Report Title:	Approval of Contract Award of the New Independent Adult Advocacy Service
Contains Confidential or Exempt Information	Yes – Main report and Appendix A are Part I. **Appendix B is Part II and not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.**
Cabinet Member:	Councillor del Campo, Cabinet Member for Adults, Health and Housing Services
Meeting and Date:	Cabinet – 27 March 2024
Responsible Officer(s):	Kevin McDaniel, Executive Director Adult Social Care and Health (DASS) Lynne Lidster, Director of Commissioning, Optalis
Wards affected:	All wards

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Royal Borough of Windsor & Maidenhead

REPORT SUMMARY

The current adult social care contracts for the provision of statutory adult advocacy services and self-advocacy service, expire in June 2024. Approval is sought to award a new contract for the Independent Adult Advocacy Service that was tendered by the council in November 2023. The contract term is for a period of a three years, with an option to extend for a further two years. Subject to approval, the contract is due to begin on 1 July 2024.

This report sets out information regarding the tender process, recommendations from officers following the tender and seeks approval for future contracting arrangements.

The proposal supports the objective within the Corporate Plan 2021-2026 of Thriving Communities – where families and individuals are empowered to achieve their ambitions and fulfil their potential including the approaches identified in the Plan to 'Shape our service-delivery around our communities' diverse needs and put customers at the heart of all we do'; 'Make the most effective use of resources – delivering the best value for money' and 'Promote health and wellbeing, and focus on reducing inequalities, across all areas'.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Cabinet notes the report and:

i) Approves the award of the new Independent Adult Advocacy Service as outlined in Appendix B.

ii) Delegates authority to Executive Director Adult Social Care, Health and Communities (DASS) in consultation with the Cabinet Member for Adults, Health and Housing Services to exercise the option to extend the contract for a period of up to an additional two years.

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table 1: Options arising from this report

Option	Comments
That Cabinet approves the recommendations as set out in this paper. **This is the recommended option**	This option ensures that the council remains compliant with its statutory duty to provide independent advocacy under the Care Act 2014, the Mental Capacity Act 2005 (amended 2019), the Mental Health Act 1983 (amended 2007) and the Health and Social Care Act 2012.
Extend the existing contracts with the current provider rather than award a new contract	This option is not compliant with the contracting and procurement standing orders and regulations as the existing contract will have reached the end of all possible extension options by June 2024 - and is therefore not permissible.
Do nothing	The provision of independent advocacy is a legal requirement for local authorities under the Care Act 2014, the Mental Capacity Act 2005 (amended 2019), the Mental Health Act 1983 (amended 2007) and the Health and Social Care Act 2012. This option would mean the existing contracts would lapse in June 2024 without ongoing arrangements in place, bringing the council into breach of its obligations. This option is also not compliant with the contracting and procurement standing orders and regulations.

2.1 Advocacy means giving a person support to have their voice heard. Every person has a right to have their voice heard on matters relating to their care and support, to defend and safeguard their rights, and to have their views and wishes seriously considered when decisions are being made about their life. Not every person is able to make their thoughts and wishes known. This may be for a variety of reasons, including their cognitive ability, their health, their confidence, their ability in speaking up, or their age. When a person is not able to make their voice heard, an advocate is needed to be their voice. Advocacy promotes equality, social justice, social inclusion, and human rights, and speaks for people when they are unable to do that themselves. It empowers people to make the most of their lives.

2.2 The provision of independent advocacy is a legal requirement for local authorities under the Care Act 2014, the Mental Capacity Act 2005 (amended 2019), the Mental Health Act 1983 (amended 2007) and the Health and Social Care Act 2012.

2.3 The current commissioned independent advocacy contracts commenced in 2019 and expire on 30 June 2024. Under the current arrangements, a single provider, The Advocacy People, delivers statutory adult advocacy and self-advocacy for people with learning disabilities for the borough under two separate contracts. The statutory service activity equates to the provision of around 2,700 hours of support per year, or 230 referrals per year. The self-advocacy service delivers the Learning Disability Partnership Board, two self-advocacy groups for people with learning disabilities and a support group for carers of adults with learning disabilities.

