

# Advocacy Service Engagement Report

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Adult Social Care

*22 February 2016*

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# **Advocacy service**

# **Engagement report**

**December 2015**

# Advocacy engagement report – December 2015

## 1. National context

*“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice”. (Action for Advocacy’s Advocacy Charter)*

Advocacy aims to support people to have their voice heard and their views and wishes taken into account in decision making processes. It ensures that people are treated fairly and are not subject to discrimination or unfair treatment. Advocacy started to be promoted more actively with the beginning of the *Personalisation* Agenda when local authorities recognised that real choice and control depends on people having the right information in order to make an informed decision and on having access to advocacy support if needed.

Care Act 2014 focuses on the concept of wellbeing and prevention. All actions taken by local authorities under the Act need to be driven by their duty to consider the impact of the care and support needs on people`s wellbeing, as well as a duty to prevent needs arising and consequently having an increasing effect on that wellbeing.

The local authority **must**:

- Listen to people`s views, wishes, feelings and beliefs
- Assume people are the best judge of their own wellbeing
- Ensure the individual can participate as fully as possible in decisions about their care
- Not make unjustified assumptions based on people`s age, appearance or behaviour

The Care Act focuses mainly on Independent Advocacy provision and how this can be developed to support the principle of wellbeing. However, in order to develop a service that meets the care and support needs of the entire population, it needs to be looked at in conjunction with the statutory advocacy provision (IMCA/IMHA) and other types of advocacy delivered (NHS complaints advocacy).

## 2. Engagement process

Richmond Council will start its re commissioning process for the advocacy services in May 2016. In order to gauge the views of the local residents the Council engaged with a wide range of stakeholders. The main engagement event was held on the 3<sup>rd</sup> December and involved a wide range of stakeholders.

## Advocacy engagement report – December 2015

### 3. Local context

Advocacy in Richmond is currently provided as follows:

No.	Type of Advocacy	Provider	Target population	Contract end date
1.	Independent Advocacy (including Community Advocacy)	POhWER	Eligible adults (18+) who are either: <ul style="list-style-type: none"> <li>• Ordinarily resident of Richmond borough</li> <li>• Registered with an NHS Richmond GP or</li> <li>• Living in residential or nursing care within the South West London sector and the funding responsibility of either LB of Richmond or NHS Richmond</li> </ul>	31.10.2016
2.	Independent Mental Capacity Advocacy (IMCA)	KAG	<ul style="list-style-type: none"> <li>• Individuals (staying at the time of instruction within the local authority boundaries) lacking mental capacity when there are no relatives or friends willing and/or able to speak for them.</li> </ul>	31.10.2016
3.	Independent Mental Health Advocacy (IMHA)	KAG	<ul style="list-style-type: none"> <li>• Qualifying patients within the boundaries of LBRuT</li> <li>• Additional safeguards for patients who are subject to MH Act</li> </ul>	31.10.2016
4.	Appropriate Adult	KAG	<ul style="list-style-type: none"> <li>• Adults detainees in the Police Station who are mentally vulnerable</li> </ul>	31st March 2016 (with the possibility to extend)
5.	Independent NHS Complaints Advocacy Services	Voiceability	<ul style="list-style-type: none"> <li>• Support patients, their families, carers with a complaint or grievance related to any aspects of healthcare as described in the Health and Social Care Act 2012 including complaints about poor treatment or service provided through the NHS.</li> </ul>	31/3/2017 – (with the possibility to extend)

#### 4. Summary of findings of the engagement process

The methodology of the engagement process is explained at Chapter 8 (page 8 of this report) and the process has highlighted the following:

- There is not enough visibility with regards to the current advocacy provision in the borough. This needs to be addressed by the new provider by promoting the service and engaging with the relevant stakeholders
- Future provision will not include advocacy for children and young people in transition since this is provided by AfC under different contractual arrangements
- The new advocacy contract will focus on outcomes and the impact of the service on people`s independence and levels of confidence and engagement
- The new provider will ensure that its staff are appropriately trained to deliver a high quality service for the local residents
- The voluntary sector will play an important role in the new provision by working in partnership with the new provider to ensure increase awareness and develop a good understanding of the market

#### 5. Challenges and opportunities within current contractual arrangements

There are a number of challenges within the current contractual arrangements that informed the need for changing the commissioning model. Below is a list of challenges and how they will be addressed in the future commissioning model:

Challenge	Opportunity for the new contract
<ul style="list-style-type: none"> <li>• It is difficult to have a holistic view over the whole advocacy provision (Current provision appears fragmented including 5 advocacy strands and 3 providers)</li> </ul>	<ul style="list-style-type: none"> <li>• Future commissioning model is based on a single lead provider model.</li> </ul>
<ul style="list-style-type: none"> <li>• There is no explicit information with regard to the referral point or type of advocacy required and who provides it.</li> <li>• Officers find the communication process with 3 providers difficult and time consuming.</li> </ul>	<ul style="list-style-type: none"> <li>• Lead provider will be responsible for establishing a Single Point of Contact/Access to manage referrals and enquiries</li> <li>• Contract management meetings to be held with the lead provider who will present information about the overall contract.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of awareness by local services and the public</li> </ul>	<ul style="list-style-type: none"> <li>• Future model will require the lead provider to have a local presence and have a robust engagement plan to raise awareness of the advocacy provision within the borough</li> </ul>
<ul style="list-style-type: none"> <li>• Limited choice of local providers</li> </ul>	<ul style="list-style-type: none"> <li>• The lead provider will work closely with the local voluntary organisations to understand the need for advocacy in the market and forge strong working relationships with local community providers.</li> </ul>
<ul style="list-style-type: none"> <li>• Low level of engagement with “hard to</li> </ul>	<ul style="list-style-type: none"> <li>• New contract will promote advocacy to</li> </ul>

## Advocacy engagement report – December 2015

reach” groups (ethnic minorities, LGBT etc.)	the “hard to reach” groups and there will be more engagement and involvement with these groups
<ul style="list-style-type: none"> <li>• Difficult to communicate and manage 3 contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Contract management will include only the lead provider who has the responsibility to manage its subcontractors</li> </ul>
<ul style="list-style-type: none"> <li>• Limited consistency of support (number of advocates per case)</li> </ul>	<ul style="list-style-type: none"> <li>• The future contract will monitor the number of advocates per case.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited capacity of advocacy staff for some types of advocacy required</li> </ul>	<ul style="list-style-type: none"> <li>• The lead provider will ensure there is sufficient capacity to cover all advocacy strands specified in the contract.</li> </ul>

### 6. Feedback from users/carers and professionals

Initial comments from the users of the current service, their carers and professionals reflect the following statements:

Users/Carers	Professionals
I want to be able to understand and be involved in my care and support process...	I want to feel reassured that the rights of my client/patient are respected...
I want to feel more independent and empowered knowing that my voice is being heard...	I want to speak to a single person about my patient/client...
I want to feel safe and secure...	I want to be able to refer my patient/client without being passed from service to service...
I want to tell my story once...	I want to be able to use the information I receive on time...

An advocacy market event was held on 3rd December 2015 and was attended by a wide range of stakeholders. The event highlighted more suggestions about the future service and key areas for development. A summary of key themes and suggestions is presented in the table below.

## Advocacy engagement report – December 2015

Key area	Suggestions
<p>1. How the voluntary sector can work in partnership with advocacy providers to help increase awareness</p>	<ul style="list-style-type: none"> <li>• Voluntary sector organisations should work closely with the advocacy provider to increase awareness and develop a good understanding of the market</li> <li>• Voluntary sector organisations should use their knowledge about community and already formed networks of support to signpost people into the Advocacy Single Point of Access</li> <li>• More awareness training (part of induction programmes for new members of staff) for social care staff</li> <li>• Increase lower level advocacy (peer support) provided by the voluntary sector to achieve efficiencies on the long term</li> </ul>
<p>2. How to best support people to have a voice in the care and support process</p>	<ul style="list-style-type: none"> <li>• A single point of contact/access will help providers, people and voluntary sector organisations understand the advocacy provision and help with the referral process</li> <li>• Lead provider should deliver a local service for local people with local knowledge (more visibility for the future provider)</li> <li>• Future services should be clear and transparent</li> <li>• Advocates must understand the person`s needs and not be judgemental</li> <li>• People should be empowered to advocate for themselves (reduce dependency on the service and give the individuals the right tools)</li> <li>• Reassure people that advocates are independent from other services and that services are confidential etc.</li> <li>• “Active signposting” - when organisations signpost people they have to be sure that the next organisation is able to meet the individual`s needs</li> <li>• The Lead provider should make sure that quality of service is equally provided by all subcontractors</li> <li>• Low level of staff turnover to maintain consistency of support</li> <li>• Tailored advocacy e.g. communication passports for people with a learning disability or communication difficulties</li> <li>• Information given by advocates should be in an accessible format</li> <li>• Organisations should be aware of people`s conditions and potentially fluctuating needs</li> </ul>
<p>3. How providers can work better in partnership with the</p>	<ul style="list-style-type: none"> <li>• There should be defined boundaries between the advocacy services and</li> </ul>

