcomes Monitoring Executive Summary (DOMES); - Contract performance management framework for the current contract; - Service user involvement and feedback; - Service user consultation; - National Treatment Agency commissioning guidance (Joint Strategic Needs Assessment support pack for commissioners); - Drug Treatment Monitoring Unit Adult profiles; - Joint commissioning strategy for advocacy - Surrey Joint Strategic Needs Assessment.

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 14</p> <p style="text-align: center;">Age</p>	<p>The Adult Advocacy Service will respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010. These characteristics include race, religion or belief, sexual orientation, pregnancy and maternity, age, disability, gender and gender identity.</p> <p>The Service Provider is expected to engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way.</p> <p>It is anticipated that the re-tendering of the current contract will have a positive impact on all groups by ensuring continuity of services.</p>	<p>No evidence of changes to services to disproportionately affect this group.</p>	<p>In delivering the Adult Advocacy Service Service, the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services. This will be monitored quarterly.</p>
<p style="text-align: center;">Disability</p>	<p>As above as identified in “Age”.</p> <p>People with mental health problems who require IMHA or access secondary mental</p>	<p>No evidence of changes to services to disproportionately affect this group.</p>	<p>As above as identified in “Age”.</p> <p>Accessibility relates to (but is not limited to); physical and mental impairment, communication needs, those with either a hearing or sight impairment, translation / interpretation if English is not a first language.</p>

² More information on the definitions of these groups can be found [here](#).

	health services will have equity of access to advocacy services regardless of where they live in Surrey.		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 15</p> <p style="text-align: center;">Gender reassignment</p>	<p>As above identified in “Age”.</p> <p>No data is formally collected though there is the facility to record free text on Health and Personal History details.</p>	<p>No evidence of changes to services to disproportionately affect this group.</p> <p>It is however expected of the new service to promote itself and deliver interventions in a way which enables transgender clients to be more confident in accessing the service.</p>	<p>In delivering Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p> <p>Several studies show that drug prevention and treatment services need to be more accurately attuned to the needs of the Transgender population. For this to happen, more evidence is required so that the appropriate service provision can be commissioned. Specifically, qualitative data on recreational drug use (e.g. use not solely relating to ‘addiction’), on the different drugs used by Transgender groups, and evidence relating to inhibiting factors for those who do not access services are required in order to better understand service</p>

			needs.
Pregnancy and maternity	<p>As above identified in "Age".</p> <p>No data is formally collected though there is the facility to record free text on Health and Personal History details</p>	<p>No evidence of changes to services to disproportionately affect this group.</p>	<p>In delivering the Adult Advocacy the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p>
Race	<p>As above identified in "Age".</p> <p>No data is formally collected though there is the facility to record free text on Health and Personal History details</p>	<p>No evidence of changes to services to disproportionately affect this group.</p> <p>Assess local needs and stimulate innovative solutions to meet the needs of ethnic population.</p>	<p>Evidence shows that services which are culturally and ethnically aware provide better treatment outcomes for their clients.</p> <p>The service will be expected to deliver interventions in a way which improve the engagement and retention in treatment of Black and Minority Ethnic people.</p>
Religion and belief	<p>As above identified in "Age".</p>	<p>No evidence that changes to services will disproportionately affect those of a specific religious background / belief.</p>	<p>In delivering the Adult Advocacy the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly.</p>

			<p>The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p>
Page 17	Sex	As above identified in "Age".	<p>No evidence of changes to services to disproportionately affect Male or Female clients.</p> <p>In delivering the Adult Advocacy the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p>
	Sexual orientation	As above identified in "Age".	<p>No evidence of changes to services to disproportionately affect sexual orientation.</p> <p>In delivering the Adult Advocacy the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1)</p>

			<p>of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p>
<p>Page 18</p> <p>Marriage and civil partnerships</p>	<p>As above identified in "Age".</p>	<p>No evidence of changes to services to disproportionately affect marital status.</p>	<p>All persons, irrespective of race, gender, disability, age, ethnicity, religion or sexual orientation should be able to secure access to the same substance misuse treatment services as the rest of the population.</p> <p>In delivering the Adult Advocacy the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.</p> <p>In the delivery of any services commissioned on behalf of Surrey County Council, the Service Provider must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in services or attempting to access services.</p>

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Disability	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Gender reassignment	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Pregnancy and maternity	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the

			Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Race	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Religion and belief	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees
Sex	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.

Sexual orientation	Non-discriminatory workplace	None	In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.
Marriage and civil partnerships	Non-discriminatory workplace		In delivering the Adult Advocacy the Service Provider will be “exercising public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities as a provider to service users and as an employer to its employees.

8. Amendments to the proposals

Change	Reason for change
N/A	N/A

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
It is not envisaged that there will be a negative impact resulting from the re-tendering of adult advocacy provision	Quality and innovation measures as part of the contract and extension negotiation enable targeted responses to identified needs.	April 2014 – March 2017	Jane Bremner/Martyn Munro

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None	

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<p>The service change has come about as a result of the following analysis :</p> <ul style="list-style-type: none"> - quarterly performance reviews undertaken by Adult Social and Public Health with the current providers; - engagement with service users; - review of best practice working with statistical neighbours and through liaison with Public Health
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	<p>England Regional representative;</p> <ul style="list-style-type: none"> - Distilling findings from Joint Strategic Needs Assessment; - the proposal has also been worked through with colleagues within the Public Health team, Adult and Social Care and Supporting People and co-ordinated by Surrey County Council procurement.
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Positive impact for all categories with a particular emphasis on :</p> <ul style="list-style-type: none"> - Gender - Sexual orientation targeting the needs of Lesbian, Gay, Bisexual individuals - Transgender individuals - Race <p>There are no foreseeable negative impacts as a result of the re-tendering of the contract.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	None
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	N/A
<p>Potential negative impacts that cannot be mitigated</p>	N/A

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