Community Services Directorate

Integrated Advocacy Service

Specification of Service

Lewisham Joint Commissioning – Mental Health

2rd Floor

Laurence House

Catford

London SE6 4RU

020 8314 9867

**Kenneth.Gregory@lewisham.gov.uk**

April 2018

**Contents**

[1. Introduction 3](#_Toc510797954)

[2. National Context – Statutory Duties 4](#_Toc510797955)

[3. Estimated Demand 5](#_Toc510797956)

[4. NHS Outcomes Framework Domains & Indicators 6](#_Toc510797957)

[5. Aims and objectives of service 7](#_Toc510797958)

[6. Services description/care pathway 9](#_Toc510797959)

[7. Equality and Diversity 10](#_Toc510797960)

[8. Population covered 11](#_Toc510797961)

[9. Referrals 11](#_Toc510797962)

[10. Exclusion criteria 11](#_Toc510797963)

[11. Interdependence with other services/providers 11](#_Toc510797964)

[12. Outcome Measure 12](#_Toc510797965)



Integrated Advocacy Service

Specification of Service

1. ****Introduction****

For many vulnerable adults, independent advocacy is the first steps towards taking action to resolve issues that impact on their lives. It is based on the principles of empowerment: Those affected by a particular disadvantage are informed of their rights and choices, supported to express their views and wishes and assisted in moving towards a resolution with greater self determination

Lewisham CCG and the London Borough of Lewisham is seeking an outstanding independent advocacy service that will ensuring that vulnerable adults have their voice heard and ensuring that vulnerable adults are at the heart of assessment, care planning and review processes.

Lewisham Commissioners are reconfiguring our existing advocacy contracts to establish an integrated advocacy service in order to provide help and assistance to individuals with general care needs and/or mental health issues, enabling them to express their wants and wishes, represent their needs and support them during safeguarding processes, needs or carers assessments, care and support planning or review processes.

This integrated advocacy service will provide a single point access, ensuring that patients, their families and friend will be quickly directed to the most appropriate support to meet their needs.

The successful Provider will need to demonstrate a proven track record in the delivery of advocacy services to local authorities over the last three years, have experience and processes in place for working collaboratively or in partnership in the delivery of an integrated advocacy service and be able to work across service boundaries.

This Service Specification has been developed to promote innovative solutions to our integrated advocacy requirements for the residents of the London Borough of Lewisham (LBL). The provider will be expected to identify effective forms of integration and collaboration using co-production and involvement methods to support the delivery of improved outcomes for our local population.

It is the Council’s view that Transfer of Undertakings (Protection of Employment) (TUPE) provisions apply to this specification and prospective providers are directed to the information contained in the Supporting Documents, for details relating to this.

The intention of this Services Specification is to establish an integrated pathway approach, ensuring that local residents have access to the right level of support, at the right time and by the right professional.

The integrated advocacy service will operate within and on behalf of the London Borough of Lewisham, which has a large population of approximately 276k people with varying levels of need, living in areas with high levels of deprivation and mixed with pockets of affluence.

1. National Context – Statutory Duties
   1. Lewisham Council have a number of statutory duties to ensure access to advocacy. A brief summary of the Acts is outlined in this section.
   2. It is up to the Provider to fully understand the legislative duties and requirements that apply to independent advocacy services and to ensure qualifying individuals receive a seamless service. For example, there will be people who qualify for independent advocacy under the Mental Capacity Act and under the Care Act. Others will have access to an IMHA and should be considered for a Care Act Advocate.
   3. The Provider must keep up to date on related judgements and consultations and their implications and applications to the service; for example, the Law Commission's consultation on Mental Capacity and Deprivation of Liberty is proposing it covers 16 year olds (previously it had been 18 year olds).\_
   4. **The Care Act 2014:** Local Authorities must involve people in decisions made about them and their care. Where the Council identifies a person with ‘substantial difficulties’ in being involved and if there is no ‘appropriate’ relative or friend available, the Council must appoint an independent advocate. This duty applies at any stage of an assessment, planning, care review, safeguarding enquiry or safeguarding adult review. Also it applies to all settings, including care homes and prisons.
   5. **The 1983 Mental Health Act:** was amended in 2007 to include the provision of Advocacy, these changes outlined that it is a statutory duty for anyone;

