

Surrey County Council and NHS Surrey: Advocacy Commissioning Strategy

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- Setting the scene
- Why is Surrey County Council Working with the NHS to review Advocacy services?
- What are we doing?
- Why are we doing it?
- Empowerment Boards' input
- Importance of involving you throughout the commissioning cycle

The Taylor Family

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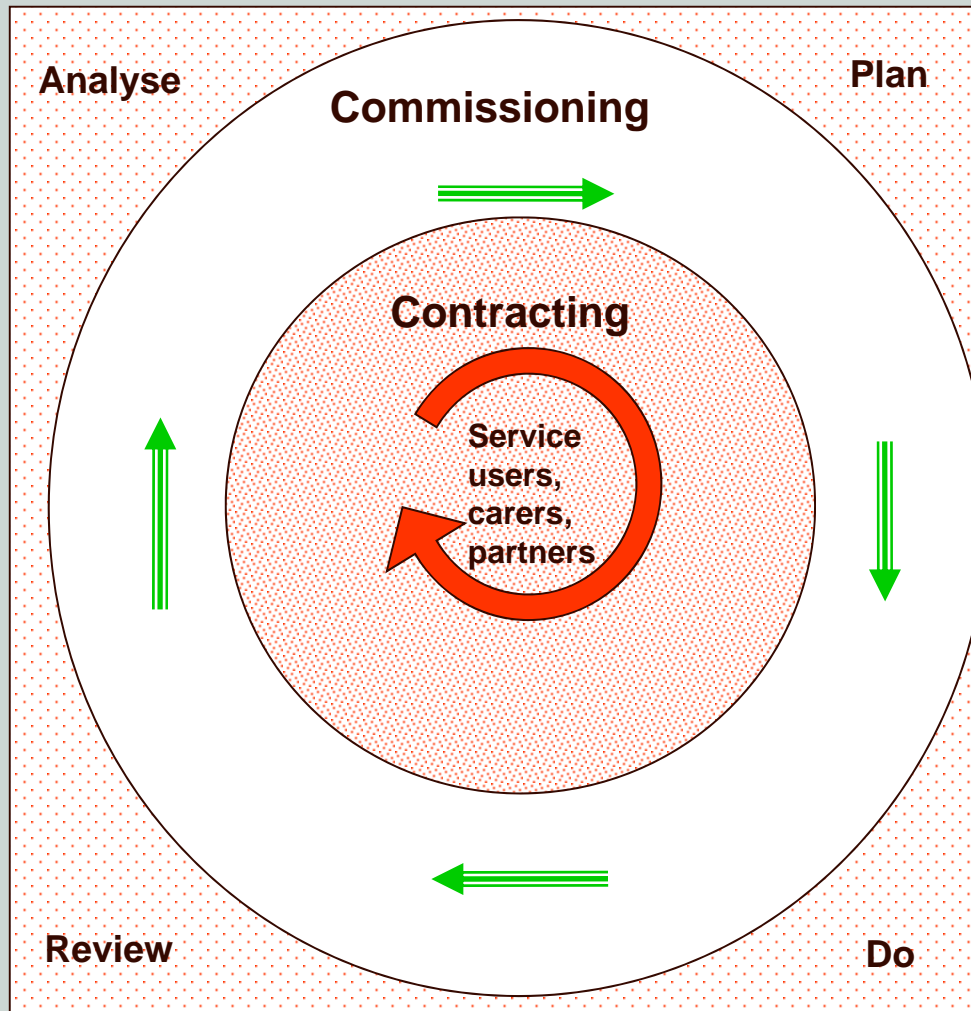
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**Think Family
– a whole system**

Commissioning cycle

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Each part of the commissioning cycle feeds into the next part.

People we support, carers and partners are at the heart of the cycle

Definitions of advocacy

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“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice”

Definitions of advocacy

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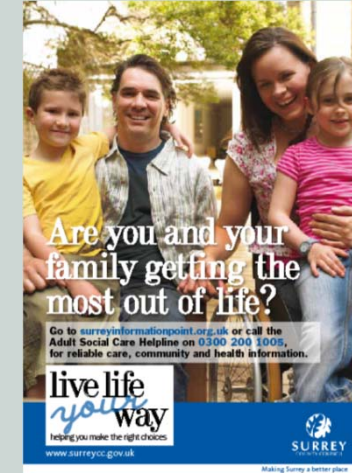


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- **Independent professional advocacy:** One to one support which is issue specific provided by trained staff
- **Peer advocacy:** People in similar situations come together, with or without a facilitator, to make common cause, draw strength from one another, and get their collective voices heard
- **Self-advocacy:** Means advocating on your own behalf and speaking up for change; it can also happen in groups
- **Citizen advocacy:** An unpaid citizen is supported to understand a person who is in a vulnerable situation, to ensure their rights and access to the community are upheld, and assist the person to get what they need and want. This may be a life long relationship.

