

CHESHIRE EAST COUNCIL

CABINET

Date of meeting:	2 December 2008
Report of:	John Weeks Strategic Director (People Designate)
Title:	Commissioning Strategy - Advocacy

1.0 Purpose of Report

1.1. Independent advocacy has for many years been a key element along the spectrum of social care. Often provided close to the communities they serve, independent advocacy is set to grow in importance with the development of social care redesign and new legislation such as the Mental Capacity Act 2005 and the Mental Health Act 2007.

1.2. The purpose of this report is to briefly highlight the range of provision in Cheshire East and to propose, in high level terms, the commissioning approach for the future, in partnership with the PCT.

2.0 Decision Required

2.1. To approve the general approach to independent advocacy into the first year of the Council and beyond.

3.0 Financial Implications for Transition Costs

3.1. There are no transitional costs.

4.0 Financial Implications 2009/10 and beyond

4.1. Funding for independent advocacy comes primarily from the PCT and the Council for Mental Health and Older People's services. Funding also comes from the Mental Capacity Act grant. Funding for learning disability advocacy comes from the pooled budget and is therefore shared with the PCT. Self advocacy is funded from the Learning Disability Development Fund. More work is required on the disaggregation of this funding, which across Cheshire is £534,579.

5.0 Legal Implications

5.1. Up until recently, there has existed no statutory requirement to provide advocacy. It has, however, been regarded as an essential element of service provision, helping vulnerable people have their voices heard. The Mental Capacity Act 2005, has for the first time, given people who lack capacity and who are in certain circumstances the statutory right to advocacy, known as Independent Mental Capacity Advocacy (IMCA). The Mental Health Act 2007 amends the Mental Health Act

1983 to introduce similar statutory rights to advocacy to people who meet certain qualifying conditions, i.e. are liable to be detained under one of the Act's longer term sections for assessment or treatment or who are subject to Guardianship or a Community Treatment Order. This statutory duty will come into power in 2009. We are still awaiting guidance from the Department of Health as to how this service is to be commissioned and financed. Also, in 2009, the Deprivation of Liberty Safeguards will come into force. People subject to these safeguards may also be entitled to IMCA.

6.0 Risk Assessment

6.1. Advocacy provision is an essential element of the spectrum of social care. It is provided by a range of local organisations which have grown up from within local communities and their strengths are very much based on a strong identity with a locality and or specific user groups. They are significant generators of local social capital, supporting a wide range of activities around befriending, volunteering and welfare rights. As small organisations they are vulnerable to problems of cash flow and require a degree of stability from which they can confidently deliver their services. Failure of business continuity would impact on vulnerable service users and their carers and adversely effect external judgment of the Council's performance from Commission for Social Care Inspection. The Council would also fail in it duty to commission the IMCA service which is a statutory responsibility.

7.0 Background and Options

7.1. Cheshire East, along with Cheshire West and Chester, is unique in England for its commissioning approach to IMCA. All other local authorities have commissioned this service separately from their main advocacy providers, often geographically remote from their area. The advantage of the Cheshire East approach is to provide an holistic service, offering continuity of care with no hand-offs. This is not the case in other areas, where people may receive an IMCA advocate and another advocate for matters not directly linked to the Mental Capacity Act.

7.2. It is recommended that this approach continues

7.3. Similarly with the Mental Health Act, once we know the guidance around its implementation and crucially, the amount of grant funding, it is recommended to adopt the same approach. The mental health advocacy organisations are already providing this type of advocacy and this will enable them to build further on their level of service and expertise.

7.4. The commissioning of advocacy will need to continue to be developed jointly with the PCT. Some of the organisations are pan-Cheshire. The providers in east and west have also formed a federation, "Cheshire Independent Statutory Advocacy"(CIAS), which provides a forum for

the exchange of good practice and mutual support, e.g. will take referrals from each other if work flow is uneven between the partners. Currently, Macclesfield CAB receives an extra £5,000 from the MCA grant to provide administrative support to CIAS. Commissioners receive comprehensive statistical reports, including commentary and case studies, from CIAS which adds great value to our understanding of their work and provides good evidence to Commission for Social Care Inspection (CSCI) on outcomes.

7.5. It is recommended that the work of CIAS continues, at least for the first year, and is commissioned in co-operation with Cheshire West and Chester, on a 51:49 basis.

7.6. For those organisations that are pan Cheshire, it is recommended that they continue to be commissioned in co-operation with Cheshire West and Chester, again on a 51:49 basis.

7.7. Once the PCT boundaries are aligned, this current pattern of funding can be reviewed in line with the Council's commissioning strategy for advocacy.

8.0 Overview of Day One, Year One and Term One Issues

8.1. Day One, to achieve business continuity for the advocacy providers via joint funding between the PCT and the Council at the current level in accordance with their contract with Cheshire County Council.

8.2. In Year One, monitor and review the workload of all the providers. In respect of those providers which currently provide for both east and west Cheshire, review the level of funding in proportion to the work generated in co-operation with Cheshire West and Chester.

8.3. By the end of Term One reviewed the entire provision of advocacy to ensure that the service is efficient and effective. Depending on the results of this review, there may be a need to re-tender all or part of the advocacy service.

9.0 Reasons for Recommendation

9.1. To ensure stability and business continuity in to the first year of Cheshire East Council and to provide a secure base for the future growth and development of advocacy.

Appendix 1

Advocacy Provider and Funding	Service Group	Area Covered
Age Concern £125,701	Older People with MH	Across Cheshire
Cheshire Centre for Independent Living (CCIL) £30,281	Physical Disability	Across Cheshire
Crewe CAB £40,483	Mental Health	Crewe & Nantwich Borough
Macclesfield & Wilmslow CAB £60,047 (plus £5k for CISA)	Mental Health	Macclesfield Borough and Congleton Town
East Cheshire Advocacy £41,587	Learning Disability	Macclesfield Borough and Congleton Town
Independent Advocacy £39,587	Learning Disability	Vale Royal & Crewe & Nantwich & Congleton Boroughs, excluding Congleton Town
Self Advocacy (MENCAP) £33,087	Learning Disability	Two schemes covering West and East Cheshire

For further information:

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Background Documents:

*Documents are available for inspection at:
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