

# MARKET POSITION STATEMENT

# ADVOCACY

MAY 2023

**WE ARE NEWHAM.**

# Overview

The Council is required by The Care Act (2014) and The Mental Capacity Act (2005) to provide:

- Care Act Advocates;
- Independent Mental Capacity Advocacy (IMCA);
- Independent Mental Health Advocacy (IMHA) including Relevant Persons Representative (RPR).

The Integrated and Independent Mental Health Advocacy (IMHA) Support Service has been delivered by VoiceAbility since September 2019.

**WE ARE NEWHAM.**

The initial 3 year contract term ended on 31 August 2022. A one year extension has been agreed from 1<sup>st</sup> September to 31<sup>st</sup> August 2023. There is scope to agree a second extension until August 2024, or go out to tender. This will be decided in June 2023.

Budget / Spend (2021/22): £305,000

This is made up of a block element (£250,000 pa) to deliver 10,600 hours of advocacy support per annum, and an additional element of £55,000 that can be flexibly drawn upon to spot purchase additional capacity as and when need fluctuates.

# Commissioned Activity

- The contract was extended in 2022 for an additional year.
- The extension included a reduction of the block contract by 25% due to underutilisation. This is being addressed and Quarter 4 of 2021/22 saw improvements and usage is rising steadily.
- The provider is developing a Communication Plan to promote the service and improving online support. They are working towards delivering all of the commissioned hours by the end of Quarter 2 (2022/23).
- An online portal for referrals by Health and Social Care professionals was developed and being promoted.

**Advocacy Uptake 2021 /2022 by number of residents**

	Q1	Q2	Q3	Q4	Total
<b>Type of Advocacy</b>					
Care Act Advocacy (ICAA)	198	211	229	247	885
General Advocacy - Adult	253	301	317	348	1219
IMCA	148	165	180	208	701
IMHA- Adult	256	297	325	356	1234
RPR	26	35	41	45	147
Rule 1.2	8	10	12	12	42
Total	832	920	993	1216	4228

# COMMISSIONED ACTIVITY



<u>Ethnicity Breakdown 21/22</u>	<u>Number</u>	<u>% of total</u>
Blank	112	21%
Asian/Asian British	92	17%
Black/African/Caribbean/Black British	137	26%
Mixed/Multiple ethnic groups	19	4%
White	147	28%
Other ethnic group	11	2%
Prefer not to say	8	2%
Total	526	

**WE ARE NEWHAM.**



# COMMISSIONED ACTIVITY



<u>Sexual Orientation 21/22</u>	<u>Number</u>	<u>% of total</u>
Blank	134	25%
Asexual	1	0.19%
Bi-sexual	5	0.95%
Heterosexual	277	53%
Homosexual	2	0.38%
Pansexual	2	0.38%
Prefer not to say	70	13.3%
Prefer to self-describe	1	0.19%
Don't Know	27	5.13%
Did not request information from Client	6	1.14%
Miscellaneous	1	0.19%
Total	526	

**WE ARE NEWHAM.**



# Commissioned Activity

- Newham (Adults and Health Commissioning Team) currently commissions the majority of Adult Advocacy Services from VoiceAbility. VoiceAbility provides the majority of this provision, but also subcontracts some Self-Advocacy Groups, as well as out-of-borough statutory advocacy services.
- LBN Commissioners have addressed some issues to improve the amount and quality of non-statutory advocacy support being delivered to residents who have Learning Disabilities and/or Autism.
- Newham's Adults Safeguarding Team commissions some paid Relevant Person's Representative (RPR) on an ad-hoc basis for out of area placements (9 RPR's were paid in 2021/22).

# Commissioning Priority 1

## Advocacy Outreach

We would like to see increased advocacy uptake in a number of settings as well as to target under-represented cohorts.

The provider and the Council has been working with Health Colleagues in Barts Health and the East London Foundation Trust to increase referrals and uptake within health settings.

Analysis regarding Advocacy use and residents Protected Characteristics (under *The Human Rights Act*) has highlighted some opportunities to improve data collection, as well as targeted outreach for specific groups.

2021/22 data indicates that the uptake does not reflect the Newham Population, particularly in relation to:

- Ethnicity
- Sexual Orientation

(slide 4 and 5)

- Work has also begun with the Newham Centre for Mental Health (NCfMH) to analyse the protected characteristics of the cohort using these services and whether these are reflected in those using IMHA / IMCA services.

# Commissioning Priority 2

## **Anticipatory work in relation to the upcoming Liberty Protections Safeguards (LPS)**

Work is taking place at a local level to further understand and plan for the impact that this will have on Advocacy services. The current contract extension has mitigated some of the risks related to re-commissioning the Advocacy Service while there is still such uncertainty around future demand and processes.

- The Council is working with Health partners as they (NEL ICB and NHS Trusts) will become Responsible bodies under the LPS.
- LPS will expand to include private and domestic settings (in addition to care homes and hospitals)
- The Relevant Person's Representative (RPR) and Rule 1.2 role will be replaced with an 'Appropriate Person' role, and other steps will be taken to integrate the advocacy and assessment role within existing processes and systems.
- As part of LPS, 16 and 17 year olds will now be eligible for this. This service should adhere to the National Standards for the Provision of Children's Advocacy Services.
- IMCAs will require Conversion Training / training to meet the City & Guilds National Independent Advocacy qualification.



# Commissioning Priority 3

## **Anticipatory Work in relation to Mental Health Act Reform Proposals**

*Reforming the Mental Health Act White Paper* (2021) has made the following proposals related to Advocacy:

- To strengthen people's legal rights to an advocate, through:
  - Legislating an 'opt-out' system advocacy so people automatically get support from an advocate when they are admitted to hospital;
  - A duty for Advocacy Providers to interview patients in relation to the decision to 'opt-out';
- Extending the right to an advocate to voluntary patients (in England);
- Placing a duty on hospital managers and others to notify Advocacy service providers of qualifying patients;
- Provision of culturally appropriate advocacy to promote engagement with people from minority ethnic groups;
- Extending the statutory right to independent advocacy to patients awaiting transfer from prison or immigration removal centres.