Independent Statutory Advocacy Service Specification

1st September 2022 to 31st August 2026 (with the option to extend for 3 x 12 month periods to 31st August 2029)

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Definitions

Definitions within this service specification are defined below:

Term	Definition
Administrative Area	Means the area defined by the map at Figure 1 below being the Councils' combined current administrative areas as at the Commencement Date (as amended by notification to the Provider from time to time)
Advocacy	Advocacy is the provision of help, support and representation by an advocate to enable a person who is otherwise unable to speak up for themselves to self-advocate or to speak up on the person's behalf. It means getting support from another person to enable the person to express their views, wishes and helping the person to take more control about decisions over their lives and care and make informed choices
Advocate	A professional or volunteer advocate who is deployed by the Provider to provide Advocacy support to Service User(s)
Appropriate Person	A non-professional who provides representation and support for a Service User if they have reduced capacity throughout the duration of any authorisation given.
Asset	An asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain improved outcomes. These assets can operate at the level of the individual, family or community as protective and promoting factors.
Commissioner(s)	The Councils and their Authorised Representatives
Community Treatment Order (CTO)	A legal order made under S17(A) of the Mental Health Act 1983 which sets out the terms for treatment within a community setting.
Continuing Healthcare Advocacy (CHC)	Continuing Healthcare advocacy will support and represent Service Users to understand the CHC process and will independently represent service users wishes, preference and views.

Court of Protection (Court)	The Court of Protection is a court that deals with decisions or actions taken under the Mental Capacity Act.
The Council	Cheshire East Borough Council and Cheshire West and Chester Borough Council
Deprivation of Liberty Safeguards (DoLS)	Means the framework of safeguard under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.
Electro-Compulsive Therapy (ECT)	A medical procedure that involves the use of electric currents to trigger an epileptic seizure. Used mainly in the treatment of severe depression.
Eligibility Criteria	Means the criteria that Service Users will need to meet in order to access and be eligible to receive the Services (advocacy intervention) as detailed in the Schedule 1 for each advocacy intervention
Advocacy by Exception or “Exception Advocacy”	Advocacy by exception or “exception advocacy” is generally non-statutory by nature and means speaking for individuals to help them secure their rights and have their interests represented in a range of situations, for example, housing, employment, family matters, social services, debt or benefits problems, which cannot be met by other commissioned and/or universal mainstream services in the first instance. This must be demonstrable. (**This is a service for Cheshire West and Chester residents only).**
Hospital Manager’s Hearing	A Hospital Managers hearing is a hearing with a panel of three people who have been appointed to be on the panel, and are independent of the clinical team and hospital where the person is detained.
Independent Advocate (Care Act)	As defined in the Care Act 2014
Independent Mental Capacity Act Advocate (IMCA)	As defined in the Mental Capacity At 2005

Independent Mental Health Advocate (IMHA)	As defined in the Mental Health Act 1983 and as updated in 2007
Independent Statutory Advocacy Service (The Service)	All advocacy interventions commissioned under this agreement and provided through a single point of contact
Lasting Power of Attorney	Means a legal document that appoints a person to act on someone's behalf to help make decisions or make decisions on their behalf. There are two types of lasting power of attorney – health and welfare and property and financial affairs
Lead Provider/ Provider	[to be completed on award]
Liberty Protection Safeguards (LPS)	The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment Act 2019) and will replace the Deprivation of Liberty Safeguards (DoLS)
Litigation Friend	Means someone who represents an adult who lacks the mental capacity to manage their own court case either with or without a solicitor.
National Advocacy Qualification	Means the City & Guilds National Qualification in Independent Advocacy
Out of Area	Means a Service User who resides outside of the Administrative Area.
Out of Area representation	Means Out of Area statutory advocacy intervention that is directly sourced by the Provider of the Independent Statutory Advocacy service on behalf of the Council
Prisoners	As defined in the Independent Advocacy for Prisoners under the Care Act 2014 and resident within the Administrative Area
Relevant Person	Means a person who is or may become deprived of their liberty in a hospital or care home.
Responsible Body	Means either the relevant Local Authority, or the relevant NHS body (as applicable) within the contract area, which

	has a statutory duty under the 2005 Act to instruct and consult an Advocate.
Paid Relevant Persons Representative (RPR)	Means the person who is appointed by a Supervisory Body to act as the Relevant Person's Representative (RPR) and who, once appointed, maintains contact with the Relevant Person, and represents and supports the Relevant Person in all matters relating to the Deprivation of Liberty Safeguards (DoLS).
Rule 1.2 Representative	Means someone who is able to consider whether, from the perspective of the person's best interests, they agree or do not agree that the Court should authorise the person's package of care and support, resulting in a deprivation of liberty, in either a community or domestic setting.
Service Delivery	The process of the Provider delivering the Service to Service Users.
Service(s)	Means range of Statutory Advocacy interventions
Service User	Means a person that meet the Eligibility Criteria under each of the relevant statutory advocacy service as detailed in this Schedule 1
Supervisory Body	Means the body which is responsible for considering a deprivation of liberty request received from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising the deprivation of liberty.

1.0 Introduction and Context

1.1 Introduction

To ensure statutory advocacy provision is accessible to local residents, the Councils are commissioning an Independent Statutory Advocacy Service operating within the Administrative Area.

The Councils have identified the need for a strategic approach to the way advocacy is commissioned across Cheshire. This will enable a flexible, joined-up approach and ensure sufficient capacity to meet the demand for the service. It will also provide an improved Service User experience for those accessing statutory advocacy interventions.

This specification sets out the requirements for the provision of an Independent Statutory Advocacy Service (the Service) for providing support to eligible Service Users to access the following range of advocacy provision:

1) Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS); and any subsequent changes in legislation
2) Paid Relevant Persons Representative (RPR) role under DoLS; and any subsequent changes in legislation
3) Care Act Independent Advocacy under the Care Act 2014, and including Independent Advocacy for Prisoners under the Care Act 2014
4) Independent Mental Health Advocacy (IMHA)
5) Continuing Healthcare Advocacy (CHC)

1.2 Exclusions

This specification **does not** include responsibility for advocacy in relation to children and young people under the age of 18 apart from those receiving mental health services.

- For Cheshire East Council the Children and Young People Advocacy and Independent Visitor Service is, delivered and hosted by the Children's Society
- Cheshire West and Chester Council have spot purchasing arrangements in place for the provision of advocacy interventions for children and young people.

For any exclusions specific to statutory advocacy intervention type please refer to section 4.

1.2.1 Cheshire West and Chester – advocacy by way of exception

Cheshire West and Chester, by way of exception, will support any adults (18+) across Cheshire West and Chester who need support to resolve issues and /or enable them to be heard and who ordinarily resident in Cheshire West and Chester or be registered with a GP practice within the Cheshire West and Chester area. This is to be implemented by way of exception when all other options of support have been exhausted. See 4.7.3.2 below.

1.3 Service vision

The provision of an adult Independent Statutory Advocacy Service within the Administrative Area which will:

‘Support a person to understand information, express their needs and wishes, secure their rights, represent their interests, and obtain the care and support the individual needs’,

1.4 Overall aims and purpose of the service

The overall purpose of the Independent Statutory Advocacy Service is to offer a high quality, seamless statutory advocacy provision across the Administrative Area. The Service will build upon people’s strengths and abilities, maximising Service User involvement.

The Provider will deliver a single point of access for the range of statutory advocacy interventions, promoting a triage approach to ensure that Service Users are offered the most appropriate advocacy intervention to meet their eligible advocacy support needs. This will include the following:

- Maintaining a local Cheshire based service which understands and responds to local needs.
- Providing flexibility, enabling resources to be moved within the Service to meet increased demand for one type of advocacy provision
- Provision of a cost-effective service
- The Service will reflect the key principles of, recognising and utilising digital technology, promoting wellbeing, help to prevent reliance and dependency on care and support by maximising independence, encouraging participation and personal responsibility, promoting and raising awareness of the Independent Statutory Advocacy Service. Additionally, supporting the development of self-advocacy where possible
- People using the Service will be seen as active partners in decisions made about them, including in relation to their care and support, maximising service user involvement
- The Service will be (and will be seen to be) independent of the Councils and or it’s service partners as well as any other organisations which may participate in the assessment of individuals

The Provider will participate, promote, publicise, and raise awareness of the Independent Statutory Advocacy service including the principles of self-advocacy to Service Users and to those providing referrals (Please refer to section 1.13).

Where a Service User may be eligible for different types of statutory advocacy dependent upon their circumstances (as described in the introduction) under this specification the Provider will ensure:

- Where practicable to do so, the same advocate should continue to be the Service User’s advocate under different circumstances. For example, this may be by direct contact with the Service User under a different advocacy intervention, or as a supervisory role supporting other advocates or trained volunteers.

1.5 Need for the service

Local Authorities have a statutory requirement to provide independent statutory advocacy services, to enable an individual (usually a person who is vulnerable, isolated, or disempowered)

to be supported to understand and participate in decision making which affects them. Please refer to demand for service, section 1.17 and Appendix 2.

1.6 Key challenges

The following challenges will need to be considered to ensure that the Independent Statutory Advocacy service is effective in the Administrative Area are detailed below:

Legislative

Future legislative changes will impact upon the provision of the Service and although timescales are yet to be confirmed, the assumption is that legislative changes will be implemented during the lifetime of this agreement including:

- *The Mental Capacity (Amendment) Act, which will replace Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS).*
  Plans to implement LPS have now been delayed, however, further guidance and consultation is expected during 2022. Future arrangements under the amended legislation include:
  - the LPS function being undertaken by an IMHA rather than RPR;
  - wider application and remit (as under DoLS) hospitals and care homes:
  - changes to the age criteria to 16+ including different settings, and:
  - new responsibilities for hospitals and Clinical Commissioning Groups (or anybody that in due course may succeed to the functions of the CCG)
- *The introduction of a revised Mental Capacity Act Code of Practice.*
  This will replace the current separate codes of practice for the Mental Capacity Act and DoLS. It is unclear if there will be any associated funding to support the implementation.
- *Proposed legislative reforms to the Mental Health Act 1983.*
  This is expected to revise, strengthen and clarify detention criteria to ensure that, in the future, detention takes place when it is absolutely appropriate, and gives patients more substantive rights to challenge include clearer, stronger detention criteria to give patients more substantive rights to challenge detention [1] (as highlighted in White Paper Reforming the Mental Health Act).

Service delivery

- Ensuring trained Advocates have the appropriate skill set to meet future legislative demands
- Engagement and interaction with Service Users to communicate their wishes, views and needs

Population

- It is recognised that there is an ageing population, with people living for longer with comorbidities (please refer to section 9.8 for information in of the JSNA). As such, demand for the Independent Statutory Advocacy service is likely to increase. It is essential that people are supported to understand and retain information, and can communicate their views, wishes and feelings. Population profiles can be located for each geographical place by accessing www.poppi.org.uk.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951398/mental-health-act-white-paper-web-accessible.pdf

- In addition, the age for eligibility under the new legislation (LPS) will move from 18 to 16 years of age.

Promotion, awareness

- Throughout the term of this agreement, promotion and awareness raising of the Service is required to ensure stakeholders and professionals, including practitioners and clinicians are kept informed about the Independent Statutory Advocacy Service. This will ensure local people are provided with appropriate statutory advocacy support and they are involved and supported in decisions made about their care, support and treatment.

1.7 The Commissioners

The service will be delivered on behalf of the following partners:

- Cheshire East Council
- Cheshire West and Chester Council

Cheshire East Council is acting as lead for the commissioning and contract management of this Service for the Term.

1.8 Legislation

Local Authorities have several statutory obligations to provide advocacy services, to enable an individual (usually a person who is vulnerable, isolated, or disempowered) to be supported to understand and participate in decision making which affects them. These statutory duties include the following but are not limited to:

- Care Act 2014
- Mental Capacity Act 2005 and Mental Capacity (Amendment) Act 2019
- Mental Health Act 2007 and the Code of Practice (Mental Health Act 1983) for England
- Health and Social Care Act 2012
- Human Rights Act 1998
- Equality Act 2010
- Coronavirus Act 2020
- Data Protection Act 2018.

1.9 Statutory requirements

The Councils have a duty to involve Service Users in decisions made about their care, support and treatment and are required to ensure the provision of the following statutory advocacy interventions:

1.9.1 Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards and Paid Relevant Persons Representative (RPR)

The Mental Capacity Act (2005) and the Mental Capacity (Amendment) Act 2019 makes it a legal requirement for people lacking mental capacity to make decisions themselves in specific situations to be provided. This can be with the help of independent non-instructed advocacy when there are no known relatives or friends that it would be appropriate to consult with about those decisions. The provision of Mental Capacity Advocacy is consistent with five statutory principles which are set out in Section 1 of the Mental Capacity Act 2005. The advocacy intervention will be provided to a wide

variety of Service Users including people with learning disabilities, dementia, mental health needs, acquired brain injury and sensory impairments. For individuals accessing IMCA, they will be service users 16 years or over, or in the case of Deprivation of Liberty Safeguards the service user will be 18 years or over.

1.9.2 Paid Relevant Persons Role (RPR)

The role of the Paid Relevant Persons Representative (RPR) is to maintain contact with the Relevant Person and to represent and support them in matters relating to their deprivation of liberty.

The key function of this role would be to support the person subject to a Standard Authorisation as set out by the Mental Capacity (Deprivation of Liberty: Appointment of Relevant Person's Representative) Regulations 2008. The key functions of an IMCA are set out in Section 36(2) of the Mental Capacity Act 2005. Section 35(6) of the Mental Capacity Act 2005 provides IMCAs with certain powers to enable them to carry out their functions under the Act.

If a person is deprived of their liberty, having been placed in Cheshire East or Cheshire West and Chester by another Local Authority the IMCA provider may be able to offer them the option of support from a Paid RPR role. This will be an arrangement separate from this specification.

1.9.3 Independent Mental Health Advocate (IMHA)

The Independent Mental Health Advocacy (IMHA) intervention will provide a specialist independent advocacy (IMHA) service for qualifying patients under section 130A of the Mental Health Act 1983 as amended by the Mental Health Act 2007. The IMHA service will be fully compliant with the Mental Health Act 1983 and the revised 2015 Code of Practice (Mental Health Act 1983) for England. The Mental Health Act 1983 requires the provision of effective mental health advocacy to be made available to qualifying patients under the Act.

