

	<p>CHIEF OFFICER IN CONSULTATION WITH COMMITTEE CHAIRMAN DELEGATED POWERS REPORT</p>
<p>Title</p>	<p>Authorisation to extend contracts for the provision of Independent Mental Health Advocacy (Lot 1; IMHA) and Independent Mental Capacity Advocacy (Lot 2; IMCA) Services.</p>
<p>Report of</p>	<p>Executive Director, Adults and Health</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p>Appendix A – Approved providers for lots 2 to 8</p>
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<p style="text-align: center;">Summary</p>	

This report seeks approval to extend the current contracts in place for the Barnet, Enfield & Haringey council consortium for the provision of Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) Services for one year.

On 1st December 2016, the Policy and Resources Committee agreed the Annual Procurement Forward Plan (APFP) 2017-18 which included authorisation to procure Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services.

Following a competitive procurement process, led by the London Borough of Haringey, on behalf of the London Boroughs of Barnet and Enfield, the councils entered into tri-borough contracts with the following organisations for the provision of these services:

- **POhWER** - for the provision of Independent Mental Health Advocacy (IMHA) Services (LOT 1); contract start date 1st November 2018
- **VoiceAbility** - for the provision of Independent Mental Capacity Advocacy (IMCA) Services (LOT 2); contract start date 1st November 2018.

The current contracts are for a period of three (3) years with an option to extend for a further period of up to two years (1 + 1). The initial three (3) year contract term for provision of Independent Mental Health Advocacy (Lot 1 IMHA) services is now due to expire on 31st October 2021 and the initial contract term for provision of Independent Mental Capacity Advocacy (Lot 2 IMCA) services is due to expire on 31st October 2021. Therefore, in accordance with the contracts currently in place, Barnet, Enfield and Haringey councils propose offering a further extension for 12 months to the current providers of these services, to align the end dates of these contracts and support tri-borough commissioning intentions moving forward. Following authorisation to extend, the contract term will end on 31st October 2022.

Decisions

To authorise extension to the current Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services contracts for a period of one (1) year to commence as set out below:

- **Lot 1 - Independent Mental Health Advocacy (IMHA): from 1st November 2021 to 31st October 2022 (IMHA), at maximum cost of £52,000 for this period for Barnet (Barnet's expenditure).**
- **Lot 2 – Independent Mental Capacity Advocacy (IMCA) services: from 1st November 2021 to 31st October 2022 (IMCA), at maximum cost of £59,021 for this period for Barnet (Barnet's expenditure).**

1. WHY THIS REPORT IS NEEDED

- 1.1 This report is required to authorise a one (1) year extension to the current contracts in place for the provision of Independent Mental Health Advocacy (Lot 1) and Independent Mental Capacity Advocacy (Lot 2) services.
- 1.2 The recommendation to extend the contracts in place is to ensure that there is adequate provision of these statutory services and support tri-borough commissioning intentions for 2022/23. Under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), the Council has a statutory obligation to provide Independent Mental Health and Independent Mental Capacity advocacy services to Barnet residents.
- 1.3 The Independent Mental Health Advocacy and Independent Mental Capacity Advocacy contracts in place aim to support people with health and social care needs to maintain and maximise their health, wellbeing and independence.

2. REASONS FOR DECISIONS

- 2.1 The tri-borough contracting arrangements support the London Boroughs of Barnet, Enfield and Haringey to fulfil their statutory obligations to ensure that there is the provision of high quality Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Relevant Person's Representative (DoLS RPR) services.
- 2.2 These statutory duties are described in the Mental Capacity Act 2005 and section 43 of the Health and Social Care Act 2012, and are in accordance with section 130A of the Mental Health Act 2007 (as amended).
- 2.3 The current contract in place for Lot 1 – Independent Mental Health Advocacy (IMHA) is due to expire on 31st October 2021 and the current contract in place for Lot 2 Independent Mental Capacity Act (IMCA)/ Deprivation of Liberty Safeguards Relevant Person's Paid Representative (DoLS RPR) services is due to expire on 31st October 2021. To ensure continuity of service and support tri-borough commissioning intentions it is recommended that these contracts are extended by a further 12 months until 31st October 2022.

3. ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 3.1 **Option One** Not Recommended. Allow the contracts in place to cease after the initial contracts term. This option is not recommended as it would impede the Council's ability to meet its statutory obligations.
- 3.2 **Option Two** – Not Recommended. Allow the current contracts to expire and re-procure Independent Mental Health Advocacy and Independent Mental Capacity Advocacy services to commence on 1st November 2021. This option is not recommended as the current contracts provide the option to extend by

up to a further two years, and extension minimises the risk of there being a negative impact to people currently using the commissioned services.

- 3.3 Option Three – Recommended.** To extend the current Independent Mental Health Advocacy and Independent Mental Capacity Advocacy contracts by a further year until 31st October 2022. This option ensures that the current service offer in place can continue to operate, minimising the risk of any negative impact to people currently using these services and allowing continuation of good service delivery in line with the Council’s statutory duties. Alongside extension the council is reviewing the current offer in situ to inform commissioning intentions for re-procurement of tri-borough contracts.

4. POST DECISION IMPLEMENTATION

- 4.1** If the decision recommended in this report is approved, the London Borough of Haringey on behalf of the London Boroughs of Barnet and Enfield, will confirm the extension of contracts to 31st October 2022 with both incumbent providers.
- 4.2** Upon acceptance of the extension, the London Borough of Haringey is responsible for the execution of the formal contract extensions for the services described in this report.
- 4.3** The performance of these contracts will continue to be monitored through contract management and the Council’s Care Quality Team.
- 4.4** Tri-borough commissioners will triangulate performance information and provider and user feedback to carry out more in-depth analysis of the services offered and scope any necessary changes to these services for the purpose of re-procurement in the future.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1** These contracts form part of the Council’s statutory duties under the Care Act 2014 including duties regarding wellbeing, prevention and transition to adult care and support.
- 5.1.2** The Council’s Corporate Plan strategic objectives are that the Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:
- Of opportunity, where people can further their quality of life
 - Where people are helped to help themselves, recognising that prevention is better than cure
 - Where responsibility is shared, fairly
 - Where services are delivered efficiently to get value for money for the taxpayer.

