

Report to: **Adult Social Care Scrutiny Committee**
 Date: **19 November 2009**
 By: **Director of Adult Social Care**
 Title of report: **Access to Social Care – Putting People First**
 Purpose of report: **To update Scrutiny on recent developments in relation to advocacy in the context of Putting People First (PPF) and the Transforming Adult Social Care agenda**

RECOMMENDATION

The Scrutiny Committee is recommended to:

1. Consider and comment on the contents of this report.

1. Financial Appraisal

1.1 A sum of £150,000 has been set aside in the East Sussex allocation of the Social Care Reform Grant to support PPF Independent Advocacy development in 2009/10. This will support the pilot work with the three host agencies, setting up a county-wide event and the follow up arrangements relating to both.

1.2 The need to ensure ongoing access to Independent Advocacy services in 2010/11 has been recognised through the Reconciling Policy and Resources process and a funding allocation has been made of £165,000 in 2010/11 (PYE July 2010 – March 2011). The need to ensure access beyond March 2011 has also been logged in advance of future RPR processes.

2. Background and Supporting Information

2.1 Increasing choice and control for people who need care and support services is a core component of Putting People First. In PPF the provision of independent advocacy¹ services is central and is linked with support brokerage activities and User Led Organisation service models. These are key elements of the infrastructure that need to be put in place to underpin Self Directed Support and the use of Personal Budgets.

2.2 In their role as commissioners Local Authority Adult Social Care departments are being asked to acknowledge and strengthen the role of User Led Organisations as well as families, communities and other informal networks in providing information, advice, advocacy and support that is more personal to the individual.

2.3 In Putting People First, advocacy is linked to support brokerage as one of a range of activities that might be used to enable people to exercise choice, increase levels of control and secure the kind of support that is personal to them. Not everyone will need advocacy in every situation but as a general principle advocacy is seen to be an important element of personalisation and arrangements should be made for it to be easy to access when needed.

3. Work so far

3.1 In order to get a better understanding of what this might mean in practice, a PPF Advocacy Project has been set up by the PPF Programme Board. The PPF Advocacy Project consists of:

- (1) Running three pilots in 2009/10 and until 30th June 2010 to make independent (one-to-one) or 'formal' advocacy more accessible to older people, disabled people and carers who use social care services – areas where there are currently gaps due to an absence of specifically ASC contracted advocacy services. In addition to increased access, the pilots will secure learning about the nature of advocacy need for older people, disabled people and carers, by working in

¹ Independent Advocacy can be defined as an individual being supported to express views, communicate choices and receive services or participation as a result. It promotes social inclusion and equality

partnership with local user and carer led agencies that already have an overview of the advocacy issues across the county. The pilots will deliver the nature of specialist knowledge required; the balance of demand for independent (formal) advocacy (e.g. during Safeguarding Vulnerable Adults processes) and more generalist advocacy. The pilots involve:

- Two full-time independent advocates hosted by ESDA and Care for the Carers.
- Working with Age Concern East Sussex to build on their existing (non ASC commissioned) volunteer advocacy service for older people through providing accessible advocacy surgeries in localities utilising existing community establishments e.g. the Charter Centre and Firwood House.
- All three agencies hosting the pilots working together and with other organisations to draw out other angles to advocacy provision and personalisation, for example access for Black and minority ethnic and traveller communities and also where there are specific communication needs.

(2) Exploring with a range of independent advocacy providers the potential of setting up a county-wide advocacy forum to ensure an ongoing focus on quality and effectiveness, promoting good practice, training, and linking with other aspects of PPF development such as brokerage, information and advice.

3.2 In October engagement took place with the PPF Inclusion Advisory Group to look further into the implications for accessible advocacy and advocacy need across the spectrum of equality and diversity. Information from this session will be used to inform the model for advocacy services.

4. Next steps

4.1 In order to deliver contracted independent advocacy services from 1st July 2010 the PPF Advocacy Project Plan has been revised accordingly and now includes milestones for commissioning and tendering for service delivery from 1st July 2010.

4.2 An outcomes-based commissioning model will be developed. This will include ensuring that advocacy for all client groups is available including the pilot areas (older people, disabled people and carers) and other identified remaining gaps such as Black and minority ethnic people, traveller communities and people with mental health problems living in the community. Further engagement will take place with BME and traveller community stakeholder organisations through a meeting arranged in partnership with the VCS Speak Up Forum (11th November 2009).

4.3 A county-wide event is planned for 23rd November to engage with all advocacy providers across the county in developing independent advocacy services in the context of the Putting People First transformation agenda. This soft market testing event is designed to hear providers' views about a proposed outcomes-based commissioning model for independent advocacy, as well as outline the commissioning process leading up to contracts being in place from 1st July 2010.

4.4 Consideration is also being given with health partners to joining up some elements of advocacy resources and jointly commissioning the outcome-based independent advocacy model. This is with a view to potentially maximising advocacy resources in the county, as well as ensuring a streamlined experience of independent advocacy for service users.

5. Conclusion and Reasons for Recommendation

5.1 The Scrutiny Committee is recommended to note the contents of the report and progress to date.

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