## Advocacy engagement report – December 2015

<p>social care teams to ensure people are supported by an advocate at the right time</p>	<p>social care teams where parties can define their expectations (e.g. Joint Working Protocols)</p> <ul style="list-style-type: none"> <li>• Advocates and social care staff must work in partnership in order to meet the individual's care and support needs</li> <li>• Regular feedback from social care teams is required in order to improve the services</li> <li>• Regular promotion of the service in order for all new staff to be aware of the advocacy provision</li> </ul>
<p>4. How the Council and the Voluntary sector can help ensuring advocacy providers have a good understanding of health and social care market and services available</p>	<ul style="list-style-type: none"> <li>• Care Place is one of the resources that providers can use to increase their understanding of the health and social care market</li> <li>• Tailored approach to communication and engagement (email/face to face etc.)</li> <li>• Advocacy providers should be more visible in the market</li> <li>• Advocacy providers to be more attuned to the market trends (e.g. currently there is an increase in PIP assessments)</li> </ul>
<p>5. How to support advocates to develop their skills in order to make the provision more efficient</p>	<ul style="list-style-type: none"> <li>• Network of advocates including advocates with specialist skills to share knowledge and skills</li> <li>• Advocates need to be able to provide services to a wide range of people with different conditions and/or care and support needs</li> <li>• Relevant training which needs to be refreshed at regular intervals</li> <li>• An online library and online training could be useful for advocates</li> <li>• Recruit BME advocates in order to support more BME users</li> <li>• Advocates should be aware of all recent legislation</li> <li>• Reflection based on research and continuous improvement is important for the advocate and for the organisation</li> <li>• Best qualities for an advocate are: compassionate, good listener, knowledgeable, reliable, assertive but not aggressive, confident, good communicator, flexible, able to research and work under own initiative, able to develop good working relationships</li> <li>• Use of Turnkey as an online referral system</li> <li>• Info on data re number of referrals can be found in Appendix A.</li> </ul>



### 7. Advocacy service – proposed model

The proposed commissioning model will be based on a **single lead provider model** with the option for the lead provider to subcontract for the specialist provision. The lead provider will establish a Single Point of Contact/Access to ensure a “one stop shop” for referrals and enquiries into the service and to reduce duplication and delays. The lead provider will ensure that all advocates are trained and skilled to deal with a multitude of complex situations.

Future contract will focus on achieving the following outcomes:

- continuity of provision (consistency of advocates involved in one person’s case)
- improved partnership working with the social care teams, voluntary sector and professionals (GPs etc.)
- increased efficiencies
- increased satisfaction for the end user
- more engagement with “hard to reach” groups
- establishing an Online referral system

### 8. Partnership with Wandsworth Council

Richmond Council will not jointly procure advocacy services with Wandsworth Borough Council in 2016. However, the commissioners from the two boroughs will look at areas of synergy with a view to align the contract timescales where possible and look for joint procurement possibilities in the future.

### 9. Engagement methodology

The following sessions were arranged with a wide range of stakeholders to ensure that the views and aspirations of local residents/providers and council staff were taken into account in the future commissioning process.

No.	Type of engagement	Purpose of the engagement	Stakeholders involved	Timescales
1.	Workshops with internal staff (2 sessions)	Raise awareness of the advocacy provision	<ul style="list-style-type: none"> <li>• Council`s Internal staff</li> </ul>	September 2015
2.	Meetings with current providers	Gauge the local market appetite towards the proposed commissioning model	<ul style="list-style-type: none"> <li>• POhWER</li> <li>• KAG</li> </ul>	November 2015
3.	Meetings with Children Commissioner and Achieving	Understand the demand of children and young people in transition who may	<ul style="list-style-type: none"> <li>• Richmond Clinical Commissioning Group - Childrens Commissioner</li> </ul>	November – December 2015

## Advocacy engagement report – December 2015

	for Children (AfC)	need advocacy	<ul style="list-style-type: none"> <li>AfC</li> </ul>	
4.	Co-Production Group	Discuss the new model with a group of service users and carers	<ul style="list-style-type: none"> <li>Service users and Carers</li> </ul>	November 2015
5.	Market event <sup>1</sup>	<p>Engage with the local market about future commissioning of the advocacy provision.</p> <p>Gather feedback on key themes for future commissioning.</p> <p>Support providers to network and consider opportunities for joint working</p>	<ul style="list-style-type: none"> <li>Service Users</li> <li>Carers</li> <li>Providers</li> <li>Internal staff</li> </ul>	December 2015

### 10. Limitations of the engagement process

Unfortunately, although some informal feedback was gathered from General Practitioners, for a number of reasons it was not possible to engage in a formal manner with primary care practices. However, the successful provider will engage with primary care practices as well as other professionals in order to deliver a high quality advocacy service in the borough.

