

Cabinet	FP/873/06/12
Date: 17 July 2012	

Working Age Adult Mental Health Formal Advocacy

Report by Cabinet Member for Health and Wellbeing

Enquiries to Officer Emily Oliver 01376 302316

Purpose of report

- To seek cabinet's approval to tender for a Working Age Adult Mental Health Formal Advocacy Service following a review of the Mental Health advocacy services, funded by both health and social care.

Decision Areas and Recommendations

- To undertake an open tender process for working age adult mental health formal advocacy services across Essex, for a 12 month period that would be due to commence 1st April 2013.
- We are recommending this approach for the following reasons:
 - The 12 month period is an interim arrangement to align the contract timescales with the wider Adult Social Care contract as it is a future objective to integrate mental health advocacy to this contract.
 - A new service specification will allow us to incorporate improvements identified in the review, to fill gaps in the current provision and to realise savings.
 - ECC procurement guidance states that we are not in a position to extend the current contracts any further.

Background and context

- Advocacy enables people to be empowered to have their voices heard and improve their use and experience of services. This includes advocating around issues such as treatment and care, independent living, law enforcement, safeguarding, employment, complaints, service redesign, housing, finance, medication, mental health rights. The current services, funded by both health and social care, are provided by 7 voluntary organisations. They have developed piecemeal and there is a variation in cost and delivery which we wish to address. The current services are delivering over 10,000 hours per year to over 1200 people across Essex.
- There is a contract for advocacy within Adult Social Care, which working age adult mental health is not part of. The reason for this is at the time of this contract being specified mental health was still waiting for guidance on the delivery of Independent Mental Health Advocacy (IMHA) as part of the Mental Health Act 2007.
- Independent Mental Health Advocacy (IMHA) is a statutory responsibility. These services are specifically for clients detained under the Mental Health Act 1983. The provision of IMHA is currently a NHS commissioning responsibility. When section under the Act is lifted a client can then be seen through the formal Advocacy service if required. Mental Health Advocacy is a discretionary service provided for those with mental health needs who are not eligible for the IMHA service.
- Mental Health Advocacy is delivered Essex wide and therefore all of the County Divisions are affected by the decision.

Options/Proposals

- Option 1 - To extend current arrangements. This would mean elements of service would continue to be delivered that we do not wish to commission within these services (befriending, legal advice). This option would not comply with Essex County Council's procurement policy.
- Option 2 - To retender working age adult mental health formal advocacy for 3 years. This would not allow for the contracts to be aligned with the wider adult social care advocacy contract in 2014.
- Option 3 - Terminate existing contracts and no longer commission the service. This would not be consistent with the rest of the directorate as advocacy services are currently commissioned for all other disabilities.
- Option 4 - To tender services for 12 months, within the existing mental health budget, as an interim arrangement. This will allow for integration with the wider ASC advocacy contract and provide the opportunity to realise savings and comply with ECC procurement policy.

Conclusions

- It is recommended that Cabinet approve Option 4. It will enable commissioners to address the inconsistency in the current advocacy contracts as identified in the review (see background papers), realise savings and align working age adult mental health formal advocacy with ASC advocacy in the future.

Relevance to ECC's corporate plan and other Strategic Plans

Advocacy services support the corporate plan vision of:

Improving public health and wellbeing;

☐ Helping Essex residents to live full and independent lives;

☐ Encouraging healthy and active lifestyles and tackling the wider causes of ill health.

Protecting and safeguarding vulnerable people;

☐ Enabling vulnerable people to enjoy a better quality of life;

☐ Protecting Essex residents from harm and injury;

☐ Supporting parents, carers and families to create safe and stable homes.

Giving people a greater say and a greater role in building safer and stronger communities;

☐ Encouraging Essex residents to influence decisions and shape their communities.

The AHCW Business plan reflects the corporate plan and also states: We are reviewing contracts with suppliers of adult social care services to ensure that we are paying a fair price for care services that are competitive and delivering best value to the customer. The Retender of Advocacy Services is as a result of one of these planned reviews.

The Mental Health commissioning delivery plan sets out how this will be achieved for People with Mental Health problems and identifies the need for advocacy services

Internal and External Consultation

- A review has taken place of current services, involving service providers. This has identified that a clearer definition of advocacy is needed to avoid confusion between a befriending role and advocacy.
- People who use services tell us that they want more peer support opportunities. We plan to include self-advocacy and peer support within the service specification.
- People who use services will be involved in the tender process.
- We have consulted with health commissioning colleagues, the North Essex clinical commissioning group for mental health and learning disabilities, commissioning colleagues in health and wellbeing to agree future alignment of advocacy contracts.
- We also have agreement from the Directorate Leadership Team.
- The Cabinet Member for Health and Wellbeing and Deputy Cabinet Member have been briefed.

