

**Subject: Mental Welfare Commission For Scotland: Report On The Right To Advocacy**

**Purpose:** The purpose of this report is to submit to the IJB a report published by the Mental Welfare Commission for Scotland in March, 2018, on the Right to Advocacy (Appendix 1). It also outlines the response proposed locally to the recommendations made within the Commission's report.

**Recommendation:** That the Integration Joint Board notes the findings detailed in the report by the Mental Welfare Commission and approves the proposed actions including the preparation of a Strategic Advocacy Plan in collaboration with partner organisations.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Local authorities and health boards have a legal duty to provide independent advocacy for people who have a mental disorder (this includes people who have a mental illness, learning disability or personality disorder, and covers people with dementia and acquired brain injury) under the Mental Health (Care and Treatment)(Scotland) Act 2003. This is not restricted to people subject to compulsory measures; “everyone with a mental disorder is entitled to access independent advocacy, regardless of which piece of legislation is being considered, and indeed, when no legislative intervention is being considered at all” (Patrick & Smith 2009).
1.2	Under the Adult Support and Protection (Scotland) Act (2007) local authorities are required to “have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned”. Therefore it must be considered whether advocacy is required for any adult subject to ASP procedures, however, as identified above advocacy must be offered to any adult subject to ASP who has a mental disorder.
1.3	There is a range of legislation in Scotland that requires the local authority to give regard to the views of children, including the Children (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011 and the Children and Young People (Scotland) Act 2014. This may involve the provision of advocacy to ensure children are able to express their views. Under the Mental Health (Care and Treatment)(Scotland) Act 2003, all children with a mental disorder are entitled to independent advocacy.

1.4	Under the Equality Act 2010, local authorities and health boards have a statutory duty to ensure services provided are equitable and accessible and that any barriers to this are addressed. For people who are marginalised or face discrimination it is particularly important that they have access to independent advocacy to ensure equitable access to services. People may face discrimination on the basis of age, gender, ethnicity, disability, sexual orientation, mental health or substance dependency. This duty requires consideration of the provision of advocacy on a wider basis than that required for people with a mental disorder.
1.5	In addition to legal requirement, there is a range of policy and guidance that recommends access to advocacy for particular groups, such as Getting It Right for Every Child (2010) and Advocacy for Unpaid Carers, Guidance (2016).
	<b>Mental Welfare Commission</b>
1.6	The Mental Health (Scotland) Act 2015 built upon the right to independent advocacy in the 2003 Act by requiring health boards and local authorities to advise the Mental Welfare Commission about how they ensure access to services, both up until now and in the future.
1.7	The Mental Welfare Commission report on the Right to Advocacy is based on information the Commission collected from health boards and local authorities, and from the new health and social care partnerships (HSCPs). The Commission asked about the services available in local areas, and how these organisations are planning for the future provision of advocacy services and to improve access to advocacy. The Mental Welfare Commission also asked local authorities to tell them if their integrated children's services plans covered the provision of independent advocacy services for children and young people with mental illness, learning disability or related conditions.
1.8	The Scottish Government's expectation, set out in the document Independent Advocacy: Guide for Commissioners, published in December 2013, is that local strategic advocacy plans should be developed.
1.9	Independent advocacy, in all its forms, seeks to make sure people are able to have their voice heard on issues which are important to them, and have their views and wishes genuinely considered when decisions are being made about their lives. It is an important part of the process of safeguarding rights. It is a particularly important safeguard for people with a 'mental disorder', who may find that their views and wishes are not always taken seriously, or may not be fully involved in decisions about their care and treatment.
<b>2.</b>	<b>BACKGROUND</b>
2.1	North Ayrshire Health & Social Care Partnership submitted a response to the Mental Welfare Commission's questionnaire which was issued in July 2017. A link to this is provided within Appendix 1. In this the Health & Social Care Partnership confirmed that it commissions independent advocacy services for adults in South Ayrshire.
2.2	<p><u>Current Situation in North Ayrshire</u></p> <p>North Ayrshire Health and Social Care Partnership carried out a scoping exercise during 2017 to identify the level of advocacy provision, the level of need and any gaps in service provision. This resulted in an increase in funding for adult provision of advocacy in the area.</p>