- Independent Mental Health Advocacy (IMHA) services will be made available for the following groups of qualifying patients:
  - Conditionally discharged restricted patients;
  - Subject to Guardianship under the Act; or
  - Under Supervised Community Treatment Order (CTO)
- In addition to patients not covered by any of the above, patients who meet any of the following criteria are also eligible:
  - Being considered for treatment to which Mental Health Act Section 57 applies ("a section 57 treatment") i.e. treatments requiring consent and second opinion
  - Under 18 years of age and being considered for Electro-Convulsive Therapy (ECT) or any other treatment to which section 58A applies ("a section 58A treatment") i.e. treatments requiring consent or a second opinion
  - Liable to be detained under the Mental Health Act, even if not actually detained, including those who are currently on leave of absence from hospital or absent without leave, or those for whom an application or court order for admission has been completed

- Regardless of the environment in which the individual finds themselves, if they are subject to any of the above provision, they are entitled to an IMHA.

1.9.4 Care Act Advocacy

The Care Act 2014 aims to strengthen the voice of people who use services and their Carers during the process of assessing, planning, and safeguarding. Local authorities have a duty to involve individuals in decisions made about them and in the design and provision of their care and support. As part of this, Local Authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, as well as in safeguarding enquiries and Safeguarding Adult Reviews. This is if two conditions are met:

- The person has substantial difficulty in being fully involved in the care and support processes
- There is no one appropriate available to support and represent the persons wishes

The responsibility for assessing and meeting the needs of adult prisoners (not just on discharge from prison but also while in custody) also applies to Local Authorities. Prisoners are entitled to the same support of a Care Act Advocate in the same circumstances as people in the community.

1.9.5 Litigation Friend

A litigation friend can be appointed to make decisions about a court case for either:

- An adult who lacks mental capacity to manage their own court case, with or without a solicitor;
- A child

The Court can appoint anyone to be a Litigation Friend, for example, this may be a professional advocate such as an Independent Mental Capacity Advocate (IMCA), where a Service User is objecting to a Deprivation of Liberty Safeguards (DoLS) under section 21A of the Mental Capacity Act 2005, or it could be a family member or friend. The role of litigation Friend is not an advocacy role but can:

- Go to court if there is a hearing, but cannot act as the person's lawyer
- Can direct the proceedings on behalf of the person:
    - Make decisions in the person's best interests
    - Tell them about what is happening, and find out their wishes, and feelings
    - Talk to their solicitor about what is happening, get advice from them and give instructions to them in the best interests of the person.
- If there is no one suitable to be litigation friend, the Court will appoint the Official Solicitor who will act if:
    - Nobody else is suitable and willing to be Litigation Friend
    - There's money available to pay the Official Solicitor's costs, such as legal aid
    - The persons doctor or another medical professional, such as a psychiatrist, confirms they lack capacity to manage the case (unless they're a child).

There is an expectation that the role of Litigation Friend (if appropriate) is supported by the Provider. During the 2020-2021 reporting period there were a total of 11 cases for a Litigation Friend (4 in Cheshire East and 7 in Cheshire West and Chester). Please refer to section 1.17 service demand for further information.

1.9.6 Rule 1.2 Representation

The role of a Rule 1.2 Representative is to provide support for when someone is or may be deprived of their liberty in a community or domestic setting and the local authority or CCG is making an application via the Re X streamline process. The Rule 1.2 Representative speaks up for the person who lacks capacity to consent to restrictions on their freedom. The role can be undertaken by the person's family or friend, however, or if the person were unfriended this role would be undertaken by a paid professional such as an advocate. As part of the authorisation process, the social worker will identify who takes on the role, be that be a paid or unpaid position. Some individuals will not be suitable for the Re X streamline process and will require a Litigation Friend rather than a Rule 1.2 Representative. Please refer to section 1.17 for information on service demand.

1.9.7 Human Rights Act 1998

The Human Rights Act 1998 contains a list of 16 rights applicable to everyone in the United Kingdom. As part of the Human Rights Act, public bodies have a legal duty to respect, fulfil and protect these rights, including decisions about care and treatment. This means that people can:

- Speak up about their human rights
- Talk to services about their duty to respect rights
- Work with services to find a solution.

1.9.8 Equality Act 2010

The Equality Act makes it unlawful to discriminate (directly or indirectly) against a person on the basis of a protected characteristic or combination of protected characteristics. Under the Equality Act the public sector have certain duties called the Public Sector Equality Duty (PSED). Under PSED (section 149) public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and
- Foster good relations between people who share a protected characteristic and those who do not.

1.10 Liberty Protection Safeguards (LPS)

The Provider will work in partnership with the Councils to fully implement any changes required to enable the Councils and their partners to comply with the Mental Capacity (Amendment) Act, which passed into law in May 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) with the Liberty Protection Safeguards (LPS).

It is anticipated that these changes will be implemented during the Term. Based on information provided by Government there will be a period of transition within the first year following

implementation, during which Deprivation of Liberty Safeguards (DoLS) will run parallel with LPS to enable those individuals subject to DoLS transfer to LPS in a managed way. LPS will have a much wider remit in terms of settings, age range, and Responsible Body arrangements, as such it is predicted that the number of people who may access an advocacy intervention for LPS will increase. Therefore, once the LPS Code of Practice and Regulations are introduced the expectation is that the Provider will work collaboratively with the Councils whilst assessing impact of such change. This will mean responding, and adapting to the legislative changes, but also responding by adjusting service delivery. This may require innovation and flexible working practices to maximise service reach and delivery.

The Provider shall be required to adhere to the associated Code of Practice and Regulations (once published) in the delivery of the Service, and work with the Councils to address any associated increases in demand.

- The Service shall comprise of the provision of Advocacy to individuals with effect from the Service Commencement Date and thereafter throughout the Term.

1.11 Local policy

The service aims are driven by the following strategic objectives of the Councils:

- Cheshire East Council – the Service will align to the prioritises outlined in the Council's Corporate Plan 2021-2025 of delivering: 'An open and enabling organisation' and a 'Council which empowers and cares about people'.
- Cheshire West and Chester Council - the Service contributes to the Council's corporate priorities to 'Enable More Adults to Live Longer, Happier and More Healthy Lives' and 'That Children and Young people receive the best start in life and achieve their potential',as detailed within the Council Plan 2020-24.

1.12 Strengths and Asset-based approaches

The Councils support and recognise the benefits of strengths and Asset-based approaches to improve health and wellbeing and prevent ill-health. This approach values the capacity, skills, knowledge, connections, and potential of both the individual and their local communities, thereby supporting the sharing and spread of information and knowledge within our local communities.

The Provider will ensure that all Service Users are encouraged to recognise their strengths and build upon these, thereby supporting their independence, and empowering them so that their voice is valued and has impact. As such, they will be supported, to self-advocate where possible, and to focus on the outcomes that matter to the Service Users who are receiving the service.

1.13 Self-advocacy

The Independent Statutory Advocacy Service will ensure that people are supported to build their confidence and skills to advocate for themselves (self-advocacy). The aim is to support people who are in the health and social care system to gain confidence and be equipped with the necessary tools, advice and support and gain the required knowledge and skills to either advocate for themselves or have their family/friends act as an advocate. This will require ensuring people's

strengths and capabilities are recognised and people are empowered and can understand and make informed decisions without the requirement or ongoing need for professional advocacy. The aspiration is that this will lead to increased self-confidence and self-esteem in the Service User and the ability to self-advocate and negotiate care and treatment.

1.14 Advocacy awareness

The Provider will be required to share knowledge and advise other professionals, and stakeholders in Cheshire, and potentially other local authorities (particularly those seeking out of area provision) about the Independent Statutory Advocacy provision delivered in the Administrative Area, in accordance with the Performance Monitoring Framework. The Provider shall be aware of and understand other advocacy services operating within the Administrative Area (for example in Cheshire East the Children and Young People and Independent Visitor Service and local arrangements in Cheshire West and Chester).

The Provider will participate, promote, publicise, and raise awareness of the Independent Statutory Advocacy Service. This includes for example, promotional material, one to one meetings, workshops, and presentations to raise the profile of the Service. For example, the introduction of a contact card which can be given to service users and carers that is easily accessible on mental health wards. This will require applying the principles of self-advocacy to individuals and to those providing referrals, for example, social care and health staff (as well as other relevant services and/or disciplines), to ensure that they understand the role of the Independent Statutory Advocacy Service, the type of provision which is available and to establish an identity that demonstrates the integrated offer.

1.15 Advocacy Charter

The Charter describes the Principles and Code of Practice reflective of advocacy legislation and best practice. This is available at: www.qualityadvocacy.org.uk/wp-content/uploads/2018/05Code-of-Practice-1.pdf

The Code provides a clear description of what is and is not expected of an advocate in their day-to-day work with individuals. The Provider will work to these principles (or equivalent) in the delivery of the Statutory Advocacy Service.

1.16 Service demand

Service demand for statutory advocacy provision across the Administrative Area has been provided on an annual basis for up to approximately 10,000 hours for each Local Authority geography. Statutory advocacy activity for Cheshire East and Cheshire West and Chester is detailed in Appendix 2.

1.17 Population

The total population size of the Administrative Area is 727,223. The borough of Cheshire East has a marginally higher population at 384,152 with the Cheshire West and Chester population being 343,071.[2]

2.0 Outcomes

2.1 High Level Outcomes

Outcome	Service delivery
Person Centred Care	Service User at the centre, rather than fitting them into services
Appropriate Workforce to Meet Needs	Ensure the workforce (Statutory Advocates, Provider, and volunteers) has the appropriate skills, competencies, to meet the needs of

[2] Office for National Statistics, mid-2019 estimates, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

	Service Users accessing the Statutory Advocacy Service
Record Keeping	Ensure that there is effective governance and systems in place and that accurate record keeping is provided and maintained (for example, for audit and reviews)
Access to a quality service	Ensure up-to-date, accessible information in respect of legislation, and staff are appropriately trained
Choice and control	Service Users will be represented to express their views, needs, rights and preferences to assist them in decisions made about their care, support, and treatment
Greater understanding	Service Users will have greater understanding of and involvement in the planning of their care and support
Self-advocacy	Service Users, family and carers will be better equipped to advocate for themselves in the future. Individuals will have greater confidence, capacity and skills to articulate their needs with or without the assistance of an advocate.
Service delivery model	Service Users will benefit from a range of advocacy approaches and interventions to meet different requirements, needs and service user groups
Safeguards from Abuse or Risk of Abuse	Ensure that policies and processes are in place which safeguard Service Users from Abuse or Risk of Abuse, for example, appropriate checks are conducted such as DBS, references, CQC registration
Right to challenge / complain	Ensure that there is a system in place, so that Individuals are informed and empowered and understand their right to challenge / complain

2.2 Individual Outcomes

Individual level Service User outcomes may be associated with a number of the high-level outcomes listed above and will be captured and reported by the performance management framework.

The Provider is required to meet individual Service User outcomes using a person-centred assessment, support planning and service delivery approach. Every Service User should have their own outcomes documented and delivered in relation to their own personal needs.

2.3 Service Principles and Values

The following service values and approaches underpin the service aims and ethos which the Provider is to adhere to:

- Openness and trustworthiness

- A commitment to quality
- Dignity and respect
- Collaboration and coproduction
- Communication
- Personalisation
- Compassion and empathy towards all Service Users
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement
- Community engagement
- Market development

2.4 Carer friendly workplace

With an estimated 6.5 million working carers in England and Wales, a growing number of people are playing a dual role in balancing their jobs with their caring responsibilities. This came into sharp focus in 2020, when the COVID-19 pandemic disrupted working lives, exposing the support needs of those who require constant care. It has been estimated that COVID will have created a possible 4.5 million additional carers (Carers UK).

The benefits of supporting carers in the workforce cannot be underestimated. By retaining skilled, loyal and knowledgeable staff, the organisation reduces its recruitment costs and by offering flexible working, reduces sick leave and retains productivity, giving the employee peace of mind and increasing wellbeing.

From a business perspective, showing support for working carers is likely to enhance your reputation in the eyes of all employees as well as your customers and clients. It will help you to attract and, importantly, retain staff, and is likely to reduce stress and sickness levels and costs. Additionally, as research shows, working carers who feel supported by their organisation are less likely to find it difficult to concentrate at work and are less likely to be considering reducing their hours or quitting their jobs. https://www.cipd.co.uk/Images/carer-friendly-workplace-guidance_tcm18-80345.pdf

As employers, we need to provide the best support we can offer to our employees, particularly if they are experiencing challenges outside of work that impact their wellbeing in the workplace. This should be reflected wherever possible in the values and culture of all our organisations.

2.5 Social Value Outcomes

Social value aims to improve population health outcome and reduce health inequalities through Social, Economic and Environmental impacts.

The Provider will be expected to identify social value targets and outcomes within their model aligned to one or more of the following objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;

- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East and Cheshire West and Chester;
- **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
- **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups;
- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the boroughs of Cheshire East and Cheshire West and Chester;
- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

These objectives are underpinned by a number of priorities detailed within the Council's **Social Value Framework**

There are a number of tools and resources that have been developed by Cheshire East Council to support the Provider to achieve their targets and to improve outcomes:

- **Cheshire East Social Action Partnership** – Brokering links and connections between Providers and local Voluntary Community Faith and Social Enterprise (VCSFE) sector organisations.
- **Crowdfunding Portal** – Providers are able to promote their project that requires funding or contribute to a local project that requires funding.
- **We are Cheshire East (Volunteer Portal)** – Providers are able to identify volunteers to support their organisation's projects, and identifying volunteering opportunities for their workforce
- **Social Value Award** – A Quality Mark which Providers can apply for to showcase their Social Value practice and impact.

Cheshire West and Chester Council endorses Social Value as a concept that goes beyond ensuring good quality service by bringing about extra benefit for the local society, economy and environment.

- **National Themes and Outcome** – Cheshire West and Chester has adopted this framework for measuring social value Can be found at https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-and-strategies/social-value/documents/social-value-policy-2021-25.pdf
- **Crowd Funding Project Group** – Providers are able to promote and contribute.
- **A Compact for Cheshire West (2021-2024).** The Compact for West Cheshire is an agreement for the public sector and Community Sector to work collaboratively for the benefit of local communities. This agreement is designed to:
    - Build upon relationships between all organisations within the public, voluntary, community and faith sectors for mutual advantage

- Lead to improved partnership working
- Create sustainable, quality services for all communities, and
- Recognise the importance of Community Sector organisations in terms of service provision, value to the economy, positive impact on well-being and quality of life, and promotion of volunteering and citizenship

https://www.livewell.cheshirewestandchester.gov.uk/Information/Compact_West_Cheshire_2021_24

Cheshire East Social Action Partnership (CESAP) Service provides leadership with the Voluntary Community Faith Social Enterprise (VCFSE) sector in terms of Social Value across Cheshire East. https://www.cesap.org.uk/social-value/ This includes brokerage and building links across sectors.