2.4 The new contract for Independent Adult Advocacy Service has been tendered, to take effect from 1 July 2024. The proposed service will comprise:

- Independent Care Act Advocacy (ICAA)
- Independent Health Complaints Advocacy (IHCA)
- Independent Mental Capacity Advocacy (IMCA) support, including:
    - Deprivation of Liberty Safeguards (DoLS)
    - Liberty Protection Safeguards (LPS) from 16 years old upwards (once implemented)
    - Relevant Person's Representative (RPR)
    - Rule 1.2 Representative
    - Litigation Friend
- Independent Mental Health Advocacy (IMHA)
- Self-advocacy for people with learning disabilities, including facilitation of the Learning Disability Partnership Board (LDPB), LDPB sub-groups and self-advocacy groups
- Carer advocacy support
- Advocacy projects

2.5 The model of support within the specification focusses on a person-centred and outcomes-focussed approach to enable people to have their voices heard and rights upheld.

2.6 The value of the contract is fixed rather than open to price bids from providers, so that the bids received would be assessed and scored purely on quality criteria not on price, enabling providers to compete on equal terms. The rationale was to ensure the resultant service delivered to the borough's vulnerable adults is high quality and this approach would avoid a 'race to the bottom' with providers submitting unrealistically low prices, potentially resulting thereafter in an inability to recruit and retain quality staff, inability to accept new cases, or failure of the contract, resulting in the service being handed back to the local authority to re-commission. Bidders were required to submit a cost breakdown of the proposed service as part of their tender.

2.7 In line with the Regulations (PCR 15), the Contract Notice was published on the Find a Tender service (and the Contract Finder) on 29 November 2023. The initial closing date for the ITT submissions was 9 January 2024, which was later amended (due to the request for extension from one of the potential bidders) to 15 January 2024. The Open Procedure has been used for this procurement.

2.8 11 suppliers (potential bidders) accessed the online portal, five raised queries prior to the tender submission deadline (the responses to all queries were shared with all potential bidders). Two submitted their proposal by the deadline stipulated in the Contract Notice.

2.9 The two tender submissions were evaluated accordingly under the open procedure (a one stage process) with a requirement that potential providers must pass pre-qualification criteria to confirm that they have the required experience to deliver the service. The criteria included legal and regulatory, economic, financial, technical and professional capacity and case studies evidencing previous experience.

2.10 The two tender submissions passed the pre-qualification stage and were further evaluated against the method statement responses by a dedicated evaluation panel comprising representatives from the Optalis Commissioning Team, statutory adult social care service and Community Lives service, following best practice procurement procedures. Tenders were evaluated on the basis of the assessment of bidders' technical responses to qualitative questions which were marked against a scoring matrix.

2.11 The ten quality criteria and weightings were as follows:

Table 2: Quality Criteria and Weightings

Quality Criteria	**Weighting**
Processes and Procedures to be applied for the delivery of the Service	22.5%
Resource allocated to the Service delivery	7.5%
Partnerships and collaborative working	7.5%
Public and workforce awareness-raising and Service promotion	7.5%
Service improvement, innovation, co-production and communities	12.5%
Quality assurance and outcomes-based reporting	22.5%
Mobilisation	5%
Management of the budget	7%
Fund raising capabilities	5%
Added Value	3%

2.12 The tender submitted by the provider that achieved the highest overall score from the evaluation is considered as the best tender and, therefore, nominated as 'Preferred Supplier' and recommended for contract award.