2.3	The scoping exercise also identified a gap in service for children and young people who have a mental disorder (where they are not on the child protection register or looked after and accommodated. It should be noted that children in kinship care are not currently covered under the looked after and accommodated group). The provision of advocacy for children and young people in North Ayrshire requires further review to inform commissioning.																						
2.4	<p><u>Demand for Advocacy in North Ayrshire</u></p> <p>The scoping exercise identified an increased numbers of referrals for advocacy within the area over a number of years. This includes the following data which informs a potential need for advocacy:</p>																						
2.5	A steady and sustained rise in applications made under Adults with Incapacity legislation over a number of years. Table 1 provides figures for the number of applications within North Ayrshire over a 10 year period:																						
	<p><b>Table 1</b></p> <table border="1"> <tr><td>2006 - 2007</td><td>16</td></tr> <tr><td>2007 - 2008</td><td>22</td></tr> <tr><td>2008 - 2009</td><td>32</td></tr> <tr><td>2009 - 2010</td><td>41</td></tr> <tr><td>2010 - 2011</td><td>44</td></tr> <tr><td>2011 - 2012</td><td>52</td></tr> <tr><td>2012 - 2013</td><td>48</td></tr> <tr><td>2013 - 2014</td><td>62</td></tr> <tr><td>2014 - 2015</td><td>82</td></tr> <tr><td>2015 - 2016</td><td>66</td></tr> <tr><td><b>Total</b></td><td><b>465</b></td></tr> </table>	2006 - 2007	16	2007 - 2008	22	2008 - 2009	32	2009 - 2010	41	2010 - 2011	44	2011 - 2012	52	2012 - 2013	48	2013 - 2014	62	2014 - 2015	82	2015 - 2016	66	<b>Total</b>	<b>465</b>
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2.6	There has also been a significant increase in referrals for parents of children subject to child protection processes (as shown in Table 2 below). Between 2010 and 2014, the percentage of AIMS Advocacy cases related to Child Protection almost tripled, with an increase from 4.86% to 13.78%. Table 2 shows an increase in referrals over a 10 year period.																						

2.7	<b>Table 2</b>																																				
	<div><h3>Child Protection Cases 2004-2014</h3><table><thead><tr><th>Year</th><th>Start Date</th><th>Active</th></tr></thead><tbody><tr><td>2004</td><td>5</td><td>5</td></tr><tr><td>2005</td><td>11</td><td>13</td></tr><tr><td>2006</td><td>11</td><td>17</td></tr><tr><td>2007</td><td>20</td><td>30</td></tr><tr><td>2008</td><td>11</td><td>22</td></tr><tr><td>2009</td><td>14</td><td>27</td></tr><tr><td>2010</td><td>10</td><td>23</td></tr><tr><td>2011</td><td>22</td><td>28</td></tr><tr><td>2012</td><td>20</td><td>35</td></tr><tr><td>2013</td><td>24</td><td>39</td></tr><tr><td>2014</td><td>41</td><td>52</td></tr></tbody></table></div>	Year	Start Date	Active	2004	5	5	2005	11	13	2006	11	17	2007	20	30	2008	11	22	2009	14	27	2010	10	23	2011	22	28	2012	20	35	2013	24	39	2014	41	52
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2.8	<p>In addition to this there appears to been some change in the nature of advocacy accessed, with an increase in the level of complexity within the advocacy role. One reason for this may be increasingly complex processes and systems that people are required to navigate to access support. This change results in an increased amount of advocacy hours being required once a piece of work has started.</p>																																				
2.9	<p>There is also likely to be an increasing need for advocacy out with that required on a statutory basis, as indicated by factors such as an ageing population and levels of deprivation in North Ayrshire.</p>																																				
2.10	<p><u>Advocacy Provision in North Ayrshire</u></p> <p>North Ayrshire Health and Social Care Partnership currently fund the following provision for advocacy:</p> <ul style="list-style-type: none"><li>• AIMS Advocacy (adults and older people): £275.454 annual budget in 2018-19 rising incrementally to £308.950 in year 5 of the contract (funded via social services, mental health, and NHS)</li><li>• Who Cares? Scotland (looked after and accommodated children and young people): £52,780 annual budget (funded via social services, children and families)</li><li>• Children First (children and young people): £79,000 annual budget (funded via social services, children and families)</li><li>• Community Housing Advocacy Project (CHAP): £55,000 annual budget (funded via housing)</li></ul>																																				

