

30 March 2015**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC
PROTECTION****ADVOCACY SERVICES****Purpose of the Report**

1. The report provides a summary of the current advocacy services alongside an explanation of new demands on the services to deliver statutory advocacy. Committee is asked to consider these and agree to consultation being undertaken on the future of advocacy services with a further report on consultation outcomes to be considered at a future meeting of the Committee.

Information and Advice**Current Service Contract**

2. The current advocacy service is jointly commissioned by Nottinghamshire County Council, Nottingham City Local Authority, and the Clinical Commissioning Groups (CCGs). In April 2012 a City and County advocacy service, 'Your Voice, Your Choice', commenced. The three year contract with POhWER has the option to extend for up to three years in annual increments. In April 2013, an Independent NHS Complaints Advocacy Service (ICAS) was incorporated into this contract; the service contract runs for two years with an option to extend for up to three years in annual increments. This provides commissioners with the option to change advocacy services if required in 2015/16. This County Council are the lead commissioners on behalf of all the partners, managing the contract with POhWER. The service is delivered with Age UK Notts as an associate provider.

Current advocacy model and services

3. 'Your Voice Your Choice' provides a clear brand and single point of access for all advocacy services, delivered through a service triage approach known as 'Access to Advocacy' (A2A). It provides a single telephone number and web site to ensure contact with the service is as accessible as possible. Service users, agencies and organisations contact the service directly or via the Council's Customer Service Centre. A triage process is undertaken remotely at a centre in Birmingham which links to all their staff and services across the UK in a very effective way, offering advice, information and a supported signposting service.

4. The main aim of this service is to deliver a timely and effective intervention which will meet the needs of the majority of people who make contact and thereby prevent escalation of issues. However, where individuals do require a more intensive advocacy intervention, they will be referred to *Specialist Advocacy Services* delivered by a local team.
5. POhWER also provides statutory advocacy services, these are delivered by Independent Mental Health Advocates (IMHAs), Independent Mental Capacity Advocates (IMCAs) and Paid Representatives in local teams.
6. When a Statutory Advocacy Service is required, practitioners can contact the local statutory advocacy teams directly and not via the A2A triage point. These services are delivered to a specification set out by primary legislation (Mental Health Act, Mental Capacity Act). An out of hours number is available for the IMCA service and strong working links have been established with the Council's safeguarding team.
7. Age UK are training volunteers to develop a peer advocacy network as part of this advocacy model. It is anticipated that this will improve both individual and wider community resilience by empowering people and promoting self-help and self-advocacy. This aims to improve linkages between networks offering information and advice and therefore increases collaborative working to help connect a wide range of organisations in the community and voluntary sector including Healthwatch.

Performance information

8. The 2012/13 annual review of the service indicated that the service had received a total of 815 referrals over the first 12 month period. This exceeded the target in the contract of 800 referrals per year. The Your Voice, Your Choice team randomly select 25% of clients to look at satisfaction with the service and on a sliding scale of 1-10 (with 1 being low and 10 being high) 96% of clients rated the service provided by the advocate a 7 or above.
9. Below is some feedback from service users:

"Found the service very good. I had tried to access some services but had been unable on my own. The advocate helped me with that. Using the service has made a lot of difference to me."

"Having an advocate gave me confidence – I felt my complaint would be taken serious and that I had knowledgeable support. I was not complaining to the council for the sake of it and having an advocate involved has made a big difference and I thank you greatly for the help given to me."

Context

Implications of Cheshire West Judgement

10. On 9 March 2014 a Supreme Court Judgement (case of P v Cheshire West and Cheshire Council and P and Q v Surrey Council ["Cheshire West"]) increased the number of services users who now fall within the scope of what constitutes a deprivation of liberty and where this occurs Deprivation of Liberty authorisation is required.

11. Due to the Cheshire West ruling, there has been a five-fold increase in the requirements for Deprivation of Liberty approvals with a corresponding impact on the requirement for IMCAs and Paid Representatives in Nottinghamshire and Nottingham City. POhWER has estimated that this will equate to a corresponding increase to approximately four full-time equivalent advocates as well as other on-costs. This will equate to additional funding of £100,000 split between County and City using a new demand-led formula.