3. KEY IMPLICATIONS

3.1 See table 3 below.

Table 3: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Existing contracts with provider end on 30 June 2024	Existing contract continues beyond 30 June 2024	1 July 2024	N/A	N/A	30 June 2024
New contract is established in readiness for commencement on 1 July 2024; RBWM able to ensure compliance with legislation.	New contract does not commence, or commences after 1 July 2024	New contract commences on 1 July 2024	N/A	N/A	1 July 2024

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 The value of the contract is £686,450 over the course of five years: £137,290 per annum, of which £102,290 is funded by a statutory advocacy ring-fenced budget through the Better Care Fund. The cost of delivering this contract is contained within existing resources and the inflation was built into the 2024/25 Better Care Fund budget. The contract will be in place from July 2024. In future years of the contract, inflation is at the discretion of the Council and the Better Care Fund and will take into account factors such as CPI and changes to staff costs.

4.2 It is anticipated that, within the lifetime of this contract, proposed reforms to the Mental Capacity Act in relation to Deprivation of Liberty Safeguards (DoLS) changing to Liberty Protection Safeguards (LPS) and adoption of the government white paper on Mental Health Act reform will see expansion in the right to an advocate. There is a high degree of uncertainty as to whether and when these reforms will be implemented and to what they will translate in terms of numbers of cases. Flexibility has, therefore, been built into the contract to be able to adapt to changes in demand as reforms are implemented.

5. LEGAL IMPLICATIONS

5.1 The provision of independent advocacy is a legal requirement for local authorities under the Care Act 2014, the Mental Capacity Act 2005 (amended 2019), the Mental Health Act 1983 (amended 2007) and the Health and Social Care Act 2012. The Care Act also states that people must have choice and control over the services they receive. The Council also has other legal obligations, including the Equality Act 2010 under which the Public Sector Equality Duty arises.

5.2 The contract has been procured in line with PCR 15 and in compliance with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution. Procurement have been involved in the process and their advice has been followed.

5.3 TUPE regulations may apply to some roles transferring from existing Suppliers. The Council will work with suppliers to ensure consultation and transfers are undertaken in accordance with the Regulations.

6. RISK MANAGEMENT

Table 4: Impact of risk and mitigation

Threat or risk	Impact with no mitigations in place or if all mitigations fail	Likelihood of risk occurring with no mitigations in place.	Mitigations currently in place	Mitigations proposed	Impact of risk once all mitigations in place and working	Likelihood of risk occurring with all mitigations in place.
There is a risk that the contract will be impacted by legislative reforms (Mental Capacity Act and Mental Health Act) because these reforms may be implemented within the life of this contract which could result in an increase in statutory advocacy activity	Moderate 2	Medium	Flexibility has been built into the contract to enable it to adapt to changes in demand as reforms are implemented. The contract is being let on a 3 + 2 basis to enable more significant changes to the service should the implemented reforms have a higher than expected impact.	Exercise the option to end the contract after the initial term of three years and reprocure the service under a revised service specification.	Minor 1	Medium
There is a risk that demand for statutory advocacy services is consistently and significantly higher than anticipated because of the demographic composition of the borough's population	Moderate 2	Medium	The Preferred Supplier is expected to give priority to statutory advocacy over self-advocacy. Fluctuations in statutory case activity are expected within the contract term and the Preferred	Exercise the option to end the contract after the initial term of three years and reprocure the service under a revised service specification.	Minor 1	Medium

and future population projections which could result in service capacity being exhausted			Supplier is expected to deploy a flexible approach to managing all activity. The contract will be closely monitored to ensure that consistent and significant increases in activity are managed within the existing contract budget.			
There is a risk that the delivery of the self-advocacy service is negatively impacted because the service is required to prioritise statutory advocacy services, which could result in the reduction in the delivery of the self-advocacy service	Moderate 2	Medium	The Preferred Supplier is expected to deploy a flexible approach to managing all activity and must ringfence a minimum of 22% of the contract budget to ensure continued delivery of self-advocacy. This is subject to review by consensus.	Exercise the option to end the contract after the initial term of three years and reprocure the service under a revised service specification.	Minor 1	Medium

7. POTENTIAL IMPACTS

7.1 Equalities. The Equality Act 2010 places a statutory duty on the council to ensure that when considering any new or reviewed strategy, policy, plan, project, service or procedure the impacts on particular groups, including those within the workforce and customer/ public groups, have been considered. An Equality Impact Assessment (EQIA) is available to view on the Council website and is also shown at Appendix A.