* admitted to hospital and sectioned under the mental health act (even if they are currently on leave of absence from hospital) apart from those patients detained under sections 4, 5(2), 5(4), 135 or 136;
* Subject to Guardianship under the Act
  + - * placed on a Community Treatment Order
      * that does not have the capacity to make specific decision around their care
      * who needs to make a decision around residential care/nursing home
      * that does not have a friend or family member who is able to make a decision that is in their best interest
  1. This Service Specification is for a Joint Advocacy Service, which is designed to meet the requirements of:
* The Mental Health Act 1983 (amended in 2007)
* The Care Act 2014
* No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages
* NHS 5 Year Forward View: Mental Health Objectives & Implementation Plan
* Mental Capacity Act 2005
* Health and Social Care Act 2012
* The Care and Support (Independent Advocacy Support) (No.2) Regulations 2014
* Improving access to mental health services by 2020
  1. For patients not covered by any of the above but who are:
* being considered for a treatment to which section 57 applies (“a section 57 treatment” under the Mental Health Act)
* under 18 and being considered for electro-convulsive therapy or any other treatment to which section 58A applies (“a section 58A treatment” under the Mental Health Act).
  1. **The Mental Capacity Act 2005:** The Mental Capacity Act, like the Care Act, gives some people who lack capacity access to Independent Mental Capacity Advocacy (IMCA) in order to represent their views. However the duty to provide independent advocacy under the Care Act is boarder and applies in a wider set of circumstances. The Provider must reduce the risk of duplication in the service.

1. Estimated Demand
   1. This section of the service specification outlines service activity and estimated demand for services relating to Independent Mental health integrated advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and Care Act Advocacy (CAA) for working age adults.
   2. It is predicted that there will be an increase of in the number of people registered with their local GP with a SMI in the next 5 years, therefore our local services will need to be configured so that it is able and flexible handle the emerging or changing needs of our service users.
   3. Currently there are four organisations that have LBL/Lewisham CCG contract to deliver different aspects of the advocacy agenda, however they work independently of each other. The data from these organisations has shown that during 2016/17, approximately 500 patients were referred to our advocacy services and approximately 95% of these referrals were taken onto the caseload.
   4. This service specification give us the opportunity to re-design the advocacy service in Lewisham, ensuring that we can use the expertise and capacity available to respond to the ever increasing demand.
   5. The current configuration also does not enable the borough to apply any flexibility through the individual contracts, therefore an integrated advocacy service is seen to be the most appropriate way of re-procuring a seamless integrated advocacy service that will be able to respond effectively to the increase in demand.
   6. Public Health ‘Severe Mental Illness’ data shows that the LBL is in the top 10 London Boroughs (out of 33) with one of the highest number of people (expressed as a percentage of the total people registered with a GP) on the mental health register. The definition used for a Serious Mental Health Issue is ‘people diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy.

|  |  |  |
| --- | --- | --- |
|  | Area | % |
|  | England | 0.88 |
|  | London NHS region | 1.07 |
| 9th | NHS Lewisham CCG | 1.28 |

Source: Health & Social Care Information Centre

* 1. The Public Health ‘Severe Mental Illness’ website data, also recorded that the estimated number of hospital admission for people with a mental health disorder is higher in London than other parts of England (incidences per 100,000 of the population in 2011),

|  |  |  |
| --- | --- | --- |
|  | Area | % |
|  | England | 69.8 |
|  | London NHS region | 86.1 |
| 8th | NHS Lewisham CCG | 105.4 |

Source: Health & Social Care Information Centre

1. NHS Outcomes Framework Domains & Indicators

|  |  |
| --- | --- |
| **Domain 1** | **Preventing people from dying prematurely** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |
| **Domain 4** | **Ensuring people have a positive experience of care** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |

* 1. Local defined outcomes
  2. The Provider will offer independent, confidential and informed support to people with mental health problems to help them secure the treatment and entitlements they require in order to survive and recover from mental illness, overcome problems that arise due to their mental health issues, and facilitate their social inclusion. The Provider will empower service users and ensure that they are actively engaged in their care plans

**Domain One**

**Individuals feel empowered**

* Individuals get the information they need, understand their rights, make their own choices and where possible voice their opinions to professionals. The focus here is on ensuring individual voices are heard by professionals either with or without assistance from an advocate.
* This results in increased confidence, skills, knowledge and capabilities. Individuals feel safer, have reduced mental anxieties and increased feelings of personal development.

