

## 12.10

**Please identify the constraints and challenges in the delivery of this service and how your organisation will work to minimise them. Please provide evidence describing how your organisation has successfully dealt with issues in similar services. (550 words, not including additional evidence requested)**

### **Effective management of resources when demand for the service is variable.**

Inevitably the IMCA service sees peaks and troughs in demand. The Service Manager calculates a target number of cases that the team needs to work with each month, quarter, and year, based on average case delivery times and the amount of staff time available. If the service is operating below this capacity, then time is invested in awareness raising efforts, which are informed by an analysis of the factors contributing to low numbers of referrals, for example low referrals from particular teams or in relation to particular types of decisions.

If the demand to the service exceeds capacity, then a range of contingencies are used including:

- Part time staff working additional hours which are then reclaimed as TOIL in quieter periods, or occasionally paid as additional salary
- Using the IMCA trained advocate that works in VoiceAbility's Cambridgeshire community advocacy service to provide extra capacity
- Prioritising accommodation and SMT referrals over discretionary referrals with prior agreement from the commissioner.
- Managing the team's annual leave during times when the number of referrals has historically been high.
- Engaging freelance IMCAs to cover in exceptional circumstances.

### **Service continuity during staff absence and/or changes.**

As the IMCA function is a specialist role, finding suitable IMCAs to cover or replace staff can be difficult. The service has trained up an advocate within the Cambridgeshire advocacy service to be able to practice as an IMCA. This means that there are contingencies available for the other advocacy service to make the advocate available to provide cover until either the IMCA returns or a new IMCA is recruited. VoiceAbility also provides advocacy services in neighbouring counties, including Suffolk, Norfolk, and Essex, enabling cover, particularly for DoLS referrals, to be made available.

All IMCA work is recorded electronically and updated regularly on the database. If there were sudden changes to the team that made it difficult to allow a handover, then information is available to know the status of cases and further actions required.

To maintain quality control during such changes, more management time would be directed to supporting the IMCA stepping in. The support includes weekly case work reviews, supervisions, report analysis, and case work planning. The additional management time would be made available by de-prioritising some other elements of the manager's role.

### **Ensuring that referrals are made at an appropriate time.**

Whilst the teams awareness raising and training efforts have ensured that the numbers of relevant referrals have grown considerably there can still be a problem with referrals being made late in the decision-making process, or at a point which requires an immediate response from an advocate, where in fact the need for a referral might have been apparent for some time. Equally it is not unknown for an advocate to make a pre-arranged visit to someone in a residential setting to discover that the person has gone out for the day.

This points to the need to build on the successful work that has been done, raising the profile of IMCA and increasing referrals, to move on to training key stakeholders in how to get the best from the service and how IMCAs can be most effectively employed to achieve the best outcomes for partners.