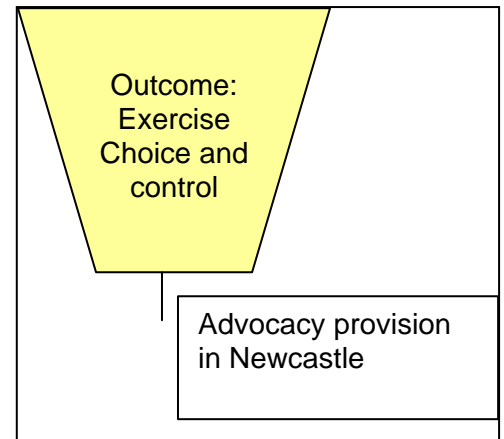


Report to: Wellbeing and Health Partnership  
Executive  
Date: 11<sup>th</sup> May 2009  
Report of: Colin Williams, Head of Transformation  
Subject: Review of Advocacy Services



## Summary

The purpose of this report is to ask the partners of the Wellbeing and Health Partnership to agree to a partnership project to review advocacy services in Newcastle with a view to informing future commissioning priorities and to obtain endorsement to the approach being proposed.

The aim of the review is:

- To introduce a step change approach to the current ad hoc commissioning and procurement, to a jointly planned and commissioned advocacy infrastructure that increases the quality and quantity of Independent Advocacy Services in Newcastle.
- To ensure that users of advocacy services are involved in the design, implementation and evaluation of these services.
- To identify any factors in 'the system' or triggers to reduce the need for advocacy services.

## Background

Central Government have recognised the value of independent advocacy and have introduced and resourced statutory specialised services for some particularly vulnerable groups.

*Independent Mental Capacity Advocacy (IMCA)*. Entitlement to IMCA service under Mental Capacity Act was in April 2007. This gave legal entitlement for people who lack capacity and either lack representation or there is conflict within families are supported by an Independent Mental Capacity Advocate in specified circumstances.

The Mental Capacity Act 2005 *Deprivation of Liberty* Safeguards were introduced into the Act by the amendments to the Mental Health Act 2007. The Safeguards apply to people who lack capacity as defined under the Mental Capacity Act 2005 and who are, or are likely to be, deprived of their liberty for the purpose of being given care or treatment in hospitals or care homes registered under Care Standards Act 2000. The Role of the Independent Mental Capacity Advocate has been extended to include the Deprivation of Liberty provisions.

*Independent Mental Health Advocacy (IMHA)* was introduced in April 2009 which entitles people to advocacy who are liable to compulsory treatment under the powers of the Mental Health Act or on supervised community treatment.

*Independent Complaints Advocacy Service (ICAS)* supports patients and their carers wishing to pursue a complaint about NHS treatment or care. ICAS was launched on 1 September 2003, following the abolition of Community Health Councils. It is commissioned and monitored nationally.

One of the objectives of 'Putting People First' a concordat between Local Government, Central Government, the NHS and other key stakeholders in the Health and Social Care sector is the provision of universal information, advice and advocacy for people needing services and their carers irrespective of their eligibility of public funding. Also that personal advocates are available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget. Without the support of advocates it is likely that the benefits of Personal Budgets may be felt predominantly by those who are most articulate.

The Local Authority Circular – Transforming Social Care dated January 2008 set out information to support the transformation of social care signalled in the Department of Health's social care Green Paper, Independence Well-being and Choice (2005) and reinforced in the White Paper, Our health, Our care, Our say: a new direction for community services in 2006. The direction is clear, to make personalisation including the strategic shift towards early intervention and prevention the cornerstone of public services. This also means that every person across the spectrum of need having choice and control of the shape of their support. For some exercising choice and control will require a significant level of assistance either through professionals or through independent advocates.

### **Advocacy Services in Newcastle**

Advocacy Services in Newcastle has developed from a multiplicity of separate initiatives rather than as part of a coherent strategy. Some services have been commissioned in response to changes in the law as outlined above and others as a response to enhanced awareness of people's rights. Currently the majority of advocacy across the city is provided by voluntary organisations and funded on an ad hoc basis.