<sup>1</sup> Report on the satisfaction analysis about the engagement event can be found in **Appendix B**

### 11. Next steps

The Council will commence the formal procurement process in May 2016. Other relevant dates and procurement activities are shown below. The Council will continue to engage with all the relevant stakeholders to ensure that the new model and its benefits are fully understood.

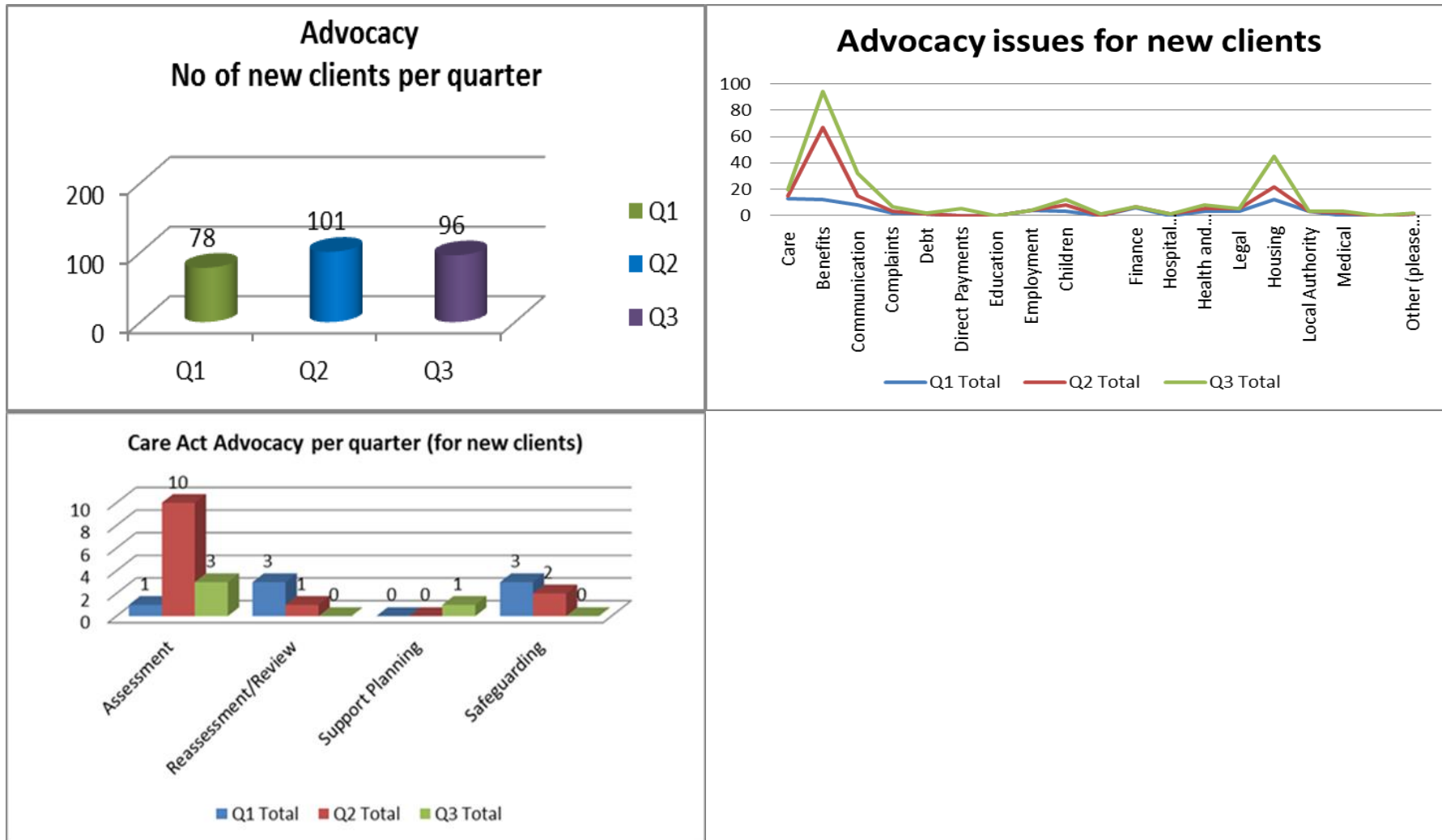
ACTION	DATE
Issue Contract Notice and release of Invitation to tender (ITT)	May 2016
Contract Award (Alcatel Period)	August 2016
Mobilisation	September – October 2016
Contract Commencement	November 2016