Legal Implications (Monitoring Officer)

- This is a discretionary service carried out by the Local Authority for service users who have not been subject to a Mental Health Act "section" process. The statutory responsibility for advocacy is that of the NHS under the Independent Mental Health Advocacy (IMHA) Service which came into effect

in April 2009 as part of the new statutory provision in the revision of the 1983 Mental Health Act 2007. The revised legislation provides a safeguard and right to advocacy for “qualifying patients “ detained under the Act.

There will be TUPE implications and the Council will assist the incoming and outgoing provider with the process to ensure a smooth transition.

Finance and Resources Implications (Section 151 Officer)

- The current services are funded by both health and social care but managed by ECC through a section 256 agreement. The funding within the mental health budget for existing services is £313,000 p.a. The ECC contribution to this service is currently £158,000. A S256 agreement is currently in place with Health, an extension, approved by the Clinical Commissioning Group, has been agreed to March 2014. It is anticipated that savings of approximately 15% savings could be made mainly by a reduction in the number of providers (7 to 2) which will reduce management costs, part of this saving will be shared with the Clinical Commissioning Group. The proposed contract start date is 1 April 2013, any savings generated would contribute towards any Health and Wellbeing savings required in 2013/14.

Human Resources Implications

- This request falls within existing human resource allocations.

Equality Impact Assessment

- An Equality Impact Assessment has been carried out and we consider that the EIA status of the mental health advocacy services is low. We have reached this conclusion on the basis that the services delivered through the current contracts over the last 3 years have been monitored for equalities groups and show no adverse impact.

Background papers

- Mental Health Formal Advocacy Review report 2011, Report to AH&CW/ASC Directorate Leadership Team – June 2012

Title of service being assessed	Working Age Adult Mental Health Formal Advocacy
Directorate	Adults Health & Community Wellbeing
Name and role of officer completing this assessment	Emily Oliver – Mental Health Commissioner (Contracts)
Contact Telephone Number	01376 302316
Date Assessment Completed	14.06.2012

1. What are the aims and objectives of this service, policy or function? (e.g. what is the likely impact and the relevance?- State whether this EIA relates to an existing, to a proposed change or new service, policy or function and include whether any changes are linked to an efficiency programme)

Retendering of an existing service: The intention is to continue to commission working age adult mental health formal advocacy services. Formal Advocacy is a form of independent, one to one Advocacy that enables people to have their voices heard and improve their use and experience of services. It aims to protect the individual's rights through providing information, assistance and representation. People with mental health needs can self-refer or are referred to an Advocate to enable them and support them in trying to obtain the services they want and to assert their rights. The Advocate deals with a broad range of issues, treatment and care, independent living, law enforcement, safeguarding, employment, complaints, service redesign, housing, finance, medication, mental health rights. A mental health advocate is independent of the mental health statutory organisations and aims to help the service users speak up for themselves wherever possible.

2a. Which strategic objective does this service support? Please state	2b. Is this service provided under a statutory or discretionary duty? Please state
Putting the customer first Support vulnerable people Promote Public Health and Wellbeing	Discretionary

2c Please state whether this EIA will:

- support a business case development,
- provide evidence for scrutiny decisions,
- provide evidence to support policy, functions or service reviews and efficiency programmes

***Note all papers for presented for scrutiny and business case development require, as a minimum, a supporting Section One EIA form. (screening)**

- support a business case development, to accompany the retendering documentation through the stages of the procurement boards

3. Describe which policies and/or guidelines control how you deliver the service and who is eligible to receive it?

The services will be delivered through mental health service providers working to a service specification, via contract. The service is eligible to adults who are known to secondary mental health services on CPA of for individuals experiencing mental ill health.

4. Now think about how you actually deliver the service, for example how do people find out about your service? How do they access or use it? Most teams have developed

processes to allow them to deliver their service efficiently. Describe all processes here:

These services will be open to any person who is 18 – 65 years old and subject to Care Programme Approach or an individual who is experiencing mental ill health who resides in the boundaries of Essex County Council. The service providers have a responsibility to ensure that people who are eligible are aware of the service. Where appropriate people will be referred through the Community Mental Health Teams in both North Essex Partnership Foundation Trust and South Essex Partnership Trust.

5. Could anything in the existing/ proposed policy, service or function mean that any group could be excluded or disadvantaged (albeit inadvertently)? To help you make this decision think about the governance and delivery of your service in respect of each of the equality protected characteristics (groups), list below brief notes outlining the negative impacts that the service may have on each group. Determine how detrimental these impacts are in accessing services and/or engaging with ECC. High, Medium or Low impact? E.g. High relevance may allude to Discriminatory actions such as inability to access service or undue difficulty in accessing services.

a. **Race and Culture-** Black, Asian and Minority ethnic groups including Gypsies, Roma and Travellers

Evidence shows that people from a BAME background are less likely to engage with statutory services also that African Caribbean people are particularly likely to be subject to compulsory treatment under the Mental Health Act. In such cases people would be able to access the statutory Independent Mental Health Advocacy Services (IMHA)

In the last year the numbers of clients using the service were 3157. The breakdown by ethnicity is: 95% white British; 3% white Irish/ other white; 1% Black; 1.% Asian.

