

Advocacy
Options Appraisal
7th December 2015

Participants

Andy Hare - Commissioning (not scoring)
Andrew Wheawall (Head of LD/MH/Transition) APOLOGIES
Claire Edgar (LD)
Janet Kerr (LD) DELEGATED
Sara Storey (Head of Access and Prevention)
Sharon Honeycombe, Commissioning
Cath Erine, Safeguarding Manager APOLOGIES
Dave Kingston (Commercial Services)
Melanie Hall (Commissioning)
Kath Horner (Public Health) APOLOGIES
Louisa King (Commissioning)
Liz Howard (Practice Development)
Gillian Hallas (Safeguarding)
Amelia Stockdale (Commissioning)

The Process

Using the outcomes, set out below to:

- Consider the proposed options - sense check
- Change options if necessary
- Discuss and agree weightings
- Consider these options and score 0=min; 10=max
- Discuss further
- Produce recommendations to inform business case and future proposals.

The Outcomes

- Is affordable
- Minimises risk for service users
- Complies with quality standards
- Promotes provider success and avoids failure
- Easy for users and carers to understand
- Supports assessors in identifying the right option to meet an identified need through clear pathways

Agreed Weighting for Benefit Criteria

Following discussion, the group allocated the following weightings to benefit criteria derived from the outcomes.

Benefit criteria	Weighting
Financial	18
High Quality Service	28
Impact on Market	18
Commercial	18
Responsiveness	18
Total	100

Contract model

		Option 1C		Option 2C		Option 3C		Option 4C	
Variation Description		Separate Contracts		Framework		Integrated contract (single provider)		Integrated (hub)	
Benefit Criteria	Weight	Score	Weight Score	Score	Weight Score	Score	Weight Score	Score	Weight Score
Financial	18	3.5	63	3.2	57.6	6.3	113.4	7.6	136.8
High quality service	28	4	112	4.2	117.6	5.5	154	7.4	207.2
Impact on Market	18	4.7	84.6	4.2	75.6	3.6	64.8	6.6	118.8
Commercial	18	4.3	77.4	2.8	50.4	4.3	77.4	6.1	109.8
Responsiveness	18	4.5	81	5.2	93.6	4.9	88.2	6.8	122.4
Total	100	21	418	19.6	394.8	24.6	497.8	34.5	695

NOTES

Separate contract - as now - e.g. IMCA, IMHA, Care Act have their own contracts

Framework - a number of providers offer the same services - e.g. several choices to go to for Care Act, IMCA etc.

Integrated Contract - a single provider is awarded some or all advocacy roles

Integrated Hub - a single provider operates an advocacy hub which acts as a referral point. Subcontracts specialist work

Financial model

		Option 1F		Option 2F		Option 3F	
Variation Description		Spot purchase		Cost & Volume		Block	
Benefit Criteria	Weight	Score	Weight Score	Score	Weight Score	Score	Weight Score
Financial	18	3.8	68.4	6.6	118.8	4.1	73.8
High quality service	28	4.4	123.2	6	168	4.4	123.2
Impact on Market	18	3.8	68.4	6.5	117	5	90
Commercial	18	5	90	5.9	106.2	3.8	68.4
Responsiveness	18	4.7	84.6	6	108	3.8	68.4
Total	100	21.7	434.6	31	618	21.1	423.8

NOTES

Spot purchase - all advocacy bought on a case buy cases basis at a tendered hourly or referral rate

Cost and Volume - a minimum block of activity is paid for at an agreed rate whether it's used or not. Additional work is bought on a case by case basis (can be at a different price)

Block - An agreed sum is paid regardless of activity (can be re-negotiated)

Recommendations

Final recommendations following collation of weighted scores:

- Integrated Hub Model funded via a cost and volume
- Discussion around using Alliance Contract model - to be explored further