- **Independent Mental Capacity Advocacy (IMCA):** Independent support and representation provided by trained staff to people who are assessed to lack capacity to make particular decisions about serious medical treatment or where they live or the management of their finances
- **Independent Mental Health Advocacy (IMHA):** help and support people detained under the Mental Health Act to understand and exercise their legal rights. This can be on an in-patient basis, or on supervised community treatment or guardianship.
- **The scope of this joint review is not to look at changing our contracting arrangements for these services which by law we have to provide.**

Information: The open and accessible supply of material deemed to be of interest to a particular population. This can either be passively available or actively distributed.



Advice: Offers guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements.

What we have done so far

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- Needs analysis stage - we have looked at:
 - National guidelines
 - Current services, mapping provision
 - Numbers of people who may need to use, or are using, advocacy services
 - LOCAL PEOPLE'S VIEWS AND EXPERIENCES
 - We spoke to 22 stakeholder groups, had 8 telephone interviews. Received feedback from 5 organisations; over 300 people expressing views

What have people told us that an advocacy service should have?

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- Knowledge of systems and processes of the issues people seek advocacy support for, including complex issues
“I needed someone to help me to climb through the hoops”
- Knowledge of specific impairments and conditions
- Appropriately trained and qualified staff
- A person-centered, confidential and non-judgmental approach, working within a social model of disability
“The starting point is the individual, not the impairment”
- Different types of advocacy support available

What have people told us that an advocacy service should have?

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- The advocacy support delivered in the setting of the individual's choice
- Links and have clear pathways with other services
- A continuity of advocacy support
- A proactive approach and working with people before their issues get worse (early intervention)
- Timely, flexible and responsive services

What have people told us about areas for development?

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- Equal access, for people with different impairments or conditions and across Surrey
- Clear definitions of information, advice and advocacy and the challenges of the grey areas in between
- Complexity of benefits system and changes will lead to increased demand
- Need to know what advocacy services are available and how to access them
- Advocacy support for self-directed support

What are the specific points for people with a physical or sensory impairment?

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- For people with a physical or sensory impairment, independence of the advocacy provider was particularly important, as was the provider being user-led
- It was also important that the provider could be contacted in different ways e.g. by text message, and that information was available in an appropriate format (including access to interpreters for Deaf people)
- A number of people stressed how important it was to have an advocate even if you did not have a care plan

What are the specific points for people with a learning disability?

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- For people with a learning disability, it was particularly important for the advocacy providers to be able to communicate and engage effectively
- Also, they should work with young people in transition and work with health services to increase awareness of autistic spectrum disorders



How can we make sure services include what you have told us is important?

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- We will seek regular feedback for people who use advocacy services
- We will speak to providers and make sure they know what your priorities are
- We will monitor providers to make sure they deliver what is important
- There are different ways we could organise advocacy services in Surrey **and have developed 4 options**

How we make sure advocacy services meet the priorities: option 1

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- **Option 1: One Surrey-wide generic advocacy provider that can ensure that all people who need advocacy can access their service. This provider could have arrangements with specialist advocacy providers for people who have complex issues.**
 - **Pros:**
 - There would be one clear route for people to access services
 - It would maximise competition to become the Surrey advocacy provider, leading to better value services for people
 - It would maximise the income for one provider
 - **Cons:**
 - People's choice of advocacy provider would be limited
 - Smaller organisations may be excluded
 - There may not be guaranteed work for the specialist advocacy providers working with the main provider
 - Services may not necessarily be local
- This option could be attractive to national organisations: could be seen as a pro or a con

How we make sure advocacy services meet the priorities: option 2

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- **Option 2: A countywide framework of generic advocacy providers, for example 2-5 providers covering Surrey.**
- **Pros:**
 - It would enable people to have choice of which advocacy provider they wanted to go to
 - It would not exclude smaller providers
 - There would be specialist advocacy providers
- **Cons:**
 - No one clear route for people to access services
 - Limited stability for providers
 - If dilute the money available too much, then this may be unsustainable for providers

How we make sure advocacy services meet the priorities: option 3

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- **Option 3: Split the county geographically into 2 or 4 areas and in each area have a generic advocacy provider**
- **Pros:**
 - More local
 - Would not exclude smaller providers
 - Providers could more easily make links with local organisations
- **Cons:**
 - People's choice would be limited
 - The contract value would be diluted by half or a quarter which may be off-putting to potential providers
 - There may not be specialist support available for those who needed it

How we make sure advocacy services meet the priorities: option 4

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- **Option 4: Have 2-3 providers providing a countywide generic service**
- **Pros:**
 - Would enable choice
 - Providers could work together to ensure they have specialist skills and knowledge of different disabilities/conditions
 - The contract value would enable providers to deliver a sustainable service
- **Cons:**
 - Potential for unequal distribution of work between providers

Any questions?

What happens next?

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- Today we get your feedback/ideas to inform planning
- We continue to develop the joint commissioning strategy and plan advocacy services
- In the autumn we ask advocacy providers to tender for services
- We will involve you throughout the commissioning cycle to make sure that you continue to have a say in future advocacy services

Table discussions

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- What do you think of the options for organising services from April 2012? What is your preferred option? Do you have any other suggestions?
- Are there any important things about an advocacy service that have been missed out?

To give further feedback, please contact:

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