The newly developed Social Value Award has now been launched through the Cheshire and Merseyside Social Value Network, and can be accessed via the Social Value Business:

https://socialvaluebusiness.com/social-value-award---cheshire-and-merseyside

Cheshire East Council anticipates that all key suppliers should obtain (or should be willing to obtain within 12 months) this award if they wish to contract with Cheshire East.

3.0 Service Requirement and Deliverables

3.1 Service model

The Council are seeking to appoint a Provider who will deliver an Independent Statutory Advocacy Service within the Administrative Area, that will provide advocacy for people eligible for a range of statutory advocacy interventions. These include:

- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS); and any subsequent changes in legislation
- Paid Relevant Persons Representative (RPR) role under DoLS; and any subsequent changes in legislation
- Independent Mental Health Advocacy (IMHA);
- Independent Advocacy under the Care Act 2014, and including Independent Advocacy for Prisoners under the Care Act 2014
- Continuing Healthcare Advocacy (CHC)

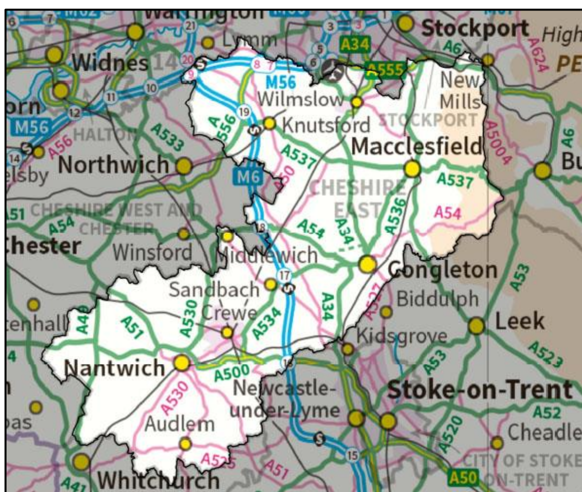
The Independent Statutory Advocacy Service will be accessible through a single point of access, that is provided as a fully integrated model. The Provider will ensure a smooth transition (where possible) for people to access the advocacy intervention. This may be required across a number of advocacy intervention types. As such, support for the Service User will need to be provided in a timely and seamless manner. Additionally, a multi-skilled workforce will be required to deliver a comprehensive range of statutory advocacy support.

The Provider will respond to and work collaboratively with the Councils for example, in response to changes in legislation such as the move from Deprivation of Liberty Safeguards to Liberty Protection Safeguards, and variations in demand.

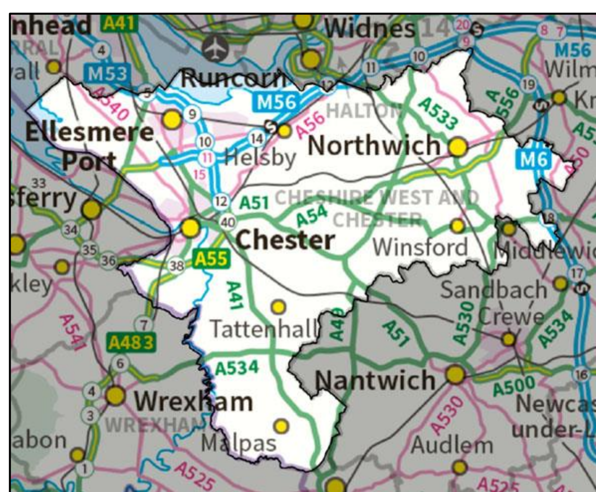
The service will be delivered across the Administrative Area as illustrated by Figure 1:

<u>Figure 1: maps of Cheshire East and Cheshire West</u>

Cheshire East



Cheshire West



Interactive maps can be located the following links:

https://maps.cheshireeast.gov.uk/ce/webmapping

https://maps.cheshirewestandchester.gov.uk/cwac/webmapping

3.2 Role of an Advocate

An Advocate will:

• Develop a relationship of respect, trust and confidentiality	• Help people to say what they want and ensure their voice is heard and is listened to
• Ensure people's wishes, views and feelings are taken into account when making decisions about them	• Be committed to equal opportunities and will support the person to know their rights and how to exercise them
• Consider the person's circumstances and help the person to explore options before making a decision	• Ensure the person has access to all the information they need to enable them to make an informed choice
• Consider the person's communication needs so that they can communicate in a way that best suits the person	• Support the person to make sure that they have the same chances as everyone else

Advocates will develop a plan in partnership with the Service User which clearly details the reasons, aims and expected outcomes from the advocacy intervention. This will enable the Service to manage expectations and workloads effectively.

Where a person has capacity, the Advocate should ask for their consent to look at their records and to talk to their family, friends, paid carers and others who can provide information about their needs and wishes, their beliefs and values. Where a person does not have capacity to decide whether an advocate should look at their notes or talk to their family and friends, then the Advocate can consult both the records and the family and others but consulting the family and others only where the Advocate considers this is appropriate and, in the person's, best interests.

Acting as an advocate for a person who has substantial difficulty in engaging with care and support processes is a responsible position. It includes:

- Assisting a person to understand the assessment, care and support planning and review processes. This requires advocates to understand Local Authority and Health Trust policies and processes, the available assessment tools, the planning options, and the options available at the review of a care or support plan. It may involve advocates spending considerable time with the individual, considering their communications needs, wishes and feelings and their life story, and using all this to assist the person to be involved and where possible to make decisions.
- Assisting a person to communicate their views, wishes and feelings to the staff that are carrying out an assessment or developing a care or support plan or reviewing an existing plan.
- Assisting a person to understand how their needs can be met by the Local Authority or Health Trust or otherwise – understanding for example how a plan can be personalised, how it can be tailored to meet specific needs, how it can be creative, inclusive, and how it can be used to promote a person's rights to liberty and to family life.

- Assisting the person to make decisions about their care and support arrangements – helping them to weigh up various care and support options and to choose the ones that best meet the person's needs and wishes.
- Assisting the person to understand their rights under relevant legislation (e.g Care Act, Mental Capacity Act, Mental Health Act, Health & Social Care Act). Also assisting the person to understand their wider rights, including their rights to liberty and family life. A person's rights are complemented by the Local Authority's and Health Trusts duties, for example to involve the person, to meet needs in a way that is least restrictive of a person's rights.
- Assisting a person to challenge a decision made by the Local Authority and/or Health Trust; and where a person cannot challenge the decision even with assistance, then to challenge it on their behalf.

There will be times when an advocate will have concerns about how the Local Authority or Health Trust has acted or what decision has been made or what outcome is proposed. The Advocate must write a report outlining their concerns for the Local Authority or Health Trust. The Local Authority or Health Trust should convene a meeting with the Advocate to consider the concerns and to provide a written response to the Advocate following the meeting.

Where the individual does not have capacity, or is not otherwise able, to challenge a decision, the Advocate must challenge any decision where they believe the decision is inconsistent with the Local Authority's or Health Trust's duty to promote the individual's wellbeing.

Where a person has been assisted and supported, but nevertheless remains unable to make their own representations or their own decisions, the independent advocate must use what information they have collected and found and make the representations on behalf of the person. They must 'advocate' on their behalf, to put their case, to scrutinise the options, to question the plans if they do not appear to meet all eligible needs or do not meet them in a way that fits with the person's wishes and feelings or are not the least restrictive of people's lives. The ultimate goal of this representation is to secure a person's rights and ensure that their wishes are taken fully into account.

3.3 What an Advocate does not do

An Advocate does not:

• Express their own views	• Attempt to be a legal or financial expert
• Give advice or try to influence the person to make certain decisions or hold certain opinions	• Take the control away from the person they are advocating for by persuading them into his/her way of thinking
• Take over the role of the professional, including but not limited to social worker, nurse or care worker or make up for gaps in services that should be provided	• Purely pass on facts thought to be relevant to a person's situation, to identify options and help decision making. This is providing information and advice.
• Provide ongoing support	• Attempt to be a referee or a mediator in a dispute or argument
• Judge the person they support	• Simply fill in forms or signpost to other organisations

3.4 Instructed and non-instructed advocacy

An Advocate can be **instructed** by the individual about what they would like them to say and do, the Advocate's role is to work with the person to bring together what they have to say in a way that puts their point of view across clearly. The Advocate supports the individual in what they want to achieve.

Non-instructed advocacy is when someone lacks the capacity in relation to a specific issue or decision. In such cases, the Advocate must represent the person's best interest by utilising appropriate communication skills, gather knowledge of that person, gain an understanding of their needs by liaising and consulting with relevant parties, applying professional judgement and knowledge of the law so their best interests are represented.

3.5 Single Point of Access

The Provider will promote and provide a single point of access for the Independent Statutory Advocacy Service. This approach ensures consistency, simplicity, and ease for the referrer, avoiding fragmentation of service delivery. The Provider will triage referrals, offer advice, information, and where appropriate signposting to other or alternative provision if the service does not meet the eligible support needs of the individual. This approach will be delivered in a timely and effective manner, thereby preventing escalation of issues, ensuring that referrers are informed when an advocate is allocated, and contact has been made with the Service User.

3.6 Operating Hours

The Provider will operate a single point of access model during core office hours (Monday to Friday inclusive between the hours of 9.00am to 5.00pm each day), for 52 weeks of the year including leap years but excluding bank holidays.

The Provider is expected to provide flexible facilities to enable access to the Service outside of core hours (including evenings and weekends). This will include office and telephone facilities to operate over core hours together with the facility for out of office contact over seven days, for example, appropriate facilities for messages to be left out of core hours.

3.7 Location

The Service will be delivered across the communities of the boroughs of Cheshire East and Cheshire West and Chester and it is expected that the service will provide locally based staff members and volunteers (where appropriate).

The Provider should deliver a cost effective model, taking consideration of agile / mobile working practices and where appropriate the use of office space located within easy access to both boroughs which enables advocates to easily travel within both geographical locations. The Provider will provide reasonable phone and email access, together with the facility for home visits where appropriate.

The Provider should ensure that staff are appropriately geographically located/placed in order to deliver the statutory advocacy interventions as required.

3.8 National advocacy quality performance mark

The Provider (and any sub-contracted Providers) is expected to hold and maintain the Advocacy Quality Performance Mark (QPM) or equivalent quality standard for the duration of the contract. However, if the Provider does not have this quality mark at the point of contract award, they must achieve the QPM within the first year of the Contract (from commencement date) and maintain the award throughout the remaining Term.

For more information about the Advocacy QPM please refer to: https://qualityadvocacy.org.uk

3.9 Contract Model

The contract model for the Independent Statutory Advocacy Service will be based on activity per hour delivery for each advocacy intervention, the Councils have provided indicative levels of activity that will be purchased to aid business planning for the future contract. Activity may also vary once the Liberty Protection Safeguards operationalise. This will be continually monitored between the Commissioner(s) and the successful Provider. The Performance Management Framework will capture the activity levels such as referrals and hours used across each range of advocacy intervention and outcomes achieved. The Provider will be responsible for ensuring statutory advocacy activity for is recorded appropriately.

3.10 Out of Area

Local authorities have specific requirements for the appointment of advocates:

- Outside of their local area
- Where people are placed out of the area temporarily and
- To support people who move from their area to another area following assessment

However, the parties acknowledge that the provision of Services to Services Users that are not within the Administrative Area or within 20 miles of the border of the Administrative Area but otherwise Out of Area may result in the Provider occurring additional costs above the agreed hourly rate and the Contract contains provisions dealing with this.

Please refer to Schedule 4 of the Contract and section Appendix 2 service demand for further information.

3.11 Service deliverables

The provider of the Independent Statutory Advocacy Service will ensure the Service includes:

1. Appropriate managerial infrastructure, and referral pathways
2. The ability to triage, manage and prioritise referrals across the range of statutory advocacy interventions, and is flexible to fluctuations in service demand for specific interventions, with appropriate trained/multi skilled staff and/or volunteers (where appropriate) to meet such demand
3. An information / data management system which enables the reporting of a single data set for the entire service for monitoring purpose - *noting Section 3.12 (the development of Local Authority delegation portals).

4. Accessible person-centred service delivery, including the use of digital technology or solutions if necessary and appropriate, and delivery from mutually agreed venues, dependent upon the service user circumstances
5. The ability to work with and be flexible to meet the needs of diverse groups of service users accessing the Independent Statutory Advocacy Service. This may include, for example (list not exhaustive), those who:
   - have a sensory impairment (including the requirement for British Sign Language - BSL)
   - have a cognitive impairment
   - have dementia (including advanced)
   - have a learning disability
   - are living with autism
   - have behaviours that challenge
   - have mental ill health
   - are from Black, Asian and minority ethnic (BAME) communities
6. The provision of a service for the benefit of eligible individuals, representing the views of individuals who have no appropriate family and/or close friend to represent their views
7. Non-instructed advocacy by advocates to carry out the roles and responsibilities as defined in relevant case law
8. To ensure advocates can be responsive and deployed at short notice
9. Management of advocates and any appropriate volunteers working across one or more of the different advocacy interventions
10. The provision of assistance and/or written reports provided to the appropriate service professions, adhering to required frequency of reporting. (For example, DoLS authorisation, if authorisation is greater than 3 months a report is required ever 3 months, if authorisation less than 3 months an initial and final report is required).
11. RPR visits that will take place at regular intervals e.g. every 6 weeks (minimum)
12. Maintaining accurate records for the purposes of monitoring and audit requirements
13. The participation of the service manager and organisational representatives in regular contract review meetings
14. Participation, using a range of methods and the inclusion of 360 degree feedback, on case studies, so that lessons learnt can be explored which will aid service delivery and service improvement
15. The Advocate will work on a 1 to 1 basis with service users to support them to understand options, be in control of their lives and work with them to achieve specific objectives and/or resolutions. The Advocate will ensure that the effective communication methods are enacted, and case advocacy is recorded on appropriate systems.