7.2 Climate change/sustainability. In their tender submission bidders were asked to set out their commitment to operating in an environmentally sustainable way and describe their initiatives.

7.3 Data Protection/ GDPR. Under this contract personal data will be processed, therefore a Data Protection Impact Assessment (DPIA) has been completed in partnership with Procurement, Legal Services and the Data Protection Officers for the Council and Optalis Ltd.

8. CONSULTATION

8.1 Consultation with the Cabinet Member for Adults, Health and Housing Services and the Executive Director of Adult Services and Health was undertaken as part of the process. Approval was sought for the Contract for the new Independent Adult Advocacy service to go out to tender.

8.2 Consultation was undertaken with people who use the existing service, who include people with learning disabilities and/ or autistic adults and carers, to inform the new service specification. Further consultation and engagement took place with other local authorities and providers of advocacy services that operate outside of the region, enabling commissioners to hear impartial experiences and advice, and with operational Adult Services and NHS staff, ensuring that the new contract is delivered in an integrated way with people and their outcomes at its heart.

8.3 A co-productive approach was taken to ensure that the resulting service will meet people's expectations, is person-centred and is fit for purpose. Two members of the Speaking Out self-advocacy group volunteered to help plan and co-lead the engagement session with the rest of the group, which included devising questions to ask the group seeking their feedback on the existing service and suggestions for the new service.

8.4 The group fed back their experiences and ideas and identified a range of 'I' statements that were inserted into the service specification. These 'I' statements show the outcomes the group members expect to achieve through their self-advocacy service:

- I am enabled to think about things that affect my life
- I have an advocate who listens to me
- I am able to speak up for myself, or someone else speaks up for me on my behalf
- I am heard
- I am helped to ask questions, understand choices and enabled to make informed choices about important decisions
- I am confident that the people who work with me know what matters most to me
- I am supported to learn and try new experiences
- I am more confident

8.5 Feedback from every engagement session had a direct impact on the commissioner's approach to the advocacy service, informing the new service specification and driving improvements to the current service.

9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: 1 July 2024. The full implementation stages are set out in Table 5 below.

Table 5: Implementation timetable

Date	Details
18 April 2024	Expected end of 'standstill' period
19 April 2024	Confirmation of Contract award
19 April 2024 onwards	Contract mobilisation
1 July 2024	Contract commencement

10. APPENDICES

10.1 This report is supported by the following two appendices:

- Appendix A – Equality Impact Assessment
- Appendix B – Contract Award of the New Independent Adult Advocacy Service

11. BACKGROUND DOCUMENTS

11.1 This report is supported by the following one background document:

- Data Protection Impact Assessment (DPIA)

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
Mandatory:	*Statutory Officer (or deputy)*		
Elizabeth Griffiths	Executive Director of Resources & S151 Officer	**14.02.24**	
Elaine Browne	Deputy Director of Law & Governance & Monitoring Officer	**14.02.24**	**26.02.24**
Deputies:			
Andrew Vallance	Deputy Director of Finance & Deputy S151 Officer	**14.02.24**	**14.02.24**
Jane Cryer	Principal Lawyer & Deputy Monitoring Officer	**14.02.24**	
Mandatory:	*Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract*		
Lyn Hitchinson	Procurement Manager	**14.02.24**	**15.02.24**
Mandatory:	*Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA*		
Samantha Wootton	Data Protection Officer	**14.02.24**	**26.02.24**
Mandatory:	*Equalities Officer – to advise on EQiA, or agree an EQiA is not required*		
Ellen McManus-Fry	Equalities & Engagement Officer	**14.02.24**	**22.02.24**
Mandatory:	*Assistant Director HR – to advise if report has potential staffing or workforce implications*		