<b>3.</b>	<b>PROPOSALS</b>
3.1	In its report the Mental Welfare Commission recognises the role and remit of Integration Joint Boards (IJBs) and their responsibility for planning integrated arrangements, for strategic planning and for the delivery of services. It has indicated, given this that it expects that responses to its recommendations will be discussed by each IJB. One of the major recommendations of the report is that each area should have a Strategic Advocacy Plan.
3.2	<p>In addition, the Commission has made the following recommendations in its report:</p> <ul style="list-style-type: none"> <li>• Ensure that there is clarity about which organisation will be responsible for coordinating the preparation of a strategic advocacy plans for its area.</li> <li>• Ensure that strategic advocacy plans are in place by the end of December 2018.</li> <li>• Ensure that strategic plans are developed based on a local needs assessment and information about unmet need and gaps in local provision.</li> <li>• Ensure that advocacy planners carry out equalities impact assessments and develop approaches to monitoring and enabling access to advocacy which cover all the protected characteristics.</li> </ul>
3.3	<p>Specific recommendations relating to services for children and young people included in the report are:</p> <ul style="list-style-type: none"> <li>• Ensure there is clarity about where the responsibility lies for planning and commissioning independent advocacy services which are accessible for all children and young people under 18 with a mental disorder.</li> <li>• Ensure that arrangements for planning for the provision of independent advocacy services for children and young people include processes for assessing the projected need for these supports.</li> </ul>
3.4	The Mental Welfare Commission has asked for a response to its report and the recommendations it has made by 30 <sup>th</sup> June, 2018.
3.5	The Director of Health and Social Care is proposing that the HSCP work with its partners to produce a Strategic Advocacy Plan for all of those requiring access to services and that this be submitted for IJB approval prior to the due date of 31 <sup>st</sup> December, 2018.
3.6	<p><b>Strategic Advocacy Plan</b></p> <p>Ayrshire and Arran had an independent advocacy strategic plan in place between 2012 and 2014. This was developed by NHS Ayrshire and Arran in partnership with each of the local authorities in Ayrshire.</p>
3.7	As the right to advocacy covers all service user groups, a meeting will be arranged involving staff from children's services, adult and older people's services, housing, and contracts and commissioning. This will provide a starting point for planning the development of a strategic advocacy plan, action plan and equalities impact assessment.
3.8	During the scoping exercise, it was identified that further consultation with people who use, or may require, advocacy is required to provide a fuller understanding of the need for advocacy and advocacy provision within North Ayrshire. This will be progressed within the process of developing a strategic advocacy plan and action plan.

3.9	<b><u>Anticipated Outcomes</u></b>
	<p>The proposals set out in this report is in alignment with and will assist the Integration Joint Board to deliver against the following Strategic Objectives set out in the North Ayrshire Strategic Plan for 2018-21:</p> <ul style="list-style-type: none"> <li>• Tackling inequalities</li> <li>• Bringing services together</li> <li>• Prevention and early intervention</li> <li>• Engaging communities</li> <li>• Improving mental health and wellbeing</li> </ul>
3.3	<b><u>Measuring Impact</u></b>
	Impact of current provision to be reviewed and engagement/consultation with stakeholders to be undertaken.
4.	<b>IMPLICATIONS</b>

<b>Financial:</b>	There are no additional financial implications arising directly from the consideration of this report.
<b>Human Resources:</b>	There are no human resource implications arising directly from the consideration of this report.
<b>Legal:</b>	There are no legal implications arising directly from the consideration of this report.
<b>Equality:</b>	There are no equalities implications arising directly from the consideration of this report. A full Equalities Impact Assessment will be prepared as part of the exercise to develop a Strategic Advocacy Plan.
<b>Children and Young People</b>	This report identifies a gap in service for children and young people who have a mental disorder (where they are not on the child protection register or looked after and accommodated. It should be noted that children in kinship care are not currently covered under the looked after and accommodated group). The provision of advocacy for children and young people in North Ayrshire requires further review to inform commissioning.
<b>Environmental &amp; Sustainability:</b>	There are no environmental sustainability issues arising from any decisions made on this report.
<b>Key Priorities:</b>	Tackling inequalities, improving mental health and wellbeing, engaging communities.
<b>Risk Implications:</b>	There are no risk implications arising from the consideration of this report.
<b>Community Benefits:</b>	Strategic Advocacy Plan will ensure equitable access to services and ensure any barriers to equitable provision are addressed.