3.12 COVID-19

The Provider will utilise learning from the Covid-19 pandemic and take into consideration the latest Government guidance with regards to testing and infection control procedures when delivering the Service. In addition, the Provider will work together with partners on localised practice and policies to ensure Service Users in receipt of a statutory advocacy intervention are supported

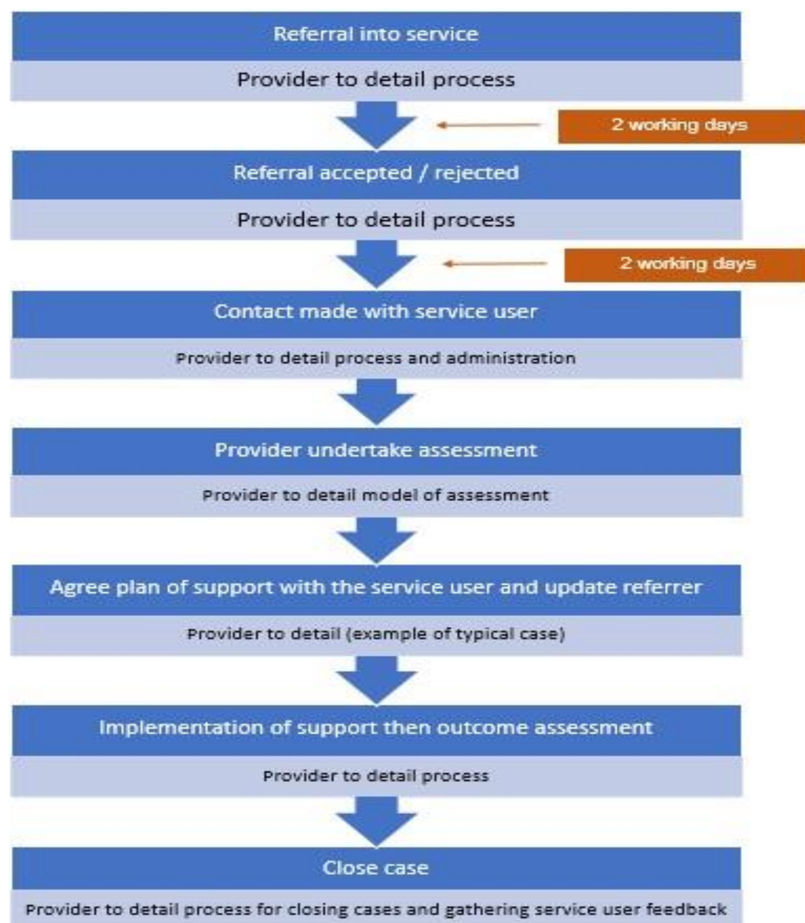
ensuring people have a right to access statutory advocacy interventions. This will ensure people's right to access statutory advocacy interventions is respected.

3.13 Local Authority delegation portals

A condition of this contract award will be the mandatory requirement to record information, relating to the performance management framework. An online portal through a forms-based approach is currently being developed. This will ensure that relevant information can be reported directly into and from Cheshire East Council and Cheshire West and Chester IT systems. There will be two separate portals: a portal for Cheshire East Council and a portal for Cheshire West and Chester Council. The Provider will be expected to support this development and utilise the online portal.

3.14 Response time and referral prioritisation

The information below outlines the minimum requirement for the Services. However, the expectation is that the Provider will work to develop and improve this approach to deliver the Service in the most efficient manner, whilst meeting statutory requirements.



3.15 Pathways

The purpose of the Independent Statutory Advocacy service is to ensure that there is a fluid and person-centred response to support those with eligible statutory advocacy needs in the Administrative Area. The main ways to access the Service are:

- Referral by adult social care
- Referral by health such as mental health clinicians or GP's
- Referral by children social care for example, those accessing Independent Mental Capacity Advocacy
- Self-referral where the service user prefers to contact the service directly
- Referral by other providers e.g. Carers services

The Provider will triage, prioritise, and manage referrals whilst ensuring a quality, timely and appropriate statutory advocacy intervention. Note: there should be clearer pathways and fewer transition points between services when there is a requirement to access different statutory advocacy interventions and emerging patters of referrals should also be recorded.

3.16 Period of advocacy intervention

The statutory advocacy intervention should be based on the eligible support needs of the Service User accessing the Independent Statutory Advocacy Service; therefore, cases should be closed once this has been resolved.

Note: in some circumstances for example, an advocacy intervention (such as Relevant Persons Representative (RPR) under DoLS) individuals may require longer term support until issues become resolved. Therefore, the Service should support the individual until they are no longer required under the set legislation.

All advocacy interventions will be captured as part of the Performance Management Framework and the Provider will report as requested.

3.17 Expectations of direct advocacy support

The following activities should be classed as an allocation of billable time per intervention by an advocate working on a case:

- Being in contact including face to face contact and contact by telephone, digital technology platform contacts such as Teams or Zoom, or any other virtual platform, letter and email with the Service User, or any other Relevant Persons who are involved with the individual in question in relation to the specific decision in question
- Examining documents and records, for example, clinical records, care plans, social care assessment documents and any which relate to the individual to whom the Advocate is supporting and are relevant to the specific decision in question
- Travelling to meetings, interviews etc., in relation to the Service User in question
- Producing a report for the relevant person in respect of the Service User in question
- Attendance at meetings relating to the service user (if any, and where appropriate) this may include for example, Hospital Manager's Hearing Meetings

Please note for the avoidance of doubt, activity spent on an advocacy case **excludes** time which is spent by an Advocate in the delivery of training, participation in training, staff supervision and team meetings. This information is recorded separately.

3.18 Court of Protection

The Court of Protection is a court that deals with decisions or actions taken under the Mental Capacity Act 2005.

This includes appeals made against DoLS authorisations and applications outside of DoLS. There may be occasions whereby the Court will extend a standard DoLS authorisation, the instruction for RPR or 39d IMCA remains in place, as the same authorisation is in place, only extended.

3.19 Communication Needs

The Provider will ensure that the communication needs of Service Users are considered and appropriate communication methods are used to address them. As part of this, the Provider will ensure that the information and advice provided has regard to those with particular requirements, for example, large print and easy read:

• Sensory and hearing impairment	• Socially isolated
• Those who do not have English as a first language	• Those whose disabilities limit their physical mobility
• Learning disabilities / difficulties	• Mental health problems
• To meet a range of literacy levels	

The Service will contribute to three of the six priority areas of the Cheshire East Council – Sensory Strategy 2021 – 2025:

- Provision of accessible information and advice
- Awareness and understanding of sensory impairment
- Integrated service provision and improved co-ordination of care.

Key skills needed in service delivery include listening, negotiating, conflict resolution, patience, problem solving, in order to encourage and foster the involvement of service users. This will help ensure that their needs are met appropriately.

3.20 Confidentiality

Advocates will have the right to access information regarding the Service User, which is relevant to their case. The Advocate may also receive information that is private to the Service User but has no bearing on their case.

The Advocate must ensure that only information relevant to their case is gathered and that all information is kept in a secure environment at all times and only accessible to authorised personnel of the Provider.

To ensure Service User confidentiality, the Advocate will do the following:

- Inform the person providing information, the limits to the information that they can release, and what can be retained
- Securely dispose of any information that is given, emailed, faxed or posted to the Advocate that is not relevant to the issue.

- Delete paragraphs from paper copies of meeting notes and reports that are not relevant to the issue concerned.
- Delete paragraphs from electronic copies of meeting notes and reports that are not relevant to the issue concerned (if the document is in read only format, then it should be returned with a request for certain paragraphs to be removed).
- Be compliant with the requirements of the UK General Data Protection Regulation (GDPR), tailored by the Data Protection Act 2018.

3.21 Volunteers and peer support

The Provider will be expected to develop volunteering opportunities (where it is safe and appropriate to do so), that adds value to the Independent Statutory Advocacy Service and provides valuable experience to the volunteer. Benefits of adopting this model are:

- Supporting the Statutory Advocacy Service where appropriate to release qualified advocates on the delivery of more complex cases
- Enabling a more flexible response to meet pressure points of service delivery
- Potentially supporting any increase in demand for example due to the impact of the implementation of Liberty Protection Safeguards
- Lived experience to support people to access services
- Supporting trained advocates in:
    - Promotional opportunities, awareness sessions, lived experience
    - Supporting interactions such as visits and/or meetings with Service Users
    - Supporting work undertaken in a hospital setting such as peer support sessions
    - Administration and helping to deliver back office functions.

The Provider will arrange appropriate induction, training, and support (both formal and informal) and provide opportunities for continued development and training. The Provider will ensure that safe recruitment processes and appropriate management and supervision of volunteers are in place and adhered to. All relevant safeguarding requirements will be met to ensure the safety of paid staff, volunteers, and service users.

Volunteers would be required to:

- Have an enhanced DBS clearance certificate prior to commencement of appointment and have undertaken appropriate safeguarding training (for those working with young people and vulnerable adults)
- Undertake regular safeguarding awareness through management support and supervision.

The Councils each have an online portal which provide contact details, and further information about volunteering opportunities for residents, and organisations that may wish to provide such an opportunity. Further information can be found:

Cheshire East Council

https://cheshireeastvolunteers.co.uk/

Cheshire West and Chester Council

https://www.cheshirewestandchester.gov.uk/residents/jobs/volunteering-in-west-cheshire/volunteering-in-west-cheshire.aspx and https://volunteernowcwva.com/index-classic

Peer Support

The Provider will be expected to develop a peer support network within the Service which will build and improve Service Users' wellbeing, confidence, and self-esteem. The approach provides an opportunity for people to share their own lived experiences, in particular supporting hard to reach community representatives, and helping people to understand and make choices in relation to their statutory rights.

3.22 Mobilisation

The Councils require the Provider to carry out certain initial Services prior to formal commencement of the Service. These initial Services or mobilisation Services will include (but not be limited to) the following actions:

- Identified key contacts
- Service delivery model
- IT implementation and data transfer
- Recruitment
- Management and staffing structure
- Set up including locations and resources
- Communication and engagement plans
- Governance arrangements and agreements
- Robust planning, risk and project management
- Templates and appropriate paperwork to be in situ
- In preparation for the period of mobilisation, the Provider shall provide an Outline Mobilisation Plan as part of the tender identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The Outline Mobilisation Plan will be developed into the Detailed Mobilisation Plan for review and approval following contract award.

The Provider is required to allocate project management support for the critical transition from the current service to the newly commissioned Service. This will include identifying a named lead for this work.

These Mobilisation Services will be performed in accordance with the Detailed Mobilisation Plan and will be completed by the Service Commencement Date.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current Service Users, potential service users and other key stakeholders including elected members and governance groups.

During the mobilisation period, a programme of meetings will be arranged with the current commissioned provider and the other relevant partners to review roles, responsibilities and working practices.

3.23 Liberty Protection Safeguards (LPS) Transition Plan

The Provider will work with the Councils to transition to the new Liberty Protection Safeguards(LPS) Code of Practice and Regulations. As part of this they will be required to submit an Outline draft Transition Plan as part of the tender.

The Outline Transition Plan will inform future discussions and will be developed and agreed in partnership with the Councils as more information becomes available. The Provider will work to build upon the proposals set out in the Outline Transition Plan to further develop a robust response to any changes required in the delivery of the Service. This will accommodate any increase in demand and will set out how the service will prioritise referrals in line with changes in legislation.

The Provider will be encouraged to support and develop a model that includes the use of volunteers. This is noting that the Code of Practice is likely to specifically reference such usage. This will be developed further as more details become available following the publication of the Code of Practice. Please refer to section 3.21 volunteers.

4.0 Service Standards and Delivery

4.1 Service specific requirements/ service delivery expectations

The Provider will deliver an Independent Statutory Advocacy Service supporting those with eligible needs in the Administrative Area. The Provider will ensure compliance with legislation and will be supported by an appropriately qualified workforce and where appropriate supplemented by the use of volunteers and/or peer support. The Provider will triage, prioritise, and manage referrals, whilst ensuring a quality and timely service is provided and that referrers and individuals are informed of the statutory advocacy intervention

4.2 Clarity and definition of the Advocacy Role

The Provider will ensure that Service Users they advocate for have clear, easy to understand information on the scope, expectations, and role of the advocacy intervention. All Service Users will receive notification of their named advocate, and how they can contact them within core service delivery hours.

All Advocates will have a clear understanding of the role, and the range of support that falls within and outside of the statutory advocacy intervention.

4.3 Assessment and support planning

As highlighted in Section 1.1 the Councils have identified the need to develop a strategic approach to the way advocacy is commissioned so as to create the flexibility and capacity to future-proof these services, meet this increase in demand and at the same time provide an improved Service User experience.

The Provider will deliver quality statutory advocacy interventions, with timely and appropriate responsiveness as outlined in the flowchart – (please refer to section 3.14).

4.4 Access, referral/instruction and exclusion criteria

This section considers each statutory advocacy intervention, access, referral/instruction, and exclusion criteria

4.5 A) <u>Independent Mental Capacity Advocacy (IMCA)</u>

4.5.1 Legal Duties

The Provider shall use all reasonable endeavours to ensure that the provision of Independent Mental Capacity Advocacy (IMCA) is consistent with the following five statutory principles which are set out in Section 1 of the Mental Capacity Act 2005:

i. Every person has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
ii. Every person has the right to be supported to make their own decisions and must be given all appropriate help before anyone concludes that they cannot make their own decisions;
iii. Every person must retain the right to make what might be seen by others as eccentric or unwise decisions;
iv. Anything which is done for, or on behalf of, each individual must be in their best interests;
v. Anything which is done for, or on behalf of, each individual must be the least restrictive of their basic rights and freedoms

The Local Authority has a duty under the Mental Capacity Act 2005 to provide an independent advocate for people who lack the capacity in certain circumstances when there are no known relatives or close friends to speak for them. This includes people who are:

- Covered by the Mental Capacity Act (2005) – the individual has no one other than paid staff with whom “it would be appropriate to consult”. The Code of Practice (10.74-10.78) provides more information about how this decision can be made
- Individual cannot consent / lacks capacity – the individual’s capacity to make the specific decision must be assessed. The Mental Capacity Act states:

“For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.”

An Independent Mental Capacity Advocate (IMCA) must be provided in the following circumstances, where the above applies :

- An NHS body is proposing to provide serious medical treatment (as specified in the Act); and
- A Local Authority or NHS Body is proposing to arrange accommodation (or a change of accommodation) in a care home or hospital and the person will stay in the care home for more than 8 weeks or stay in hospital for longer than 28 days.
- Acts or decisions are proposed under sections 37, 38 and 39 relate or persons who fall within section 39a, 39c or 39d of the Deprivation of Liberty Safeguards in accordance with the Code of Practice.

Under the Mental Capacity Act people who lack capacity and are alleged to be responsible for abuse are entitled to the help of an IMCA to support them and represent them in the enquiries that are taking place.

An IMCA may be instructed where decisions are being made regarding:

ii) Care reviews, where there is no-one else to consult
iii) Adult safeguarding cases, whether or not family, friends or others are involved

An IMCA must be instructed and consulted under the Deprivation of Liberty Safeguards (DoLS) in the following circumstances:

a) As soon as an application for a DoLS authorisation is made, if there is nobody appropriate to consult;
b) At any time during the DoLS process where the individual and/or their RPR requests and IMCA to support them; or
c) The Supervisory body believes that instructing an IMCA will help to ensure that the individual’s rights are protected
d) During any gaps in the appointment of an RPR

People for whom there is a power to instruct an IMCA in relation to care review will (in nearly all cases) also qualify for independent advocacy under the Care Act. The Care Act, however, creates a duty rather that a power in relation to safeguarding procedures and care reviews.

