



Lancashire advocacy services

Consultation report

www.lancashire.gov.uk





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1. Executive summary

For the consultation, the consultation questionnaire was available online at www.lancashire.gov.uk.

The fieldwork ran for eight weeks between 26 February and 22 April 2018. In total, 20 online questionnaires were completed.

1.1 Key findings

- When asked if they agree or disagree with the proposal to no longer provide level 3 support, three respondents said that they tend to agree with it, three respondents said that they tend to disagree with the proposal and 14 respondents said that they strongly disagree with the proposal.
- When asked if they agree or disagree with the proposal to only provide one-to-one support via telephone or email (or other digital channels) for level 2 support. Four respondents agreed with the proposal and 14 respondents disagreed with the proposal.
- When asked for details about the impacts of the proposals respondents key concern was centred around the fact that it is an important preventative service and the small saving being made is likely to be outweighed by impacts elsewhere (eg problems that need escalating, so impact on other council services).

2. Introduction

Due to severe budget constraints the county council proposes to reduce the provision of advocacy that is not required to be provided by law.

Specifically, the county council proposes to reduce the budget for lower-level advocacy services by 50% for the remainder of the contract, which ends 1 May 2019.

The county council will make a final decision on the proposals following an eight-week public consultation and production of a final Cabinet report. All submissions to the consultation will be considered.

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 support 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 support, would remain in place.

The statutory element of the advocacy service will remain in place as it 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.

3. Methodology

For the consultation, the consultation questionnaire was available online at www.lancashire.gov.uk. An easy read version of the questionnaire was available to download from the website and a paper questionnaire was available on request.

The fieldwork ran for eight weeks between 26 February and 22 April 2018. In total, 20 online questionnaires were completed.

The main section of the questionnaire included 6 questions. The remainder of the questionnaire asked for information about the respondents. For example, if they are a service users and what level of the service have they used. The main section of the questionnaire covered two main topics: respondent's satisfaction with advocacy services; and respondent's views on the proposals. The proposal were outlined and then respondents were asked: if they agree or disagree with the proposal to no longer provide level 3 support; if they agree or disagree with the proposal to only provide one-to-one support via telephone or email (or the digital channels) for level 2 support. Respondents were also asked two open questions about what impact they think that the proposals will have on them, and if there was anything else that they wanted to tell us about low-level advocacy support.

3.1 Limitations

The limited number of responses from service users means that this report cannot infer what the views of service users are.

As only one service user and three carers responded to the consultation their responses to the demographic questions have not been reproduced in this report.

4. Main findings

4.1 Use of Lancashire advocacy services

Respondents were first asked if they were a service user, carer or someone else.

One service user and three carers responded to the consultation. 11 professionals, a senior service manager at n-compass advocacy, an elected member of Lancashire County Council (LCC), and a member of the public also responded to the consultation.

Table 1- Thinking about Lancashire's advocacy services, which of the following best describes you?

	No.
A service user	1
A carer	3
A professional	11
n-compass senior service manager	1
An elected member of LCC	1
A member of the public	1

Base: all respondents (19)

Respondents were then asked if they (or the person they carer for) had used advocacy services provided by Lancashire County Council since May 2016. Four respondents said they had used the support levels 1-3 and two respondents said that they had used level 4 support.

Table 2- Have you (or the person you care for) used advocacy services provided by Lancashire County Council since May 2016?

	No.
Yes, level 1 support (help accessing or understand information before moving forward independently)	4
Yes, level 2 support (a single session of face-to-face support)	4
Yes, level 3 support (more than one face-to-face session)	4
Yes, level 4 support (statutory advocacy)	2
Yes, but unsure which level of support	2
No	7
Not applicable	6

Base: all respondents (19)

Respondents were then asked how satisfied or dissatisfied they are with the advocacy service they received.

Five respondents said that they are very satisfied with the advocacy services they received and 2 respondents said that they are fairly satisfied with the advocacy services they received.

Table 3- How satisfied or dissatisfied were you with the advocacy services you received?

	No.
Very satisfied	5
Fairly satisfied	2
Neither satisfied nor dissatisfied	0
Fairly dissatisfied	0
Very dissatisfied	0

Base: all respondents (7)

4.2 Views on the proposals

Respondents were presented with the following information.