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	During the scoping exercise, it was identified that further consultation with people who use, or may require, advocacy is required to provide a fuller understanding of the need for advocacy and advocacy provision within North Ayrshire. This will be progressed within the process of developing a strategic advocacy plan and action plan. An initial consultation with East and South Health & Social Care Partnership has been undertaken to inform the development of this report and next actions required. A copy of South Health & Social Care Partnership IJB Report presented on 15 May 2018 and also East Health & Social Care Partnership response to the report on The Right to Advocacy is contained within the appendices.
5.2	A decision is required about whether strategic advocacy plans should be developed on a pan Ayrshire basis or by each HSCP within Ayrshire.
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>A strategic Advocacy Plan will be developed with the following milestones and timescales:</p> <ul style="list-style-type: none"> <li>• Provide response to Mental Welfare Commission report and recommendations by 30 June 2018 with proposal for the Health &amp; Social Care Partnership to work with it's partners and stakeholders to produce a strategic Advocacy Plan.</li> <li>• Consultation and Engagement events to be developed by September 2018 with ongoing consultation and participation</li> <li>• Final plan to be submitted to IJB for approval no later than November 2018</li> <li>• Submission of plan to Mental Welfare Commission by 31 December 2018.</li> </ul>

**For more information please contact Thelma Bowers on 01294 317803 or [thelmabowers@north-ayrshire.gcsx.gov.uk](mailto:thelmabowers@north-ayrshire.gcsx.gov.uk)**

# ADVOCACY PLAN 2017 TO 2021 for EAST AYRSHIRE

## **Introduction**

New Statutory duties are placed on Health Boards and Local Authorities under the Mental Health [Scotland] Act 2015. In East Ayrshire we are a Health and Social Care Partnership and wish to look at our previous plan and update this with current work and values.

The Mental Health [Care & Treatment] [Scotland] Act 2013 states that any person with a mental illness, learning disability, dementia and related conditions has a right to access Independent Advocacy. Partnerships, which are a mix of health and social care, should work together to ensure people have independent advocacy available in their area. That appropriate steps are taken to ensure people have the opportunity to make use of those services.

This plan continues to have the desire already well established in East Ayrshire to set the strategic and practical direction for Ayrshire based independent advocacy.

## **Definition and Scope of Independent Advocacy**

The Scottish Independent Advocacy Alliance [SIAA, 2010] defined that advocacy:

- Safeguards people who are vulnerable and discriminated against or whom service find difficult to serve.
- Empowers people who needs a stronger voice by enabling them to express their own needs and make their own decisions.
- Enables people to gain access to information, explore and understand their options, and to make sure their views and wishes known.
- Speaks up on behalf of people who are unable to do so for themselves.

The role of the advocate is to ensure that the voice and opinions of the vulnerable person are heard particularly in circumstances where decisions are being made by the service systems that will directly affect or impact on that vulnerable person. Therefore the loyalty of the independent advocate lies solely with the person for whom they are advocating.

## **Roles and Responsibilities/Commissioning**

Independent Advocacy is usually provided by the voluntary sector, community led, charitable advocacy organisations. Independent advocacy service provision can take a number of different formats dependent on the type of advocacy provision being offered by the advocacy organisation.

It is vital that the role of independent advocacy is not compromised in any way. As such, it is important to ensure that the advocacy services provided to an individual are separate from the interests of all other persons concerned with the individuals care or welfare. On that basis in East Ayrshire, advocacy is provided locally and



independent from the Statutory Partnership via a Service Level Agreement with East Ayrshire Advocacy Services Ltd (EAAS).

The service whilst jointly funded this is ring fenced and Grant Funded to ensure the independence is kept at all levels. Scrutiny is undertaken by the commissioner and then further scrutinised by the Grants Committee which has Elected Members on Board to ensure quality, best value and independence is maintained. It further allows the opportunity through Planning and Performance for the advocacy organisation to feedback directly out-with the commissioning role and reporting mechanisms.