Requirements for the Provision of Independent Mental Capacity Advocates (IMCA)

The provision of Independent Mental Capacity Advocacy must be available for people aged 16 years and over who may present with a wide variety of needs as defined within the Mental Capacity Act 2005 and for people aged 18 years and over as covered by Deprivation of Liberty Safeguards.

- **i.** When instructed, provide Independent Mental Capacity Advocate to undertake the roles set out in the Mental Capacity Act 2005, MCA Code of Practice and associated regulations;
- **ii.** Instruction will be made by Local Authority or health staff as authorised in the Mental Capacity Act 2005. Instructions must be made in writing;
- **iii.** Independent Mental Capacity Advocate (and Trained Representative) written reports will be provided for the instructor for all instructions made;
- **iv.** The Independent Mental Capacity Advocate will provide written confirmation to the instructor when they have ended their work with the Individual.

4.5.2 Eligibility Criteria

A person shall only be entitled to access an Independent Mental Capacity Advocate and shall therefore only constitute a Service User for the purposes of this agreement, if they comply with all of the following criteria:

- **i.** (at the time of their Referral to the Service) they are located within the Administrative Area (Note for DoLS Paid Representative eligibility is where the Council is the Supervisory Body this may be out of the boroughs of Cheshire East and Cheshire West and Chester), and;
- **ii.** they are aged sixteen (16) or over, and in relation to the Deprivation of Liberty Safeguards they are aged eighteen (18) or over, and;
- **iii.** they have been assessed by an Authorised Officer as lacking mental capacity, and;
- **iv.** they have no appropriate family or close friends whom it would be appropriate to consult in determining what would be in their best interests in circumstances for the following decisions:

Serious Medical Treatment

- **v.** a decision must be made on their behalf regarding either, the provision, or withdrawal, or withholding, of serious medical treatment pursuant to Section 37(6) of the 2005 Act, or;

Change in Accommodation

- **vi.** a decision must be made on their behalf regarding arrangements as to the accommodation of the Individual in question in a hospital or a care home (or any other relevant setting following the implementation of LPS), or in residential accommodation which is provided in accordance with either the Care Act 2014, or Section 117 of the Mental Health Act 1983, or subsequent legislation.

Deprivation of Liberty Safeguards (DoLS)

An IMCA must be instructed and consulted under the Deprivation of Liberty Safeguards (DoLS) in

the following circumstances:

a) If it is indicated on the DoLS application that there is nobody appropriate to consult;

b) At any time during the DoLS process where the individual and/or their RPR requests and IMCA to support them; or

c) The Supervisory body believes that instructing an IMCA will help to ensure that the individual's rights are protected

d) During any gaps in the appointment of an RPR

Rule 1.2 Representative – Deprivation of Liberty in the Community

ix. Where the person has no family/friends to represent them, an advocate/trained person may be appointed to be the Rule 1.2 Representative.

Litigation Friend

x. where the person has no family/friends to represent them, an advocate/trained person may be appointed by the Court to be the Litigation Friend

An IMCA may be instructed where decisions are being made regarding:

ii) Care reviews, where there is no-one else to consult
iii) Adult safeguarding cases, whether or not family, friends or others are involved.

4.5.3 IMCA Requirements

The Provider of IMCA will:

- When instructed, provide Independent Mental Capacity Advocate to undertake the roles set out in the Mental Capacity Act 2005, MCA Code of Practice and associated regulations;
- be independent of the Local Authority (under the Mental Capacity Act 2005) or the Supervisory Body (under the Deprivation of Liberty Safeguards)
- assist in seeking resolutions that maintain the best interests of the individual in line with section 35 of the Mental Capacity Act, Code of Practice
- seek to conclude issues with written reports within the appropriate timeframe. Note: The Independent Mental Capacity Advocate will provide written confirmation to the referrer when they have ended their work with the Individual.
- Ensure IMCAs they employ provide a report that includes the following:

  a) the actions undertaken by the IMCA
  b) the range of options being considered in relation to the decision
  c) the past and present wishes, feelings, beliefs and values of the represented individual
  d) evidence of consultation with professionals involved in the care and treatment, and anyone else who can provide relevant information

e) any additional information that may help the decision maker in making a best interests decision
f) other issues for example, where a second medical opinion should be considered; support needs of the individual at the best interests meeting.

4.5.4 IMCA timescales

DoLS 39a IMCA visits and reports must be completed in the agreed format within seven days of receipt of a request for Standard Authorisation, except in exceptional circumstances where a shorter timescale may be requested.

IMCA visits and reports under wider Mental Capacity Act 2005 provision (i.e serious medical treatments, change of accommodation) to be completed within 7 – 14 calendar days with work to commence within 5 days

All IMCA referrals that are not accepted by the Provider must be returned to the referrer with an explanation / reason for rejection and assistance or signposting should be given to the instructor. For the avoidance of doubt, these types of referrals do not constitute an IMCA.

4.6 B) Paid Relevant Persons Representative (RPR)

4.6.1 Legal Duties

The role of the Relevant Persons Representative (RPR) (meaning the individual who is or may be deprived of their liberty) is outlined in Schedule A1 of the Mental Capacity Act (section 7) and includes:

- maintaining contact with the Relevant Person
- representing and supporting the Relevant Person in all matters relating to the Deprivation of Liberty Safeguards (DoLS), including if appropriate requesting a review, escalating a complaint or applying to the Court of Protection.

4.6.2 Eligibility

A Paid RPR (IMCA) will be instructed where:

- there are no family members and/or friends (cannot be someone employed to provide care or treatment) to represent the individual;
- there are family members and/or friends who do not meet the criteria for appointment of RPR (see above)

When there are no family members and/or friends (cannot be someone employed to provide care or treatment) to represent the individual the Supervisory Body must appoint an RPR.

IMCA Support will not be provided for people being treated in under the Mental Health Act where the criteria for IMHA is met.

4.6.3 RPR Requirements

The Provider will provide a written report for Paid RPR's summarising actions and activities as noted in authorisation (frequency of reporting).

4.7 C) Care Act Advocacy

4.7.1 Legal Duties

The duty in relation to Care Act 2014 advocacy applies to adults, children approaching transition, carers, and young carers. The focus of advocacy requirements under the Act are around support and representation in the following:

- An adult needs assessment
- A carers assessment
- The preparation of a care and support plan
- A review of a care and support plan
- A child's needs assessment as they transition towards adult care
- A safeguarding enquiry or safeguarding adult review

The duty to provide advocacy under the Care Act 2014 aims to support:

- People who have capacity but who have substantial difficulty in being involved in the care and support 'processes';
- People in relation to their assessment and/or care and support planning regardless of whether a change of accommodation is being considered for the person;
- People in relation to the review of a care and/or support plan;
- People in relation to safeguarding processes (though IMCAs are involved if protective measures are being proposed for a person who lacks capacity);
- Carers who have substantial difficulty in engaging – whether or not they have capacity);
- People for whom there is someone who is appropriate to consult for the purpose of best interests decisions under the Mental Capacity Act, but who is not able and/or willing to facilitate the person's involvement in the Local Authority process.

Requirements for the Provision of Independent Advocacy under the Care Act 2014

- **i.** When instructed, provide Independent Advocacy to undertake the roles set out in the Care Act 2014 and associated regulations;
- **ii.** Any instructions to the Service must be made in writing;
- **iii.** Independent Advocate written reports will be provided for the instructor for all instructions made;
- **iv.** The Independent Advocate will provide written confirmation to the instructor when they have ended their work with the Individual.

4.7.2 Eligibility Criteria

An individual is entitled to access the Service for the purposes of this agreement if they comply with the following criteria:

If they are either:

- An adult with care and support needs
- A carer, including a young carers (below the age of 18) and parent carers that care for children with care needs and are eligible for a carers assessment.

And are currently going through one of the following decision-making processes:

- Assessment
- Planning
- Review
- Safeguarding

And meet the following two criteria:

- The individual in question has substantial difficulty in being fully involved in the decision-making process and
- There is no Appropriate Person available to facilitate and represent the individual's wishes who is not paid or professionally engaged in providing care or treatment to the individual and their carer.

A person who has substantial difficulty being involved in their assessment, plan and review, will only become eligible for an advocate where there is no one else appropriate to support their involvement and they meet the requirement of Statutory Advocacy eligibility. The exceptions are:

- Where the exercising of an assessment or planning function might result in NHS funded provision in either a hospital for a period exceeding 4 weeks or in a care home for a period of eight weeks or more and the Council believes that it would be in the best interests of the individual to arrange an advocate
- Exceptions could also be discussed on an individual basis if required

The focus of advocacy requirements under the Care Act are around support and representation. The definition of the decision-making processes as described in the Care Act 2014 are detailed below:

- A needs assessment under section 9 Care Act
- A carer's assessment under section 10 Care Act;
- The preparation of a care and support or support plan under section 25 Care Act;
- A review of a care and support or support plan under section 27 Care Act;
- a child's needs assessment under section 59 Care Act;
- a child's carer's assessment under section 60 Care Act;
- a young carer's assessment under section 63 Care Act;
- a safeguarding enquiry under section 68 Care Act;
- a safeguarding adult review under section 68 Care Act;
- an appeal against a Local Authority decision under Part 1 of the Care Act (subject to further consultation).

Advocacy under the duty flowing from the Care Act is similar in many ways to independent advocacy under the Mental Capacity Act (IMCA). Regulations have been designed to enable independent advocates to be able to carry out both roles.

Where a Local Authority is carrying out enquiries in relation to abuse or neglect and the adult has substantial difficulty in being involved and there is no one appropriate to support them, the Local Authority must arrange for an independent advocate to represent them for the purpose of facilitating

their involvement (sections 14.80 Statutory Guidance to the 2014 Care Act). What happens as a result of a safeguarding enquiry should reflect the adults wishes wherever possible as stated by them or by their representative or advocate (14:79).

Local Authorities will need to determine what determines 'substantial difficulty' by assessing the individual's ability to;

- Understand relevant information
- Retain information
- Use or weigh up the information
- Communicate their views, wishes and feelings.

Before referring for an Advocate the Local Authority must consider whether there is an '*appropriate*' individual via the following considerations:

- It cannot be someone who is already providing the person with care or treatment in a professional capacity
- The person must agree to the particular individual supporting them
- That they have the knowledge and ability to support the person's active involvement with the Local Authority processes.

4.7.3 Care Act Requirements

The Provider will:

- Ensure Care Act advocates act independently and only in the best interests of the individual referred at all times. There may be times where the individual or advocate will have concerns about how the Local Authority has acted or what decisions have been made or the outcome proposed.

- Where a Service User lacks capacity, or is not otherwise able to challenge a decision, the advocate must challenge any decision where they believe the decision is inconsistent with the local authorities' duty to promote the service users wellbeing.

- Where a person has been assisted and supported and remains unable to make their own representations or their own decision, the Advocate must use what information they have collected and found and make representations on behalf of the individual.

- The Care Act Advocate will be expected to achieve and secure a Service User's rights, promote their wellbeing and ensure that their wishes and views are taken fully into account.

- Care Act reports and/or feedback must be provided to the referrer within 10 working days

4.7.3.1 Exclusions

- **General advocacy is not commissioned**; however, in order to monitor potential unmet demand, the Provider shall report on a quarterly basis the number of contacts that fall outside the scope of this Service.

- Young adults aged 18 to 25 years with Special Educational Needs and Disabilities in relation to issues related to Education, Health and Care Plan (EHCP) process. These individuals will be supported by:
  - In Cheshire East, Special Educational Needs and Disabilities Team
  - In Cheshire West and Chester, Special Educational Needs Team

4.7.3.2 By way of exception – Cheshire West and Chester only

By way of exception, the Provider shall support eligible adults (18+) across Cheshire West and Chester who may need support to resolve non statutory issues and /or enable them to be heard. Recipients would be ordinarily resident in Cheshire West and Chester or be registered with a GP practice within the Cheshire West and Chester area. This type of Advocacy would be commonly known as "Advocacy by Exception" "Exception Advocacy" and is only to be implemented when all other options of support have been exhausted, and/or if an individual's needs are bespoke by nature, that they cannot be met by any other commissioned and/or universal service (s) such as information and welfare advice for example. This is a new service component (which will be on an activity basis) and activity levels are expected to be low. This service will be monitored closely between Cheshire West and Chester commissioners and the successful Provider through the contract management process to ensure a suitable forecasted baseline position is established throughout the lifespan of the contract.

Exception Advocacy eligibility service includes, but is not restricted to:

- Adults with learning disabilities
- Adults who have physical disabilities
- Adults who have acquired brain injuries
- Adults who have sensory impairments
- Older people, including those with organic mental health problems

Outside of scope of Exception Advocacy (but not exclusively):

- Advocacy for children and young people (Under the age of 18)
- Advocacy relating to child protection and childcare proceedings
- Independent NHS Complaints Advocacy
- Advocacy for victims of domestic abuse
- Advocacy for those experiencing acute psychotic episodes
- General Social Welfare Advice and information

4.8 <u>C) ii Care Act Advocacy – prisons</u>

4.8.1 Background

Adults in custody are entitled to the support of an independent advocate during needs assessments and care and support planning and reviews of plans if they would have significant difficulty in being involved in the process, as in the community.

Local authorities have the same responsibility for assessing and meeting the needs of adult prisoners (not just on discharge from prison but also while in custody). For the purposes of the Care Act, all prisoners are treated as if they are a resident in the area and for as long as they

reside in prison. Prisoners are entitled to the same support of a Care Act advocate in the same circumstances as people in the community, a noted above.

Requirements for the provision of Independent Advocacy under the Care Act 2014 for prisoners

- **i.** When instructed, provide Independent Advocacy for prisoners to undertake the roles set out in the Care Act 2014 and associated regulations;
- **ii.** Any instructions to the Service must be made in writing;
- **iii.** Independent Advocate written reports will be provided for the instructor for all instructions made;
- **iv.** The Independent Advocate will provide written confirmation to the instructor when they have ended their work with the Individual.

4.8.2 Location – Prison and Approved Premises

The following HMP Prison is located in Cheshire East as follows:

- HMP Styal
  - Is a prison and young offender institution (YOI) for women aged 18 years and over
- Approved Premises
  - Bunbury House, Ellesmere Port, Cheshire
  - Linden Bank Hostel, Sandbach, Cheshire

4.8.3 Deliverables

- **i.** When instructed, provide Independent Advocacy for prisoners to undertake the roles set out in the Care Act 2014 and associated regulations;
- **ii.** Any instructions to the Service must be made in writing;
- **iii.** Independent Advocate written reports will be provided for the instructor for all instructions made;
- **iv.** The Independent Advocate will provide written confirmation to the instructor when they have ended their work with the Individual.