"A total of 156 people accessed level 3 support in 2017. This represents approximately 5.3% (156 out of 2,935) of the total number accessing LAH. It is proposed that people previously supported under level 3 would in future be supported at level 2 with one-to-one support provided via telephone or email (or other digital channels) only."

They were then asked if they agree or disagree with the proposal to no longer provide level 3 support. Three respondents said that they tend to agree with the proposal, three respondents said that they tend to disagree with the proposal and 14 respondents said that they strongly disagree with the proposal.

Table 4- Do you agree or disagree with the proposal to no longer provide level 3 support?

	No.
Strongly agree	0
Tend to agree	3
Neither agree nor disagree	0
Tend to disagree	3
Strongly disagree	14
Don't know	0

Base: all respondents (20)

Respondents were then asked if they agree or disagree with the proposal to only provide one-to-one support via telephone or email (or other digital channels) for level 2 support. Four respondents agreed with the proposal and 14 respondents disagreed with the proposal.

Table 5- Do you agree or disagree with the proposal to only provide one-to-one support via telephone or email (or other digital channels) for level 2 support?

	No.
Strongly agree	1
Tend to agree	3
Neither agree nor disagree	2
Tend to disagree	1
Strongly disagree	13
Don't know	0

Base: all respondents (20)

Respondents were then asked what impact they think that these proposals will have on them. This question was an open question and the comment are presented in full by the type of respondent (ie service user, professional).

The key concern is that it an important preventative service and the small saving being made is likely to be outweighed by impacts elsewhere (eg problems that need escalating, so impact on other council services).

What impact do you think that these proposals will have on you?

Service user

If someone requires advocacy then surely a significant proportion need face to face support. Actually sitting down with a person and talking about the issue and formulating a way forward is so beneficial. 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! My experience of using the advocacy service was in the middle of a very complex complaint to the NHS so being able to talk through were we were in the very difficult process was vital. The experience with the NHS had been very traumatic, it wasn't easy to discuss in detail over the phone or in an email. Surely the saving made by changing the level of the service will not make a significant difference to the deficit? If people need advocacy they are usually in a very distressing or difficult situation, they deserve a service with all avenues available for communication.

Carers

Carer 1: Doubt it will have an adverse effect.

Carer 2: I will unsure as to where to access services such the level of need increase.

Professionals

Professional 1: Many of our service users will have their needs unmet. Advocacy is an essential service to the people of Lancashire and without it we would have nowhere to send people and no way of helping them.

Professional 2: More people will struggle and be unsupported. More people in crisis in Lancashire Once again front line services being cut rather than people at the 'top' Less people will get the support they need

Professional 3: It is disappointing that preventative services that are mandatory are proposed to be cut. Is there not evidence that they are effective in supporting people in specific need? Has there been any exploration about the impact of not funding this service and the likely impact on other more costly services further downstream,

or is that not considered the County Council's responsibility (surely we are looking at a joined up vision of health and social care moving forward).

Professional 4: The advocacy service helps and supports people at all levels. Health & social care procedures are difficult enough for people working in the sector to navigate let alone the general population especially those that may have barriers that are not statutory but significantly affect their ability. Reduction in this service will lead to poorer outcomes for people and an escalation in higher level services being required later. In short it will cost more in the long term.

Professional 5: There will be a delay in service users or carers receiving the support they both require and are entitled to. 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.

Professional 6: 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.

Professional 7: Difficulty in obtaining people's views who are vulnerable and need support due to their individual circumstances, this could also delay the work we do with them and slow down the decision making etc.

Professional 8: vulnerable residents, in need of additional support will be left exposed and without timely, personalized support their issues will escalate exponentially

Professional 9: They will not have an impact on me, personally but I think that mental health users do from time to time have a need for advocacy.

n-compass advocacy senior service manager

I am completing this consultation as the n-compass Advocacy Senior Service Manager with my submission detailing how the proposal will impact upon;

- Individuals requiring face to face generic advocacy support
- Professionals accessing advocacy support on behalf of an individual
- Individuals currently employed via the funding of the generic advocacy contract
- Individuals requiring face to face generic advocacy support.