## **Children's Advocacy**

Independent advocacy for our children and young people in East Ayrshire is mostly undertaken by Who Cares? Scotland, and is provided for young people who are Looked After and Accommodated, or who have previously been so. Requests for advocacy are responded to by the Who Cares? Scotland youth support officer who supports the young person to complete or achieve their desired outcome.

Who Cares? Scotland also provides independent advocacy services for very young children (including babies) involved in the permanency planning process to help reduce delay in permanency planning.

East Ayrshire H&SCP was responsible for the care of 504 children and young people in the financial year 1 April 2017 – 31 March 2018. The children were supported in various accommodation settings including kinship care, internal and external fostering, external education/residential placements, external secure accommodation and residing within our East Ayrshire Children's Houses.

While recognising that all of these children and young people are vulnerable, we are faced with resource constraints which mean finding a balance between what we have, against identified need, with a model which only allows us access to one youth support worker for East Ayrshire. With this in mind we have to be ambitious about developing this service to represent the number of young people who request advocacy, in particular for those children and young people who are looked after at home and who would not necessarily know how to access advocacy and have their voices heard. Additionally, our current contract with Who Cares? Scotland includes North and South Ayrshire in an Ayrshire wide contract. This will only be the case during 2018/2019 financial year as North and South Ayrshire are preparing to tender for independent advocacy services at the end of this period.

## **Funding**

The annual budget for Who Cares? Scotland is £158,340 split equally between the three Ayrshire Authorities. The annual funding paid by East Ayrshire Council is £52,780 and this will remain the case until the end of 2018/2019 when North and South Ayrshire go to tender for independent advocacy we shall review the funding terms for the Who Cares? Scotland. This is unlikely to result in savings and means our financial resource to expand independent advocacy services will be unchanged i.e. there is no current identified resource to expand the service.

The current contract agreed by East Ayrshire and Who Cares? Scotland is over a period of 2 + 1 + 1 years from April 2018 until March 2022.

### **East Ayrshire Advocacy Service**

In addition to Who Cares? Scotland, East Ayrshire Advocacy Service (EAAS) provides independent advocacy which impacts on our children and young people through supporting their parents. Where a parent has mental health problems, a brain injury or learning disability, EAAS can provide them with support going through the Child Protection process, assisting in reading materials, writing reports and speaking on their behalf at meetings, Children's Hearings and other forums where required.

### **ADVOCACY FOR ADULTS AND OLDER PEOPLE**

Currently independent advocacy provision (via EAAS Ltd) is prioritised for East Ayrshire residents aged 16-65 yrs who have:

- Mental Health issues
- Learning disability
- Acquired Brain Injury

*All provided on a one to one basis and via group advocacy.*

- *This service is also available to any East Ayrshire resident over the age of 65 yrs.*
- Prison Advocacy at HMP Kilmarnock [35 hours per week with cover for all annual leave]
- ❖ Psychiatric setting at Woodland Hospital [1 to 1 and a patients forum once a week]
- ✓ Parents who have a LD/MH/Addiction – 35 hours per week with cover for all annual leave]
- Young people under the age of 16yrs who are subject to Mental Health Legislation

### **Funding**

**The annual funding in respect of Advocacy is £348,676.** This is grant funded and will be reviewed annually by the Elected Members, Council Planning and Performance Team.

### **Need for Independent Advocacy in East Ayrshire**

During 2016/17 we saw a significant increase in referrals to the advocacy.

Older people's services = 1451

Children and Families = 757

People supported who were subject to Adult Support and Protection Procedures = 23

People supported who were subject to Adults with Incapacity Legislation = 77

People supported who were subject to Mental Health [Care and Treatment] [Scotland]... = 349

Demography shows that the amount of residents in East Ayrshire and future investment in housing will attract more people into the area. This proportionally we anticipate a rise in demand by around 40% over the next few years, potentially.

## **Raising Awareness**

EAAS promotes its independence and service through leaflets, website and talks at schools, colleges, day centres etc.

There is a high level profile at management meetings where the service sits in partnership at the table. This allows the service to identify any potential areas they can offer support and for the management team to be able to establish if the service has the capacity or may leave a gap in the service.

The service places great importance on networking with other organisations both statutory and voluntary in order to create a better understanding of independent advocacy and its role. EAAS is also an active member of the Third Sector Forum and as a Community Planning Partner, promotes the protection of children and the safety of vulnerable adults, individuals and families.

