

Commissioning independent advocacy under the Care Act 2014

A monitoring project for the Advocacy Action Alliance (AAA)

Mental Health Foundation

Executive Summary

The Care Act 2014 for England came into force in April 2015 and introduced new responsibilities for local authorities to provide independent advocacy for people experiencing substantial difficulty in being involved with care and support processes or safeguarding. In order to monitor commissioning of independent advocacy the Advocacy Action Alliance, a coalition of advocacy providers across England and Wales, commissioned the Mental Health Foundation to undertake an online monitoring survey of advocacy providers. The survey was carried out in the summer of 2015. 101 responses were received¹ and these covered 72 local authority areas.

Key findings

- Almost two thirds (63%) of contracts for independent advocacy were for 12 months or less. Anecdotally, we heard of some local authorities that had not commissioned any Care Act advocacy in time for April 2015 and required “nudging” by advocacy providers to set up a commissioning process.
- In the majority of reported cases (17 local authorities out of 21) the spend on independent advocacy was less than 60% of what the Local Government Association’s Care Act ‘Ready Reckoner’ had indicated it should be for 2015-16, and the average was less than 50%.
- 15 out of 29 responses reported that their contracts and contracts held by other organisations to provide advocacy had been reduced or ended since April 2015, suggesting a reduction in the provision of advocacy in many local authority areas.

Key message

- The survey gives rise to a deep concern about the short term and inadequate funding arrangements which are revealed to be in place in many local authorities for independent advocacy under the Care Act. Advocacy under the Care Act is vital in protecting and upholding the rights of people affected by the Act with care and support needs. It is itself a statutory right. The poor access to advocacy that this survey indicates imperils those rights, undermines the proper implementation of the Care Act, and results in local authorities not fulfilling their statutory obligations and advocacy providers being unable to provide a comprehensive service to everyone who is entitled to it.

¹ Responses were sought on a local authority by local authority basis. So organisations which spanned several local authorities in some cases provided multiple responses.

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Introduction

The Care Act 2014 came into force in England in April 2015. The Act places duties on local authorities to arrange an independent advocate for all adults, as part of their own assessment and care planning and care reviews, to those in their role as carers, and for adults who are subject to a safeguarding enquiry or review.

The Advocacy Action Alliance (AAA) is a coalition of providers of independent advocacy in England and Wales, and other independent advocacy organisations. The AAA is supported by the Mental Health Foundation, a UK-wide charity that undertakes social research, service development, policy and public affairs work on mental wellbeing, and issues affecting people with mental health problems, dementia, and learning disabilities.

In order to find out how independent advocacy was being commissioned under the Care Act a member of the AAA, acting on behalf of the AAA, commissioned the Mental Health Foundation to undertake a monitoring survey of advocacy providers across England. The survey was carried out in the summer of 2015.

Acknowledgements

This report was written by Toby Williamson, Head of Development & Later Life, at the Mental Health Foundation, with the support of Aurore Lacabe, Jo Ackerman, and the research team.

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Aim

- To gather information on commissioning arrangements of independent advocacy under the Care Act 2014.
- To make the information available to help inform implementation and future commissioning.

Approach

The Mental Health Foundation undertook an online survey via Survey Monkey, for which the Mental Health Foundation has a user's licence, on behalf of the Advocacy Action Alliance (AAA) to gather data from advocacy providers on commissioning arrangements for independent advocacy under the Care Act 2014 in England. In order to get early indication to inform future developments the survey was restricted at this stage to a focus on the commissioning and funding of advocacy, rather than referral numbers or outcomes.

A link to the survey was distributed in July 2015 via the monthly e-bulletin that the Mental Health Foundation compiles for the AAA, which was sent out to over 300 advocacy providers and contacts in England.

All the information collected was held confidentially by the Mental Health Foundation and reported anonymously so neither the advocacy provider nor the local authority would be identifiable in the report.

The survey asked the following questions:

- What is your role as provider of independent advocacy under the Care Act?
- Which type of contract do you hold to provide Care Act advocacy in this local authority?
- How long is your contract?
- What is the minimum annual spend by the local authority for Care Act advocacy for 2015-16?
- What is the anticipated total spend on Care Act advocacy by this local authority for 2015-16?
- Were other advocacy contracts reduced or ended since April 2015?
- If your other advocacy contract was reduced or ended, please state, if known, by how much?

Results

The survey received 101 responses. They represented organisations providing independent advocacy under the Care Act to 72 local authority areas (not all responses were complete or indicated a local authority area).

Questions 1-3 asked for the respondent's details and the local authority name.

Question 4

Please describe your role as provider of independent advocacy under the Care Act

Sole provider of advocacy under the Care Act	43%
One of several providers of advocacy under the Care Act	44%
Unsure whether there are other providers	3%
Other	9%

Question 5

Please tick the type of contract you hold to provide Care Act advocacy in this local authority

Individual spot purchase (ad hoc, without guarantee of supply)	25%
Block and volume (guaranteed minimum purchase with a possibility to purchase more, should the need arise)	47%
Block (guaranteed amount of funding for a set amount of work)	28%

Question 6

Please indicate the length of your contract

0-6 months	12%
6-12 months	51%
12-24 months	22%
More than 24 months	10%
Not known	6%

Question 7

For your organisation what is the minimum annual spend by the local authority for Care Act advocacy for 2015-16?