Nikki Craig	Assistant Director of HR, Corporate Projects and IT	**28.02.24**	
Other consultees:			
Directors (where relevant)			
Stephen Evans	Chief Executive	**14.02.24**	
Andrew Durrant	Executive Director of Place	**14.02.24**	
Kevin McDaniel	Executive Director of Adult Social Care & Health	**14.02.24**	
Lin Ferguson	Executive Director of Children's Services & Education	**14.02.24**	**17.2.24**

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adults, Health and Housing Services	Yes

REPORT HISTORY

Decision type:	**Urgency item?**	**To follow item?**
Key decision: First entered into the Cabinet Forward Plan 08.02.24	No	No

Report Author: Laurel Sanderson, Commissioning Officer – Adults, 01628 683662

Appendix A

Equality Impact Assessment

For support in completing this EQIA, please consult the EQIA Guidance Document or contact equality@rbwm.gov.uk

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

1. Background Information

Title of policy/strategy/plan:	Independent Adult and Discretionary Advocacy Service
Service area:	Commissioning Team
Directorate:	Optalis

Provide a brief explanation of the proposal:

- What are its intended outcomes?
- Who will deliver it?
- Is it a new proposal or a change to an existing one?

The Cabinet member for Adults, Health and Housing Services and the Executive Director of Adult Social Care, Health and Communities approved the decision go out to tender for the Independent Adult and Discretionary Advocacy Service. The services to be delivered under this Service are currently being delivered under two separate contracts: Adult Advocacy (a joint contract with Wokingham Borough Council) and Self-Advocacy for People with Learning Disabilities, both of which will expire on 30th June 2024. A provider of advocacy services will be appointed through the tender process.

Every person has a right to have their voice heard on matters relating to their care and support, to defend and safeguard their rights, and to have their views and wishes seriously considered when decisions are being made about their life. Not every person is able to make their thoughts and wishes known. This may be for a variety of reasons, including their cognitive ability, their health, their confidence, their ability in speaking up, or their age. When a person is not able to make their voice heard, an advocate is needed to be their voice. Advocacy promotes equality, social justice, social inclusion, and human rights, and speaks for people when they are unable to do that themselves. It empowers people to make the most of their lives.

This will be a Service that is person-centred, empowering, strengths-based and outcomes-focussed which allows our residents to have their voices heard, their rights protected and be given opportunities to co-design and co-produce the Service they receive. This Service will enable RBWM to fulfil its statutory duty to deliver independent adult advocacy services to eligible people.

The Service will deliver:
Service Element 1: statutory services

- Independent Care Act Advocacy (ICAA)
- Independent Health Complaints Advocacy (IHCA)
- Independent Mental Capacity Advocacy (IMCA) support, including:
    - Deprivation of Liberty Safeguards (DoLS)
    - Liberty Protection Safeguards (LPS) from 16 years old upwards (once implemented)

- Relevant Person's Representative (RPR)
- Rule 1.2 Representative
- Litigation Friend

- Independent Mental Health Advocacy (IMHA)

Service Element 2: non-statutory services

- Discretionary advocacy:
  - Self-advocacy for people with learning disabilities, including facilitation of the Learning Disability Partnership Board (LDPB), sub-groups and self-advocacy groups
  - Carer advocacy support
  - Non-statutory advocacy projects

The Service will, primarily, ensure that the individual advocacy outcomes agreed with each Advocacy Partner (a recipient of the Service) are achieved. Additionally, it is expected that the Service will make a difference:

- in the lives of Advocacy Partners
- in the way that the health and social care sector delivers services and responds to people
- in the way communities can support people to be included and enriched by peoples' full participation and involvement
- in the way that advocacy services develop and improve

2. Relevance Check

Is this proposal likely to <u>directly</u> impact people, communities or RBWM employees? • If Yes, state 'Yes' and proceed to Section 3. • If No, please explain why not, including how you've considered equality issues. • Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan)
Yes

If 'No', proceed to 'Sign off'. If unsure, please contact equality@rbwm.gov.uk

3. Evidence Gathering and Stakeholder Engagement

Who will be affected by this proposal? For example, users of a particular service, residents of a geographical area, staff

• Vulnerable RBWM residents, in particular people:
  ○ Who have health, care and support needs
  ○ Who lack capacity, including those living with dementia
  ○ Have mental health problems
  ○ Who have learning disabilities and/ or are autistic
  ○ Unpaid/ family carers of vulnerable people
• Other people who meet the eligibility criteria
• Employees of the incumbent advocacy provider
• Voluntary organisations and their associated volunteers
• RBWM, Optalis and Achieving for Children employees: current working practices are likely to require some changes.