Care Act Advocacy

12. The Care Act 2014 identifies a significant increase in advocacy requirements. This includes opening up the provision for individuals experiencing 'substantial difficulties' as well as widening the range of activities for which advocacy should be provided, including assessment, care and support planning and review.
13. It is likely that the level of demand will increase year on year over a five year period, but in order to meet immediate demands, it is proposed that POWhER is given £50,000 to meet the initial impact with a further £50,000 awarded on a cost and volume basis across the year. This will again be split between City and County using the demand-led formula.
14. Central government guidance on Care Act implementation suggests demand for this new service will continue to increase over a five year period; during the first year it is expected that the take-up of this new service will provide a better guide to predict future demand. POhWER will provide commissioners with detailed monitoring information, including the impact of overlapping statutory advocacy. Understanding and managing overlapping areas of advocacy will assist the delivery of a more efficient and seamless advocacy experience for service users and their families.
15. The single contract with the Council's current providers, POhWER, delivers all advocacy services as described above. This model has already provided some benefits and efficiencies by allowing the Council to use the scale and scope of this contract to manage the Cheshire West pressures and prepare a model to deliver Care Act advocacy. All commissioning partners agreed that the current contract should be extended for another year from 1 April 2015 to 31 March 2016.
16. The commissioners also agree that there is a need to consider a new advocacy model from 2016 that reflects the considerable additional demands for statutory advocacy already described and to consider other factors that may affect the delivery of advocacy services such as service transformation and integration in social care and the NHS.
17. To meet the immediate pressures outlined above, the Council intends to fund a one year pilot service alongside the current contract from 2015 to 2016. This option will ensure that the immediate demand for additional advocacy linked to the Care Act and Cheshire West judgement is met. This has been submitted for approval via the financial waiver process. The delayed Care Act implementation guidance and changing levels of demand ruled out a period of consultation and tender prior to 1 April 2015.
18. The provider has been working closely with the Council to shape a pilot that will meet the changing demand for advocacy services and provide performance monitoring data that is needed to shape future advocacy services. The contract with POhWER has been

reviewed over the last three months and all commissioners are very satisfied with the services delivered; performance has consistently exceeded the targets set in the contract and there is clear evidence that outcomes have met statutory standards and those set out in the service specification.

19. The Adult Social Care and Health Committee was informed in a Care Act update report at its meeting on 5 January 2015 that the Council is working with its partners and current provider POhWER to ensure that the Council will be able to undertake the new responsibilities set out in the Care Act 2014.

Other Options Considered

20. To continue with the current service contract; however this would fail to consider future service scope and efficiencies for three more years during a period of considerable service transformation. It would also lead to the current contract exceeding the value permitted by European Union procurement regulations determined by the original value of the original advocacy service tender and be open to legal challenge.

Reason/s for Recommendation/s

21. The Council will need to undertake a period of consultation to consider the most appropriate service and contract model with partners and stakeholders.
22. The NHS commissioning partners currently fund only non-statutory or 'specialist advocacy' and this will enable the mapping of new services commissioned since this contract commenced which provide information, advice and advocacy.
23. The impact of the Care Act and increased demand for independent Mental Capacity Advocacy and the provision of Paid Representatives advocates in NHS units suggests there is a need to discuss service funding with health commissioners as plans to integrate NHS and social care services emerge.
24. A period of consultation will need to commence as soon as approval is given to start the process and will be undertaken with other key services, groups and service users. PoHwer have worked in partnership with Healthwatch and it is expected that the Council will undertake this consultation with their support.
25. A tender timetable has been agreed with Council procurement colleagues to achieve a new service by April 2016 and County Council will lead the process for all other partner agencies.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

27. There are no financial implications.

RECOMMENDATION/S

That the Committee:

- 1) agrees to consultation being undertaken on the future of Advocacy Services
- 2) receives a further report on consultation outcomes with recommendations for action.

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For any enquiries about this report please contact:

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Constitutional Comments (CEH 06/03/15)

28. Adult Social Care and Health Committee has the delegated authority to consider the recommendations in the report.

Financial Comments (KAS 09/03/15)

29. There are no financial implications contained within this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Care Act 2014 – update on local implementation: report to Adult Social Care and Health Committee on 5 January 2015

Electoral Division(s) and Member(s) Affected

All.