**Domain Two**

**Individual’s quality of life improves**

* Having raised concerns; are able to negotiated, resolved conflicts, make informed decisions about their situation, attended care meetings and individuals are able to achieve their personal outcomes.
* Individuals report meaningful improvements in the quality of their life, especially those with long-term conditions. They report positive experiences about their ongoing care.
* Those unable to participate in specific decisions about their treatment, care and health under the Mental Capacity Act/Deprivation of Liberty Safeguards, have their interests protected by an effective advocates.
* Individuals with non-written or verbal methods of communication have access to advocates who are trained to communicate in appropriate methods (this includes but not limited to), the basics of Makaton, British Sign Language (BSL), PECS, touch signing and Easy Read.

**Domain Three**

**Individuals readily access advocacy information and support**

* The diversity, abilities and needs of patients does not hinder their access to advocacy information and support. The time and effort required to access the service is minimal and supported by a range of communications, including free phone service, translations and resources

**Domain Four**

**Service User Satisfaction**

* 95% of individuals report satisfaction with using the advocacy service. 95% rate the service as good or very good

1. Aims and objectives of service
   1. The aim of this contract and specification is to establish and deliver an integrated advocacy service that meets the statutory duties placed on the council for the provision of independent advocacy across mental health and general care needs.
   2. The key objectives for the service are as follows;

* Develop and maintain an effective single point of access for all mental health independent advocacy query and referral(s) in line with the council’s statutory duties.
* Ensure that all Lewisham Residents that are eligible for statutory entitlement to independent advocacy receive a prompt referral and the appointment and support of a suitably experienced and qualified advocate.
* Design and refresh appropriate communication and marketing for the length of the contract, ensuring that referring organisations and patients are aware of the process of accessing an independent advocate.
* Ensuring that the appropriate independent professional(s) are aware of the role played by independent advocates within the Care Act, The Mental Capacity Act and the Mental Health Act (see paragraph 1.5).
* Develop an appropriate management system to collect, monitor and report on the activities of the Integrated Advocacy service.
* Ensure that the integrated advocacy service is delivered in a timely manner, within agreed codes of practice related to legislation and is in line with a recognised Advocacy Quality Standard.
* Service users are satisfied that the advocacy service received has been effective and independently represents them or their interests.
* The service provides social value: opportunities for different levels of volunteering, peer interventions and bridging roles, pathways to participation, benefits of working with others, partnerships provide opportunities for additional external funding and innovative demand management.
* Continual learning and improvement is demonstrated with service users shaping the service and feedback routinely sought and acted on.
* The service delivers excellent value and keeps down on costs through innovation, flexible working practices and co-production.
* To promote and develop a high level of service awareness amongst eligible service users and associated stakeholders.
  1. Operating within the overarching framework of the integrated service the successful provider will ensure that support pathways are provided to deliver the following statutory duties;
  2. **Independent Mental health integrated advocacy (IMHA);** this is to ensure that IMHA service(s) is available to support people with Serious Mental Illness (SMI) and meets the criteria for IMHA services under Mental Health Act.
  3. This IMHA service(s) will be available to individuals that are on the case load of the mental health community teams and also available to patients on the wards of the Ladywell Unit:
* Clare Ward
* Hayworth Ward
* Johnson Ward
* Powell Ward
* Triage Ward
* Wharton Ward
  1. The service(s) will ensure that where there is not a family member or a friend that can act on the patients’ behalf/supporting them
* To gain access to information on behalf of the qualified patient(s) care
* By acting on behalf of the patient(s)
* By giving the patient(s) appropriate information so that they can communicate their wants and views to clinicians
* To explore alternative options of care and ensuring that they are involved in the decisions being made on their behalf
  1. Having an IMHA involved in a patient care, does not preclude the patient, family member or a friend from seeking advice from a lawyer.
  2. The IMHA service does not replace any other appropriate advocacy service that is available for the patient, but should work in a collaborative manner.
  3. **Independent Mental Capacity Advocacy (IMCA) - DoLS and RPR** The local authority also has duty to ensure that IMCA is available to eligible patients that are assessed as not having the capacity to make decisions around their care and require independent advocacy to support.
  4. The service will encompass three main parts:
* Available to all eligible customers.
* Where required providing a RPR
* Provide information and advice to health & social care staff, housing teams, etc., on their role and service *provided*
  1. **Care Act Advocacy (CAA)** The CAA again the places the duty on the Local Authorities to provide advocacy for patients who do not have the capacity to be involved in the planning and delivery of their treatment and support needs
  2. There are four main areas to be considered when making a judgment on the patient’s ability/capacity to be fully involved in the decision making process;
* Capacity to understand relevant information;
* Capacity to retain information;
* Capacity to use or weigh up the information;
* Capacity to communicate their wishes, views and feelings.
  1. Many people who qualify for advocacy under the Care Act will also qualify for IMCA, and the same advocate can provide support as an advocate under the Care Act as under the Mental Capacity Act. This enables the person to receive seamless advocacy and not to have to repeat their story to different advocates.