Low

b. **Age-** including older and younger people

Evidence shows the following split by age group of those people using formal advocacy services during the last year:

Age 20 and under: 3%

Age 21-30: 13%

Age 31-40: 20%

Age 41-50: 26%

Age 51-60: 16%

Age 61 + : 8%

Age undisclosed: 14%

Low

c. **Sexual Orientation-** Lesbian, Gay and Bisexual People

The take up of services by LGB & (T) customers is not done at present but will be a requirement in the new service specification

Low

d. **Disabled people**

These services are for people with a mental health disability any care plan that is in place will also take into account if there are physical or sensory disabilities (dual diagnosis) Medium

e. **Carers**

N/A

f. **Gender-** Men and Women

Evidence shows that gender is not a discriminatory factor, with 51% of advocacy service users being male and 49% female. low

<p>g Gender reassignment – including transgendered people Monitoring data does not cover this but it will be a requirement in the new service specification Low</p>
<p>h. Pregnancy and maternity The service is delivered on a one to one basis and is tailored to individual needs. Low</p>
<p>i. Marital Status and Civil Partnership The service is delivered on a one to one basis and is tailored to individual needs. Low</p>
<p>j. Religion and Belief The service is delivered on a one to one basis and is tailored to individual needs. Low</p>
<p>k. Addressing Socio- economic and / or health inequalities</p>
<p>6. Your Service may already be meeting the needs of the equality strands in some areas. Please list, group by group, the positive actions you have already taken to address possible inequality.</p>
<p>a. Race and Culture- Black, Asian and Minority ethnic groups including Gypsies, Roma and Travellers In Essex mental health community development workers are in place to work with the BME community to address the stigma of mental health, promote good community relations and increase the take up of mental health services. Services have been monitored to ensure that they are inclusive: In the last year the numbers of clients using the service were 3157. The breakdown by ethnicity is: 95% white British; 3% white Irish/ other white; 1% Black; 1.% Asian; Eligibility for the service will only be from the limited population of people with mental ill health.</p>
<p>b. Age- including older and younger people Evidence shows the following split by age group of those people using formal advocacy services during the last year: Age 20 and under: 3% Age 21-30: 13% Age 31-40: 20% Age 41-50: 26% Age 51-60: 16% Age 61 + : 8% Age undisclosed: 14%</p>
<p>c. Sexual Orientation- Lesbian, Gay and Bisexual People N/a</p>
<p>d. Disabled people N/A</p>

<p>e. Carers N/A</p>
<p>f. Gender- Men and Women Evidence shows that gender is not a discriminatory factor, with 51% of advocacy service users being male and 49% female.</p>
<p>g Gender reassignment - including transgendered people Monitoring data does not cover this but it will be a requirement in the new service specification</p>
<p>h. Pregnancy and maternity N/A</p>
<p>i. Marital Status and Civil Partnership The service is delivered on a one to one basis and is tailored to individual needs.</p>
<p>j. Religion and Belief N/A</p>
<p>k. Addressing Socio- economic and / or health inequalities</p>

Conclusion of section 1: You should now have a clear idea of why your service, policy or function is provided by Essex County Council, you should have spent some time thinking about the equality groups and how your service might impact on them, or perhaps why members of these groups are less able to make the best use of the service. Please give a summary of your conclusions and assess the EIA status as High, Medium or Low. The next stage for a High or Medium EIA is to consider the data you could use to help you to support or dispute your initial conclusions. Think about how you will collect this data and/or how you will check your presumptions by consulting with our communities.

Complete the consultation and data plans below. Identify the sorts of data you need and the questions that you need answer to. If you feel that particular organisations or community/ voluntary groups will be able to help you please list these too.

Summary – High/medium impact – Please proceed to gather further data (if necessary) and all High EIAs need to progress to a section 2 EIA.

In conclusion we consider that the EIA status of working age adult mental health formal advocacy services as low. We have reached this conclusion on the basis that the services delivered through the current contracts over the last 3 years have been monitored for equalities groups and show no adverse impact.

DATA PLAN FOR MEDIUM/HIGH ADVERSE IMPACTS

CONSULTATION PLAN FOR MEDIUM/HIGH ADVERSE IMPACTS

What do you want to know?	Who are you going to ask?	What question will you ask?	What will you do with the answer?	Name of planned source (if known)

The Next Stage - Section 2:

We need to ensure that the consultation process is managed. Please submit Section 1 of the EIA with the consultation and data plans completed. It is likely that some of the data will be available to you without the need for external consultation and /or other officers may have already sought the views of community groups. This will reduce the level of work that will be required by you to complete the final EIA stage. We also need to control our approaches to partners and community/ voluntary groups so that they are not inundated by Essex officers asking them for help and information. We will be able to co-ordinate these approaches. The equalities team will be able to offer support and advice during the consultation process. Once the consultation stage is complete you will need to complete section 2 of the Equality Impact Assessment using your initial thoughts and the consultation information to develop an effective action plan for your service.

Completion date for consultation and data collection	
Start date for Section two EIA- if necessary	