4.9 <u>D) Independent Mental Health Advocacy (IMHA)</u>

4.9.1 Legal Duties

Many people with an acute mental health problem may experience heightened vulnerability, communication difficulties and prejudice, and may have difficulty sharing their views with providers of mental health services about their mental health care needs. Access to an advocate ensures individuals can positively engage with services and enables them to fully participate in decisions about their care and treatment.

The Independent Mental Health Advocacy (IMHA) is a specialist type of mental health advocacy service, granted specific roles and responsibilities under the Mental Health Act, to help qualifying patients to:

To understand:

- the legal provisions to which they are subject under the Mental Health Act 1983
- the rights and safeguards to which they are entitled
- the provision of the mental health act

- any condition or restrictions
- medical treatment proposed or being discussed
- the reasons for the above
- the authority of the above
- the mental health act requirements linked to the above

Provide:

- help to obtain the above rights

Exercise their rights:

- through supporting their participation in decision making, noting that IMHAs have legal rights which are not available to other advocates.

  These rights mean that IMHAs may:

  - Meet qualifying individuals in private
  - Consult with professionals concerned with the individual's care and treatment
  - See any records relating to the individual's detention, treatment or after-care, for the purpose of providing help to the individual where the individual consents
  - Request access to records where the individual lacks capacity to consent, if accessing the records is necessary to carry out the functions as an IMHA

4.9.2 Eligibility

The Mental Health Act 1983 (revised 2007) calls patients who are eligible for the support of an IMHA, a "qualifying patient". Therefore, the Provider shall ensure that Independent Mental Health Advocacy is available to the following individuals as defined in the Mental Health Act:

i) Detained under the 1983 Mental Health Act as revised (even if on leave of absence from hospital), irrespective of age, apart from those patients detained under sections 4,5(2), 5(4), 135 or 136. To note for the purposes of the Service this applies to those aged 16 years and above only
ii) Conditionally discharged or restricted patients
iii) Subject to guardianship; or
iv) Under Supervised Community Treatment Order (CTO)

In addition, individuals not covered by any of the above, who meet any of the following criteria are also eligible:

v) Being considered for treatment to which Mental Health Act section 57 applies (i.e. treatments requiring consent or a second opinion)
vi) Liable to be detained under the Mental Health Act, even if not actually detained, including those who are currently on leave of absence from hospital or absent without leave, or those for whom an application or court order for admission has been completed
vii) Under 18 and being considered for Electro-Compulsive Therapy (ECT) or any other treatment to which Section 58A applies (i.e treatments requiring consent or a second opinion)

The term 'responsible individual' includes:

i. Managers of the hospital;
ii. The responsible clinician;
iii. The local Social Services authority (in respect of Guardianship patients); and
iv. The responsible medical practitioner or an Approved Mental Health Professional (AMHP).

The responsible individual must inform the individual of their rights to an IMHA. As all qualifying patients are expected to be referred for an IMHA, once this has been undertaken, the qualifying patient can make an informed choice to either use the service or not, or ask for someone else to perform this role. This reason should be recorded.

4.9.2.1 Exclusion

An IMHA does not advocate for people who:

- Have not been detained under the Mental Health Act 1983
- Have been detained under the Mental Health Act outside of the boroughs of Cheshire East and Cheshire West and Chester
- Have been detained in an emergency under Section 4 until a 'second medical recommendation is received'
- Under section 5 (2 and 4) of the mental health act
- In a place of safety under section 135 or 136 of the mental health act
- Have other advocacy related issues that are not IMHA related but come under for example Care Act provision

4.9.3 IMHA Requirements

The Provider:

- Must have a clear and accurate understanding of those service users who are eligible for IMHA support.
- Work with a qualifying patient if that Service User is subject to a CTO and resident in either Cheshire East or Cheshire West and Chester Local Authority area, or is detained under any of the above in a Hospital within Cheshire East and Cheshire West and Chester. This includes qualifying patients who are placed in hospitals or secure settings, but are not normally resident in either Cheshire East or Cheshire West and Chester.
- Seek consent from the individual being supported, where possible, before undertaking any proceedings on their behalf
- Will issue clear guidance for staff and qualifying service users, who lack the capacity to contact the service, or instruct an IMHA directly, on how to make a referral. This guidance should address referrals made in individual and via other routes, and should include informal referrals made from other sources such as hospital managers
- Ensure contact is made with the qualifying patient withing 72 hours of the referral for advocacy being received and that a meeting is arranged within 7 day of that initial contact. The Provider may on occasion be required to respond to an urgent referral. In these

circumstances every endeavour must be made to respond accordingly. However, the Provider will not be expected to provide 24 hour / 7 days a week response to referral requests or attend to emergency calls.

- Will arrange regular drop-ins at hospital wards and other appropriate settings to raise the profile and availability of the Service.

The IMHA:

- The IMHA has a legal requirement to support the Service User to understand and use their rights, which may be done via a range of interventions such as, but not limited to:
    - Helping the patient to exercise their right, this may include representing them and speaking on their behalf, for example accompanying them to review meetings, Managers hearings or Mental Health Review Tribunals;
    - Supporting Service Users in other ways to ensure that they can participate in decisions about their care and treatment
    - Supporting Service Users in articulating their views, exploring their options and making better informed decisions

- The IMHAs have a statutory duty to comply with any reasonable request to visit a qualifying service user when a referrals is made by any of the following people:
    - The Service Users nearest relative (NR)
    - The Service Users responsible clinician (CR)
    - An approved Mental Health Professional (AMHP) acting on behalf of a local Social Service Authority

- IMHAs will only practice within their specific role and boundaries as defined in the Mental Health Act Code of Practice

- The role of the IMHA includes assisting individuals to obtain information about and understand the following:
    - The service users rights under the Mental Health Act 1983 as revised;
    - The rights which other people for example, the nearest relative, have in relation to them under the Act;
    - The parts of the Act which apply to them and which therefore make them eligible for advocacy;
    - Any conditions or restrictions to which they are subject for example as a condition of their leave of absence from hospital, as a condition of a community treatment order or a condition of conditional under Guardianship or Supervised Community Treatment
    - Any medical treatment that they are receiving or might be given and the reasons for that treatment (or proposed treatment);
    - The legal authority for proving that treatment, and the safeguards and other requirements of the Act which would apply to that treatment.

4.10 E) other Core requirements

4.11 Continuing Healthcare Advocacy (CHC)

Continuing Healthcare Advocacy is available for people aged 18 years and over who need support and representation in challenging continuing healthcare funding issues. The CHC Advocate will independently represent the individual and families wishes, preferences and views around continuing healthcare. A CHC advocate will:

- Support people to explore their options
- Empower people to make their own decisions
- Empower people to appeal a CHC decision

Where an individual requires an assessment and/or is assessed as eligible for NHS Continuing Healthcare (CHC) the relevant NHS Clinical Commissioning Group (CCG) is responsible for ensuring the individuals assessed needs are met including undertaking reviews, care planning, commission health and care and support services, case management and the provision of advocacy in relation to these processes.

4.12 Joint Package of Care

Where an individual has been assessed as not being eligible for NHS Continuing Healthcare (CHC), for example, agreed provision of Funded Nursing Care (FNC), local authorities retain the duty to meet assessed eligible needs as identified under the Care Act 2014.

4.13 Ordinary Residence

In the case of a person who is receiving care and support from one Council and decides to move and live in another authority, the responsibility will move with the care and support assessment. For a person whose care and support is being provided out of area it will be the authority in which the person is ordinarily resident.

4.14 Discharge/ exit from service

Advocacy interventions will be case/outcome focused i.e. once the desired outcome or issue has been resolved the case will be closed. This will need to be made clear to the Service User at the outset through effective planning.

Upon exit from statutory advocacy interventions, the Provider must request feedback from the individual and this should be reported on a quarterly basis as part of the performance management framework.

4.15 Reporting and frequency

The Provider will ensure that they meet their obligations (appropriate frequency) in the provision of and/or written reports which will be prepared, provided and made available to the Appropriate Person, for example an authorised person who instructed them and/or Responsible Body who provided an instruction (referral) such as a psychologist, or nurse. The Provider will ensure that written reports are of a good standard.

The table detailed below provides and example of frequency of reporting, and should not be limited to:

DoLS Authorisation	• If authorisation is greater than 3 months a report is required every 3 months • If authorisation is less than 3 months an initial and final report is required
RPR	• Visits will take place every 6 weeks, report as per authorisation
DoLS 39a IMCA	• Must be completed in agreed format within seven days of request for standard authorisation, except in exceptional circumstances where shorter timescale may be requested
IMCA	• Visits and reports under wider MCA i.e serious medical treatments, change of accommodation to be completed within 7-14 calendar days with work to commence within 5 days
Care Act	• Within 10 working days
IMHA	• Contact within 72 hours meeting within 7 days

To note: where a specific issue or concern arises outside of these timeframes an issue report will be provided to the supervisory body (The Council). A report template to be agreed with the Provider and The Councils.

4.16 Interface and protocols

The Provider will be expected to develop a range of positive relationships across the range of statutory advocacy intervention interfaces. A suite of protocols will be developed during the initial mobilisation period and first 3 months of the commencement of this agreement to clarify the working arrangements between the Provider and for example, the Mental Health Trust.

Please note for illustrative purposes Mental Health

• Key elements of IMHA service specification as appropriate	• Provision of information about IMHA intervention and who is responsible for providing it
• Referral process	• Arrangements for IMHA going on to wards and meeting with patients on and off site
• Health and safety	• Access to patient records
• Incident reporting and management	• Issue and problem resolution

The Protocol should acknowledge that IMHAs have the right to:

• Access wards and units on which mental health patients are resident	• Attend relevant meetings with staff at the request of the patient
• Have access to patient clinical or other records relating to the patients detention or treatment in any hospital, or relating to any after-care services provided to the patient, this includes records held by social services	• See patients in private unless the patient is under close observation or in seclusion, or clinical staff advise against it for reasons of the IMHA's or patients safety

The Protocol should acknowledge that the Mental Health Act places duties on the Mental Health Trust via the "responsible person" to provide verbal and written information about the IMHA service for qualifying patients. The term "responsible person" includes:

• The managers of the hospital	• The responsible clinician
• The local social services authority in respect of guardianship patients	• The registered medical practitioner or approved clinician

The responsible person is accountable for informing the patient of their right to an IMHA. If the patient subsequently decides to access the service, they may request that the responsible person refer them to the Service, or they may choose to contact the IMHA Service directly themselves. The IMHA Service will respond to self-referral from any qualifying patient/client who directly request their help.

5.0 Communications, marketing and branding

5.0 Communication Plan

As part of the mobilisation plan, the Provider will ensure that there is communication plan that sets out a robust approach to the transition management – mobilisation and delivery of the Service. This Plan will be developed by the Provider and will be updated and reviewed quarterly during the contract review meetings. This will clearly describe activities for the promotion of the service with stakeholders including for example wider professionals, current service users / patients, potential service users / patients, family and/or carers, MPs, and Councillors. It will also ensure up to date information about the service is available on Live Well Cheshire East and Live Well Cheshire West and Chester (see Appendix 1).

The Provider will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information & advice and ensure social marketing is maximised and behaviour change is positively influenced within Cheshire East and Cheshire West and Chester.

Communication methods and materials need to be suitable for a variety of audiences – children, young people, adults, families, parents, partners, carers, professionals, general public, businesses – providing timely and straight forward information and guidance accounting for language and a range of literacy levels.

The Provider will be responsible for ensuring this information is updated at regular interval (at least annually) or as and when required to reflect any changes in provision, and versions tracked for ease of reference.

5.1 Service Branding

The Provider will undertake, as part of the mobilisation of the Independent Statutory Advocacy Service, clear service branding which will form part of the Communication Plan detailed in 3.22

The Provider should ensure that service branding is clearly identifiable and has been publicised on their website and through a variety of routes e.g. social media, website, links with Cheshire East Live Well and Cheshire West and Chester Live Well. It will also ensure, all Service Users and their parent and/or carers are aware of the branding.

5.2 Service Interdependencies

The Provider will have clear care pathways in place, including within the mobilisation and transition phase of this agreement for communication with key other services.

Advocates should seek to develop constructive working relationships with all stakeholders which would be expected to include the following (this list is not exhaustive):

- Social care operations teams for Cheshire East and Cheshire West and Chester Councils – including community, DoLS, safeguarding, hospital and frontline teams
- Health trusts for Countess of Chester, Leighton and Macclesfield Hospitals
- Cheshire and Wirral Partnership Trust mental health wards

- Cheshire East Carers Hub
- Carers service in Cheshire West
- Housing
- Hospitals
- Voluntary, community, faith and social enterprise sector
- Legal services
- Advice and Information Services
- Healthwatch Cheshire
- GPs
- Dementia Support Services
- Stroke Services

The Provider is required to note that there may well be other significant interdependencies and therefore this is not restrictive. The Service will establish clear interface working arrangements with wider services to ensure that we maximise system wide outcomes for children, young people, families, adults and communities. With clear and safe transition arrangements from this Service with the involvement of Service Users / patients.

5.3 Equality of access to services and rural geography

The Provider will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. The Provider will need to demonstrate their understanding of the population and geography of Cheshire East and Cheshire West and Chester to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. The Provider understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.

The Provider will ensure that the needs of Service Users / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:

- Young people
- Ex-service personnel
- People with a Learning Disability
- Lesbian, Gay, Bisexual, Transgender
- Black and minority ethnic groups
- Where a referral is made by an Independent Domestic Abuse Advisor or an Independent Sexual Violence Advisor or via the Sexual Assault Rape Centre;
- Those who make themselves vulnerable e.g. Homelessness, Drug / Alcohol use, and sex workers;
- Those who are involved in Family Focus or Complex Dependency Programmes.

Please note that this list is not exhaustive.

The Provider will ensure that the Service provides adequate consideration to specific service venues, any satellite venues such as in primary care and other universal settings, outreach settings, and to service opening times.

Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the Services provided.

5.4 Digital and information and technology

The expectation is that the Provider will make good use of digital technology, IT and support systems. The use of technology for Service User records, making appointments (including reminders) will be delivered in a way that supports the service delivery model, reflecting how the Service connects, informs and supports service users to access information and services.

The Provider will provide evidence based, innovative services whilst maximising both physical and virtual service access options through the use of new technology and where appropriate and safe to do so, ensuring the voice, views and wishes of Service Users is considered as part of the decision-making process. Service information should be available, accessible and maintained by a number of different applications such as web based, digital platforms, written forms of information (in accessible formats) such as easy read, or Information Standard.

