

TO: EXECUTIVE
8th March 2016

ADVOCACY JOINT COMMISSIONING STRATEGY 2016-2021
DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND HOUSING

1 PURPOSE OF REPORT

- 1.1 To seek the Executive's approval of the proposed Advocacy Joint Commissioning Strategy for 2016-2021.

2 RECOMMENDATION(S)

- 2.1 That the Executive consider the Advocacy Joint Commissioning Strategy for 2016-2021.
- 2.2 That the Executive approve the strategy, subject to any comments and amendments.

3 REASONS FOR RECOMMENDATION(S)

- 3.1 The previous strategy for advocacy in Bracknell Forest covered the years 2012-2015 and therefore the strategic approach to commissioning advocacy services in Bracknell Forest is due for review and refresh. There have been significant legislative changes since the last strategy was developed that directly impact the commissioning and provision of advocacy services and the strategic approach needs to be updated to reflect this.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Advocacy services help people to speak up and be involved in decisions that affect their lives, or do these things for someone if they are unable to do it themselves. Advocacy can involve:
- helping someone to understand information
 - someone speaking up for, or acting on behalf of, themselves or another person
 - taking action to help people say what they want, secure their rights, represent their interests and help them get the support they need
 - making sure people feel part of the community and can contribute to it
- 5.2 During the lifetime of the last strategy, various legislative changes have taken place that affect the commissioning and provision of advocacy services. The Care Act 2014 introduced a broader advocacy duty, under which councils must provide access to

independent advocacy for people with care and support needs, and unpaid carers with support needs, who have substantial difficulty engaging with care and support processes. Additionally, the Health and Social Care Act 2012 transferred commissioning responsibility for Independent Mental Health Advocacy (IMHA) and NHS Complaints Advocacy from the NHS to local councils with social services responsibilities (CASSRs). As a result, the council is now responsible for commissioning four types of statutory advocacy:

- Independent Advocacy under the Care Act
- Independent Mental Capacity Advocacy (IMCA)
- NHS Complaints Advocacy
- Independent Mental Health Advocacy (IMHA)

5.3 In order to understand how advocacy services can best be provided locally, the following has been taken into account when developing this strategy and defining the priorities within it:

- relevant legislation, national guidance and research
- an analysis of the needs of the local population and how these may change in future
- the views and experiences of local people
- the current provision of advocacy services

5.4 People in Bracknell Forest were consulted between December 2015 and January 2016, and views were sought particularly from people who had used advocacy services in the past, people who could have used these services but did not, and people who may now be eligible for services due to changes in legislation or in their needs and circumstances. The results of this consultation, together with the other information identified in 5.2, informed the development of this strategy.

5.5 As well as drawing on the consultation results, the needs analysis in the strategy also uses data from the Office for National Statistics, the Health and Social Care Information Centre (HSCIC), the 2011 census, Department of Health reports, and two major national databases from the Institute of Public Care. Estimating the level of need for advocacy is inherently difficult, partly due to the fact that most advocacy is issue-based, people may choose not to have advocacy even if they are eligible for it, and statutory advocacy is provided only in specific situations or only when someone has difficulty understanding or being involved in decisions. These things are difficult to predict. Therefore, estimates have been produced by extrapolating from reliable national data sources and applying these to Bracknell Forest, as well as using population projections for the groups most likely to need advocacy.

5.6 Improvements are planned to the quality of advocacy services' performance monitoring data, and the consistency of this across different services, so that comparisons can be made, trends can be analysed over time, and use of resources can be more accurately demonstrated.

5.7 The priorities identified from the research and analysis in the strategy are based around the four domains of the 2015-16 Adult Social Care Outcomes Framework (ASCOF). These priorities are that:

People have as much choice and control as they want over their support

- People are supported to self-advocate
- Advocacy helps people to understand their rights

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- Services cooperate and coordinate to ensure seamless support

People understand what advocacy is and how it can help

- Information about advocacy is improved
- People are helped to understand advocacy

People can access the most appropriate type of advocacy when they need it

- Awareness is raised about different advocacy services
- Access to support is prompt
- Staff understand the value of advocacy and the types available

People are supported by high quality services

- Advocacy services meet recognised standards
- Advocates are supported to develop skills and expertise
- Impact and efficiency of services is effectively monitored and evaluated

Advocacy contributes to keeping people safe from harm

- Advocates will be non-judgemental, respectful, independent and impartial
- It is available in environments that help people feel safe and secure
- Advocacy will help people speak up and be involved in safeguarding enquiries and reviews

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The relevant legal framework and key issues associated with the commissioning of advocacy services are addressed within the main body of the report.

Borough Treasurer

- 6.2 The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Council's limited resources to key priorities.

In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Council's services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect.

Equalities Impact Assessment

- 6.3 Equalities screening was completed as attached at Appendix Two. No groups with protected characteristics were found to be adversely affected.

Strategic Risk Management Issues

- 6.4 An action plan will be developed for the delivery of commissioning intentions for advocacy services. Delivery of this plan is considered as a risk which can be mitigated by robust performance monitoring.

CONSULTATION

Principal Groups Consulted

- 7.1 A consultation was carried out between December 2015 and January 2016. Views were sought particularly from people who had used advocacy previously, people who could have used these services but did not, and people who might now be eligible for services due to changes in legislation or in their needs and circumstances.

The Adult Social Care Overview and Scrutiny Panel were invited to comment on the approach to the strategy and on the approach to commissioning advocacy services.

Method of Consultation

- 7.2 A consultation questionnaire was used and was available to be completed in various ways, including:
- Online, via the council's consultation portal
 - On paper, in standard print
 - In a large print format
 - In an easy-read format
 - With the support of staff from local services, such as advocacy and learning disability services

Representations Received

- 7.3 Approximately 90 comments were received from the 34 people who took part, along with quantitative data, and the results informed the priorities identified in the strategy. A summary of the consultation results is included in the strategy.

Background Papers

Appendix 1: Advocacy Joint Commissioning Strategy for 2016-2021
Appendix 2: Equalities Screening Record

Contact for further information

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