Tameside Metropolitan Borough Council

Communities, Children's, Adults and Health Services

Tender Submission Form

Provision of an Independent Mental Capacity Advocacy Service

NAME OF ORGANISATION

Cloverleaf Advocacy 2000 Ltd

Tender submission prepared by:

Name: [redacted]

Position held: Assistant Director

Organisation: Cloverleaf Advocacy 2000 Ltd

Date: 13 November 2014

Contract Price

The maximum first year budget available for this service is £90,000. Submissions below the maximum budget will score higher than those equal to the maximum cost. Under the Council's Procurement Standing Orders any submissions received over £90,000 will be considered non-compliant.

Please note however that it is the Commissioners intention to review the budget available for the first year of this contract, post-award and following consultation with the successful advocacy provider. This will allow the commissioners to take into account how the Supreme Court ruling relating to DoLs has, over the intervening 6+ months, effected the demand for IMCA's and to budget accordingly.

Year 1 contract price (Exclusive of VAT)
£89,390.56

Hourly rate/spot purchase price
[redacted]

Quality

Please do not answer questions by referring to other documents or to specific paragraphs within other documents and do not attach any other documentation produced by or on behalf of your organisation, unless these are specifically requested.

There are no word counts ascribed to your responses, but word guides are included. Please be mindful of these when responding. Evaluation panel members will have up to five other submissions to read and consider in addition to yours. It is important to keep your answers as focused as possible, whilst at the same time including sufficient detail to enable us to evaluate your tender application.

	Please provide a brief overview of your organisation. This section will not be evaluated, but is your opportunity to tell us about your organisation with particular reference to the delivery of this service. We are interested in: • Your values and motivation • How your organisation is constituted • A brief history • Your achievements as you see them **Guideline 500 words**

- **Response:**

Values and motivation

Cloverleaf as a Charity, along with our partners, believes that people with any form of disability or mental health need are equal members of society and that everyone has the right to plan their own life, to be listened to, taken seriously and to be respected.

Our values and philosophy (choice, honesty, wellbeing, challenging oppression, opportunity, equality and support) are congruent with providing services which treat people with dignity and respect, and also promoting such treatment within other services.

Our ethos is also one of person centered co-production, where service users are recognised as assets and supported to develop their strengths and the advocacy relationship is based on this ethos.

Where people need support tailored to their needs, we strive to listen and learn and help people realise their aims.

We are committed to effective service user empowerment, involvement and consultation.

Staff and volunteers are recruited, inducted and trained in line with our core values and code of conduct (which embody dignity and respect). Staff and volunteers all work within the Action for Advocacy Code of Practice for Advocates.

For IMCA and non-instructed cases, advocacy reports place the person at the centre, and focus on their wishes, feelings and values. Non-instructed advocates will always work with decision makers and professionals to include advocacy clients in decision making and constructively question how plans or actions may impact on the client.

We have a 'zero tolerance' approach to abuse or neglect and IMCAs may support vulnerable adults through safeguarding procedures per ADASS/SCIE guidance.

Constituted

Cloverleaf Advocacy 2000 Ltd is a Charity and a not for profit Company limited by Guarantee, managed by a Board of Trustees. Company no 3790911 Charity no 1097608. Many of our trustees have been users of the services we deliver.

Extract from our Memorandum and Articles of Association. Full copies available on request.

Objects

The objects for which the Company is established are:

(a) to promote the well-being of people who are in need by reason of mental or physical ill-health, disability, learning difficulties, age, or otherwise, in particular through the provision of an advocacy service to such people, and by facilitating self-advocacy amongst such people, and by encouraging and facilitating their access to and involvement in the delivery of care services;

(b) to advance public education in the experiences and needs of users of care services.

Brief history

Cloverleaf Advocacy has significant experience since formation in 1995 delivering quality locally focused service to both commissioners and users throughout the North of England, including the Tameside Advocacy Service for TMBC. We currently have 115 staff plus 60 volunteers and we deliver a wide range of Advocacy services both statutory (IMCA/DoLs/RPR/IMHA/Independent NHS Complaints Advocacy, generic and specific specialism's such as supporting vulnerable individuals, LD, self advocacy groups, carers etc. From our Head Office in Dewsbury, senior management, finance, HR, IT support and contract management services are provided. The senior management team has extensive experience of managing as well as direct experience of advocacy provision and services along with our partner's ncompass and Pohwer.

Cloverleaf Advocacy has provided the statutory advocacy roles under the Mental Capacity Act since their introduction in 2007 (and DoLs roles since 2009). We currently provide IMCA services across York and North Yorkshire, Hull and East Riding, North and North East Lincolnshire, Barnsley, Doncaster, Rotherham and Sheffield. Cloverleaf also deliver specialist

Advocacy services in a number of medium and low secure hospitals.

Cloverleaf holds the Quality Performance Mark for advocacy services, including all IMCA modules. Since 2009 Cloverleaf has been delivering and awarding accredited City and Guilds Independent Advocacy Qualifications, Certificate and Diploma in Advocacy, to confirm occupational competence. We are also a registered centre for the awarding body Pro Qual and we are actively training providers for a range of other Social Care accredited training, including the Level 3 Award in Mental Capacity Act Awareness.

Advocacy
Q P M
Quality Services

Your achievements as you see them:

Cloverleaf's original 1995 objectives have been achieved by successfully developing and delivering an increasing range of tailored advocacy and other focused advocacy support services. This was in response to a research project which had established evidence of the need for independent advocacy. The longer-term aim of Cloverleaf was to broaden and develop its support services, which today continue to be consistently achieved.

Across the North of England our local teams are now delivering valued innovative services that provide a combination of one-to-one specialist, confidential advocacy and open access advocacy groups, both in hospital and community settings alongside other focused support services.

Cloverleaf has achieved this by being a learning organisation that places great emphasis on an action learning approach and whole systems models. We continue to build and adapt a sustainable fluid networking organisation characterised by flexibility, successful management of change, customer focus, and creativity while maintaining strong social responsibility.

Cloverleaf Advocacy does not have an extensive hierarchy and we always aim to build empowered and self actualising staff teams. As there will always be changing unpredictable demands made on the organisation we have adopted a structure which is creative, innovative and flexible, thus enabling it to tailor responses, based on consistent standards, to each individual situation in order to deliver a quality service. Cloverleaf continues to be characterised by its ability to deliver extremely varied and diverse activities and projects which run concurrently.

Words 798

1.	Performance management information across the three boroughs consistently highlights that IMCA's are least engaged in adult protection cases despite being the only befriended area of involvement of IMCAs. Why do you think this is and how would you go about addressing this? We will be taking into consideration amongst other things: • Reference to, and consideration of, SCIE Guide 32 • An example(s) of where you have encountered and addressed this in your practice **Guideline 500 words**

Response:

Unlike other decisions IMCA's are involved in, adult protection is not a duty to instruct, which means that it is at the discretion of the Local Authority as to whether an IMCA is involved or not. This can lead to less referrals being made as it is not a statutory requirement to refer. We note that across Oldham, Stockport and Tameside MBC such cases reflected 16% of the total referrals.

In some areas, those who would be eligible for IMCA in adult protection/safeguarding decisions may already be supported by a generic/non-statutory advocate, or may have other areas in their life that would benefit from advocacy support, so it may be more beneficial for the generic advocacy service to continue/be instructed.

In our current provision (as is the picture on a national level) we found that safeguarding referrals were lower than cases with a duty to instruct, i.e. Change of Accommodation, and have addressed this with regular interface with safeguarding teams, representation on the safeguarding board and increased training in this area.

We also look to raise awareness of the IMCA role with professional teams across the area, providing tailored training / awareness sessions which incorporate SCIE recommendations of when an IMCA should be instructed in adult protection/safeguarding cases. The following are recommended when either the person at risk or the alleged perpetrator lack capacity to one or more of the protective measures (or interim measures) being proposed

- Where there is a serious exposure to risk: risk of death risk of serious physical injury or illness risk of serious deterioration in physical or mental health risk of serious emotional distress.
- Where a life-changing decision is involved and consulting family or friends is compromised

by the reasonable belief that they would not have the person's best interests at heart.

- Where there is a conflict of views between the decision-makers regarding the best interests of the person.
- Where there is a risk of financial abuse which could have a serious impact on the person at risk's welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation, or to pay for valued opportunities

In addition we highlight the IMCA role, the benefits of including IMCA's for the clients and the professionals / Decision Maker, and the importance of a timely referral.

Another method we have utilised to increase adult protection/safeguarding decision referrals is via IMCA steering groups, MCA forums and commissioners meetings. We have reported on numbers referrals and developed action plans, usually incorporating the above approaches.

Our approaches as outlined above resulted in a 125% increase in adult protection/safeguarding decisions referrals from 2012-13 to 2013-14 across the areas we provide IMCA services.

In addition, there is a possibility that IMCAs are being instructed as part of change of accommodation decision which forms part of protective measures under adult protection/safeguarding, and this is not reflected in monitoring information being provided i.e. the referral would just be logged as a change of accommodation. To address this, we routinely capture whether the person referred is involved in safeguarding at the point of referral and reflect this in our quarterly performance monitoring data.

Words 533

2.	What challenges do you envisage encountering in the expansion of the IMCA role to incorporate that of Litigation Friend? How will you address them? We will be taking into consideration amongst other things: • What you understand the role to involve • An example(s) of where you have encountered and addressed this in your practice **Guideline 500 words**

Response:

A litigation friend is appointed by the court to act for a person, 'the protected party's behalf in a court case. The litigation friend must make any decisions in the person's best interest, involve the person as much as possible in the case, and talk to and instruct the person's solicitor in the case. All delivery partners have practical experience of acting as a Litigation Friend.
An IMCA can act as litigation friend as long as they meet the criteria under Rule 140 in the Court of Protection:

(1) A person may act as a litigation friend on behalf of a person if he:

I. can fairly and competently conduct proceedings on behalf of that person; and

II. has no interests adverse to those of that person.

Issues relating to the IMCA role expansion into Litigation Friend include:

- Appropriate training and information for IMCAs in their role and responsibilities in acting as Litigation Friends
- That the IMCA and advocacy organisation is appropriately indemnified
- Current issues around capacity for the Official Solicitor may mean that there is heavier reliance on the IMCA service to provide access to the Court of Protection
- The role is resource heavy – more hours per case than IMCA work. This will mean that IMCAs acting in this role will need to hold lower case loads to mitigate the increased hours per case. We would always maintain regular communication and discussion around the impact on the wider IMCA service to ensure clarity for all parties
- It can be difficult to anticipate the level of work for each case – factors that will influence this will be, for example; the issue the CoP is being asked to consider, the number of options being considered for the case, the level of capacity of the person (i.e. how much time is invested in supporting them to be involved), where the court hearing is held (if it is not conducted as a paper or phone hearing), the volume of documentation.
- If the person the IMCA is acting as litigation friend does not qualify for legal aid, then the

issue of who funds Court Proceedings is raised as the IMCA organisation may be liable (i.e. for welfare cases which remain means-tested this could occur if the individual has means above the threshold)

- Identification of legal aid eligibility
- Cost of legal support/guidance if required

Our approach to us being a Litigation Friend has included:

- Attempting to resolve issues on a local resolution basis
- Prior agreement regarding litigation friend costs, ideally within the contract
- Open, honest and regular communication and discussion with the commissioners regarding case load and hours per case.
- Regular support and supervision for IMCAs acting in the role, inclusive of caseload management to mitigate for volume of work involved.
- Discussion / communication with commissioners regarding court funds if unsuitable for public funding (legal aid) and the court do not order that the legal costs are paid from the person's own money (for DoLs cases this is not a concern as public funding is non-means tested)
- Ensuring appropriate legal support is in place for the protected party.
- Appropriate training for IMCAs in preparation to act as litigation friend and legal guidance where relevant on an ongoing basis.

548 words

3.	What training provision – both in-house and external - do you have in place to ensure the continuous professional development of your workforce? **Guideline 500 words**

Response:

The success of the service is underpinned by the continuity, capability, competency and the skills of the front line IMCA staff interfacing with the service users and professionals.
Cloverleaf, and partners, are all true learning organisations committed to ensuring that all our team have the right level of skills and resources so that we can efficiently deliver and develop this service.

Annual Training plans are designed to provide all staff with a comprehensive range of IMCA specific training setting the 'whole picture', including national strategy and policy, legal precedents, regional and local service provision and delivery and empathy to enhance the service user's experience. These needs are identified by our performance monitoring process through regular supervision and annual performance appraisal and are tailored to meet individual Advocates need and cover:

- IMCA, DOLS.RPR, Litigation Friend service specific skills training (ongoing)
- Advocacy principles and values
- Report writing
- Non-instructed advocacy
- Negotiation skills
- Mental health needs
- Sensory impairments
- Human Rights
- Learning disabilities
- Challenging behaviours
- Different cultural backgrounds and Equality and Diversity.
- Communication skills for people with communication difficulties
- Safeguarding
- Equality, Diversity, Dignity
- Dementia
- Empowerment
- Triage and assessment
- Referral and engagement of partner services, Tell us once/Taking consent
- Signposting and referring
- Information management
- Outcomes monitoring and recording
- Customer First to support regarding National Standard for Customer service

- Feedback and complaints

IMCAs are also trained in relevant legislation and codes of practice including Mental Health Act 1983 (as amended), Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as well as relevant best practice guidance. We ensure all advocates have the **National Advocacy Qualification (NAQ)**. New staff, including TUPE'd staff are supported to complete the NAQ, including the, IMCA and DOLS modules, where appropriate as part of their ongoing professional development.

Since 2009 Cloverleaf has been delivering and awarding accredited City and Guilds **Independent Advocacy Qualifications**, Certificate and Diploma in Advocacy, to confirm occupational competence. We are also a registered centre for the awarding body Pro Qual and we are actively training providers for a range of other Social Care accredited training, including the Level 3 Award in **Mental Capacity Act Awareness**. Pohwer is also an accredited Training Centre and together this enables IMCA staff supporting this contract to be trained and assessed internally to national standards.

For staff undertaking IMCA and related roles, comprehensive IMCA training is provided, supported by specific training around non-instructed advocacy and communication without using words (for example Makaton, graphic facilitation etc). Staff are also supported to attend internal and external training sessions and events relevant to the role, for example around changes to legislation, regular case law updates, specific disabilities/impairments. The above provides staff with the knowledge, skills and confidence to advocate for someone who cannot always communicate their views and feelings directly due to a lack of capacity around a particular area of decision making.

Staff training coaching and supervision all prioritise the importance of the ability to respond to, engage, listen and promote service users views. Cloverleaf use this relationship with service users to provide an enabling and empowering experience and we and our partners will conduct all IMCA support in a person centered manner.

Cloverleaf and partners are committed to individual staff development which includes regular face to face support, case and report reviews, monthly supervisions, annual appraisals and continued professional development to ensure the adoption of best practice. We also facilitate regional IMCA meetings with a wide range of Regional and National providers to network, share learning and challenges and opportunities within the roles.

In addition to extensive in house training capability we do commission specialist tailored training for our IMCA teams from external organisations including, British Institute of Learning Disabilities, RNIB, City and Guilds, Challenging Behavior Foundation , Asist Advocacy Services, Age UK, CAB, Universities, Mencap, Mind, and a wide range of specialist Solicitors and Barristers including Switalskis , Brearleys, Langley and Essex Street Chambers etc

664 Words

4.	What will be your approach to awareness raising, across all three boroughs, both immediately post-award/contract commencement and over the intervening year's? We will be taking into consideration amongst other things: • Reference to examples of your approach elsewhere • Use of site visits, website, social media etc **Guideline 500 words**

Response:

For Oldham, Stockport and Tameside residents to obtain the best outcomes the IMCA service must be known and understood by those involved in caring for people who may lack capacity and those who may instruct/work with an IMCA.

We believe these aims are best achieved by working in partnership with commissioners, service providers and other voluntary sector organisations to establish a good understanding, referral protocols and agreement to target awareness raising activities and share learning from IMCA casework. We will work in partnership with providers/organisations to ensure that key staff and providers are identified and made aware of the IMCA service and their duty to refer. We will build phased **engagement plans** which identify the key local stakeholders and ensures timely and effective communications as part of our initial implementation plan/seamless service transition. Post transfer a marketing/communications plan will be in place to ensure the service retains a high profile, and sustains/increases appropriate referrals.

In addition the **Information, Advice and Advocacy Support Centre (IAASC**) available 08.00hrs to 18.00hrs can also:

- Deal with enquiries about IMCA eligibility and processes, provide information and signpost to other services in Oldham, Stockport and Tameside, and beyond,
- Provide access to an NAQ-qualified duty IMCA to help with more complex queries or offer additional support in emergencies.

We have extensive experience of building IMCA awareness with local Social Care Senior Management teams, Leads and Operational Teams, Health Professionals, CMHTs, Commissioners, mental health services and supporting private sector and third sector care providers involving attendance at team meetings, provision of formal briefings and presentations and interactive training to explain the service and referral process. The service manager will also maintain positive relationships, reporting and regular liaison with each NHS, each CCG, the local safeguarding leads and Mental Health Act/DOLS Co coordinators and administrators. Local information will be provided through various methods e.g. posters/leaflets/e-news bulletins and on Local Authority, Cloverleaf and other relevant websites.

We have developed a **training programme** and on line resources which we will deliver to local authority/health service staff, continuous professional development for GPs and to care home managers as examples. The overall objective is to build knowledge and understanding of:

- What Advocacy is
- What Mental Capacity means
- What Deprivation of Liberty Safeguards means
- What an IMCA is and the importance of the role (including DOLS)
- When an IMCA can be instructed
- An IMCAs statutory rights
- The IMCA process and report
- Statutory responsibilities and duties for Local Authorities/NHS services
- Legislation underpinning IMCA
- Eligibility criteria for IMCA referrals
- When and how to refer

Across the area we will work in partnership to support professionals in their understanding and successfully embed the MCA alongside ongoing reviews This will be achieved by:

Forming a **Steering Group** to bring together particular perspectives, skills and expertise and will benefit and support the:

1. Statutory partners – supporting their application and understanding of the MCA and its local integration, Adults Safeguarding Board +++
2. IMCA service – ensuring it delivers and develops in line with best practice and individuals and professional's experiences and feedback.

The focus will be:

- Agreement and Implementation of engagement protocols, referrals processes, IMCA/MCA checklist, marketing materials, website etc.
- Ensure MCA/IMCA training/awareness sessions are embedded within health and social care.
- Updating re on-going MCA/DOLS/Human Rights developments case law/policy and legislation.
- Exchanging information and share monitoring information e.g. number of eligible referrals, broken down by categories such as district/referrer/client diversity, and compare this data to 2013/2014 referral rates across the delivery areas. In addition monitoring levels of inappropriate/ineligible referrals to inform targeted awareness raising.
- This group could also provide an effective escalation and mediation point for issues arising with the service e.g. avoiding the need for some Court of Protection applications.

- Work with advocacy providers and distinct providers e.g. BME, to create referral pathways/joint working protocols reflective of diversity.

Words 648

5.	There is regional disagreement on the issue of the automatic appointment of 39D IMCAs for all un-paid RPRs. If this were to become standard practice it would precipitate a substantial increase on the demand for IMCAs involved in DoLs cases, over and above the increase in demand following the Cheshire West judgment. With the workload continuing to grow, how would your organisation manage an additional increase in demand on top of the continuing growth? We will be taking into consideration amongst other things: • Understanding of the issue • Contingency plans • Relationship with Commissioners **Guideline 500 words**

Response:

A 39D IMCA may currently be appointed when a standard authorisation is in place and the person subject to the DoLs has an unpaid RPR. Current guidance states that a 39D IMCA must be instructed if either the person or their RPR asks the supervisory body for the support of a 39D IMCA, or the supervisory body believes that the person or their RPR would benefit from the support. SCIE believe good practice to be for supervisory bodies to instruct 39D IMCAs at the start of all standard authorisations where the person has an unpaid RPR, to allow them to meet a 39D IMCA and therefore be better placed to decide if they need support either at that point or in the future.

Whilst this is good practice, there are obviously resource implications, which will be compounded by the impact of the Supreme Court judgment in the case of "P v Cheshire West. Tameside MBC alone has seen a 1388% increase in monthly DoLs referrals since April, from the previous year. ("See how your council is coping with a surge in DoLs cases - communitycare.co.uk"). Without automatic appointment of a 39D, there is still no doubt a significant impact on the IMCA service as a result.

We are working in a small number of authorities where there is an automatic appointment system, and the percentage uptake of support from unpaid RPRs is variable, as is the amount of support required by each individual. In light of Cheshire West, we are having open dialogue with commissioners about capacity limits, impact and agreed prioritisation of cases.

We seek the most efficient and effective options to provide support in 39D cases, for example via telephone, Skype, email, as well as in person where required.

We are also finding an increase in 39D referrals for RPRs who live out of area, in which cases we would only meet with the RPR when they are visiting the person, in order to minimise travel

time and associated cost.

The partnership has a number of trained IMCAs who are able to work flexibly across areas (including local resources from within our existing Tameside Advocacy Service team) and our proposal reflects that additional non-core resources could be utilised to provide additional support at times of peak demand. We would also explore the option of building capacity and creating dedicated paid RPR roles to allow IMCAs to focus primarily on IMCA referrals.

When acting in the 39D role we would support our IMCAs to consider the length of their involvement, for example to end involvement if no formal action (review, Court of Protection, complaints, safeguarding, or further authorisation) was being taken. IMCAs would also be clear with the individuals they are supporting that involvement is not open ended and needs to have a clear focal point or issue, once the person understands their role.

We are happy to work proactively with commissioners to jointly explore all innovative and preventative ways to effectively forecast and manage demand so that everyone is on “the same page” and surprises are mitigated. For example Cloverleaf could facilitate regular interactive workshops for unpaid RPRs which would help support them to understand their role, raise any questions and also to meet other people in the same role which may potentially lead to the development of peer support approaches.

Words 553

6.	What challenges might you encounter delivering an advocacy service across three different boroughs? Using examples from your practice, demonstrate how you would address these with regard to Oldham, Stockport and Tameside. **Guideline 500 words**

Response:

We will create an integrated Independent Mental Capacity Advocacy Service covering the needs of the three boroughs residents adopting the following model and structure.

[deleted diagram]

We have significant experience of providing multi authority services for IMCA, having similar arrangements in place covering York and North Yorkshire and across Sheffield, Rotherham and Doncaster areas. In addition we employ a number of IMCAs and other advocates who work flexibly across geographical boundaries to effectively support different teams.

We agree with each Local Authority lead their individual performance information needs and provide tailored IMCA support. Transparency, clear and timely information and communications between the service and partner Authorities is a key feature of all our successful multi authority IMCA delivery.

We will consult with the Commissioners and host Local Authority leads to jointly agree what activity can sensibly be optimised on a multi authority basis, i.e. single invoice, contract meeting and agree what activities need to be delivered within individual authorities, i.e. briefing individual Social Care teams etc. The service manager will develop and maintain positive relationships, reporting and regular liaison with each NHS Trust, each CCG, the local safeguarding leads and Mental Health Act/DOLS Co coordinators and administrators. More formal training could be provided for relevant team members across the three partnered Authorities as required, maximising accessibility and bringing additional flexibility to Officers etc.

We also recognize that across different authorities there may be a range of differing social care and health structures, processes service delivery models, resources and providers as well as a different demographic of service users. Our approach on current multi-authority contracts is to spend some time at the outset of the contract (and to regularly update) to map and understand the differences across areas, including analysis of data from previous IMCA service provision. This mapping exercise will also support our engagement and awareness raising plans as well as localised IMCA staff induction and training programmes.

There may also be differences in referral rates for particular IMCA decision making areas of the service across the authorities, and differences in referral rates overall. In areas where we have identified this previously, we have worked with all partners in order to identify potential causes, identify areas of good practice and seek to support implementation of positive practice across

the localities served.

A service delivered across multiple authorities also presents challenges in relation to the size of the area serviced, and the associated travel time and cost. In order to minimize the impact of this, we tailor our allocation process to take into account, for example, the location of the base of each IMCA, the geographical spread of their current caseload. We have successfully utilized these processes to minimize cost to the service in large geographical areas including North Yorkshire and across South Yorkshire.

Access to the service will be via a single referral pathway, including a 0300 number, and we propose that a common approach will be used across all the three partnered Authorities; ensuring use of the associated infrastructure is simplified and as cost efficient as practical.

The IMCA team resource will be efficiently and flexibly deployed across the three partnered Authorities to agreed prioritisation criteria by our locally based Service Manager, who will also manage fluctuations in demand, holiday cover etc. We have successfully established integrated IMCA delivery teams within every multi authority area where we work.

Despite our careful modeling, on taking on new services we sometimes experience both higher and lower than expected demand. We manage this through:

- Use of Cloverleaf IMCAs to provide additional capacity or cover fluctuating activity across Oldham, Stockport and Tameside. Our core proposal includes an initial allocation of 7.5 of such hours each week.
- Working with commissioners/stakeholders to understand demand, anticipate any changes in demand (e.g. upcoming home closures) and agree how best to manage this.

For clients and for commissioners this means that we have enhanced resilience and resources to better respond to peaks and troughs in demand.

This flexible approach is supported by our established local Tameside Advocacy Service Office and team plus our home-based working model and the design of our IT systems which allows for the easy reallocation of workload.

Words 693

7.	Using at least one example for each, demonstrate how your IMCA's have the necessary skills to practice non-instructed advocacy when working with people who: • Do not have English as their first language • Need specialist communication tools • Communicate through informal methods **Guideline 750 words**

Response:

We are experienced in working with diverse communities and individuals in a person centred way. Our services and the way we practice responds and reflects individual's demographic backgrounds, communication, cultural and a range of varying needs.

To ensure a personalised service and equality, in addition to the required IMCA/DOLS modules of the National Advocacy Qualification, we provide our staff with training in non-instructed advocacy, equality and diversity, cultural awareness and human rights, as well as specific client group awareness training such as complex communication, sensory, mental health, learning disabilities, and challenging behaviors and/or neurological issues. Additionally our advocates are trained in formal and informal communication techniques and tools so they are able to support service users with a variety of communication requirements in a person-centred way.

Our IMCAs tailor the service to the needs of the individual with whom they are working and all staff have access to:

- Interpreters/Language Line
- Assistive technologies
- Easy-Read resources
- Communications toolkits for working with people with limited/no verbal communication, including traffic-light cards, Makaton flashcards and 'talking mats'
- Specialist advocates e.g. signers (BSL and Makaton), Deaf advocates and advocates who speak community languages
- Specialist partners to advise and support around specific cultural and complex issues
- We provide information in a variety of formats including large print, CD, DVD/videos with subtitles and BSL, Big Pictures and Symbols, and in a variety of languages with access to other Cloverleaf staff with language skills, interpreters/local advocates who speak a range of languages. The website will also have a 'read out aloud' function in a range of languages.

IMCAs will collate information from the initial referral, discussions with the Decision Maker and other relevant individuals, health and social care records including the capacity assessment, care plans, specialist assessments, daily activity sheets, advance directives, and specific

research.

IMCAs use this information when working with a service user to:

- Develop as full a picture of their needs and wishes as possible
- Plan how to make options and rights as clear as possible
- Identify communication support needs
- Identify the best time and place to visit them
- Plan who else needs to be contacted
- Identify the appropriate approach to support and represent the client

Examples from our practice include working with an interpreter to build a picture of the wishes, values, needs and background of a [redacted] gentleman who was in hospital and a decision was to be made regarding his future accommodation. The IMCA was able to meet with the client and interpreter on 3 occasions prior to the best interest meeting in order to effectively represent his beliefs, wishes and values to the decision maker.

Our services have also supported a number of clients who use specialist communication tools, for example Talking Mats, which are interactive visual tools used to establish options and feelings. Talking Mats were used with a client [redacted] around a proposed change in accommodation. The IMCA was able to establish what daily activities and social aspects were important to her (e.g. attending church, watching horse racing on tv); how she felt about her surroundings (enjoyed walks in the garden and outside) and these views were able to inform a decision between a number of accommodation options being considered.

We have supported clients who have communicated their feelings through informal means, for example behaviours, or unique verbalization or gestures. In these instances we have worked closely with, for example, care workers who know them well and can support the IMCA in understanding what is being communicated, or with speech and language therapists to aid communication. IMCAs would also seek to spend more time with the client to observe their reactions and behaviours in particular settings if there was no recognized or consistent method of communication.

IMCAs use our non-instructed advocacy (NIA) model which can include any or all of the following approaches: Rights Based; Person Centred; Watching Brief; Witness Observer.

Words 661

8.	How will you manage service demand, including 'gate-keeping' decisions around the 'appropriateness' of referrals and the sign posting on of referrals that do not fit with the IMCA brief? **Guideline 500 words**

Response:

Key to effective service delivery and meeting demand is ensuring that our core staffing levels forecast are accurate and which have been determined based on the current level of service provided, benchmarked with our existing services, and our joint experience of delivering IMCA/DOLS services in 50 local authority areas although we are well aware that a substantial increase in overall demand for IMCAs involved in DoLs cases, over and above the increase in demand following the Cheshire West judgment.

Despite our careful modeling, when taking on new services we sometimes experience both higher and lower than expected demand has been taking place and we intend to discuss and agree with the Commissioners appropriate mitigation steps based on refreshed forecasts for 2014/2015..

Elsewhere we have taken steps to enhance capacity and ensure that all IMCA Advocates are effectively deployed, with RPR work being supported by other qualified Advocates using the service model set out below.

[Deleted diagram]

All referrals will be made via the single point of contact, Information, Advice and Advocacy Support Centre (IAASC) where advocacy support officers (ASOs) familiar with the local area will prepare casework, confirm basic details, communication needs, timeframes/deadlines and key information - and record this on the required case management system for transfer to Cloverleaf Advocacy for allocation to a local IMCA.

IAASC can also:

Deal with enquiries about IMCA eligibility and processes, provide information and signpost to other services in Oldham, Stockport and Tameside and beyond, based on a database of relevant services.

Provide access to an NAQ-qualified duty IMCA to help with more complex queries or offer additional support in emergencies.

We accept initial third-party referrals e.g. from nurses or care home managers, ensuring these

are followed up with formal authorised instruction from the Decision Maker.

Cases will be prioritised and allocated according to the specification and individual case detail, taking account of caseload, complexity and any specific issues e.g. cultural needs. These protocols will be jointly developed and monitored with Commissioners to reflect local needs.

The Information, Advice and Advocacy Support Centre (IAASC) team also triage referrals to ensure that they are appropriate and supported by the relevant information. Details of non eligible referrals will be captured to ensure that specific issues, identified awareness/training needs and relevant data is captured along with any signposting provided, this data will be validated and also be fed back to Commissioners on a regular basis. If referrals are identified that do not meet the scope of the IMCA contract, i.e. an ineligible electronic referral we would always ensure that the matter is discussed with the referrer and wherever practical a solution is identified, i.e. other advocacy support or signposting so that at all times there is transparency and clear understanding regarding the acceptance/non acceptance of any referral. The Service Manager would be alerted and become involved with any such local discussions and resolutions.

All referrals are allocated within 2 working days, or sooner.

IAASC is available 8.00am to 6.00pm every working day, through a single 0300 number and through Skype, Minicom, typetalk, fax, website, text message, email and by post. Our Advocacy Support Officers are trained in advocacy, including IMCA and DOLS, and complete NVQ/NCFE Level 3 in Advice and Guidance and Customer Service.

Caseload Data will be regularly tracked, trends monitored and summarised for Commissioners so that that the demand on the service and ongoing caseload can be effectively understood and early action taken to revise priorities and our agreed approaches so as to mitigate the impact of changes and to refresh and inform future forward activity forecasts.

591 words

9.	Using examples, demonstrate how the advocacy support your IMCA's will provide will be culturally sensitive and relevant across age, gender, religion, race, sexual orientation and disability? **Guideline 500 words**

Response:

We are experienced in working with diverse communities and individuals in a person centred way. Our services and the way we practice responds and reflects individual's demographic backgrounds, communication, cultural and a range of varying needs.

Census analysis indicates that in **Oldham** 22% of the population have a non white ethnicity, with Asian British Pakistani the largest single group at circa 10%, with 4.5% of households not having a resident who speaks English as a main language. In **Stockport** 8% of the population have a non white ethnicity with Asian British Pakistani the largest single group at circa 2.4%, with 1.5% of households not having a resident who speaks English as a main language. In **Tameside** 10% of the population have a non white ethnicity with Asian British Pakistani the largest single group at circa 2.4% with 2.5% of households not having a resident who speaks English as a main language.

To ensure a personalised service and equality, we provide our staff with training in non-instructed advocacy, equality and diversity, LGBT awareness, cultural awareness and human rights, as well as specific client group awareness training such as complex communication, sensory, mental health, learning disabilities, dementia, physical and sensory impairment and challenging behaviors and/or neurological issues.

Being culturally aware and sensitive is a major element of training and practice. Partnership working with organisations/services such as Ethnic Diversity Service, in Stockport, Tameside Racial Equality Council, Oldham Race Equality Partnership will be accessed to help support effective engagement with diverse groups, such as Chinese, Bangladeshi, Indian communities, through establishing mutually beneficial relationships and support arrangements. Partners/stakeholders will be invited to training, planning sessions and the IMCA steering group.

Cloverleaf employs staff from diverse backgrounds (including staff who are able to speak community languages other than English). These staff members are available to provide additional specific knowledge or information for IMCA and RPR team members e.g. co working or coaching where ethnic or cultural factors are present**.** Cloverleaf also has good working relationships and links with a number of interfaith groups who are able to provide advice and information relating to belief systems, and disability groups who are able to provide information and support across a range of disability issues. We have formal partnership arrangements with, for example, local Age UK and Mencap services who also provide expert advice and training to Cloverleaf staff.

We provide services appropriate to people's needs, inclusive of dimensions of diversity. At the point of referral, information about the client is requested, including any known or expressed

preferences. At times, a large part of the IMCA role can be gathering information relating to, for example, culture, religion and sexuality in order that best interest decisions can be made with appropriate information.

The skill mix in our existing IMCA teams means that we can respond appropriately to the needs of each client. Our IMCA and RPR staff teams include people with a background in each of the client groups we encounter: people with learning disabilities; older people , people with dementia, people with physical impairment, people with mental health needs, people with acquired brain injury, stroke victims etc. Staff have worked in health care and social care settings and we include team members with existing health and/or social care qualifications from previous experience. Our staff teams also include people who have or are using services, for example people who have a sensory impairment, physical impairment or mental health issues. These factors mean that in order to create equity, services are tailored to the specific needs we encounter in individual circumstances,

Per the specification we will report per clause 5.3. ethnicity data covering the following areas for performance management purposes. We will use this data to build and implement strategies designed to ensure that the service fully meets its equalities based objectives.

- Total numbers and sources of referrals
- Number and sources of referrals accepted, broken down by age, gender and ethnicity of Service User
- Number and sources of referrals refused with reasons, broken down by age, gender and ethnicity of Service User
- Number of “live” cases at the end of the quarter, broken down by case type and age, gender and ethnicity of Service Users

Words 699

10.	Edward is a 67-year-old man accommodated in a residential home due to his dementia. His care needs are such that he needs staff support and intervention 24 hours a day. He lacks the capacity to consent to his accommodation in the home and so a DoLs authorisation has been sought and granted. The BIA was not able to contact his brother during the initial assessment, despite every reasonable effort being made, and so a paid Representative has been appointed from the IMCA service. Two months into a six month Standard Authorisation, Edward's brother presents at the home when the paid Representative is visiting and demands to know why he hasn't been involved in any of the care planning or decision making about his brother. He demands that the paid RPR relinquish their contact with Edward and allow him to take over the supportive role. What issues might the paid Representative seek to address when confronted with this situation? **Guideline 500 words**

Response:

The RPR would initially attempt to de escalate the situation and outline the context of why they were present and explain their RPR duties supporting Edward and the process by which they were appointed. They would explain that the BIA had been unable to contact Edward's brother, and, in law, his brother does need to have a representative for the duration of the Deprivation of Liberty Authorisation, that no-one else suitable had been identified, and therefore a paid representative was currently in place.

They would also explain that there would be a process that would to be followed in order that Edward's brother's request be considered by the supervisory body. The RPR would need to contact the Supervisory Body to notify them that the brother has visited Edward and wants to take on the role. The Supervisory Body may then instruct a Best Interest Assessor to look at the possible appointment of family or friends (in this case the brother) as the RPR. The BIA would need to conduct a capacity assessment to see whether Edward could decide for himself who he wishes to appoint as RPR- in which case that decision would be made by Edward. If Edward lacks capacity to make a decision on appointment, the BIA can make a recommendation to the Supervisory Body. If this recommendation is made, the paid RPR would then need to advise the Supervisory Body that they are no longer willing to carry out their role in order that an unpaid representative (i.e. Edward's brother) is appointed.

The RPR could also offer to pass on Edward's brother's current contact details to ensure that the Supervisory Body has the most up to date information (as this may be why the BIA was unable to make contact).

The RPR could also advise Edward's brother of his right to make a complaint to the Supervisory

Body, should he be of the view that there were not reasonable attempts made to contact him during Edward's assessment.

Every effort would be made to ensure that a co operative supportive relationship was developed with brother to aid his concerns being effectively addressed. In a 'real-life' situation we would facilitate as far as we were able Edward's brother being involved and included and would also signpost him to information and advice as needed. The RPR would ensure as far as practical that Edward did not become distressed or concerned by any related discussions or conversations.

As an additional consideration, if this does not resolve the issue, and the paid RPR has concerns about their continued appointment now that Edward's brother is in contact, they could then apply to the Court of Protection to challenge the lawfulness of the authorization on the grounds that the RPR requirements have not been met – however, this would be as a last resort, and the paid RPR would need to feel satisfied that Edward's brother was appropriate to be appointed (i.e. he was going to maintain regular contact, and act in Edward's best interest) – at the stage outlined in the scenario this is unclear.

The IMCA service would also look at whether this instance was reflective of other experiences of paid RPRs (i.e. if there were a proportion of paid RPR roles where this had happened) and feed this information into local DoLS leads/commissioners for further exploration and discussion.

525 words

11.	Finally, please provide an outline of your organisation's proposed management and staffing structure for the IMCA Service in Oldham, Stockport and Tameside. In particular, please identify: • The number of IMCA's in your proposed service • Recruitment and relevant safeguarding checks • Management and supervision arrangements **Guideline 750 words**

Response:

Cloverleaf will be fully responsible for managing all **Oldham, Stockport and Tameside IMCA** operational contract delivery and will be the single point of contact for Commissioners. Our proposed service model is outlined in the **Supply Chain Model** which incorporates our agreed partnership roles with ncompass North West Limited and POhWER .

[Deleted diagram]

Our proposed management and staffing structure for the IMCA Oldham, Stockport and Tameside Service in is outlined below, this also highlights which provider will contribute to which activity.

[Deleted diagram]

Our proposal for the Year 1 (Block) contract price of £89,390.56 will provide the **Oldham, Stockport and Tameside IMCA Service** with the following:

[Deleted table]

Summary of Prime OMBC SMBC TMBC IMCA Advocacy Delivery Roles

For the Year 1 (Block) contract we propose deploying across the service in addition to the IMCA/RPR Advocate /Service Manager 0.20 FTE, 2.00 FTE IMCA/RPR Advocates, a total of 2.20 FTE.

It has been agreed that the Ncompass employed IMCA would be seconded to Cloverelaf Advocacy and would be allocated exclusively to this service and directly managed by our Cloverleaf Service Manager.

Additional IMCA capacity may be made available following post award consultations with the Commissioners, at a jointly agreed Hourly rate/spot purchase price.

The Cloverleaf Service Manger will ensure that staff recruitment, support, training, supervision, management and continuous personal development are implemented to ensure the delivery of a high quality Oldham, Stockport and Tameside IMCA Service.

All Advocates are recruited in line with our robust equalities based recruitment and selection procedures which include: advertising via our websites and through voluntary and statutory services, a detailed application form, interview (with service users on panels), two reference checks, DBS checks and a regularly monitored 6 month probationary period. Each role has a clear job description and person specification. We aim wherever practical to employ local Advocates who will fully engage with local communities, service users and partners bringing both the benefits of a local focused delivery, sensitive to local needs, and priorities alongside achieving operational efficiencies through good relationship building and minimised travel costs. We have an existing base in Tameside that would be an element in our local IMCA service delivery.

IMCA involvement in supporting vulnerable adults through safeguarding procedures would be in line with the ADASS and SCIE guidance.

We have considerable experience of successfully managing all aspects of TUPE transitions and effectively integrating such team members into our organisations values and behaviors. If no staff chose to transfer that would not present a major risk to service delivery as Cloverleaf have over 25 experienced IMCA Advocates who could be utilised while local recruitment/training was completed. This additional service resilience benefits individuals providing continuity of service during leave, training and other unplanned absences.

Cloverleaf and partners have in place professional and robust HR infrastructure which will ensure that staff have the necessary skills reviews and development plans to effectively deliver this IMCA service.

In summary we will provide:

- A Collaborative and transparent management culture with commissioners and stakeholders from the outset.
- Recruitment of the best staff through rigorous, competency-based recruitment procedures.
- Advocates/volunteers who are recruited in line with equal opportunities policies and are shortlisted / interviewed by a panel including senior managers and service users.
- Staff / volunteers receive enhanced level DBS (CRB) and two reference checks.
- Staff will receive a tailored, comprehensive and robust induction, systems training, support, ongoing training and personal development, both internally and externally which including our Policies and Procedures and the specific service safeguarding protocols.
- The team with up to date Health and Social Care Service knowledge, Case Law and best practice and externally through team building events and meetings, providing staff with the opportunity to share experiences and best practice with different cohorts of clients
- Investment in support, coaching, supervision and training for staff as well as through central resources such as HR, IT, Business Development, Finance etc.
- We are commitment to rregular staff development which includes regular face to face support, case and report reviews, monthly supervisions, annual appraisals.
- We take steps to minimise staff absences which helps provide continuity of support
- We have a 'zero tolerance' approach to the abuse or neglect of vulnerable adults.
- We have a stable workforce and a very high retention levels.
- Designing, agreeing and implementing future plans with Director level input.
- Extensive experience of working across a range of client groups using a range of models.
- Track record of delivering high quality, outcome focused services, which are value for money.

750 Words

FREEDOM OF INFORMATION ACT 2000 ("FOIA")

TAME-9MGD-J34XDD

Tender for the provision of an Independent Mental Capacity Advocacy service

Cloverleaf recognise that all information submitted and held by the Council relating to this contract is covered by the FOIA and the Council is under a legal obligation to disclose such information to any person, if requested, unless a statutory exemption applies as set out in the Tender Document 3, Freedom of Information Letter.

TMBC requested that when we submitted our Tender we identified in writing content that Cloverleaf consider to be commercially sensitive, a trade secret, confidential or subject to other legal restrictions on disclosure, so that the Council may consult with Cloverleaf before releasing the information and have regard our comments or objections. We recognise that the final decision as to whether or not to disclose information under FOIA will at all times remain with TMBC.

We fully accept that key details regarding the Contract i.e. the total annual contract value should be disclosable as that is clearly in the public interest.

However, Cloverleaf Advocacy considers that any FOI request for release of our complete or a partially redacted version of PQQ/Tender would have a material impact on the Commercial Interests of TMBC and Cloverleaf.

We believe that FOI Section 43(2) explains that such information should be exempt if its disclosure would, or would be likely to prejudice the commercial interest of Cloverleaf Advocacy.

We believe that any such future disclosure would have a negative impact on the commercial interests of TMBC because these services are tendered on a relatively frequent basis. TMBC by releasing tender submissions into the public domain would compromise its ability to run fair and equitable tenders in the future thereby affecting the ability of TMBC to achieve Best Value for all TMBC residents. Releasing PQQ / Tender information would enable prospective bidders to merely cut and paste information from successful bids, badly affecting the ability of TMBC to effectively evaluate future tenders in a fair and equitable way.

Cloverleaf's tender submission and related documentation sets out in detail our service model and approach; this level of information is our intellectual property which is not in the public domain and has involved significant investment by the Charity to develop. The broad range of details within the PQQ / Tender contains commercially sensitive information relating to our service model and the commercial structure of the bid is our commercial collateral in that it helps create our differentiator in this very limited specialist provider market. We intend to use this collateral for future bids and contracts we will be involved in, which if just handed over for use by a Third party would put us at a significant competitive disadvantage. We wish to ensure that details of our approach, service model, supply chain, wider contracts and other information that potentially would be against the Charities Commercial Interests is not just copied.

If the current PQQ / Tender were ever released this would simply provide a third party with a highly developed "tender template/methods statement" and thus potentially damage our commercial interests when putting forward future proposals. The "tender template" if used by third parties would hinder competition and the ability of public bodies such as TMBC and others to make future assessments of the skills and capabilities of potential suppliers if the publically available "tender template/methods statements" and core content was substantially submitted by multiple suppliers.

We consider that the public interest in maintaining Cloverleaf's Commercial Interests exemption would outweigh any public interest in the disclosure of the documents even if some content is redacted.

If in future there is anything specifically a third party requires, allowing for the restrictions around commercial sensitivity and reasonable effort in their provision we are always happy to carefully jointly review how that can be achieved.

Bob Carter
Assistant Director
Cloverleaf Advocacy Ltd