1. Services description/care pathway
   1. This service is designed to deliver a mental health integrated advocacy service, providing information and advice to support the patient, their families and friends, so that they are able to understand the legal implications, safeguarding and their rights in relation to the patients’ treatment and care.
   2. The role of an Advocate can include providing support so that the patients’:

* Understands their rights under the various Acts as outlined in Section 1.5
* Family members or a friends rights under the Act(s)
* Treatment that they are receiving
* Proposed treatment
  1. The role of an Advocate working (representing) on behalf of the patient, may include:
* Accessing information so that patients can get a better understanding of what is happening to them
* Providing patients with information and support so that they can articulate their own views
* Providing patients with information and support so that they can explore other options of treatment and care, so that they can make a comprehensive decisions with all the information available to them
* Speak on the patient’s behalf and representing them
  1. The role of an Advocate should not prohibit any patient, their family members and or friends from seeking advice from a lawyer.
  2. Where appropriate, the advocate will carry out
* An assessment of the patients’ needs
* A carer’s assessment
* A care and support plan as outlined in the various Acts in Section 1.3
* A review of the care and support plan
  1. The mental health integrated advocacy service will not replace any other advocacy and support services that is available to patients, but will collaborate with those services to ensure that the patients’ needs are met
  2. The mental health integrated advocacy service will provide to commissioners accurate information/data in a timely. This is a core component of the service delivery and should not be regarded as optional or an extra set of activities.

1. Equality and Diversity
   1. The mental health integrated advocacy service will comply with:

*‘Lewisham's Comprehensive Equalities Scheme (CES) 2012-16 describes the Council's commitment to equality for citizen's, service users and employees. The CES is underpinned by a set of high level strategic objectives which incorporate the requirements of the Equality Act 2010 and the Public Sector Equality Duty’.*

* 1. The mental health integrated advocacy service will ensure that where appropriate:
* Foreign language translation service is available
* Sign language translation service is available
* Information is presented in a range of formats (including pictorial) for people with communication difficulties or learning disabilities
* Tailored service for specific hard to reach groups (i.e. African and Caribbean men, etc.)
* The mental health integrated advocacy service will actively promote equality and diversity throughout it service.