Anca Costinas  
Joint Commissioning Manager

# Advocacy engagement report – December 2015

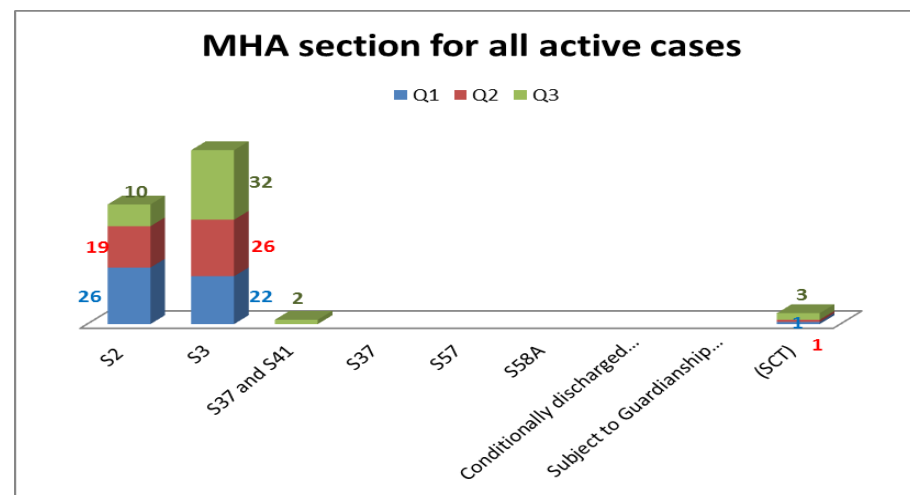
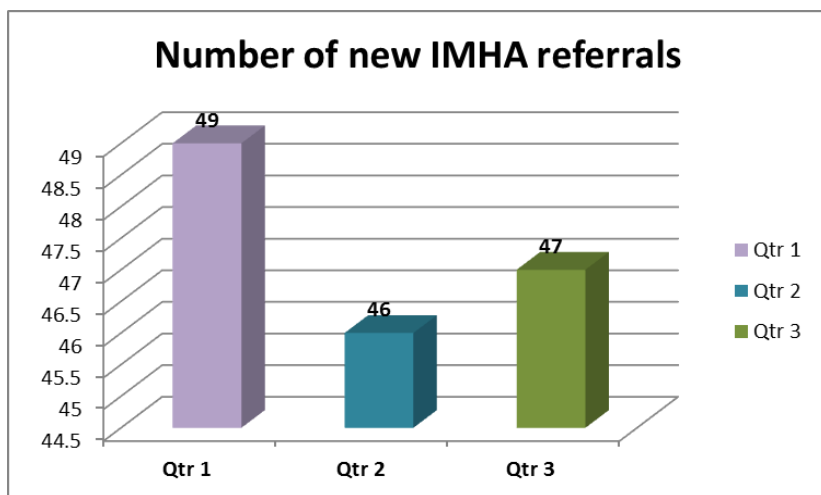
## Appendix A – Current demand on services

### 1. Independent Advocacy (including Care Act Advocacy data)

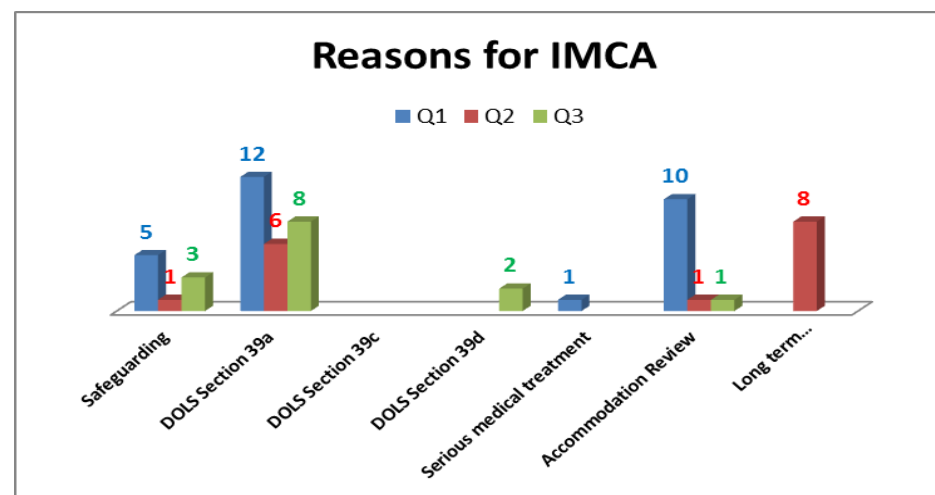
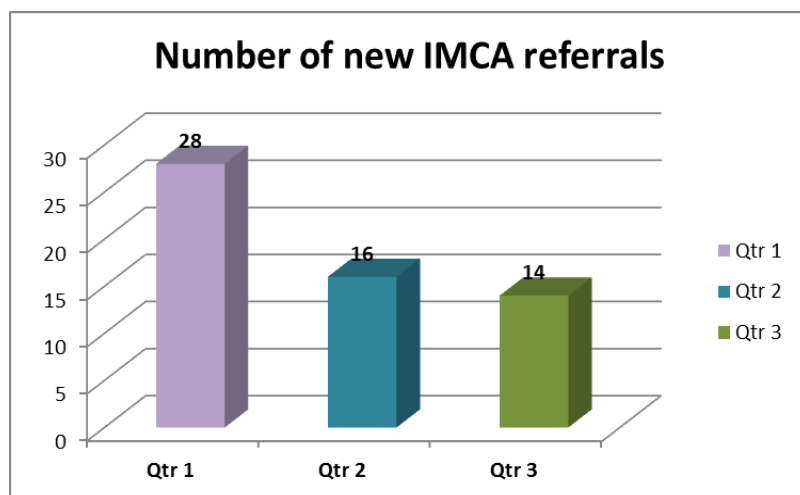