Awareness raising sessions are regularly held for student nurses, social workers, nursing home staff and carers to highlight the service and referral pathway.

EAAS also sits on the Management Board of the Scottish Independent Alliance and is committed to promoting and defending independent advocacy throughout Scotland.

## **Monitoring and Governance**

There are agreed activities and outputs with quarterly updates. Face to face support and discussion with the Commissioner.

Areas that are covered:

Pathways to access and use the advocacy service.

Communication Strategies and plans to reach vulnerable people.

Awareness raising both within statutory and voluntary sectors.

Appropriate, up to date and accessible information and systems so people can make informed choices.

Drop in offered in localities.

Oversight of needs being delivered/met.

Attendance and support with reviews, Care programme meetings, discharge planning, Tribunals.

Support network of advocacy groups.

Training.  
Quick response timescales set and targets met.

## **Strategic Vision**

The vision remains one of a desire to ensure that all vulnerable people within East Ayrshire have timeous access to independent advocacy as necessary.

That this service is the best and remains sustainable and in line with current legislation and guidance.

“All vulnerable people living in Ayrshire are pro-actively supported to access the independent advocacy services to which they are entitled, in order to have their voice and opinions heard, make informed choices and maintain control over their lives” **A Joint Strategic Plan for Ayrshire and Arran 2012 – 2014**

## **Consultation/stakeholder engagement**

This plan will be subject to ongoing engagement and starts with events being held on the 28<sup>th</sup> September 2017 in Kilmarnock and 5<sup>th</sup> October 2017 in Cumnock. The focus for these events will be:

- ✓ Consultation on the plan for 2017 to 2021
- ✓ How we engage
- ✓ Agreeing priorities
- ✓ Consult on the final plan
- ✓ Ongoing consultation, participation – how we know the plan is working and where it may need changed or added to.

**27th August 2017**

## **Mental Welfare Commission: Right to Advocacy report and recommendations**

- 1. Ensure there is clarity about which organisations will be responsible for coordinating the preparation of strategic advocacy plans for their area.**

Ayrshire and Arran had an independent advocacy strategic plan in place between 2012 and 2014. This was developed by NHS Ayrshire and Arran in partnership with each of the local authorities in Ayrshire. A decision is required about whether strategic advocacy plans should be developed on a pan Ayrshire basis or by each HSCP within Ayrshire.

The MWC report includes reference to South Ayrshire advising that they do not plan to develop a strategic advocacy plan as advocacy provision and planning will be included in individual care group plans, such as their mental health and learning disability strategies. This may influence the decision about whether a pan Ayrshire approach is taken.

Ayrshire and Arran have already advised the MWC that the HSCPs are responsible for planning and commissioning advocacy. This would indicate a joint approach between NHS and the local authorities for the development of any strategic plan.

The Mental Welfare Commission has developed a template which will assist with the development of a strategic advocacy plan.

- 2. Ensure that strategic advocacy plans are in place by the end of December 2018.**

Further to the decision about whether strategic plans will be developed within each HSCP or on a pan Ayrshire basis, an action plan will be required setting out timescales for consultation with service users, carers, third sector organisations, advocacy providers as well as HSCP staff.

- 3. Ensure that strategic plans are developed based on a local needs assessment, and information about unmet need and gaps in local provision. They should be developed in partnership with people who use or may use services, and with service providers. Barriers people may be experiencing accessing advocacy support, including barriers created by prioritisation criteria and people being placed outwith their home areas, should be addressed in plans.**

North Ayrshire HSCP carried out a scoping exercise regarding the need for advocacy in 2017. This informed the need for an increase in adult provision of advocacy. It also highlighted specific gaps, such as in relation to children and young people with a mental disorder. This can provide a foundation for the strategic plan.

There remains a need to seek the views of service users, carers and service providers to add to this information. This requirement will form part of the action plan to develop a strategic advocacy plan.

- 4. Ensure that advocacy planners carry out equalities impact assessments and develop approaches to monitoring and enabling access to advocacy which cover all the protected characteristics.**

The main provider of advocacy for adults in North Ayrshire is currently required to gather monitoring data. This provides information about the groups that are accessing the service so that it can be identified if any particular groups are not using the service and lead to action to address this (similar for housing and children's advocacy services?).

