

**Open Report on behalf of Glen Garrod,  
Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services</b>
Date:	<b>Between 02 – 09 December 2019</b>
Subject:	<b>Lincolnshire Independent Advocacy Services Re-Procurement</b>
Decision Reference:	<b>I018631</b>
Key decision?	<b>Yes</b>

**Summary:**

Advocacy is a process of supporting and enabling people to:

- express their views and concerns;
- access information and services;
- defend and promote their rights and responsibilities; and
- explore choices and options.

Lincolnshire County Council has two main contracts delivering advocacy:

- The Independent Lincolnshire Advocacy Services delivered by Voiceability and
- The NHS Complaints Advocacy Service delivered by POhWER.

Both of these contracts come to an end as of 30 June 2020.

The Council also has an Involvement Contract with Voiceability which enables the voice of frail older people, people with dementia, disabled people, those with poor mental ill health, and family carers, to be taken into account in the planning, review and delivery of commissioning strategies and services. This element of the Voiceability service is being reviewed separately and may not form part of the scope of the advocacy services moving forward.

In addition to this Children's Services have an existing arrangement with the provider Coram Voice who deliver visiting advocacy services for the Lincolnshire Secure Unit. This is a flexible arrangement which involves an advocate attending the unit approximately once a week. This arrangement comes to an end 31 March 2020. It is proposed this is extended to align with the main advocacy contracts and is included within the scope of any future service.

This report gives an update on progress to date and seeks approval for the re-procurement of the Lincolnshire Independent Advocacy Services.

**Recommendation(s):**

That the Executive Councillor:

1. Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of county-wide advocacy services for a period of three years with the possibility of a further two year extension on a one plus one basis and consisting of all the advocacy services set out in Appendix B, utilising the delivery model described in Appendix A.
2. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care Health and Children's Services, the authority to determine the final form of the contract and to approve the award of the contract and the entering into the contract and other legal documentation necessary to give effect to the said contract.

**Alternatives Considered:**

1. Extend the Contracts with the Current Provider/s

Whilst performance levels have been satisfactory, continuing with the current provider is not viable as all provision for extension within the current contracts have been exhausted.

2. Bring Services In-House

Being independent to the council forms an integral part of the service and therefore in-house delivery would not be appropriate.

3. Do Not Deliver These Services

The Council must deliver these services in order to fulfil its statutory requirements.

**Reasons for Recommendation:**

1. The proposed delivery model will provide one point of access for all advocacy requirements which will reduce any confusion for referrals into the service. This is particularly prevalent and of benefit to professionals as provider feedback has suggested they are sometimes unclear regarding the strict eligibility of different types of advocacy.

2. Continuity of support from one advocate. Regardless of the person's needs they can remain with one individual supporting them. This is particularly helpful supporting through the children to adult transition.
3. Multi-skilled advocates able to respond to all different requirements enabling the provider to better manage demand.
4. The provider is able to be more flexible not only in terms of resource but also funding as this model proposes a pooled adult budget which allows the provider to be more responsive to changes in demand.
5. The delivery model offers benefits to contract management practice as the commissioner only has the one organisation to manage and develop a strong working relationship with.
6. This model is likely to represent the best value for money and most efficient option due to the level of funding and total contract value offering economies of scale. The financial commitment will also enable investment in and development of provider staff.
7. Due to the high contract value and profile the commissioner has more leverage over provider performance. This arrangement is also more likely lead to a partnership / collaborative approach in terms of delivery which in turn can provide additional added value.
8. The model improves the journey for the service user, reducing the need to "tell your story" repeatedly to different services.

## 1.0 Background

The historical contract spend is as set out below. Additional funding was granted for certain types of advocacy in order for the County Council to meet its statutory obligations. It should be noted that the high levels of Relevant Person Representative (RPR) demand, are reflective of the national picture and not an isolated local issue.

