**Questions from Providers and responses from Brighton and Hove City Council.**

1.       Firstly, the rationale not to include specialist provision for Older People and Physical Disability is not at first glance clear cut.  The needs assessment makes the point that the largest rise in numbers expected in terms of need relate to Older People and Physical Disability and specific challenges around navigating complex routes into receiving support such as receiving disability benefits.  I would imagine that this might also be true for dementia and end of life advocacy.  The assessment makes the point that for older people more generic advocacy can still fit the bill, but the same case doesn’t appear to be made for Physical disability.  People with physical disabilities have given feedback that they find the way that the local advocacy services are broken down by client group in the current model of provision confusing as people may have multiple conditions. They told us that they need advocacy to support them with managing processes around multiple health conditions, navigating NHS services, benefits and housing.

Conversations so far have led to the logical assumption that specific needs falling into these categories would be picked up in the new line for ‘issue based advocacy’.  Could you confirm if this assumption is correct? Yes, the issue based advocacy has been ringfenced for people of any age who require advocacy because of a hearing or visual impairment, communication difficulty or cognitive or physical impairment. Currently around 20% of all other specialist advocacy services provide advocacy to people with physical disabilities and it is anticipated that this will continue.

Does the ‘issue based advocacy’ describe generic advocacy that would support a full range of issues, and within that budget a ring fenced sum to support spot purchasing of specialist advocacy, or is it planned that the ‘issue based advocacy’ would be a pot of funding specifically for spot purchasing of specialist advocacy? It will be up to the provider(s) how this is organised but we suggested spot purchasing of some very specialist advocacy provision as it may be unrealistic to expect a provider to be able to provide specialist deaf, autism and bilingual advocacy. It may be possible thought.  We haven’t included this in the target for ‘Issue based’ as this needs to be available across the whole hub.

Could you clarify whether the spot purchasing of issue based advocacy does include advocacy for wider needs than deaf, bilingual and autism issues and would therefore cover older people and physical disability? As above.

This point will be critical to understand the elements a successful bid will have in place to support conversations about issue based advocacy and how this might look.

2.    While there is a balance to be struck in terms of allowing for the creativity of providers to describe how they would deliver outcomes versus setting restrictive criteria and outputs, the spot purchasing of issue based advocacy would appear to be the most challenging to define and describe. As described above ‘Issue based’ advocacy is not expected to be spot purchased but provided by the hub.

Do you have a sense of what the spot purchase element of the service might look like?  Is there a vision for how this might be delivered which is different from current models of specialist provision?  We cannot be too prescriptive but where a provider does not have the ability to provide specialist autism, deaf and bilingual advocacy they will need to provide it by spot purchasing from organisations that do.

3. Is it the intention that the Lead Provider is also the actual provider of IMCA Pan Sussex and the actual provider of ICAA in Brighton and Hove and West Sussex? If you could clarify please. We are not specifying that the lead provider must directly provide IMCA & ICAA. This was on one of the original papers but it is not our intention. Our engagement has shown however that where IMCA and ICAA are provided together there are clear benefits to people who need advocacy and referrers to the service.