An equalities impact assessment will be undertaken alongside the development of a strategic advocacy plan and will inform actions required to ensure services are accessible and that barriers to access are addressed.

- 5. Ensure there is clarity about where the responsibility lies for planning and commissioning independent advocacy services which are accessible for all children and young people under 18 with a mental disorder. This includes children and young people receiving care and treatment on an informal basis, or in placements outwith their home area.**

Information required from children's services.

- 6. Ensure that arrangements for planning for the provision of independent advocacy services for children and young people include processes for assessing the projected need for these supports.**

Information required from children's services.

## South Ayrshire Health and Social Care Partnership

### REPORT

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>
<b>Held on</b>	<b>15 May 2018</b>
<b>Agenda Item</b>	
<b>Title</b>	<b>MENTAL WELFARE COMMISSION FOR SCOTLAND: REPORT ON THE RIGHT TO ADVOCACY</b>
<b>Summary:</b>  The purpose of this report is to submit to the IJB a report published by the Mental Welfare Commission for Scotland in March, 2018, on the Right to Advocacy. It also outlines the response proposed locally to the recommendations made within the Commission's report.	
<b>Presented by</b>	<b>Tim Eltringham, Director of Health and Social Care</b>
<b>Action required:</b>  That the Integration Joint Board (1) notes the findings detailed in the report by the Mental Welfare Commission; and (2) approves the action proposed by the Director of Health and Social Care to address these in South Ayrshire, including the preparation of a Strategic Advocacy Plan in conjunction with partner organisations.	

Implications checklist – check box if applicable and include detail in report									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>	ICT	<input type="checkbox"/>						

<b>Directions required to NHS Ayrshire &amp; Arran South Ayrshire Council, or both</b>	1. No Direction Required	X <input type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>



**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
INTEGRATION JOINT BOARD**

**15 May 2018**

**Report by Director of Health & Social Care**

**MENTAL WELFARE COMMISSION FOR SCOTLAND: REPORT ON  
THE RIGHT TO ADVOCACY**

**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to submit to the IJB a report published by the Mental Welfare Commission for Scotland in March, 2018, on the Right to Advocacy (Appendix 1). It also outlines the response proposed locally to the recommendations made within the Commission's report.

**2. RECOMMENDATION**

- 2.1 **That the Integration Joint Board (1) notes the findings detailed in the report by the Mental Welfare Commission; and (2) approves the action proposed by the Director of Health and Social Care to address these in South Ayrshire, including the preparation of a Strategic Advocacy Plan in conjunction with partner organisations.**

**3. BACKGROUND INFORMATION**

- 3.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support. The Mental Health (Scotland) Act 2015 builds on the right in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now, and how they plan to do so in the future.
- 3.2 The report is based on information the Commission collected from health boards and local authorities, and from the new health and social care partnerships (HSCPs). The Commission asked about the services available in local areas, and how these organisations are planning for the future provision of advocacy services and to improve access to advocacy. The Mental Welfare Commission also asked local authorities to tell them if their integrated children's services plans covered the provision of independent advocacy services for children and young people with mental illness, learning disability or related conditions.
- 3.3 The Scottish Government's expectation, set out in the document Independent Advocacy: Guide for Commissioners, published in December 2013, is that local strategic advocacy plans should be developed.

- 3.4 Independent advocacy, in all its forms, seeks to make sure people are able to have their voice heard on issues which are important to them, and have their views and wishes genuinely considered when decisions are being made about their lives. It is an important part of the process of safeguarding rights. It is a particularly important safeguard for people with a 'mental disorder', who may find that their views and wishes are not always taken seriously, or may not be fully involved in decisions about their care and treatment.

## **4. REPORT**

- 4.1 South Ayrshire HSCP submitted a response to the Mental Welfare Commission's questionnaire which was issued in July, 2017. A link to this is provided at the Background Papers Section at the end of this report. In this the HSCP confirmed that it commissions independent advocacy services for adults in South Ayrshire. Currently this is provided by Circles Network. In South Ayrshire advocacy services have been commissioned to support adults, aged 16 years old and over under the following categories:

- Adult Advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 i.e. the service is available to people aged 18 years up to 65 years who have a mental disorder, defined as any mental illness, personality disorder or learning disability;
- Adults aged 65 years and over;
- Adults who are in receipt of support services, or may be in need of such services and are vulnerable by reason of age, illness or mental or other disability;
- Residents of care homes where there is a concern that their needs are not being addressed;
- Adults with incapacity as defined by The Adults with Incapacity (Scotland) Act 2000;
- Adults covered by the provisions of the Adult Support and Protection (Scotland) Act 2007; and
- Those seeking to access services under the provisions of the Self-Directed Support (Scotland) Act 2013.