Service Description	Contract Value	Comments
The Independent Lincolnshire Advocacy Services	£498,180	Annual value for all adult and children's advocacy
The NHS Complaints Advocacy Service	£109,250	Annual value
Additional Funding for Rule 1.2 type advocacy	£72,444	Total additional value over three years
Additional Funding for RPR type advocacy	£308,304	Total additional value over three years

Involvement Service	£93,421	Annual value
Lincolnshire Secure Unit	£9,500	Annual value

\*See Appendix B for an explanation of the different types of Advocacy.

Value for money is evidenced through the cases and hours within the contract versus the actual case and hours delivered. The following key observations were made:

- The increased demand and costs pressures of RPR are evident and have a significant impact as long as the existing legal regime on DoLs continues.
- Voiceability have over delivered on the number of contract cases by 59%.
- In terms of hours the service as a whole under delivered by less than one percent, however the face to face direct advocacy support exceeded contracted hours by 7%.
- In respect of the Care Act Advocacy there has been a significant amount of awareness raising and training which, throughout the year, resulted in an increase in referrals exceeding the contracted target.
- Independent Mental Health Advocacy (IMHA) referrals have seen an increase due to the close working relationship Voiceability Advocates have developed with ward staff which is a positive step for the service.
- The number of 'professional' advocacy cases has decreased as statutory advocacy (e.g. IMHA, Independent Mental Capacity Advocate (IMCA), etc) is taking priority.

The annual volume of NHS Complaints Advocacy Services cases delivered by POhWER is relatively static at about 250 cases. The vast majority of cases about 220 are in respect of intensive advocacy which indicates that the cases are increasing in complexity. There are no contracted volumes for NHS complaints advocacy. Value for money is monitored according to the number of hours delivered and the average case load of each advocate. The maximum caseload of an advocate is said to be between 60 – 70 on complex cases and over the year advocates have been holding 86 cases each, over the recommended workload. There were 3,016 hours of direct advocacy delivered within 2018-19.

Previous performance measures evidenced positive Service User feedback and high levels of outcomes achieved. Stakeholders were also consulted as part of the Service Review, feedback suggested there was a high level of awareness of the service and that the service delivery was of a good quality.

### **1.1 Future Demand Levels and Budget**

It is proposed that a minimum number of hours and cases will be delivered for a fixed budget. The anticipated indicative future demand and associated budgets are set out at Appendix C. The assumptions behind these figures are based upon historical volumes and developments in respect of each different type of advocacy, identifying factors that may shape the future demand for advocacy have also been considered and incorporated within the specification and volume prediction.

The main difficulty associated in predicting with any accuracy the impact or timing of future changes is in respect of the introduction of the Liberty Protection Safeguards (LPS). There has been feedback from the providers that due to other Government priorities the implementation of LPS maybe delayed and not come into force as anticipated on 1 October 2020. At present we do not have the detailed guidance that will enable an understanding of the impact of potential changes and volumes. However early indications would suggest access to advocacy appears to be significantly weaker under LPS. Under the Deprivation of Liberty Safeguards (DoLS) there is an obligation on the Supervisory Body to appoint an IMCA, whereas under LPS the duty is to 'take all reasonable steps' to appoint an IMCA if certain circumstances exist. Under DoLS, unpaid RPRs have access to IMCAs to support them in their role, whereas appropriate persons under LPS will not, only if the appropriate person asks for one. For clarification, under the LPS therefore there is no RPR or paid RPR role. Instead it is envisaged that the functions of the RPR will be included as part of the appropriate persons role and the paid RPR as part of the IMCA role. Various modelling of volumes and budgets have been undertaken some of which indicate a saving on the figures set out in Appendix C. Depending upon the implementation date and the fact that the both DoLS and LPS will run in parallel for a year any savings are not likely to be realised until year 2 or 3. Appendix C is therefore presenting a worst case scenario.

A flexible financial model and payment mechanism applied proposing a process if statutory demand outstrips the available funding but also safeguards in place for options of reinvestment into the service or service credits being applied if the demand anticipated is not realised will help to manage this uncertainty.

Whilst it is the intention that the children's element of the budget is ring-fenced the remaining funds will be pooled enabling the provider to be more flexible, not only in terms of resource, but also be more responsive to changes in the demand of different types of advocacy.