42 responses to this question included a £ figure. The range was from £0 - £135,000. The total spend was £1,564,893 and the average spend was £37,259.

£££ range	Number of responses
0	11
1 – 19,999	4
20,000 – 39,999	9
40,000 – 59,999	8
60,000 – 79,999	4
80,000 – 99,999	5
100,000+	1

Question 8

What was the total anticipated spend by local authority for Care Act advocacy for 2015-16?

24 responses to this question included a £ figure. The range was from £0 - £300,000. The total spend was £1,224,067 and the average spend was £51,003.

£££ range	Number of local authorities reported
0	4
1 – 19,999	3
20,000 – 39,999	4
40,000 – 59,999	5
60,000 – 79,999	2
80,000 – 99,999	3
100,000+	3

Comparing anticipated £££ spend on Care Act advocacy with reported spend

Using the Local Government Association’s Care Act “Ready Reckoner”, which provided financial estimates from the Department of Health of implementation funding for the Care Act in 2015-16 by local authority, it was possible to compare spend reported in the survey with the estimated spend. This could then be expressed as % with anything less than 100% indicating that reported spend was less than the estimated spend needed for advocacy under the Care Act in that that local authority area.

In 21 of the 24 local authorities reported, spend was less than estimated required spend. The range was 0% - 137% and the average was 45%.

Reported spend as a % estimated spend from the ‘Ready Reckoner’	Number of local authorities reported
0	3
1 – 19	3
20 – 39	6
40 – 59	5
60 – 79	2
80 – 99	2
100+	3

Question 9

Were other advocacy contracts reduced or ended since April 2015?

The majority of responses either skipped this question or did not know about changes in contracts.

Response	Number of responses
Yes – contracts held by our organisation were reduced or ended	10
Yes – contracts held by our organisation and other organisations were reduced or ended	5
No	4
Care Act advocacy was added to existing contract	10

Question 10

If your other advocacy contract was reduced or ended, please state, if known, by how much?

The majority of responses either skipped this question or did not know about the financial changes to their contract.

Of the 13 responses to this question, four gave a specific figure which ranged from £5,000 to over £290,000. Another respondent believed that contracts worth over £100,000 would come to an end soon. Seven responses indicated no financial change (though two had responded by stating “zero” which is an ambiguous answer because it could also indicate the contract was reduced to £0). One respondent stated their contract had been increased.

Discussion of findings

Response rate

The response rate to the survey was quite good information was received on almost half of the 152 local authorities in England. Around a quarter of responses were able to provide financial information about contracting arrangements for independent Care Act advocacy.

The timing of the survey’s dissemination (July) may have had an impact on the response rate, coming so soon after the Care Act came into force. It appears anecdotally, that a number of local authorities hadn’t finalised commissioning arrangements for advocacy in April 2015 so the response rate may be a reflection of that. Regarding the financial

information it is possible that if this was not readily available to the person responding to the survey and/or they were pressed for time they simply skipped these questions.

Commissioning arrangements

As might be expected there was mixture of contracting arrangements across the local authorities in terms of single or multiple providers, and types of contract. Given the numbers of people affected by the Care Act who are likely to have substantial difficulties making decisions about their care and support needs and are therefore entitled to independent advocacy these figures seem very low, the levels of funding perhaps only being sufficient to cover the cost of a single advocate or two part time advocates. The majority of contracts (63%) were for 12 months or less. Given that statutory advocacy requires specialist skills and knowledge, and the careful development referral routes and long term relationships with services and professionals which all involve long term investment, the relatively short term commissioning arrangements indicated by the survey are of concern.

It was noted that there was a discrepancy in the figures for spend by organisation (Question 7) and total local authority spend (Question 8) - this may be explained by the lower number of respondent to Question 8. Fewer responses were able to give the £££ amount their organisations was receiving but did not know what the overall spend was by the local authority on Care Act advocacy.

It was very noticeable however that out of the 24 local authorities where total spend was reported, in the majority of cases (17 out of 21) the spend was less than 60% of what the Care Act Ready Reckoner had indicated it should be for 2015-16 and the average was less than 50%. In other words, most local authorities in this sample, were reported as spending significantly less on Care Act advocacy than it had been estimated they needed to in order to meet likely levels of need. It was encouraging, if somewhat surprising, that three local authorities were reported as allocating 100% or more funding to Care Act advocacy. One of these was reported to be spending exactly 100% and the other two were reported as spending 133% and 137% respectively (though it may have been the case that other funding might have been included in these figures).

It was also concerning that over half the responses to Question 9 reported that their contracts and contracts held by other organisations to provide advocacy had been reduced or ended since April 2015, suggesting a reduction in the provision of advocacy in many local authority areas. Although only a small number of responses indicated how much these reductions or terminations had been worth (in Question 10) it contributes to a very worrying picture about the overall availability and provision of advocacy across England.