Eligibility criteria are set out in legislation:

- Care Act 2014
- Mental Capacity Act 2005 (amended 2019)
- Mental Health Act 1983 (amended 2007)
- Health and Social Care Act 2012

Among those affected by the proposal, are protected characteristics (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) **disproportionately represented?**
For example, compared to the general population do a higher proportion have disabilities?

Yes, among those affected by the proposal a higher proportion of the Advocacy Partners are older people, people who have mental health problems or have a disability or sensory or cognitive impairment. People with other protected characteristics are not disproportionately represented.

What engagement/consultation has been undertaken or planned?

- How has/will equality considerations be taken into account?
- Where known, what were the outcomes of this engagement?

Engagement and consultation has been carried out with:

- **People with learning disabilities who are recipients of the existing service**
- **Unpaid/ family carers of people with learning disabilities**
- **Advocacy provider organisations**
- **NHS partners (in particular, operational managers of teams/ ward staff who refer into the existing service for independent adult advocacy services: mental health, health complaints, mental capacity)**
- **Optalis teams (in particular, operational managers and staff who refer into the existing service for independent adult advocacy services: mental health, Care Act, mental capacity, self-advocacy)**

The engagement with people with learning disabilities was co-produced with two people with learning disabilities who worked with Optalis to develop the meeting agenda, how the session should be run and the questions to ask the wider group. With the support of Optalis, the two people co-facilitated the in-person session with the Speaking Out self-advocacy group and notes were taken by Optalis.

The session with unpaid carers was carried out on Zoom and was facilitated by Optalis with notes taken.

The two objectives of this engagement were to consider if/ how to improve the existing service and to inform the specification for the proposed Service. Feedback received has directly influenced the Specification, resulting in a relevant, focused and fit for purpose Service.

What sources of data and evidence have been used in this assessment?
Please consult the EQIA Evidence Matrix for relevant data. Examples of other possible sources of information are in the Guidance document (Section 2.3).

- **Contract data monitoring: Adult Advocacy Contract 2019 – 2023**
- **2021 Census**
- **Office for National Statistics (2012); NOMIS - Long term health problem or disability by health by sex by age from Census 2011**

- **Berkshire East Public Health Hub (2022) Royal Borough of Windsor & Maidenhead's People and Place Joint Strategic Needs Assessment Summary**
- **Independent Advocacy Guide for Commissioners, Scottish Government (2013)**
- **Race Equality Foundation (2020)**
- **Ethnicity facts and figures - Mental health (gov.uk)**
- **Office for Health improvement and Disparities; Public Mental Health dashboard**
- **The King's Fund (2022) What are health inequalities?**
- **NHS Digital (2021) Health Survey England Additional Analyses – Health and health-related behaviours of lesbian, gay and bisexual adults (2011-2019)**
- **Office for Health Improvement and Disparities: Perinatal Mental Health Profile**

4. Equality Analysis

Please detail, **using supporting evidence**:

- How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
- How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state 'Not Applicable'.
More information on each protected characteristic is provided in the EQIA Guidance document (available on the intranet).