The proposed integrated delivery model allows for a long term partnership to be developed with the provider. This relationship, based upon an open book accounting approach, lends its self to working more closely with the provider, building trust and jointly responding to any changes in demand at the earliest opportunity.

## **1.2 Compliance with Legislation, Policy and Guidance**

The proposed scope of the services draws upon and is bound by statutory requirements for advocacy in the following:

- Care Act (2014)
- Mental Health Act (2007)
- Mental Health (Amendment) Act (2019)
- Mental Capacity Act (2005)
- Children and Families Act (2014)
- Health and Social Care Act (2012)

The County Council is also committed to making advocacy available for people eligible for social care services and carers who have a substantial difficulty being engaged in matters concerned with implementing care packages which fall outside of the targeted criteria for advocacy in the Care Act but who has access to or be eligible for adult care or secondary mental health services. Depending on the demand levels and the budgets available if the statutory elements and initial non-statutory advocacy requirements are met there it is proposed that there may also be an opportunity to support identified gaps in provision for individuals accessing primary care services.

### **1.3 The Invitation to Tender Document (ITT)**

The ITT will include the following:

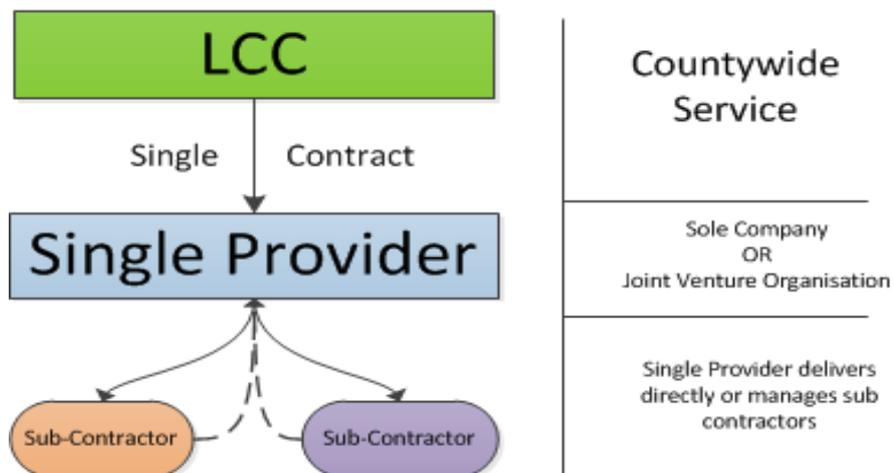
- A revised specification has been drafted incorporating key findings and lessons to be learned identified through the review and feedback from stakeholder consultation;
  - A specification that is clear in scope, interpretation and expectations;
  - Bespoke terms and conditions;
  - Appropriate award and evaluation criteria;
  - A realistic, appropriate and robust performance management framework;
- and
- An emphasis on partnership working and effective referral mechanisms.

### **1.4 Commercial Model**

Evidence collected on the current service indicates that where provision has taken place it has been to a good standard. The single provider model with an emphasis on delivery of outcomes will help ensure that the future contract is sustainable.

Whilst it is the intention that the Council will be contracting with a single provider, the market engagement has indicated that the delivery model may include consortium partnership or sub contractual arrangements. In this case the single provider will be responsible for the management of all partners or/and subcontractors. The delivery capability and cohesiveness of any proposed partnership arrangement will also form part of the tender evaluation.

## 1.5 Single Provider Structure



In determining a single provider the service model depends upon a number of factors:

## 1.6 Cost and Duration

A core principle of the single provider model is that a commitment of demand creates a strong commercial base for a provider and as such will help support them to deliver better value back to the Council. Similarly by guaranteeing this demand for a long period of time this would further strengthen a provider's ability to establish a sound base of business. This commitment will increase economies of scale for a provider, providers may wish to sub contract to, as well as allow them to build better business plans, optimise resources, better manage recruitment and the opportunity to plan reablement routes better, thus improving efficiency and lowering costs.

