
**Manchester City Council
Report for Information**

Report to	Health and Wellbeing Board – 5 November 2014
Subject	Care Act Advocacy Requirements - Development of a Manchester Advocacy Hub
Report of	Strategic Director, Families Health and Wellbeing

Summary

At the July 2014 meeting the Board received a report which outlined new independent advocacy requirements to be introduced under the Care 2014 with effect from April 2015. The report described the interaction between these new duties and existing statutory advocacy duties and set out proposals to establish a central Manchester Advocacy Hub.

The Advocacy Hub will provide a single, coherent, customer pathway to statutory advocacy services that support involvement, control and best interest decision-making in respect of ‘qualifying’ citizens within the care and support planning system, citizens who are subject to certain Mental Health Act orders and citizens who lack capacity in relation to specific health or care related decisions governed by the Mental Capacity Act.

Statutory advocacy services must be commissioned from an independent provider with no direct role in care or health provision.

This report sets out the next stages in the procurement process following wider consultations and discussions with stakeholders.

Recommendations

The Board is asked to note the arrangements outlined for the commissioning of the Manchester Advocacy Hub.

Board Priority Addressed

Strategic Priority 2 – educating, informing and involving the community in improving their own health and wellbeing;

Wards Affected

All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Care Act 2014, Published by TSO (The Stationery Office)

Care and Support Statutory Guidance, Issued under the Care Act 2014
Department of Health, October 2014.

MCC, Health & Wellbeing Board 2/7/2014 Report of Strategic Director of Families
Health and Wellbeing - Advocacy Support for Patient & Customer Voice following the
Francis Report
http://www.manchester.gov.uk/meetings/meeting/2258/health_and_wellbeing_board

Department of Health Circular, Deprivation of Liberty Standards (DoLS)
Judgment of the Supreme Court, P v Cheshire West and Chester Council and
another P and Q v Surrey County Council, Published 28th March 2014.

1. Background:

- 1.1 Previous reports set out the core requirement on the local authority when making any arrangements under the Care Act “to have regard to the assumption that the individual is best placed to judge their own wellbeing”, [S1 (3)] and to promote control by the individual over their care and support and the way in which it is provided [S1 (2) (d)].
- 1.2 From this requirement flows a duty to provide independent advocacy to support “qualifying citizens” through all aspects of the care and support assessment / planning process and safeguarding enquiries. This new duty sits alongside existing statutory duties to provide Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act and Independent Mental Health Advocates (IMHA) under the Mental Health Act.
- 1.3 The term “qualifying’ citizens refers to the Care Act legal test which requires the local authority to provide an independent advocate to support the involvement of those citizens who would otherwise have “**substantial difficulty**” being involved in their care & support planning and decision-making - as a result of lack of understanding, difficulty in retaining or weighing information or communicating their wishes and feelings, **and** who have no appropriate relative or friend to undertake that role. Such citizens will be assumed to retain capacity however careful assessment and judgement will need to be applied.
- 1.4 Care Act Regulations and Statutory Guidance emphasise the commonalities across these three statutory advocacy duties, the shared competencies required and whilst avoiding any specific direction as to a single service it is made clear that duplication of advocacy roles must be avoided and a consistent, seamless service provided to the end-user.
- 1.5 MCC currently contracts with six providers to deliver ten advocacy related contracts serving different segments of the community, there are significant service gaps, duplicated costs and small contracts lack the scale to support innovation and the IT investment essential to understanding and managing service demands.
- 1.6 The concept of a single Manchester Advocacy Hub has therefore been developed as response to these service requirements, in order to deliver prompt seamless allocation of independent advocates across all customer segments (avoiding any bureaucratic delay in the assessment process) and to provide best value in terms of a simplified contractual structure and investment scale.

2. Consultation:

- 2.1 It is of course important that any service that seeks to support citizen involvement should from the outset seek to engage with them and sustain their active involvement in shaping the service.

- 2.2 Consultation took place over the period of September 2014. The consultation was built around an electronic questionnaire published on the MCC website, a helpline number was provided, with paper copies of the questionnaire and wider assistance made available to support those with access issues.
- 2.3 The consultation was launched via a public meeting to which people in receipt of services and disability groups were invited and this was publicised via a range of electronic / traditional media with the support of the Voluntary and Community Sector (VCS) infrastructure organisation Macc. In addition a number of consultation presentations took place with user / carer groups and a soft market testing event was held with various VCS organisations that make up the advocacy provider sector to outline the proposals and invite comments.
- 2.4 The consultation was addressed to those with experience of using advocacy services or supporting citizens to access advocacy, those with direct experience of working within advocacy services as a professional or volunteer and to interested members of the public as potential users of the service.
- 2.5 The questionnaire outlined the requirements of the Care Act and the Council's proposal to establish a central Manchester Advocacy Hub. It then asked a number of questions in respect of the respondent's experience of advocacy services, their views on the proposal to establish a central Hub, the services that Hub should include and how the Hub might be best structured to address the needs of different customer segments. The questionnaire also gathered the standard equalities monitoring data.