	Details and supporting evidence	Potential positive impact	Potential negative impact
Age	RBWM's is an ageing population: there has been a 17.5% increase in people aged 65 and over in the last decade, while the population of people aged 20 to 24 has decreased by 4.6%, while the proportion of people aged 20 to 44 has decreased by 4.6%. RBWM's population is slightly older than England's with a median age of 42 years (2021 Census). Between 2019 – 2023, where age was specified, approximately 63% of the referrals received by the current adult statutory advocacy service were for older people, 36% for working age people and fewer than 1% for young people and children. The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, who will primarily be aged 18 and over. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case.	Yes	

	The Specification requires the Provider to collaborate with Achieving for Children and providers of children's advocacy.		
Disability	17% of people in England have a long-term health problem or disability that limits their daily activities (Office for National Statistics (2012); NOMIS - Long term health problem or disability by health by sex by age from Census 2011). In 2020-21 0.8% (1,333 people) of RBWM's total population was living with dementia (which is significantly higher compared with England data), 0.3% (469 people) of the population had a learning disability and on 31.03.21 1,215 people in RBWM were recorded as having a serious mental health disorder on their GP Record (Berkshire East Public Health Hub (2022) Royal Borough of Windsor & Maidenhead's People and Place Joint Strategic Needs Assessment Summary). Advocacy provides an approach to support people with a range of disabilities. People with disabilities often find it difficult to make their voice heard and may experience barriers to accessing their human rights in areas such as health and wellbeing, housing, personal assistance, employment, finance and decision-making. Independent advocacy can promote choice, access, justice, and empowerment by helping people to have a stronger voice and address power imbalances. (Independent Advocacy Guide for Commissioners, Scottish Government (2013)). Between 2019 – 2023, referrals to the existing service showed that the vast majority of individuals had one or more identified disability. The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their disability. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case. People with a learning disability (including those who are also autistic) will be given the confidence and skills to self-advocate, particularly in respect of their health and social care choices.	Yes	

Sex	Between 2019 – 2023, where gender was specified, nearly three quarters of referrals to the existing statutory service were for females and just over one quarter were for males. The proportion of referrals where the person identified as neither female nor male was minor (less than 0.5%). The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their sex. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case, for example, a person of the Advocacy Partner's own sex with whom they might feel more comfortable.	Yes	
Race, ethnicity and religion	People from black, Asian and ethnic minority groups have a higher risk of mental ill health, as they are disproportionately impacted by social determinants associated with mental illness. Access, treatment and recovery indicators all indicate inequalities in the way different ethnic groups experience mental health services and support. For example, people from African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than any other group. Irish Travellers are six times more likely to die as a result of suicide than non-Travellers (Race Equality Foundation (2020)); Racial disparities in mental health: Literature and evidence review). In 2020/21, people from a black ethnic group were 5 times more likely to be detained under the Mental Health Act compared to those from a white group (Ethnicity facts and figures - Mental health (gov.uk)). A summary of evidence show that people from ethnic minority groups are more likely to: • be diagnosed with a mental health problem • defer seeking help until in a crisis situation and then access that help vie A&E • be admitted to hospital with a mental health problem • experience a poor outcome from treatment • disengage from mainstream mental health services (Office for Health improvement and Disparities; Public Mental Health dashboard)	Yes	

	Between 2019 – 2023, where ethnicity was specified, the vast majority (approximately 82.5%) of referrals to the existing statutory service were for white British people. Asian people accounted for next largest ethnic group (approximately 6.5% of referrals). The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their race, ethnicity and religion. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service, which includes the delivery of culturally appropriate advocacy. The Provider will ensure staff and volunteers are appropriately trained/recruited under equal opportunities legislation.		
Sexual orientation and gender reassignment	People who identify as lesbian, gay, bisexual or transgender (LGBT) experience higher rates of poor mental ill-health and lower wellbeing than those who do not identify as LGBT (The King's Fund (2022) What are health inequalities?) and they have a higher prevalence of mental, behavioural and neurodevelopmental conditions than heterosexual adults (NHS Digital (2021) Health Survey England Additional Analyses – Health and health-related behaviours of lesbian, gay and bisexual adults (2011-2019)). Between 2019 – 2023, where gender was specified, nearly three quarters of referrals to the existing statutory service were for females and just over one quarter were for males. The proportion of referrals where the person identified as neither female nor male was minor (less than 0.5%). The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their sexual orientation and gender reassignment status. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider is encouraged to provide LGBTQI+ awareness-raising training to advocates. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case.	Yes	

