

Report to the Cabinet

Meeting to be held on Thursday, 14 June 2018

Report of the Head of Service Policy, Information and Commissioning (Start Well)

Part I

Electoral Division affected:
(All Divisions);

Budget Option Consultation: Lower-level Advocacy Services

(Appendices 'A' and 'B' refer)

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Executive Summary

On 8 February 2018, Full Council agreed a number of specific saving areas, which would be subject to further consultation prior to a final decision being made by Cabinet.

One of these areas is the county council's provision of "lower-level advocacy" services, which help vulnerable people understand information about public services, have their voice heard and their rights protected. Advocacy involves one-to-one support to help people access public services equitably. The service is non-statutory.

This report presents the results of the consultation and its impact on the related policy recommendation.

This is deemed to be a Key Decision and the provisions of Standing Order C19 have been complied with.

Recommendation

Cabinet is asked to agree to the implementation of a 50% reduction in the budget for lower-level advocacy for the remainder of the current contract.

Background and Advice

Advocacy helps people to obtain and understand information about public services and speaks up for people in situations where they don't feel able to speak for

themselves. This is usually done through the role of an "advocate" who often attends meetings with service users in a supportive role. Advocates must be independent of health and social care services.

Advocacy services in the county council area are available through a Single Point of Contact Service. The Single Point of Contact Service assesses the person's need, if any, for advocacy. If the person is eligible for statutory advocacy, the Single Point of Contact service will refer the person to the statutory element of the contract.

If the person is not eligible for statutory advocacy, the provider of the Single Point of Contact service (NCompass Northwest Ltd) can offer a "lower-level" advocacy service. "Lower-level" advocacy is available to adults aged 18+ who are dealing with adult health and social care services. It is usually provided via a time-limited session(s) of support offered either face-to-face, over the phone or online and involves information and advice, signposting, and professional support.

Lower-level advocacy is not a statutory requirement. However, this type of independent, specialist advocacy is not available free of charge anywhere else in the county from either another statutory agency or via any other means.

The budget option considered by Full Council on 8 February 2018 proposed to reduce the budget for lower-level advocacy by 50% for the remainder of the current contract. If approved, the contractually-mandated three-month notice period means that the current contract will be reduced by 50% from September 2018 to May 2019. The current annual contract value is £0.148m. This will result in the achievement of the £0.074m annual saving, although due to the delayed implementation, there will be an in-year pressure of £0.012m which will be managed by the Adult Social Care budget overall.

An eight-week online consultation and a review of the Equality Analysis have been undertaken. The county council received 20 responses to the consultation, mainly from health and social care professionals. The majority of responses objected to the budget proposal.

Review of the service

Current provision can be summarised as follows:

- **Level 1** provides support to customers who are able to self-advocate but need help to access and understand specific information before feeling confident enough to act more independently.
- **Level 2** provides a single session of face-to-face support with an experienced and trained advocate.
- **Level 3** provides a maximum of six face-to-face sessions for those customers experiencing complex issues with public services, e.g. informal patients who need support to understand and advocate for their rights.
- **Level 4** is a referral to statutory advocacy (e.g. under the Mental Health Act, Mental Capacity Act and/or the Care Act).

The numbers of people accessing the Single Point of Contact Service in 2017-18 can be categorised as follows:

Number of contacts at each level of advocacy	Total
Number of contacts resolved via Level 1 support	2,728
Number of contacts resolved via Level 2 support	246
Number of contacts provided with Level 3 support	180
Number of contacts resulting in access to statutory advocacy	803
Total	3,957

Figure 1: Numbers accessing the Single Point of Contact Advocacy service Qs 1-4 2017-18.

The budget option considered by Full Council on 8 February 2018 proposed, subject to consultation, to:

- Continue providing the Single Point of Contact Service for triage and referrals.
- Continue to provide statutory advocacy services.
- Reduce the budget for "lower level" advocacy services by 50% for the remainder of the contract, which ends 1 May 2019.

If accepted, the proposals will mean that Level 3 support would be discontinued for the remainder of the contract. Face-to-face support would be removed from Level 2 and replaced with a single session of one-to-one contact, provided via telephone, or email (or other digital channels) only. The single point of contact and initial screening service, as well as Level 1, would remain in place.

In 2017-18 Level 3 was accessed by 180 people and Level 2 by 246. We expect similar numbers would be annually affected by the cessation of Level 3 and changes to Level 2 provision should the proposal be accepted.

The client groups accessing Levels 2 and 3 support the most are those with mental health issues, followed by those with a communication difficulty and people with a learning disability.

Customers who have received lower level advocacy support have been supported with various issues including:

- Their rights as an informal patient in secure settings.
- Support with care and support for individuals that do not meet Care Act criteria.
- Advocacy support with a health/social care complaint/child protection issues.
- Accessing and dealing with mental health services.
- Accessing and dealing with GPs and other health professionals.
- Accessing and dealing with health/social care services.

The statutory element of the advocacy service would remain in place and is unaffected by these proposals.