## 1.7 Payment Mechanism

The provider will be paid an equal block payment monthly in arrears. For this block payment the provider will be expected to meet all the minimum indicative demand as set out in Appendix C. Appendix C represents a maximum budget. Price will be competed on at tender stage and form part of the contract award criteria.

If statutory demand exceeds these predicted volumes and additional funding is needed, this will be requested based upon the anticipated number of additional hours required multiplied by the average hourly rate as confirmed at competition. Any additional funding shall only be released following approval by the Executive Director for Adult Care and Community Wellbeing.

If volumes anticipated in Appendix C are not realised the underutilised funds will be reinvested back into the service and/ or service credits may be applied.

## **1.8 Competition**

Exposing the service to the open market will help to encourage improved value for money through quality, innovation, possible reduction in costs and the added value any potential providers may bring.

## **1.9 Risk and flexibility**

In addition to this the Council should also give regard to the resulting balance of risk that follows from awarding the contract to a single provider. The Council will seek assurance and conduct due diligence through its procurement processes to ensure the single provider has the capacity to deliver the volume of hours and scope required in the service specification. These assurances will increase the Council's ability to manage risk as well as provide greater flexibility of service provision.

As the market is limited there is a risk that there will be insufficient bids. Whilst there were only three submissions received following the issue of the Pre-Market Engagement Questionnaire, the responses would indicate that there is sufficient market interest in this service. The previous overall average hourly rate was calculated at £35.65, which is slightly lower than the rates suggested within the budget allocation moving forward however it should be noted that the previous hourly rate for all adults advocacy was only £25.20. It is hoped that economies of scale and efficiencies can be made as a result of the proposed integrated two tier model of delivery and that the average hourly rate and therefore overall budgets will be attractive to market.

## **1.10 Tender process**

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. As previously stated it is essential that the single provider or any organisation the provider sub contracts work to will be able deliver the required volume and outcomes. The Council must therefore have a clear understanding of the level of financial and business capacity a tenderer must have before being allowed to proceed to bid. This must be set at a level that represents an acceptable assessment of the level of risk as well as not being unreasonably burdensome and therefore restricting consortia bids.

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. The ultimate decision as to which provider is awarded the single provider status will be based on their evaluation performance.

ITT evaluation will focus on service quality and the capability of the single provider and any organisations they may wish to form sub contracting arrangements with to deliver the required volume and quality outcomes across the county set against clearly defined financial budgetary controls.

## 1.11 Scope

The full scope for these new arrangements are being developed, provider engagement and service user consultation has been undertaken to gain market intelligence and stakeholder feedback in terms of key aspects of future services.

As outlined below and shown in Appendix 1, it is the Council's intention to re-commission these services through a fully integrated model of delivery for all advocacy provision. It is proposed that there are two tiers to the service as set out below:

- Tier 1 Services – A telephone based Advocacy Hub service providing a single point of access (SPA) for information about advocacy. This service will have the responsibility for triaging all calls and for then assigning referrals to a specialist advocate or signposting a person to other services where appropriate, collecting, monitoring and interpreting performance data, and reporting to commissioners. Tier 1 will also provide low level advocacy and, it is envisaged the majority of the NHS complaints advocacy.
- Tier 2 Services - Individual service elements which will retain their specialist capabilities, service identity and specific statutory duties. These elements will provide face to face advocacy for people who use Adult Care services aged 18 and over, carers, and users of Mental Health Services. The Children's Rights Service shall be available to Children and Young People from 0 – 18 years of age. The Independent Advocacy Service shall be available to Children and Young People between the ages of 5 – 18 years of age, or up to the age of 24 years old in the case of care leavers.

The Service Provider is required to deliver the service in such a way that it supports relevant outcomes from the National Integrated Outcomes Framework for:

- Public Health Outcomes Framework 2016 – 2019;
- NHS Outcomes Framework 2017;
- Adult Social Care Outcomes Framework 2016 – 2017; and
- Every Child Matters Outcomes Framework.