These contracts support the Council in meeting these objectives by ensuring

that the council is fulfilling their statutory duties as described in the Care Act 2014, the Mental Capacity Act 2005 and section 43 of the Health and Social Care Act 2012, and are in accordance with section 130A of the Mental Health Act 2007 (as amended).

5.1.3 The contracts with providers will continue to be robustly monitored and reviewed including the performance through the key performance measures and outcome indicators.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The extension to the current contracts in place for provision of Independent Mental Health Advocacy and Independent Mental Capacity Advocacy services is in line with the allocated budget authorised for Independent Mental Health Advocacy and Independent Mental Capacity Advocacy within the Adults and Health budget. These contracts are funded from within the Prevention services budgets and present no additional financial burden.

5.2.2 The extension of the contracts is in line with the total global contract value authorised for these two contracts in line with the Annual Procurement Forward Plan 2017/18. The award of the initial contract is referenced in section 6 of this report.

5.2.3 Regular financial monitoring forms part of the contracts, as does working within the ethos of continuous service improvement. The providers are required to evidence key performance indicators that form part of performance monitoring.

5.2.4 Contract monitoring will continue to take place on a quarterly basis.

5.2.5 There are no staffing or IT implications for the Council or TUPE implications for the providers.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value are monitored through this contract management process.

5.4 Legal and Constitutional References

5.4.1 The initial procurement for these contracts was subject to the 'light touch regime' under the Public Contracts Regulations 2015 (PCR). The Council

undertook a compliant tender process in line with the PCRs. Regulation 72 (1)a of the PCRs allows for an extension without the need to retender where *'the modifications, irrespective of their monetary value, have been provided for in the initial procurement documents in clear, precise and unequivocal review clauses'*. The initial procurement documents included the option for the Council to extend this contract at its discretion which it is now exercising.

5.4.2 The Authorisation and Acceptance Thresholds Table of the Council's Contract Procedure Rules (CPRs) state that variation or extension of a contract with a value between £189,330 and £500,000 must be approved by the Chief Officer in consultation with the Theme Committee Chairman by way of a Full Delegated Powers Report, which is the process and approval being followed under this report.

5.4.3 The London Borough of Haringey are leading on completing of the contract extensions with the current providers for the services described in this report and will liaise with HB Public Law as part of this process.

5.5 Risk Management

5.5.1 The extension of these contracts is unlikely to raise any public concern as these services are already in operation and there will be no change for existing service users.

5.5.2 Risks associated with the contract extension processes are mitigated through ensuring that provision of these services are consistent with budget resources and savings targets.

5.5.3 The risk of managing a contract across three boroughs is mitigated through a Partnership Agreement and coordinated contract monitoring. The three boroughs have implemented this approach since the start of the current contracts in place and it has worked effectively.

5.5.4 Risks of non-delivery are managed by strategic relationships with providers in relation to these contracts and robust contract monitoring.

5.6 Equalities and Diversity

5.6.1 The core provisions of the Equality Act 2010 came into force on 1st October 2010 and the public sector equality duty (section 149 of the Act) came into force on 5 April 2011. Under section 149, the council must have due regard to the need to eliminate discrimination, harassment and victimisation prohibited under the Act and to advance equality for opportunity and foster good relations between those with protected characteristics and those without.

5.6.2 The protected characteristics are age; disability; race; gender reassignment;

pregnancy and maternity; religion or belief; sex; and sexual orientation. They also cover marriage and civil partnership with regard to eliminating discrimination.

5.6.3 Any organisation providing public sector services is subject to scrutiny by the council to ensure that delivery complies with the public sector equality duty.

5.6.4 Further equality-specific measures may be developed with reference to particular projects as these contracts progress to ensure that the organisations act in keeping with the Council's public sector equality duty.

5.7 Corporate Parenting

No implications in the context of this report

5.8 Consultation and Engagement

Not applicable

5.9 Insight

Not applicable

6 BACKGROUND PAPERS

6.1 Policy and Resources Committee, 1st December 2016: Procurement Forward Plan 2017-18:

<https://barnet.moderngov.co.uk/documents/s56940/Appendix%201%20Annual%20Procurement%20Forward%20Plan%20202021.pdf>

6.2 Adults and Safeguarding Committee, 6th March 2017: Extension of and Variation of IMCA and IMHA contract:

<http://barnet.moderngov.co.uk/documents/s38338/Extension20of20and20variation20of20IMCA20and20IMHA20contract.pdf>

6.3 Adults and Safeguarding Committee, 11th September 2018: Contract Award for Independent Mental Capacity Advocacy, the Deprivation of Liberties Safeguards Relevant Person's Paid Representative and Independent Mental Health Advocacy Services.

7. DECISION TAKER'S STATEMENT

7.1 *I have the required powers to make the decision documented in this report. I am responsible for the report's content and am satisfied that all relevant advice has been sought in the preparation of this report and that it is compliant with the decision making framework of the organisation which includes Constitution, Scheme of Delegation, Budget and Policy Framework and Legal issues including Equalities obligations.*

Chairman:
Has been consulted

Signed



Date 26/10/2021

Chief Officer:
Decision maker having taken into account the views of the Chairman

Signed



Executive Director, Adults and Health

Date 21/10/2021