# Advocacy engagement report – December 2015

## 2. IMHA referrals

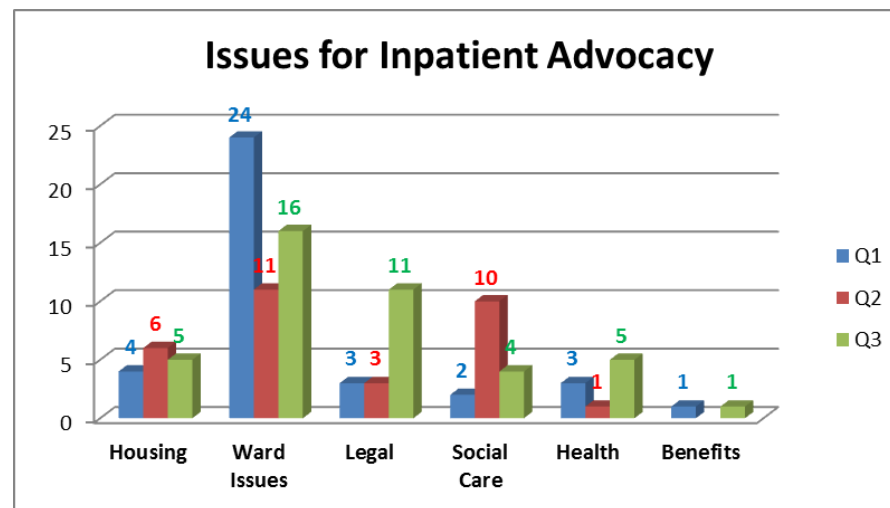
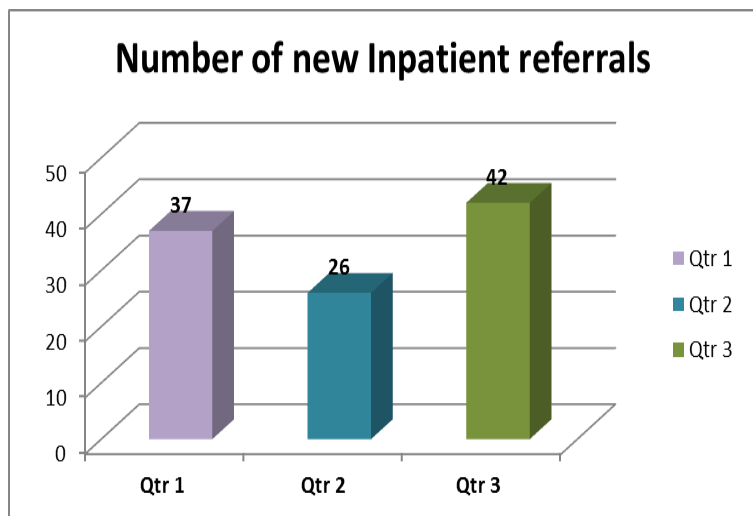