All advocacy referrals are issue based. The delivery of individual outcomes will be captured and monitored through a robust Contract Management process. These will include but not limited to the following:

- Tangible benefits arising from the process of advocacy; enabling people to resolve issues or access services and gain
- Increased confidence
- Increased choice and control
- Increased independence
- Increased feelings of being safe and secure
- Improved health and wellbeing
- Reduced mental distress
- Increased feelings of empowerment and personal development

## **1.12 Market Engagement and Feedback**

A Prior Information Notice was published on 23 August 2019. This initiated a process of pre-tender market engagement. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity and resource, payment mechanism and budget viability, contract attractiveness and mobilisation.

The results of this engagement exercise are summarised below:

- The contract duration of an initial three years with options to extend by a further two years was acceptable to all.
- The single provider model will more likely have to involve a partnership of providers in order to deliver all different types of advocacy. Only one provider could deliver all in-house.
- A block payment was acceptable to all as long as some flexibility could be incorporated in terms of any potential claw backs or service credits applied and clear expectations regarding indicative demand.
- In terms of contract mobilisation a three month timeframe was deemed adequate.

## **1.13 Procurement Implications**

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

It is the intention to issue an OJEU Notice for publication week commencing 9th December and a Contract Award Notice will be issued on any award to a successful bidder.

In undertaking the procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.

The procurement process shall conform with all information as published and set out in the OJEU Notice.

All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.

### Public Services Social Value Act

In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in

all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers are well understood. This and the market and other stakeholder consultation, carried out are considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## **2.0 Legal Issues:**

### Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- \* Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- \* Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- \* Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- \* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- \* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- \* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

An Impact Assessment has been completed and a copy of it is appended to this report (Appendix D). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected characteristic if recommissioned.

### **3.0 Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)**

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

Adults, Children and Young People's Health and Wellbeing are two of the core themes of the JSNA, with a key priority being to improve health and reduce health inequalities for individuals. Advocacy services enable the views of individuals to be heard who might otherwise have difficulty in expressing their needs and wishes.

The successful provider for advocacy services will be expected to demonstrate good knowledge of Lincolnshire and its demographics. The provider will be expected to have a local presence appropriate to service delivery.

### **4.0 Crime and Disorder**

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

This service is unlikely to contribute to the furtherance of the section 17 matters.

### **5.0 Conclusion**

Previous performance information indicates that a children and adults integrated, two tier delivery model has been effective in terms of single point of access for all referrals and enquiries, for the delivery of low level advocacy support and for the signposting of individuals who do not meet eligibility criteria. Performance measures also evidence positive Service User and Stakeholder feedback.

Through the incorporation of the NHS Advocacy Services it is hoped that this will enable a more efficient improved service, whereby the Council can ensure value for money and most importantly secure a quality service providing a mechanism to assist vulnerable adults, children and young people to have a voice, maintain independence and make choices that are right for them, often in difficult situations.

The focus of the procurement will be to establish a single provider for the county that will be able to fully meet the quality requirements set out by the council, guarantee that they are able to properly meet demand within budget and manage the subcontractor market effectively if appropriate.

#### **6.0 Legal Comments:**

The Council has the power to commission and enter into the contract proposed.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

#### **7.0 Resource Comments:**

Due to the anticipated delay in key legislation being implemented there could be a significant impact on future demand. Years two and three of the new Advocacy Service contract reflect potential increases in demand, particularly in respect of IMCA DoLS related advocacy which will see a large overall increase in cost over these two years. As the predicted costs in years two and three exceed the amount that is currently allocated in the advocacy budget, further consideration will need to be given as to how the potential shortfall will be met.

#### **8.0 Consultation**

- a) **Has The Local Member Been Consulted?** - N/A
- b) **Has The Executive Councillor Been Consulted?** – Yes

#### **c) Scrutiny Comments**

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 27 November 2019. The comments of the Committee will be made available to the Executive Councillor.

#### **d) Has a Risks and Impact Analysis been carried out?**

Yes

#### **e) Risks and Impact Analysis**

Risk management have been addressed within the report.