Current contracts between the county council and advocacy providers have been in effect since May 2016 and are due to end in May 2019. A full review of advocacy services will be carried out later in 2018 in preparation for the awarding of a new advocacy contract and the selection of a new provider, or providers, to deliver our advocacy services from the beginning of May 2019.

There are no changes required to the saving recommendation and we are therefore able to move forward with the implementation of the change taking account of the considerations in this report. Full consideration has also been given to the Equality Analysis associated with this change and an updated assessment is set out at Appendix 'B'.

How we consulted

An online public consultation was subsequently carried out between February and April 2018. The county council received 20 responses. The vast majority (61%) of respondents were professionals with one service user and three carers also among the respondents. The current service provider also responded to the consultation. An elected member of the county council also responded.

The consultation report is set out at Appendix 'A'.

In summary, the consultation found that:

- Respondents indicated an extremely high level of satisfaction with current services with 100% of respondents who supplied an answer saying they were either "very satisfied" (71%) or "fairly satisfied" (29%) with the service received.
- 85% of respondents disagreed with the proposal to no longer provide level 3 support (15% "tend to disagree" and 70% strongly disagree).
- 70% of respondents disagreed with the proposal to only provide one-to-one support via telephone or email (or other digital channels) for level 2 support (5% "tend to disagree" and 65% "strongly disagree"). 20% of respondents agreed with the proposal (5% "strongly agree" and 15% "tend to agree").

Respondents were also asked about their views on the likely impact of the proposals. The majority of the responses to this question focused on the likelihood of individual needs going unmet, the role of preventative services in reducing the demand for statutory services, and the appropriateness of certain types of communications. Comments received include the following:

"There are many people who simply do not understand their rights or the information being presented to them to make sometimes complex decisions in relation to their care and well-being and the advocacy service is essential to support these individuals from an independent stance."

"The proposed change will have a devastating effect on service users. As a health professional dealing with adults at risk of abuse, neglect, or exploitation, the lack of the frontline advocacy service will result in greater levels of vulnerability, unmet needs, hospital admissions etc. In the medium term, the cost burden to the local authority will outweigh the benefits of any cuts now."

"If people need advocacy they need the support of a physical person rather than an email and phone call. A one-to-one session gives the opportunity to look at documents side by side and sort through the, understand what they mean etc. As human beings we need an actual person at such times!"

"It actually doesn't cost that much and the saving will be minimal. A 50% cut in funding is way higher than is sustainable to deliver an effective advocacy service at any level."

"Currently, the advocacy support offered by LCC is a shining example of an authority 'getting it right' – protecting and supporting its vulnerable residents to prevent the individual's needs from getting worse. I would be very concerned if the proposed cuts went ahead."

Comments stating that the likely impact would be minimal were also received.

In response, county council officers will consider the views outlined above in developing new neighbourhood-based models of care that will enable people to access local support. The county council is working with health partners to develop a social prescribing model and enable people to better support themselves in their communities. In addition, the county council is currently developing a Third Sector commissioning strategy so that we can more effectively signpost people to local support services.

Risks and Mitigation

There is a risk that reduction of the service may have a number of unintended consequences related to demand for support by users of the health and social care system. Changes to the service may create new demands on other services and may create new unmet needs.

This type of independent, specialist advocacy is not available free of charge anywhere else in the county and the current service, operational since May 2016, offers a reduced level of this type of advocacy compared with previous arrangements in place from 2013-16 (when, for instance, service users could have cases open until they felt the issue was resolved).

The current provider has confirmed that, should the proposal be accepted, changes would be made to the current service. Those who previously accessed Levels 2 and 3 support would not be able to access face-to-face support. This group would instead rely on informal, peer-based or community-based forms of support, either from friends or family, or local voluntary or charitable groups, or online. Beyond the remaining support available at Levels 1 and 2, there would be no formal face-to-face

advocacy to support people accessing health and social care services who do not qualify for statutory advocacy.

Any disadvantage suffered by specific client groups could be addressed via the provision of enhanced information and advice about lower-level advocacy, self-help guides, and other materials and advice.

It is noteworthy that the consultation prompted a number of responses from health professionals who overwhelmingly urged retention of the current service. In the future, lower-level advocacy services could be co-resourced between the county council and the National Health Service following appropriate discussion and consultation.

The Equality Analysis is set out at Appendix 'B'.

Consultations

The proposed budget option has been consulted upon.

Implications:

This item has the following implications, as indicated:

Financial

If this budget saving receives final approval following consultation, the contractually-mandated three-month notice period means that the current contract will be reduced by 50% from September 2018 to May 2019. The current annual contract value is £0.148m. This will result in the achievement of the £0.074m annual saving, although due to the delayed implementation, there will be an in-year pressure of £0.012m which will be managed by the Adult Social Care budget overall.

Legal

There is no legal requirement for the county council to provide lower-level advocacy. The county council currently meets its statutory obligations to provide certain types of advocacy services.

List of Background Papers

Paper	Date	Contact/Tel
http://council.lancashire.gov.uk/mgAi.aspx?ID=48496	8 February 2018	Kieran Curran/(01772) 536068

Reason for inclusion in Part II, if appropriate

N/A