6.0 Workforce

6.1 Advocacy workforce requirements and advocacy process

Staff recruited to work within the service should be suitably experienced or qualified or working to achieve the City and Guilds National Qualification in Independent Advocacy within an appropriate period of time. The Advocate must not be working for the Local Authority or local health Trust, or for an organisation that is commissioned to carry out assessment, care and support plans or reviews for the Local Authority, nor can an advocate be appointed if they are providing care or treatment to the Service User in a professional or paid capacity.

During the initial visits, the Advocate will look out for the following:

- The Service User's expression of mood and feelings
- The Service User's sensory activities, their use of sound, touch, hearing, tasting and smelling
- The Service User's body language, gestures and vocalisations
- The Service User's interactions with others
- The Service User's relationship to their environment and personal space
- The Service User's use of objects in their setting
- The Service User's opportunities for interaction.

The Provider will ensure that each member of staff, (including volunteers where appropriate) has:

- A clear understanding of the principles and statutory requirements and legislation in relation to the Independent Statutory Advocacy Service with a commitment to apply and promote these principles in service delivery
- Skills, expertise, flexibility to work with Service Users who access the Service (many of whom will be vulnerable) with dignity and respect, are person centred in a strength and Asset based manner
- The ability to communicate effectively with clear information, with a suite of communication tools which will aid them in the delivery of the Independent Statutory Advocacy Service, for example, communicating with people with a sensory impairment
- The ability to give information and advice to the Service User and offer choices that are clear, concise, in language that is easy to understand and is appropriate to their communication needs
- The required skills / knowledge to support Service Users to achieve their personal outcomes
- Is familiar with raising safeguarding concern through either the Cheshire East Safeguarding Adults Board, and children safeguarding through *Cheshire East Children's Consultations Service* and/or Local Safeguarding Adults Board Cheshire West and Chester
    - https://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/are-you-concerned-about-a-child/cheshire-east-consultation-service-checs/checs.aspx
    - https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/adult-social-care/raising-concerns/adult-safeguarding.aspx

- https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/children-and-young-people/report-a-concern-about-a-child/report-a-concern-about-a-child.aspx

6.2 Workforce management

The Provider will ensure that individual supervision is viewed as an important contribution towards continued professional development and that supervisors have the appropriate level of training to supervise staff delivering the service. The Provider will ensure supervision takes places with regular frequency.

6.3 Workforce Recruitment and induction

The Provider shall ensure that staff are recruited who are appropriately qualified, competent, experienced and are confident to support Service Users. Workforce development, training, and supervision appropriate to the individual staff members must be available to ensure a high quality and safe Service.

The Provider is responsible for ensuring that it employs staff with the following consideration:

- Advocates and where appropriate volunteers have the relevant skills and competencies and are willing to undertake training and development as and when required. This will include successfully completing or working towards the relevant modules of the National Advocacy Qualification for all relevant staff as soon as possible of starting employment. Documentary evidence of this may be requested by the Council.
- Advocates and if appropriate volunteers must have undertaken or work towards specific training within a three month period of commencement of employment
- Staff, advocates and volunteers should be provided with the opportunity to shadow to upskill their knowledge base
- Advocates must have up to date training in the Mental Capacity Act, Mental Health Act, Care Act (and subsequent training in respect of legislative changes) to ensure they understand potential legal interfaces
- Advocates should be multi skilled in order to work across one and/or more advocacy specialisms
- All advocates must have a range of other relevant training to ensure that statutory advocacy service user needs can be supported and met appropriately
- Staff members will have a range of skills and competencies, qualifications or will be working towards attaining advocacy specific qualifications for supporting Service Users and the requirements of the Service. Staff will so far as is possible reflect the diversity of society including any disability, age, religion, racial origin, sexual orientation, culture, and language and will generally comply with the Equality Act
- The Provider must develop clear, written job descriptions and person specifications for all posts to be established for this Service. The Provider may be required to supply copies of these documents to the Council and is expected to take reasonable note of any observations which the Council has

- The Provider must put in support mechanisms that provide staff with regular supervision, training and development, other support services for example mentoring, counselling and a buddy scheme should be on offer to staff.
- The Provider will ensure advocates and where appropriate volunteers in specific advocacy roles (for example, IMCA) undertake relevant continuing professional development (CPD) each year
- The Provider must ensure that there are suitably trained, experienced multi skilled advocates to work flexibly across the range of statutory advocacy interventions and that they will are able to hold a mixture of caseloads
- The Provider will ensure that any person recruited as an advocate and/or volunteer meets the legal appointment requirement concerning training. A Disclosure and Barring Service (DBS) check, and that appropriate vetting has been undertaken.

The Provider will ensure that each member of staff is provided with a comprehensive induction course during their employment which incorporates the principles and requirements as set out for delivery of the Integrated Statutory Advocacy Service.

The Provider will ensure advocates have completed the relevant training and modules on the relevant law relating to the advocacy service, and before undertaking specific statutory advocacy interventions such as IMHA, Care Act, IMCA DoLS, RPR etc.

6.4 Workforce development

The Provider will ensure that staff receive regular training and professional development. This includes the knowledge and skills required to deliver the Service but also the wider skills required to ensure that the Service delivers to high standards of quality including customer care.

This includes having good interpersonal skills and emotional intelligence so that they are able to deal with a range of people in a respectful, non-judgemental, person-centred manner including those of protected characteristics.

Staff should be supported to identify gaps in their knowledge, confidence or skills with training and information on offer to assist with this.

Staff performance will be assessed at regular intervals through verbal and written feedback with a view to improving the capabilities of staff and effectiveness of programmes. Action planning may be utilised as part of this process.

The Provider shall (at its own expense)

- Prepare, develop, and implement an ongoing staff training policy and development programme to meet the training and development needs of staff and where appropriate volunteers and should encourage staff and volunteers to attend and access training and appropriate vocational courses
- Provide opportunities for staff and volunteers to acquire appropriate knowledge, understanding and skills by way of a shadowing, buddy, or mentoring scheme approach

- Ensure each member of staff is provided with effective guidance, and relevant training to ensure Service User needs can be supported and met appropriately, for example these may include the following (list not exhaustive):

• Equal opportunities	• Confidentiality
• Mental Capacity	• Equality and Diversity
• Health & Safety	• Complaints
• Communication skills	• Assertiveness skills
• Understanding adult social care, health assessment and care management practices	• Disability awareness including, learning disability, sensory impairment, mental health
• Risk assessments	• Conflict resolution
• Safeguarding	• GDPR
• Person centred	• Strengths/Asset based support
• Lone working	• Interpreter
• English for Speakers of Other Languages (ESOL)	• Behavioural approaches / de-escalation techniques Interpreter
• Mental health needs, behaviours that challenge and the adoption of appropriate and sensitive working practices	• Adult safeguarding and how to make a referral
• Communication methods for people in health and social care settings e.g. learning disability, BSL, Makaton,	• Any additional training requirements for the implementation of LPS

7.0 Service Improvement

7.1 Service feedback, engagement and co-production

Engagement and co-production with stakeholders (particularly customer / Service User engagement and co-production) must be a core principle of service delivery. Engagement and co-production must be embedded within the service practice to ensure that customers / Service Users feel valued and listened to. The Provider must demonstrate how engagement and co-production has contributed to service development and improvement. The Provider must engage with customers / Service Users as follows:

- The design, development, and improvement of the Service (co-design)
- The evaluation and review of service performance and pathways (co-evaluation)
- The delivery of services e.g. peers, champions and volunteers (co-delivery)

7.2 Continuous service improvement

The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

8.0 Contract Management and Quality Assurance Standards

8.1 Quality and performance

The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. Fo further detail regarding governance framework, performance and Quality assurance expectations are contained in the Performance Management Framework as part of Schedule 2.

8.2 Performance management and reporting

The Provider is to ensure that a dedicated 'Performance Management Function' is established as part of the contract to provide system wide reporting. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to commissioners and other key stakeholders, and support the continued development of both output and outcome monitoring for the service.

8.3 Complaints, compliments and ombudsman investigations

8.3.1 Complaints and compliments

The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that Service Users or their representatives are aware of the Complaints Policy and how to use it.

A copy of the Provider's Complaints Procedure will be made available to the Service User as standard practice from the commencement of Service delivery and will form part of the Service User guide within the individuals' home.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service Users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the Service User is aware of this right from the commencement of Service delivery.

The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section.

All complaints and compliments received by the Provider from Service Users must be recorded and will be made available to the Council upon request.

8.3.2 Ombudsman investigations

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Councils.

The Provider shall make available any documentation or allow to be interviewed any of the Provider's Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Councils shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council

All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

8.4 Whistleblowing

The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Councils that all staff understand what this policy is.

The Provider shall, throughout the Term, maintain a system allowing Staff to have a means of ensuring that they can raise concerns relating to the care or treatment of the Service Users or the management of the Provider with an independent person.

Any member of Staff, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.

The Provider should have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Councils upon request.

8.5 Managing Information

8.5.1 Commissioner rights to information

The commissioner requires the Provider to provide timely information to support commissioning activities locally, sub regionally and nationally. The information must comply with none identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However, where there are specific safeguarding, operational risks relating to individual Service Users and or employees then the Provider and the commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

8.5.2 Commissioner information requests

The Provider will be responsible on behalf of the commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the service.

8.5.3 Expectations in using systems

The Provider will operate an appropriate IT system that enables safe prescribing, safe storage of clinical information and case records, allows for effective data collection and analysis for both

local, sub regional and national monitoring requirements. This should include Service User consent to store and share information with significant others as part of the treatment and support arrangements e.g. for example with family, parents and carers, and subject to effective governance and secure transfer arrangements with other partners involved in supporting their recovery.

The Provider will need to understand the IT systems used by the local Health, Social Care, and Criminal Justice system to consider the most effective system for the service to be delivered.

8.5.4 Record keeping

The Provider will:

- Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
- Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
- Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
- Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
- To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
- Compliance to current Cheshire East and Cheshire West policies and NHS Code of Practice;
- Comply with IG requirements for any future service transition arrangements.

8.5.5 Storage of information

The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records [note – legal compliance for disposal of records must be set out in the policy for approval under the governance framework].

8.6 Policies and procedures

The Provider will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

Mandatory policies

The policies detailed below need to be in accordance with the Councils equivalent policy:

- Whistleblowing
- Health and Safety Policy including Lone Working and incident reporting mechanisms
- Equality, Diversity and Inclusion
- Adult and Children Safeguarding
- Compliments and complaints

- Information governance and information security / GDPR
- Freedom of Information

The policies and procedures detailed below should be in accordance with service delivery:

- Managing challenging behaviour
- Aims and Objectives in relation to the Service
- Business Continuity Management Plan
- DBS and Safer Recruitment
- Supervision, Appraisal and Employee Development
- Receipt of Gifts
- Service user engagement and co-production
- Codes of conduct for staff, volunteers and service users
- Risk management including risk assessments
- Social media
- Referral policy and procedure

8.7 Equality and diversity

The Provider will provide the Service in a way which does not discriminate against a service user, or staff and/or volunteer in respect of any of the protected characteristics under the Equality Act 2010.

The Provider is required to deliver programmes and their content in a flexible, person centred way aligned to this legislation.

In addition to this, the Provider will ensure that all staff and volunteers are aware of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply.

8.8 Health and safety

The Provider will do all that is reasonably practicable to prevent personal injury and to protect Staff, Service Users and others from hazards. Complying with all Health and Safety protocols and policies as stated by the provider company.

8.9 Safeguarding

The Provider will ensure services comply with safeguarding procedures outlined by Cheshire East Council, Cheshire West and Chester Council through the Cheshire East Local Safeguarding Children's Partnership, Cheshire West and Chester Local Safeguarding Children Board (LSCB), the Cheshire East Safeguarding Adults Board, the Cheshire West Local Adults Safeguarding Board and Cheshire East's Domestic and Sexual Violence Partnership Abuse Partnership and Cheshire West and Chester Domestic Abuse Partnership:

The operational policies of Provider will address the following:

- How to make a referral for a children in need, or a vulnerable adult, under safeguarding procedures;

- How to raise a concern in relation to domestic abuse;
- How to report and respond to safeguarding concerns about the practice of staff or volunteers;
- Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
- Set out how the management and reporting of Sudden Untoward Incidents and the reflective learning from such events informs future practice and continuous service development.

The Provider will be responsible for informing the commissioner of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and or is deemed to be an emergency that warrants this step as a matter of urgency.

Cheshire East has adopted Signs of Safety as our way of working with families because this supports us to achieve the type of service that children, young people, parents and carers have told us they want. Best practice is child-focused, solution-orientated, and respectful and inclusive of families, and this is what we want to achieve through adopting Signs of Safety.

8.9.1 Exceptional service exclusion

The Provider may at times need to consider whether a Service User may need to be excluded from the service. A professional risk assessment must be undertaken to assess the risk to other service users, staff and or members of the public. This risk assessment should be undertaken on a multi-agency basis to ensure wider safety actions being determined across health, social care and the criminal justice system.

Every effort must be made to maintain and or secure re-engagement of the service user once the safety actions have been implemented.

Any exclusions, and or safety actions put into place must be reported to the Commissioner in a timely manner to allow for their direct involvement and or advice /guidance.

8.9.2 Safeguarding for vulnerable children and adults

The safeguarding of children and vulnerable adults must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:

- The Care Act 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
- Safeguarding Children and Young People https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

'' Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each Local Authority area (see chapter 1). This

cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ''

Cheshire East Local Safeguarding Children's Partnership, the Cheshire East Safeguarding Adults Board have policies that must be adhered to and evidenced within The Provider's own policy, practice documents and records. The primary principle[s] here is that the Provider have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of service user wellbeing and safety.**

Cheshire West and Chester Local Adults Safeguarding Board and Cheshire West and Chester Local Children's Safeguarding Board have policies that must be adhered to. The Safeguarding and Quality Assurance Unit for children's and adults is directly accountable to relevant Cheshire West and Chester Directors ensuring accountability. Cheshire West and Chester are therefore able to **challenge to improve, work in partnership, be inclusive and respectful.** Our vision is to **promote partnership working** by working together **to help people feel safe and free from abuse and neglect.**

Compliance with Cheshire East Local Safeguarding Children's Partnership, the Cheshire East Safeguarding Adults Board policy, procedures and protocols which must be regularly audited (including case recording audit) by the Provider. The Provider is required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

The Safer Recruitment and selection of Staff, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider shall not employ or otherwise use such persons in any way.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse must be given to all employees as a part of their induction and continued professional development.