## 9.0 Appendices

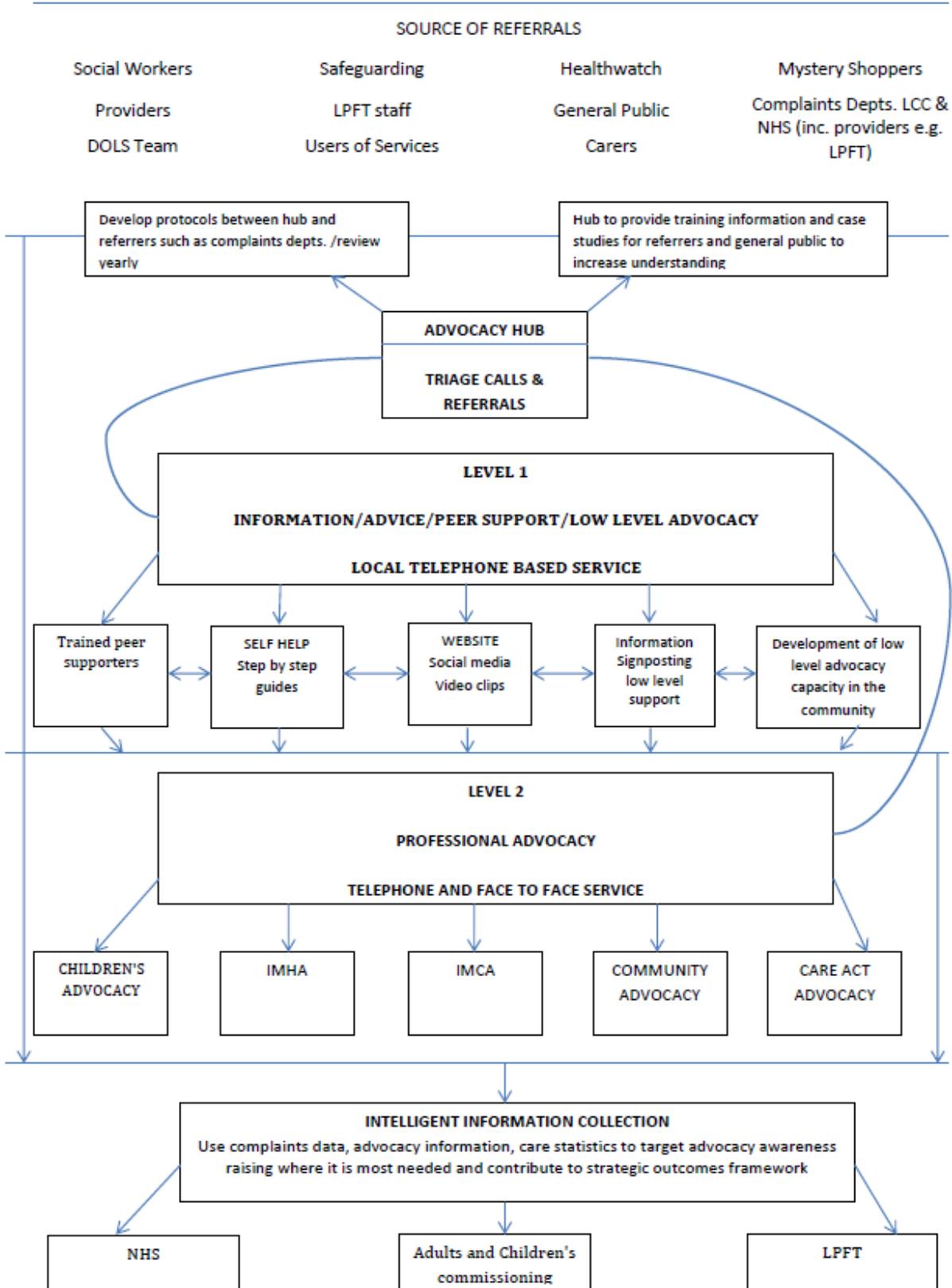
These are listed below and attached at the back of the report:	
Appendix A	The Integrated Delivery Model
Appendix B	The Types of Advocacy
Appendix C	Estimated Volumes and Associated Budgets for 1 July 2020 – 30 June 2023
Appendix D	The Equality Impact Assessment

## 10.0 Background Papers

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk) .