## 3. IMCA referrals

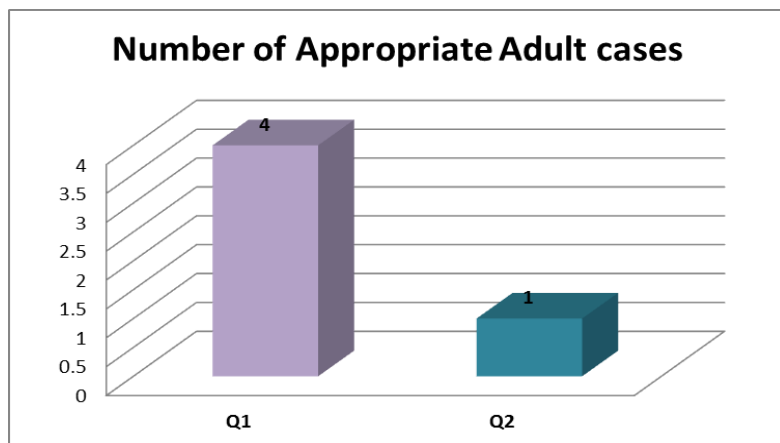


# Advocacy engagement report – December 2015

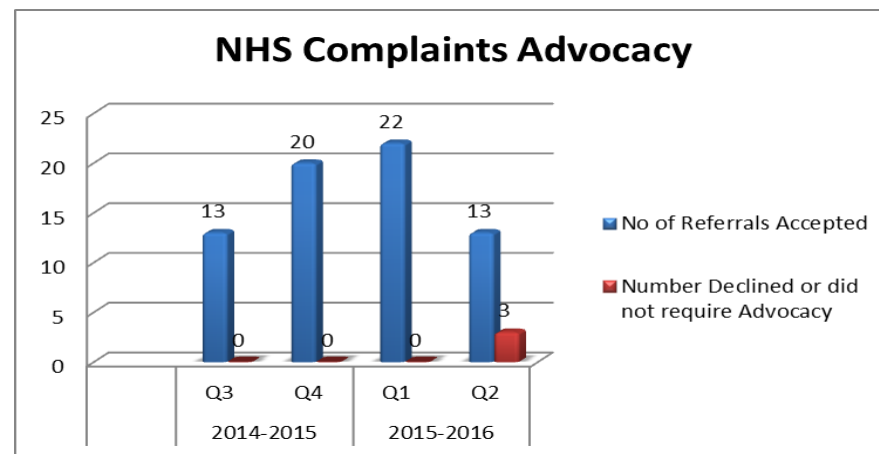
## 3.1 Kingston Inpatient Advocacy



### 4. Appropriate Adult



### 5. NHS Complaints Advocacy



# Advocacy engagement report – December 2015

## Appendix B

### Attendance/Satisfaction analysis - Advocacy market event – 3rd December

#### 1. Overall summary

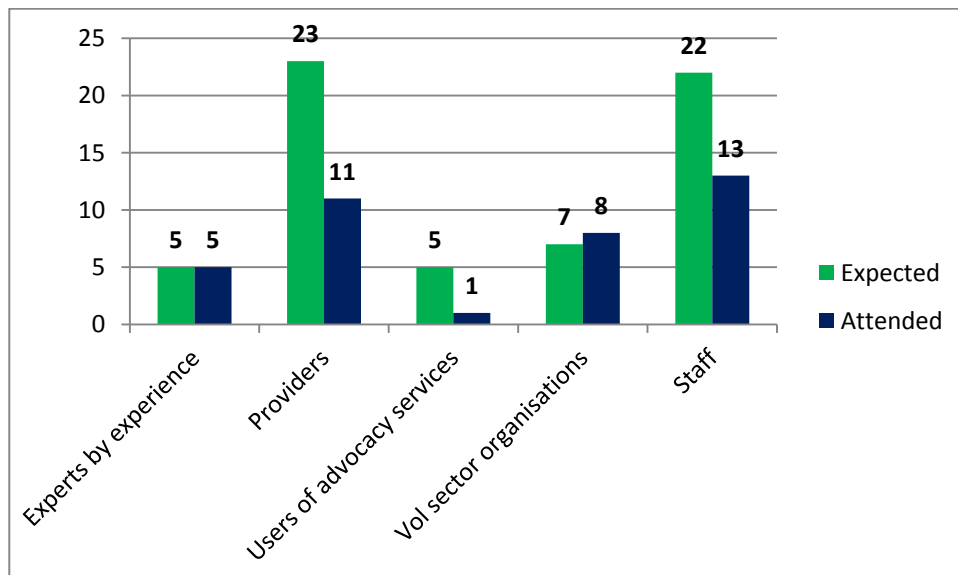
- Overall 62 people (providers, users of the service, voluntary sector organisations and internal staff) were invited to the event
- 61.2% of the people invited to the event managed to attend (38 people)
- Highest attendance was achieved by the voluntary sector organisations
- 55.2% of people who attended the event also completed an evaluation form (21 people)
- Low level of attendance from social care staff and users of service (1 MH social worker and 1 user of service)
- Overall the feedback from attendees was good

#### 2. Ethnicity summary

- 36.8% of the attendees completed the ethnicity information (14 people)
- 14.2% of the attendees declared of having a disability (2 people)
- 93% of those who completed the ethnicity information were White/White British (13 people)
- 42.8% of people who completed the ethnicity information were male (6 people)