There is also a need for a clearer understanding of what we as a City mean by advocacy as there are a wide range of views and definitions. To illustrate:

- a social worker advocates for the service user, but is not independent.
- There are voluntary organisations who provide information, advice and representation services to users but for historical or funding reasons would not describe their services as 'advocacy'.
- There are a number of types and models of advocacy such as Citizen Advocacy, Case Advocacy, Self Advocacy, Peer advocacy and many more.

This demonstrates that there is a need for a much clearer picture of the funding and provision of advocacy in Newcastle and to develop a strategic approach to inform future commissioning priorities. There could also be opportunities to improve the coordination and integration of existing services.

In 2007, Everyone's Tomorrow, Newcastle's strategy for older people and an ageing population was published. This strategy has five aims, one of which is about improving the access to information, advice and advocacy for older people. The Older Peoples Strategic Board established a Strategic Group on Information, Advice and Advocacy for Older People and a time limited Advocacy Sub Group developed a business case for advocacy for older people. Therefore this Review is not starting with a blank sheet of paper and will draw on and build on the information gathered by this Sub Group and utilise the expertise of its members.

As a result Adult Services Directorate have recognised the importance of this work and are in the position to allocate project management time and other resources to facilitate a partnership project. The City Council Social Policy and Inclusion unit have also agreed to provide the support of Policy Officers.

## **Benefits**

### Of Advocacy

- Effective advocacy enables people to tackle wide ranging issues, have confidence, overcome inequalities in health-care and be protected from abuse and harm. It will also increase the opportunities for less articulate service users to participate in the opportunities presented by personalisation.
- Without advocacy support, a number of vulnerable people would reach crisis resulting in the need for more intensive input from adult services. Regular volunteer advocate input provides a preventative role reaching socially isolated individuals who often have no one else in their lives who is independent of those providing services to them.

### Of a Joint Strategic Approach

- A joint strategic review of advocacy services will better inform future commissioning priorities and ensure that advocacy services are available universally rather than to specific closely defined groups. It will also make better use of resources and avoid gaps and reduce duplication.
- The identification and elimination where possible of system shortfalls which create the need for advocacy will improve the quality of services

## **Project Scope and Approach**

There are a number of types of advocacy services and it's within the scope of this project to define the types of services; however this project will specifically focus on Independent Advocacy Services. This will include the current IMCA and IMHA statutory services.

The project will focus on services for adults and older people.

It is therefore proposed that this review will take the following approach:

- Define the definition and scope for advocacy
- Carry out Needs Assessment to form part of the JSNA.

- Identify and map existing types of advocacy
- Identify gaps in provision and unmet need
- Identify best practice models and quality standards.
- Identify partnership opportunities including sharing information and effective referrals.
- Identify and maximise any technological solutions.
- Produce and consult on findings.
- Make recommendations for future commissioning priorities for advocacy
- Make recommendations for any system changes/triggers to reduce the need for advocacy.

## **Governance**

It is proposed that Wellbeing and Health Partnership Executive retain an overview of the work and agree to establish an Advocacy Review Project Group to include representatives from Adult Services, the PCT, the Voluntary Sector and Service Users to:

- Identify, and where appropriate, address any problems that arise during the course of the review.
- Work with the Project Manager to develop the project and advise on all aspects.
- Work with the Project Manager to complete the final report.
- Actively contribute to the review and take on tasks as assigned.

The Newcastle Advocacy Network will be invited to act as a reference group to inform and act as a critical friend to the Group.

The Wellbeing, Health and Access Theme Board within the Adult Transformation Program will monitor the general progress and development of the advocacy review and assist in keeping to the timescales. The project will be supported by an Adult Services Project Manager and Policy Officers from the Social Policy and Inclusion Division of the City Council.

## **Recommendations:**

- To agree the aims, scope and approach outlined in the report
- To adopt the Advocacy review as a partnership project and understand that it may have implications for future commissioning by Adult Services and PCT.
- To agree to establish a cross-sectoral Advocacy Review Group
- To oversee and comment on the work as it develops

## **Contact**

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