1. Population covered
   1. This service is provided for the population of Lewisham on the basis of GP registration and/or in line with the conditions of responsibility set out in the Responsible Commissioner Guidance.
2. Referrals
   1. The integrated advocacy service a quick and efficient response to referral to its service in line with national guidance. The service will receive direct referrals from (but not exclusively):

* GP
* Social Services
* Secondary Care mental health provider
* Patient’s nearest relative
* Patient’s responsible clinician
* Patient’s Approved Mental Health Professional (AMHP)
* Local voluntary sector providers
  1. Referrals for patients who are eligible for a Mental health integrated advocacy service would normally come from:
* University Hospital Lewisham
* Ladywell Unit within South London and Maudsley NHS Foundation Trust (SLaM)
* Community and Residential sites within Lewisham
* Restricted patients at private hospitals

1. Exclusion criteria

* 18 years and under
* Patients not a resident of the Borough of Lewisham
* Lewisham patients admitted to SLaM and or Oxleas National (Specialist) Inpatient services

1. Interdependence with other services/providers
   1. The mental health integrated advocacy service will work collaboratively with other agencies, including: statutory and community health organisations, independent and voluntary organisations, assisting staff and service managers who are likely to refer their patients.
   2. The mental health integrated advocacy service will work collaboratively with relevant local mental health services and it is essential to ensure that the service is able to adapt to changes within local structures and changes in national guidelines.
   3. There are separate contracts for IMHA provision at both SLaM National (specialist) Inpatient services and Oxleas Forensic Inpatient services. It will therefore not be the requirement of this contract to provide a service to these patients, but it will be necessary to liaise with the IMHA provider within these services to ensure that, when discharged, Lewisham patients will be signposted to the local service and the transition of IMHA responsibility
   4. The mental health integrated advocacy service will work closely with staff at the Ladywell Unit and where appropriate attending business meetings, Link Workers meetings, ward-based community meetings and participate in the Lewisham Joint Consultative Partnership Board.
   5. Contract monitoring meetings with commissioners will occur on a quarterly basis and meeting dates will be arranged at the beginning of each financial year.
   6. The mental health integrated advocacy service will provide quarterly activity & information monitoring reports. Quarterly reports are to be received by the last working day of the month, subsequent to the end of the monitoring period e.g. Quarter 1 report for April-June to be sent to the commissioners by 31st July.
   7. Quarterly monitoring meetings will be held between the Mental Health Commissioner and the mental health integrated advocacy service provider
   8. The quarterly monitoring reports will including the following data

* The number of people being referred to the advocacy service
* The number of people taken unto the caseload
* The length of time - (in days) between referral and taken on to the caseload
* The different type of advocacy provided (IMHA, INCA, Care Act, etc.)
* The number of complaints received
* Demographical information:
* Age
* Disability/Client group
* Ethnicity
* Gender
* Source of new referrals
* Total number of open cases
* Total number of closed cases (each quarter)
* List of Issues

1. Outcome Measure
   1. The outcomes attached to the mental health integrated advocacy service should include (but not exclusive) the following:

|  |  |
| --- | --- |
| **Outcome** | **Evidence** |
| Information  Appropriate information about the service is given to Patients, family members and friends within an agreed timeframe on   * How to access the appropriate advocacy service * Referral process * Rights * Treatment and Procedures | Customer feedback  Quarterly monitoring reports |
| Service Users - using the service understand their rights and the relevant legislation (Act) in relation to their advocacy support | Customer feedback |
| Service Users feel that they are being listen to and are able to express their views | Customer feedback |
| Service Users feel that the Advocates are representing their views and wishes appropriately | Customer feedback |
| Translation services are provided in a timely manner | Customer feedback |
| Service Users feel that their issues have been appropriately dealt with |  |
| Service Users report improved quality of life | Customer Feedback |

|  |  |
| --- | --- |
| **Quality Outcome Indicators** | **Evidence** |
| Patients accessing the service will see an advocate within an agreed timeframe | Customer feedback  Quarterly monitoring reports |
| Evidence that culturally appropriate Advocates are referred to the patients to address their particular needs | Customer feedback  Quarterly monitoring reports |
| Confidentiality; Patients and Advocates meetings are held in an appropriate location | Customer feedback |
| Seamless and co-ordinated care experience – service users receive services that take into account their condition, disability, culture, religion, sexuality, age, gender and communication abilities | Customer feedback |
| All Advocates receive supervision (both managerial and clinical) on at least 10 separate occasions over a 12 month period | Quarterly monitoring reports |
| Training and Awareness sessions for community groups and referral sources are delivered on at least 10 separate occasions over a 12 month period (to increase and improve the quality of referrals) | Quarterly monitoring reports |