PROPOSED MODEL FOR LINCOLNSHIRE



## Types of Advocacy

Type	Description
<b>Children &amp; Young People</b>	Advocacy service working with children and young people.
<b>Care Act</b>	Supporting people according to Care Act legislation. Eligibility measured on “substantial difficulty”. Issues include: Information and advice, Assessment, Safeguarding, Support planning, Care review
<b>IMHA Independent Mental Health Advocacy</b>	Supporting people who are detained under the Mental Health Act.
<b>IMCA Independent Mental Capacity Advocacy</b>	Supporting people according to Mental Capacity Act legislation. Eligibility measured on “lack of capacity” to make specific decision. Issues include: Long Term Accommodation, Serious Medical Treatment, Safeguarding, Care Review
<b>39A IMCA (IMCA DOLS)</b>	Part of Deprivation Of Liberty – IMCA instructed to support person through an “urgent authorisation” which can last 7 or 14 days. Initial DOLS Assessments are undertaken in that time and a decision is made whether the person should be deprived of their liberty or not.
<b>39D IMCA (IMCA DOLS)</b>	Part of Deprivation Of Liberty – IMCA instructed to support the person’s Representative (RPR) with their role. It may also be requested to support the person as well as the Representative.
<b>RPR Relevant Person’s Representative</b>	Advocate instructed to act a Representative for the person who is deprived of their liberty. This may last for up to 12 months.
<b>Professional Advocacy (non-statutory)</b>	Supporting people to have a voice, who wouldn’t meet criteria for the statutory services. The criteria are that the person needs to have access – or be eligible – to adult social care or secondary mental health services.
<b>Litigation Friend (usually RPR)</b>	This is when Advocate is supporting someone through Court of Protection proceedings which require parties to be involved. Mostly to do with DOLS and people who wish to challenge their deprivation through the Court.
<b>Rule 1.2 Representative</b>	Deprivation Of Liberty, but in the community. The process is to go through Court of Protection to decide on DOLS and we will be instructed by the County Council Legal Services and then the Court to act as a Representative for the person throughout their authorisation.

**APPENDIX C**

**Estimated Volumes and Associated Budgets for 1 July 2020 – 30 June 2023**

	Hours	Cases	Hours	Cases	Hours	Cases	Year 1	Year 2	Year 3	Total 3 Year Spend	Average 3 Year Spend
Tier 1 – Single Point of Access Hub Activity	1350	11,500	1350	11,500	1350	11,500	£ 33,750.00	£33,750.00	£33,750.00		
NHS Complaints Advocacy	3020	300	3020	300	3020	300	£ 105,700.00	£105,700.00	£105,700.00		
Children's and Young People Services	2378	238	2378	238	2378	238	£ 83,230.00	£83,230.00	£83,230.00		
Care Act	2800	350	3080	385	3384	423	£ 98,000.00	£107,800.00	£118,440.00		
IMCA	1846	284	2028	312	2230	343	£ 64,610.00	£70,980.00	£78,032.50		
39A IMCA	268	60	297	66	324	72	£ 9,380.00	£10,395.00	£11,340.00		
39D IMCA	992	20	1078	22	1176	24	£ 34,720.00	£37,730.00	£41,160.00		
RPR	5609	792	6650	950	7980	1140	£ 196,315.00	£232,750.00	£279,300.00		
Rule 1.2	460	23	640	32	880	44	£ 16,100.00	£22,400.00	£30,800.00		
Litigation Friend	271	3	271	3	271	3	£ 9,485.00	£9,485.00	£9,485.00		
IMHA	1655	461	1737	484	1824	508	£ 57,925.00	£60,795.00	£63,840.00		
Prof	2548	176	2548	176	2548	176	£ 89,180.00	£89,180.00	£89,180.00		
<b>TOTAL</b>	<b>23197</b>	<b>14207</b>	<b>25077</b>	<b>14468</b>	<b>27365</b>	<b>14771</b>	<b>£ 798,395.00</b>	<b>£864,195.00</b>	<b>£944,257.50</b>	<b>£2,606,847.50</b>	<b>£868,949.17</b>