The Lancashire Advocacy Hub, delivered by n-compass, started in May 2016 to provide a single point of contact for all advocacy related enquiries and preventative generic advocacy support. The service is currently available to adults across

Lancashire who require support to have their voice heard and rights safeguarded when accessing mental health, general health and social care services.

To date, the service has supported 3,177 adults of which 57% suffer from serious mental health problems, 19% have a learning disability and 24% have various issues including caring responsibilities, communication difficulties and multiple long term health problems and face issues in relation to safeguarding family members / loved ones, access to health services including GP's and mental health support, barriers in accessing statutory advocacy support, child protection issues and various issues in dealings with social care services.

Should the Councils proposal to reduce the service be agreed all face to face support will be discontinued. Since May 2016, to date, a total of 759 vulnerable adults have required this support in order to access the health and social care they are entitled to and so desperately need, in the most recent quarter (Jan - March 2018) n-compass has experienced a 130% increase in the amount of individuals requiring face to face support.

If the proposal goes ahead the remaining levels of service will not be able to meet the proven demand in Lancashire for this provision and without face to face generic advocacy support it is likely the service users care needs will go unmet for longer or will reach crisis point putting additional strain on the already slim resources available within the public sector and, against the maximum saving of £37,000 to the council it prompts the question that the reduction in this service could result in more costly support being required in the future.

This service is a much needed preventative provision and generic Advocacy is a specialist field which cannot be replaced by other existing services. Advocacy organisations are required to hold the national advocacy quality performance mark and advocates are to achieve an advocacy qualification.

The role requires specialist knowledge across many health and social care related legislations and the ability to exercise such knowledge accordingly and appropriately on behalf of the vulnerable people it serves. Impact on partners In the event of a health / social care professional or voluntary organisation referring to the service for a client whose needs cannot be met by telephony or electronic communication the referral will be refused due to the gap in provision the proposal will create.

Health and Social care professionals tend to refer to advocacy support when they feel their clients need independent support to resolve their health and social care issues which can include:

- A breakdown in communications with their allocated health / social care worker
- The professionals feels the client doesn't understand their rights in relation to the issue
- The professional feels the client is making an unwise decision but doesn't trust the professional enough to elaborate communications to support them to understand the consequences of certain decisions and therefore make an informed decision

- The professional feels their client needs independent support to challenge decisions being made about their health / social care. Individuals currently employed via the generic advocacy contract.

Should the proposal go ahead the service will need to reduce the amount of staff whose positions are funded by the contract by 1.2 full time equivalents (2 people). These staff members are trained and experienced advocates who expected their employment to last until the end of the life of the contract in April 2019, at which point their jobs will have been protected under TUPE legislation but they are now potentially facing redundancy.

Member of the public

I feel this service offers valuable support to individuals who have no other support, and don't know where to turn. Without properly funding an advocacy service an individual would not have their rights met.

Is there anything else that you would like to tell us about how we provide low-level advocacy support?

Service user

It is really important that low level advocacy remains to be funded for one to one support for as long as needed. With the difficulties in the NHS and the Social Care system those who are receiving treatment must have a voice. Carers also require a means of accessing advocacy on behalf of those they care for. I think this proposal is not appropriate for the people of Lancashire.

Carers

It is a very useful and helpful service to those that need it - where else would I go?

Professionals

Professional 1: This is a very valuable service and the fact this is potentially being cut it worrying. As I regularly signpost people to this service i know this will cause a huge 'gap in services'

Professional 2: 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. I don't believe this consultation will make a blind bit of difference as LCC are virtually bankrupt if rumours are to be believed. I don't believe this cut will make a lot of difference to the LCC budget but will affect people who just need short term support and pointing in the right direction.

Professional 3: With pending changes to the Mental Capacity Act and the likelihood of an increased statutory level of advocacy support, this idea seems to be short sighted and not cost effective when you consider that you will have to train a significant number of staff (and pay for qualifications) in the near future. Currently, the advocacy support offered by LCC is a shining example of an authority 'getting it right' - protecting and supporting it's vulnerable residents to prevent the individuals needs from getting worse. I would be very concerned if the proposed cuts went ahead.

Member of the public

Face to face support allows a staff member to properly assess the needs of a service user that would not be able to happen without face to face support