#### 3. Statistics

##### 3.1 Number of people expected/attending the event split by category

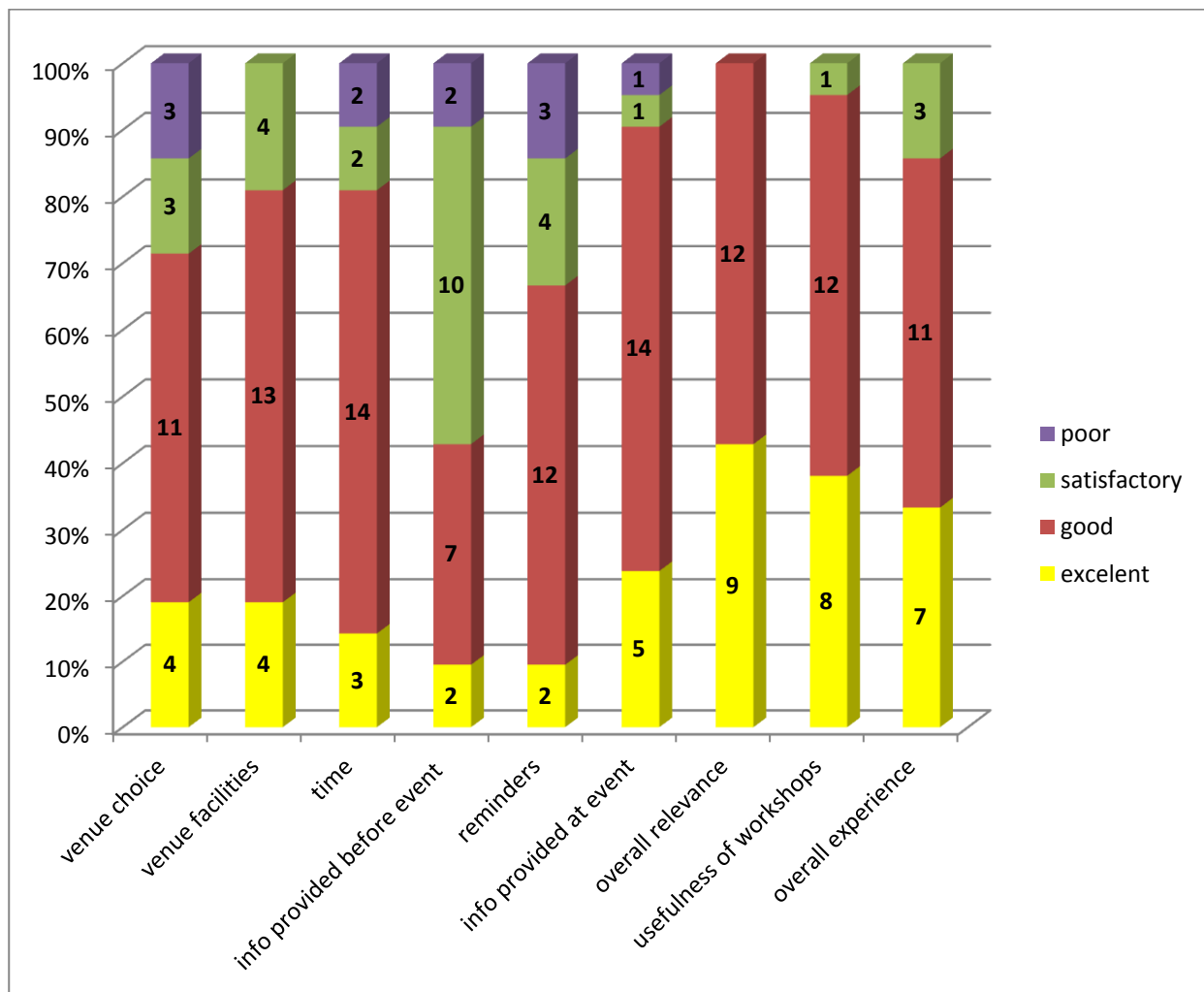


# Advocacy engagement report – December 2015

**Table 3.1 – number and percentages of invitees and attendees**

Area	Invited (confirmed)	Attended	%
Experts by experience	5	5	100%
Providers	23	11	48%
Users of advocacy services	5	1	20%
Voluntary sector organisations	7	8	114%
Staff	22	13	59% <sup>2</sup>

## 3.2 Feedback on the overall assessment on the day<sup>3</sup>



<sup>2</sup> One MH social worker attended

<sup>3</sup> Based on the number of people who completed an evaluation form (21 people out of 38)