3. Feedback from the Consultation:

- 3.1 In total 105 completed questionnaires were received along with two personal representations.
- 46% of respondents had previous direct personal experience of using the assistance of an advocate.
 - 85% of that group used the services of an advocacy organisation, the remainder using the support of a relative or friend.
 - 44% of those who used an advocacy organisation accessed that organisation with the assistance of a professional health or social care worker, 22% were assisted by a VCS organisation.
 - 88% of those who used an advocacy organisation used a locally contracted organisation
 - 95% of those who used an organisation agreed that the advocacy service assisted them to understand all or most of their rights and 80% agreed that advocacy helped them to be more involved in their care and support planning

- 89% of those with direct experience of using advocacy services and 72% of total respondents agreed or tended to agree that an Advocacy Hub was a good way to organise the service.
- 73% of total respondents agreed or tended to agree that the Hub should include access to all statutory advocacy services
- 87% of total respondents agreed or tended to agree that the Hub should not simply provide independent advocates but should also support relative or friends acting as informal advocates
- 58% of respondents favoured an Advocacy Hub that embraced a number of specialist organisations, 27% supported a single provider organisation for all advocacy services, 15% expressed no preference.

3.2 The formal summary of consultation responses will be available on the Council Consultations and Surveys web page for the next three months.
http://www.manchester.gov.uk/info/200024/consultations_and_surveys

4. Manchester City Council Response to the Consultation:

- 4.1 The consultation responses demonstrate significant support for the introduction of a Manchester Advocacy Hub as a central access point for all statutory advocacy services and as a wider source of support for relatives, friends and organisations providing informal advocacy support. This positive view was reinforced in wider discussions with a range of user and professional groups.
- 4.2 The consultation also demonstrated high satisfaction levels with the outcomes achieved for people who had used the services through local advocacy providers and strong support for an Advocacy Hub which encompassed a range of specialist providers as opposed to a single service provider. These messages will be taken forward within the weightings that will be attached to the procurement process.
- 4.3 The consultation heard a number of concerns from people who had used the services and VCS organisations in respect of the potential loss of familiar support organisations and trusted advocates. VCS organisations in particular were concerned that the concentration of funding on a central Hub focussed exclusively on statutory advocacy requirements, with access determined purely by professional referral could potentially deny independent access to advocacy and undermine the funding of local organisations that play a valuable preventive role in supporting citizens to challenge and obtain appropriate care & support.
- 4.4 However, in order to mitigate such risks, within the procurement process we will utilise the Public Service (Social Value) Act 2012 to ensure that value beyond solely financial costs are included in the procurement decision.

- 4.5 The successful provider will be required to demonstrate a strong record of partnership working and to provide strategic leadership to attract additional funding to sustain lower level advocacy services, create meaningful volunteering opportunities and progressively reduce reliance on the Council for non-statutory funding.
- 4.6 It is also proposed that a Manchester Advocacy Steering Group is established with representation from the Council, the Manchester CCGs, the VCS and user groups in order to provide coordination and independent oversight of a service which must operate at arms length from the Council
- 4.8 The successful provider will also be required to obtain and maintain the National Advocacy Quality Performance Mark as an independent measure of quality.

5. Procurement Strategy and Financial Envelope:

- 5.1 Whilst the extension of advocacy rights will make a very positive contribution by extending engagement, choice and individual control within the care & support system, this development takes places against a background of competing demands for the limited funds available to support the implementation of the Care Act. It is therefore essential that the proposed model enables statutory requirements to be met and this will be heavily dependent on accurate forecasting of demand.
- 5.2 Demand in respect of all potential advocacy work streams is increasing. Government and LGA impact assessments have been applied in the Manchester context which indicates that the eventual cost of all statutory advocacy demands could exceed £1million p.a. within the next 2/3 years.
- 5.3 The rate of growth will be progressive and difficult to predict within the context of new Care Act processes and increased workloads arising from the application of the West Cheshire (Supreme Court) judgement which has substantially increased the reach of the Mental Capacity Act / Deprivation of Liberty Safeguard (DoLS) in respect of care and support planning within domestic / community settings.
- 5.4 A three year fixed cost & volume contract will be sought based on a conservative measure of demand which will fit within the financial envelope. In addition to the block purchase element, a spot purchase price will be sought which will provide the flexibility to purchase additional units of advocacy in response to any actual additional demand growth above the agreed volume.
- 5.5 In line with the Manchester public service reform approach the specification will also contain measures which will promote independence and mutual support. The Hub will develop tools to support self-advocacy and support relatives and friends who step-forward to act as informal advocates, thus reducing demands on local authority costs and responding to messages from the consultation. The Council will also develop a strategic partnership with the

VCS to attract additional external funding to develop lower level services and volunteering opportunities.

6. Recommendations

- 6.1 The Board is asked to note the arrangements outlined for the commissioning of the Manchester Advocacy Hub.