- 4.2 With regards to advocacy provision for children and young people information was sent to the Mental Welfare Commission regarding the advocacy services commissioned locally.

- 4.3 In South Ayrshire independent advocacy services for children and young people are commissioned from Who Cares? Scotland and Barnardos.

- 4.4 In its report the Mental Welfare Commission recognises the role and remit of Integration Joint Boards (IJBs) and their responsibility for planning integrated arrangements, for strategic planning and for the delivery of services. It has

indicated, given this that it expects that responses to its recommendations will be discussed by each IJB. One of the major recommendations of the report is that each area should have a Strategic Advocacy Plan.

4.5 In addition, the Commission has made the following recommendations in its report:

- Ensure that there is clarity about which organisation will be responsible for coordinating the preparation of a strategic advocacy plans for its area.
- Ensure that strategic advocacy plans are in place by the end of December 2018.
- Ensure that strategic plans are developed based on a local needs assessment and information about unmet need and gaps in local provision.
- Ensure that advocacy planners carry out equalities impact assessments and develop approaches to monitoring and enabling access to advocacy which cover all the protected characteristics.

4.6 Specific recommendations relating to services for children and young people included in the report are:

- Ensure there is clarity about where the responsibility lies for planning and commissioning independent advocacy services which are accessible for all children and young people under 18 with a mental disorder.
- Ensure that arrangements for planning for the provision of independent advocacy services for children and young people include processes for assessing the projected need for these supports.

4.7 The Mental Welfare Commission has asked for a response to its report and the recommendations it has made by 30<sup>th</sup> June, 2018.

4.8 The Director of Health and Social Care is proposing that the HSCP work with its partners to produce a Strategic Advocacy Plan for all of those requiring access to services and that this be submitted for IJB approval prior to the due date of 31<sup>st</sup> December, 2018.

## **5 STRATEGIC CONTEXT**

5.1 The proposals set out in this report will assist the Integration Joint Board to deliver against the following Strategic Objectives set out in its draft Strategic Plan for 2018-21:

- We will improve outcomes for children who are looked after in South Ayrshire.
- We will protect vulnerable children and adults from harm.
- We will work to provide the best start in life for children in South Ayrshire.
- We will reduce health inequalities.

- We will support people to exercise choice and control in the achievement of their personal outcomes.
- We will give all of our stakeholders a voice.

## **6 RESOURCE IMPLICATIONS**

### **6.1 Financial Implications**

- 6.1.1 There are no additional financial implications arising directly from the consideration of this report.

### **6.2 Human Resource Implications**

- 6.2.1 There are no human resource implications arising directly from the consideration of this report.

### **6.3 Legal Implications**

- 6.3.1 There are no legal implications arising directly from the consideration of this report.

## **7 CONSULTATION AND PARTNERSHIP WORKING**

- 7.1 There has been no public consultation on the contents of this report. Stakeholders will be part of the exercise going forward to develop a Strategic Advocacy Plan.
- 7.2 The Chair and Vice-Chair of the IJB have been consulted on the content of this report.

## **8 EQUALITIES IMPLICATIONS**

- 8.1 There are no equalities implications arising directly from the consideration of this report. A full Equalities Impact Assessment will be prepared as part of the exercise to develop a Strategic Advocacy Plan.

## **9. SUSTAINABILITY IMPLICATIONS**

- 9.1 There are no environmental sustainability issues arising from any decisions made on this report.

## **REPORT AUTHOR AND PERSON TO CONTACT**

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## **BACKGROUND PAPERS**

Appendix 1 to Mental Welfare Commission Report outlining questionnaire responses received from HSCPs in respect of Adult Services  
[https://www.mwscot.org.uk/media/395521/the\\_right\\_to\\_advocacy\\_appendices\\_march\\_2018.pdf](https://www.mwscot.org.uk/media/395521/the_right_to_advocacy_appendices_march_2018.pdf)

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