Pregnancy and maternity	Perinatal mental health problems affect between 10% to 20% of women during pregnancy and the first year after having a baby. The most common mental health problems that women in the perinatal period experience are depression and anxiety. The risk of developing a severe mental health condition such as postpartum psychosis (which affects between 1 and 2 in 1,000 women who have recently given birth), severe depressive illness, schizophrenia and bipolar illness is low but increases after childbirth (Office for Health Improvement and Disparities: Perinatal Mental Health Profile). Detention under the Mental Health Act is a risk for some pregnant women, particularly those with pre-existing mental health conditions, therefore the Provider will engage with this group. The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their pregnancy or maternity status. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case.	Yes	
Marriage and civil partnership	The Service is inclusive and person-centred and delivered to all individuals who meet the eligibility criteria, irrespective of their marriage and civil partnership status. The person-centred approach means that each Advocacy Partner is treated as an individual and their goals, aspirations and how they want to lead the process will define the approach to this Service. The Provider is encouraged to provide LGBTQI+ awareness-raising training to advocates. The Provider will endeavour to allocate the Advocacy Partner's preferred advocate to work on their statutory advocacy case.	Yes	
Armed forces community	The Service will be delivered throughout RBWM, ensuring that no communities are excluded.	Yes	
Socio-economic considerations e.g. low income, poverty	The Service will be delivered throughout RBWM, ensuring that no communities are excluded.	Yes	
Children in care/Care leavers	The Specification requires the Provider to collaborate with Achieving for Children and providers of children's advocacy, particularly in cases where the young person is	Yes	

	transitioning from Children's Services to Adult Services to ensure a consistent approach to supporting the young person.		

5. Impact Assessment and Monitoring

If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.

What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it? For example, adjustments needed to accommodate the needs of a particular group
The Provider will ensure the Service can be accessed and delivered in a range of ways to ensure that those requiring the support are not disadvantaged and that access is consistent and equitable. Considerations relating to access to, and delivery of, the Service will be in line with the requirements of the Equality Act 2010 and will be further expanded to meet the needs of those who are at risk of inequality although they may not have a protected characteristic. Advocates will always consider the person's communication needs and preferences in the locations, dates, times or methods of Service delivery. The Service will be available in a wide range of customer interface channels (for example, face-to-face, web chat, email, text message, telephone, video calling etc). Visits and other advocacy input must be made at appropriate times and intervals so that the Advocacy Partner has enough time to meaningfully engage with the advocacy support. The Provider must follow the Accessible Information Standard by law. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The Provider must enable people with communication difficulties, including those with sensory impairments, those who lack capacity, those whose first language is not English or do not use spoken language, to access the Service by supporting any communication needs. Advocacy partners will be helped at meetings, for example, getting ready for the meetings, having people to support at the meeting to make sure they have a voice, making sure simple language is used, having support after the meeting to talk through and revisit topics. Advocates should make regular visits to inpatient settings to identify people who would benefit from advocacy and help them to access it. All advocates should take all necessary steps to ensure that people who would otherwise be unable to instruct an advocate, or who would find it particularly difficult, do not miss out on statutory advocacy services. Particular efforts should also be made to facilitate access to advocacy for people in isolation, seclusion or segregation.
Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this? • For planned future actions, provide the name of the responsible individual and the target date for implementation.
How will the equality impacts identified here be monitored and reviewed in the future?

The Contract will be managed in line with the Optalis Commissioning Team contract management procedures. This includes ensuring that advocates are appropriately trained/ recruited and monitoring demographic data to ensure people with protected characteristics are accessing the Service.

6. Sign Off

Completed by: Laurel Sanderson	**Date**: 23.10.23
Approved by: Lynne Lidster	**Date: 01.11.23**

If this version of the EQIA has been reviewed and/or updated:

Reviewed by:	**Date**: