

Notice of KEY Executive Decision

Subject Heading:	Permission to award the Community and Statutory Advocacy Service
Decision Maker:	Councillor Gillian Ford, Cabinet Member for Adults Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Adults and Health
ELT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Faith Nare, Commissioner – Live Well Faith.nare@haverling.gov.uk
Policy context:	Section 67 of the Care Act 2014 imposes a duty on local authorities to arrange for an independent advocate to be available to represent and support certain persons for the purpose of facilitating those persons' involvement in the exercise of functions by local authorities.
Financial summary:	Total Cost for 5 years + 2 years Contract: £1,532,322.32. Year 1 - £210,103.42 Year 2 - £209,473.63 Year 3 - £214,301.29 Year 4 - £218,343.51 Year 5 - £222,466.58 Year 6 - £226,672.12 Year 7 - £230,961.76

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Reason decision is Key	Yes (a) Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	7 July 2025
Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Sub Committee
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well X

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This paper is seeking permission from the Cabinet Member for Adults and Health to award the Community and Statutory Advocacy Service to Havering Mind – Company number 04184862. The contract will run for an initial five years from 1st of April 2026 to 31st of March 2031 with the option to extend for a further two years until 31st March 2033 at a total value of £1,532,322.32.

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Part 3: Responsibility for Functions, Section 2 – Executive Functions

3. The following Functions may be delegated to individual Cabinet members by the Leader.

Each Cabinet Member, as appropriate, may be delegated one or more of the following functions, within the portfolio allocated to him or her by the Leader. If a Cabinet Member is unable to act, the Leader may act on his or her behalf or may authorise another Cabinet Member to do so. Matters delegated to individual Cabinet Members under this section give them individual decision-making powers. Where any paragraph refers to 'in conjunction with' or 'in consultation with' the decision remains that of the Cabinet Member.

3.8 To approve the commencement of the tender process, to award contracts, agree extensions of contract terms where the value of such matter is between £1,000,000 and £2,000,000 subject to consultation with the Strategic Director of Resources. (Note: Pension Committee has powers to invite tenders and award contracts for investment matters within their terms of reference).

STATEMENT OF THE REASONS FOR THE DECISION

This paper is seeking permission to award the Community and Statutory Advocacy Service to Havering Mind– Company number 04184862 following a successful procurement process for a period of five years plus two years extensions (5 + 2) from 1st of April 2026 to 31st of March 2033 at a total value of £1,532,322.32.

Background

Under the Care Act 2014 (the Act), Local Authorities must promote choice, control and wellbeing in care and support. The Act recognises individuals as best placed to determine their own wellbeing, requiring councils to enable full participation in decisions about their care. Where a person has substantial difficulty understanding, retaining or using information or communicating their views and no suitable family or friend can assist, the relevant local authority must appoint an independent advocate. This duty applies to assessments, reviews, and care and support needs.

The current Statutory Advocacy contract, delivered by Havering Mind, expires on 31 March 2026. Since its inception, a comprehensive strategic review has been conducted to benchmark the service provision against other local authorities and to ensure that the recommissioning process is robust, evidence-based, and centred around the needs of service users while remaining compliant with statutory obligations. Ongoing contract monitoring has revealed a

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notable increase in referral volumes and a growing demand for advocacy services, resulting in capacity challenges within the existing delivery model.

To address these issues, the newly procured contract has been designed to adjust the number of advocates required, better meeting current and anticipated demand. Furthermore, recognising the necessity for broader support, the new contract incorporates a community element specifically aimed at assisting individuals who do not fully meet statutory advocacy eligibility criteria but nonetheless need support in voicing their concerns and accessing vital services.

Service Summary

The Community & Statutory Advocacy Service will provide comprehensive, person-centred advocacy to individuals across Havering who experience substantial difficulty in engaging with health, social care or community services. This includes those entitled to statutory advocacy under the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 2007 and the NHS Complaints Regulations, as well as individuals who do not meet the criteria for statutory support but still require assistance in navigating complex systems.

The Service will ensure equitable access to Independent Mental Capacity Advocacy (IMCA), Care Act Advocacy (ICAA), Independent Mental Health Advocacy (IMHA), and NHS Complaints Advocacy while offering flexible, responsive community advocacy. Community advocacy will address non-statutory issues such as housing, welfare benefits, education and general wellbeing concerns particularly for socially excluded or marginalised groups.

The service is framed around the following key elements:

Community Advocacy

Community Advocacy is a non-statutory service that can be described as support provided to help individuals who may not meet the strict eligibility criteria for statutory advocacy; however, they still need a voice to express their concerns, and access services which are legally mandated under specific legislation. Community Advocacy is voluntary, preventative and community focused.

Community advocacy serves as a cornerstone for ensuring inclusive and equitable access to services, empowering individuals to voice their needs, assert their rights, and actively participate in decision-making. It focuses on creating pathways for residents, particularly those who may feel marginalised or underserved, to engage meaningfully with the systems that impact their lives. In conjunction with statutory advocacy, which addresses specific legal and procedural rights, community advocacy bridges the gap between institutional frameworks and grassroots empowerment.

Independent Mental Capacity Advocates (IMCA)

The Mental Capacity Act (MCA) 2005 provides a structured approach for making decisions on behalf of individuals who lack capacity, underpinned by five fundamental principles. Firstly, it is presumed that every person has capacity unless it is shown otherwise, and no one should be considered unable to make a decision without first taking all practical steps to help them do so. The MCA recognises that making an unwise decision does not necessarily indicate a lack of capacity. Furthermore, any actions or decisions made on behalf of individuals lacking capacity must always be in their best interests, and the least restrictive option regarding their rights and freedoms should be chosen. The Independent Mental Capacity Advocate (IMCA) service is designed to support individuals aged 16 and over, or 18 and over in cases involving Deprivation of Liberty Safeguards (DoLS), ensuring their voices are heard and their rights upheld within this legal framework.

Independent Mental Health Advocates (IMHA)

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Individuals with acute mental health issues often face vulnerability, prejudice and communication challenges making it difficult to convey their care needs effectively. Advocacy services, such as IMHAs enable patients to engage positively with mental health services and maximise their utilisation. Since April 2009, qualifying patients under the Mental Health Act (MHA) 1983 have had statutory access to IMHA services.

The IMHA service aims to ensure qualifying patients can express their needs, protect their rights, and access appropriate services. The service helps patients participate fully in decisions about their care and treatment while addressing broader issues like housing and social care through partnerships with other advocacy services.

IMHAs assist patients with understanding their rights under the MHA, relevant legal provisions, conditions or restrictions, details of medical treatment, and the legal authority for such treatment.

Care Act Advocacy

The Care Act 2014 supports adults and carers particularly those facing substantial difficulty in engaging with care processes such as needs assessments (Section 9) assessment of a carer's needs for support (Section 10) care or support planning (Section 25) and plan reviews (section 27). It ensures individuals can understand, participate in and influence decisions about their care, safeguarding and support.

NHS Complaints Advocacy

Under section 223A of the Local Government and Public Involvement in Health Act 2007, local authorities must provide independent advocacy for individuals wishing to lodge NHS-related complaints, including those directed at the Health Service Ombudsman. This advocacy is distinct from adult social care complaint arrangements.

Local Healthwatch organisations, replacing Local Involvement Networks, are tasked with signposting complainants to advocacy services. These services help users articulate concerns, navigate the complaints system, and seek resolutions, excluding matters involving direct legal action.

The NHS complaints process covers all NHS Trusts, bodies, services by GPs, dentists, opticians, pharmacists, and private healthcare funded by the NHS. Advocates determine the level of assistance needed, ranging from leading the complaint process to offering supportive roles. Advocates should participate in NHS-related meetings to promote the service and maintain communication with referrers, especially when transitioning service users to different areas.

Procurement

An open procurement process took place from the 29th of September to the 29th of October in which a total of four bids were received. Method statements from the four bids were evaluated using the 0 – 5 scoring rationale, three evaluators, facilitated by the council's Procurement team, independently evaluated the bids over a 9-day period. The ITT stated that 'Bidders who do not achieve a 3 or above out of 5 for each Quality question and Social Value Question, will not have their Price evaluated.' A score of 3 would achieve a mark of Acceptable.

Moderation meetings were held thereafter to conclude the evaluation of the technical bids. The final scores for each bidder were agreed by all evaluators in moderation meetings held on the 12th and 13th of November 2025, facilitated by the Procurement team. Two bidders passed the quality stage and had their pricing schedule evaluated.

Havering Mind - Company number 04184862 scored a total of 96.40 out of 100 making them the most advantageous tender and therefore it is recommended that the contract is awarded to them.

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Tender Submission

Havering Mind's bid stood out for its demonstration of a strong, person-centred and inclusive approach to advocacy, offering multi-access entry points, holistic screening, and tailored support based on individual needs. It effectively involves service users, families, and carers through co-design, digital storytelling, peer consultants, and community advocacy champions, ensuring empowerment and shared learning. Their proposal further promises prioritised accessibility through translation services and easy-read formats, while structured communication and regular reviews will reinforce transparency and responsiveness. The inclusion of forums and tools reflects commitment to best practice and continuous improvement.

In addition, the response clearly provides examples of how user feedback has driven tangible service changes and provided more detail on how community outreach has enhanced impact and clarity. They also provided a comprehensive and compelling response in relation to quality and effectiveness of the service which echoed a strong quality assurance and continuous improvement framework, underpinned by QPM accreditation and the Plan–Do–Check–Act cycle. The response demonstrated a robust monitoring system through the VIEW-CRM system for live case tracking, monthly performance dashboards, and a restorative approach to complaints.

Inclusivity was evidenced through Easy Read, BSL, translated surveys, and creative feedback tools such as digital storytelling and emoji-based questionnaires. Co-production is embedded at both case level (Advocacy Plans) and organisational level via quarterly Service User Forums, supported by transparent improvement processes like the "You Said, We Did" bulletin. The framework also includes accreditation standards, feedback mechanisms, and a co-produced advocacy outcome tool, demonstrating commitment to best practice and ongoing enhancement.

A further strength was the comprehensive mobilisation plan, proven track record, and commitment to inclusive, person-centred advocacy, we strongly recommend awarding this contract. The proposal demonstrates exceptional readiness through robust governance, proactive risk management, and a phased implementation strategy that guarantees service continuity from day one. With innovative digital tools, strong stakeholder engagement, and a hybrid workforce model exceeding specification requirement, this provider offers the capability and resilience needed to deliver high-quality advocacy services and measurable outcomes for residents.

In summary, awarding the Community and Statutory Advocacy Service Contract to Havering Mind will secure a resilient, innovative, and collaborative partner committed to delivering high-quality advocacy that empowers residents and drives positive change across Havering.

Funding

The total contract value is £1,532,322.32 and is broken down yearly as follows:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
£210,103.42	£209,473.63	£214,301.29	£218,343.51	£222,466.58	£226,672.12	£230,961.76

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: Do nothing

There is the option to do nothing and stop providing advocacy services when the current contract comes to an end on the 31st of March 2026. This option is not advised as Advocacy services fall under statutory requirements under the Care Act 2014, the Independent Mental Capacity Act 2005, the Mental Health Act 2007 and the Health and Social Care Act 2012.

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Furthermore, Section 67 of the Care Act 2014 imposes a duty on local authorities to arrange for an independent advocate to be available to represent and support certain persons for the purposes of facilitating those persons' involvement in the exercise of functions by local authorities.

PRE-DECISION CONSULTATION

N/A

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Faith Nare

Designation: Commissioner – Live Well

Signature: *F Nare*

Date: 13/11/2025

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a duty in section 67 of the Care Act 2014 to arrange for independent advocates to be available to represent and support individuals who experience substantial difficulty in understanding relevant information, retaining information, using or weighing information, or communicating their views, wishes or feelings. The Council is making a decision to make a contract for community and Statutory advocacy services to comply with that duty.

The Council has the power to make a contract for community and Statutory advocacy services through section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate or is conducive or incidental to the discharge of any of its functions, or through its general power of competence in section 1 of the Localism Act 2011 to do anything an individual can do subject to certain limitations. None of the limitations apply to this decision.

The contract value is above the applicable light touch threshold stipulated in the Procurement Act 2023 (PA) of £663 540. Therefore, it is subject to the full PA regime. The procurement process was carried out in accordance with the requirements of the full PA regime.

For these reasons, the Council can make the contract.

FINANCIAL IMPLICATIONS AND RISKS

This paper is seeking to award the Community & Statutory Advocacy Service contract to Havering Mind. The contract will run from the 1st April 2026 to 31st March 2031 with the option to extend for a further 2 years at a total estimated value of £1,532,322.32.

Year 1 - £210,103.42

Year 2 - £209,473.63

Year 3 - £214,301.29

Year 4 - £218,343.51

Year 5 - £222,466.58

Year 6 - £226,672.12

Year 7 - £230,961.76

The actual contract costs are lower than the budget envelope that was made available for the procurement.

The current contract advocacy contract costs £156,857 per annum. This contract is currently funded from general fund and from the Better Care Fund. The annual shortfall of £53,246 in year 1 will be funded from the decision to not recommission another contract which is currently costing £89 000 per annum. This contract is due to end at the end of January 2026 so the funds will be available to fund the additional costs.

The annual increases in costs proposed under the new contract will need to be covered by any annual inflationary growth bids.

Statutory advocacy and advice services are those that local authorities are legally required to provide, ensuring that vulnerable people have a voice in decisions about their care and support. They also deliver strong value for money by meeting legal obligations, preventing

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costly inefficiencies, and resolving issues early before they escalate into more expensive interventions

KPIs have been established, and ongoing monitoring against this performance measures will provide assurance that the contract is delivering value for money and meeting agreed outcomes.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

The Council seeks to ensure equality, inclusion, and dignity for all, in all situations. There are no equalities and social inclusion implications and risks associated with this decision

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to direct identifiable Health and Wellbeing implications or risks.

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ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendation made in this report do not give rise to any identifiable environmental implications or risks.

BACKGROUND PAPERS

None

APPENDICES

N/A

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed 

Name:

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date: 24th December 2025

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____