In order to safeguard Service Users' from any form of abuse and to provide an early warning, the Provider must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the North West Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 of the Care Act guidance. The Provider must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 of the Care Act and the North West Adults Safeguarding Policy, the Provider must work in co-operation with appropriate statutory agencies, other providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

On receiving information about an incident / concern the Provider Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider should make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent should be sought from the Service User as well as the service users wishes with regards to the safeguarding.

The Provider is required to respond to any safeguarding enquiries within the timescales specified by the Social Work teams. The monitoring process within the Performance Management Framework schedule (See Schedule [2]) will capture compliance against this.

The Councils may also introduce new ways of reporting safeguarding concerns during the life of this agreement. The Provider will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Provider will, as and when required, work with other Provider's and share information with the same to ensure the safeguarding and promotion of the welfare of Children / Adults at risk, subject always to the Provider's duty to comply with all relevant laws, statutory instruments, rules, regulations, orders or directives.

In the event that a Regulated Activity, as defined by the Disclosure and Barring service, is to be delivered by the Provider under this agreement, the Provider will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the North West Adult Safeguarding policy.

This can be found on the Safeguarding Board Website www.stopadultabuse.org.uk.

The Provider shall respect that the Services are to be delivered in the Service Users own home and shall therefore ensure that it:

- employs employees who respect the People who use services and other residents in their household and keep information about them confidential;
- only recruits and deploys employees who have been subject to an enhanced DBS check;
- has (and implements) a documented policy for the storage of Service Users keys (if required to do so by the Council);
- Only authorised Provider Personnel are allowed into the Service User's home and no friends, relations or children of the Worker should accompany the care worker.

With regards children, all Provider Personnel, shall be trained and comply with the Council's inter-agency procedures for safeguarding children and promoting welfare. Information can be found on the Cheshire East Local Safeguarding Children's Board website;

http://www.cheshireeastlscb.org.uk/homepage.aspx

The Provider will ensure that all Provider Personnel engaged in the delivery of a Regulated Activity under this Contract:

- are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and
- are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults' / children's barred list; and
- In performing its obligations under this contract or any applicable call off contract, the Provider shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)
- Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults / Children at risk and regularly evaluate its employees' knowledge of the same.
- The Provider will monitor the level and validity of the checks under this clause for all Provider Personnel.

The Provider will not employ or use the services of any person who is barred from carrying out a Regulated Activity.

Should the Provider wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider must undertake and put in place an appropriate Risk Assessment of the risk to Service Users.

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this agreement the Provider must:

- be registered as the employer of all Provider Personnel engaged in the delivery of the Services, and
- have no reason to believe that any Provider Personnel engaged in the delivery of the Services:
- are barred from carrying out Regulated Activity ; or
- are not registered with DBS

The Provider will refer information about Provider Personnel carrying out the Services to the DBS where it removes permission for such Provider Personnel to carry out the Services, because, in its opinion, such Provider Personnel have harmed or poses a risk of harm to the Service Users' and / or Children / Adults at risk and provide the Council with written details of all actions taken under this section.

8.9.3 Provider and named safeguarding lead

The Provider will identify a named safeguarding lead. The 'named' safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge.

The Provider and their safeguarding lead must have in place:

- Clear referral and access criteria and documented pathways;
- Arrangements for the management of escalating risk;
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains service users' rights and responsibilities;
- A risk assessment process that accounts for a history of abuse and the person's vulnerability to abuse, including predatory behaviour or sexual vulnerability
- A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements
- A clear process for reporting and managing allegations in relation to a member of staff or volunteer.

The Provider must immediately notify the Commissioner of any improper conduct by any of its Provider Personnel or by one Service User towards another, in connection with any part of this agreement.

Note examples of improper conduct of staff or Volunteers include:

- ***Neglect / Acts of Omission / Self-Neglect*** *- Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding food, medicines, failure to provide adequate supervision*
- ***Physical*** *- Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, with holding medical care, feigning the symptoms of ill health or deliberately causing ill health.*
- ***Sexual*** *- Sexual activity of any kind where the vulnerable person does not or is not able to give consent.*
- ***Psychological*** *- Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section)*
- ***Discriminatory Abuse*** *- Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality.*
- ***Organisational Abuse*** *- Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.*
- ***Financial*** *- Taking money and/or property without permission. Using pressure to control a person's money/property/ benefits. Taking or offering any financial inducements.*
- ***Modern Slavery / Trafficking*** *- Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability.*
- ***Radicalisation*** *- is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.*

Any Provider Personnel who is the subject of allegations must be suspended from providing any Services under this agreement until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report should be made to the Local Authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

The Provider will ensure that they have mechanisms in place to fulfil their duty with regard to the Independent Safeguarding Authority where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a vulnerable person. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC.

8.9.4 Domestic abuse and sexual violence

Domestic Abuse is defined by the Home Office as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional'.

The Provider will recognise the linkages to their service delivery and practice of those they support who are subject to domestic violence, including harm caused to primary victims and to their children. It is essential that the Provider ensures the safeguarding lead has oversight of domestic and sexual violence also. This will ensure a clear single point of contact for all safeguarding matters with wider system partners.

The Provider is expected to engage with the Domestic Abuse Partnership and Multi Agency Risk Assessment Conference [MARAC] where the safety of those at high risk is co-ordinated across agencies.

There is a requirement that the Provider use the CAADA-DASH RIC [Risk Identification Checklist], and refers on to MARAC for those at high risk and or supports access to specialist support for lower risk victims as appropriate.

The Provider will promote specialist service access for staff, communities and families through the 24/7 Domestic Abuse Hub so that specialist support can be offered at the earliest indications of abuse.

The Provider will be particularly attentive to the links between domestic abuse, mental ill health and substance misuse and seek to be involved in integrated responses so that families experience co-ordinated interventions and support, particularly where these issues constitute risks to children.

The Provider will always consider the potential risks to children caused by domestic abuse and other adult issues and follow their safeguarding procedures as a priority.

The Provider will promote pathways to sexual abuse support services including the Sexual Assault Referral Centre and the commissioned aftercare Provider. The Provider is expected to be knowledgeable about sexual violence and exploitation and the appropriate referral pathways for children and adults. Specialist support services for sexual violence are commissioned at sub

regional level and include the Sexual Assault Referral Centre (SARC) at St Marys Hospital in Manchester and the Rape and Sexual Abuse Support Centre (RSASC). While support is commissioned at a pan Cheshire level support services are delivered locally in bases accessible by victims.

It is known that those who are abused and those who abuse will also be among the Service User group and the Provider must take all steps to support staff in their work with Service Users. The Provider will also recognise that staff may be personally affected by domestic abuse and this will be accounted for in their own HR policies.

The Provider practice approach must include support to those who are harmed and accountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

8.10 Prevent and channel duties

The Provider must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about it campaign[3] describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

[3] Let's Talk about it: Working together to prevent terrorism http://www.ltai.info/what-is-prevent/

9.0 Governance Requirements

9.1 Legal compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as local Healthwatch, and via the commissioners right to enter services at any time.

9.2 Lead provider / consortia / multiple or joint providers

The Provider[s] must ensure strong organisational governance and compliance of any/all sub-contracted services covering all aspects of service delivery in the community and from exit from inpatient treatment and or release from custody / prison. This should include but not be limited to:

- confidential and appropriate communication between services
- communication with service users, parent / carers and families
- communication between staff and services
- effective reporting arrangements
- effective Service User record keeping
- service data and access to record arrangements
- data protection
- incident reporting
- safeguarding
- health and safety
- whistle blowing
- recruitment
- risk management
- compliance with the human rights act
- Equal opportunities

9.3 Service sustainability and business continuity

The Provider will produce a Sustainable Development / Business Continuity plan prior to the commencement of the contract that is then subsequently reviewed at least annually.

Key personnel, particularly managers, must be familiar and up to date with the legislation, there Plan should include how the Service will achieve the following:

- Compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation;
- Compliance with the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 and any future updates.

Resilience and business continuity plans are essential, and it is expected that the Provider will report at least annually to the Commissioner on their currency and use.

9.4 Strategic governance

The Service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including Clinical, Criminal Justice, Social Care partners in order to inform improvement and development of the service within the wider system.

9.5 Information governance

The Provider will comply with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx.

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

- The Data Protection Act 2018;
- The common law duty of confidentiality;
- The Confidentiality NHS Code of Practice;
- The NHS Care Record Guarantee for England;
- The Social Care Record Guarantee for England;
- The ISO/IEC 27000 series of information security standards;
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised staff where the Service User has given explicit consent. Where consent is not given by the individual Service User only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the service user's care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx. This includes:

- Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with;
- Protect and keep in the strictest confidence all information;
- Use the confidential information only for the purpose of supporting or facilitating the care of the Service User;
- Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
- Ensure that the service Provider has a current data protection notification, which is updated on an annual basis;

- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

Appendix 1 - Guidance

9.6 Local Context

9.6.1 Cheshire East Council

The borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 and has a population of 372,700 people.[4] The Cheshire East Borough Profile provides a high-level overview of the borough of Cheshire East. It contains information on demographics, learning, health and wellbeing, caring for children & adults, employment, households and crime.

Cheshire East Council has agreed the Corporate Plan 2021-2025 setting out the following 3 aims:

Key local strategies and plans include:

Cheshire East Partnership 5-Year Plan

Cheshire East Children and Young People's Plan

Equality, Diversity and Inclusion Strategy 2021-2025

All Age Mental Health Strategy 2019-22

My Life My Choice – A Strategy for Learning Disabilities in Cheshire East (2019-2022)

All Age Autism Strategy - 2020-2023

Vulnerable and Older People's Housing Strategy

Domestic Abuse Strategy

Neglect Strategy

9.6.2 Cheshire West and Chester Council

The borough of Cheshire West and Chester covers approximately 350 square miles and is the fourth largest unitary authority in the North West. The area is characterised by attractive countryside, varied landscapes and diverse settlements. This includes the historic City of Chester, industrial towns, market towns and rural hamlets. Over 343,000 people live in the borough, and

[4] 2013 mid-year population estimates, Office for National Statistics

over a quarter live in rural areas. The population is expected to increase over the next twenty years, particularly in older age groups.

Population

343,823 people are estimated to live in Cheshire West, with just over a quarter living in rural areas. Some 18 per cent of residents are 0-15 years old; 21.8 per cent are over 65; and 60.2 per cent are of working age (between 16 and 64 years old). This is an older population than the England average.

The population is forecast to increase by about 12 per cent to 381,000 by 2038. Older age groups will see the biggest increase, with the number of residents aged 65 plus expected to increase by 44 per cent. It is predicted that there will be more than 100,000 local people over 65 by 2038.

According to the 2011 Census around 5 per cent of local residents were from Black and Minority Ethnic backgrounds, far less than the 20 per cent England average. Polish is the most frequently spoken non-English language.

9.7 LiveWell Cheshire East

LiveWell Cheshire East is an online resource which was launched by the Council in spring 2017. This provides a directory of local services and support options, together with information and advice related to health and care. This encompasses the following subject areas:

- Community activities;
- Living independently;
- Care and Support for adults;
- Care and Support for children;
- Local offer for special educational needs and disability;
- Education and employment

Live Well Cheshire East also includes a care self-assessment option (known as Choices for Care), which links people to services within the community which match their needs. Residents can access Live Well from the homepage of the Council's website or directly at LiveWell Cheshire East.

9.8 Live Well Cheshire West and Chester

Live Well Cheshire West

Live Well Cheshire West is likewise an online resource which provided information, local service directory and further information pertaining to:

- Special Educational Needs;
- Health services, staying well, and wellbeing;
- Staying safe;
- Caring for someone;

- Housing and accommodation;
- Money matters;
- Transport and getting out;
- Parenting;
- Education, work and volunteering;
- Children and Young People's zone;
- Things to do in the community.

9.9 Needs assessment and asset mapping

Health and Wellbeing Boards have a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA identifies health and social care needs that can be met or affected by the Councils and clinical commissioning group and identifies opportunities for improvement. Our JSNA includes a breakdown of health inequalities across the borough in the form of a 'Tartan Rug' which maps health indicators geographically.

Details regarding the needs of the Cheshire West and Chester Borough can be found at: https://www.cheshirewestandchester.gov.uk/your-council/key-statistics-and-data/isna.aspx

In addition to local need it is also important to understand local strengths and assets, which are particularly important to enable the Provider to take an Asset-based approach. The LiveWell Website provides an evolving asset map of local services and support. The website provides information about local services, as well as wider community assets such as faith groups, community centres, sports groups, and housing support etc.

The Connected Community Strategy sets out the Cheshire East Council's ambition for an assets-based community development approach.

Within Cheshire West and Chester, we have a range of strategies, policies, plans and initiatives which focus on the needs of the borough and how we will work with a range of key stakeholders including service users, carers, providers and community sector partners including, (but not exclusively).

- Cheshire West Plan Plan: https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-and-strategies/place-plan/cheshire-west-place-plan.aspx
- All Age Carers Strategy (2021-2026) https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/adult-social-care/caring-for-someone/all-age-carers-strategy-2021-2026.aspx
- A compact for Cheshire West (2021-2024) https://www.livewell.cheshirewestandchester.gov.uk/Information/Compact_West_Cheshire_2021_24
- Adult Learning Disability and Autism Joint Cheshire West Place Commissioning Strategy (2021-2025)

Appendix 2 – Activity Data

10. Service Need and Demand
A summary of the performance data is detailed below, this captures, number of referrals, and delivery hours activity, and out of area provision for the period 2018 – 2021 for both Local Authorities:

Statutory Advocacy - Summary Data 2018 - 2021

Number of Referrals

	18/19	19/20	20/21
Cheshire East	942	906	855
Cheshire West and Chester	846	859	838
Total	**1788**	**1765**	**1693**

Referrals by Advocacy Type

	18/19			19/20			20/21		
	E	W	Total	E	W	Total	E	W	Total
IMCA	272	176	**448**	271	169	**440**	288	202	**490**
RPR	267	238	**505**	281	227	**508**	260	273	**533**
IMHA	260	306	**566**	224	364	**588**	191	239	**430**
Care Act	139	112	**251**	128	93	**221**	116	119	**235**
Non-Stat	4	1	**5**	2	2	**4**	0	0	**0**
CHC	0	13	**13**	0	4	**4**	0	5	**5**
Total	**942**	**846**	**1788**	**906**	**859**	**1765**	**855**	**838**	**1693**

Note: E is Cheshire East and W is Cheshire West and Chester

Hours Delivered by Advocacy Type

	18/19			19/20			20/21		
	E	W	Total	E	W	Total	E	W	Total
IMCA	2781	1961	**4742**	2781	1898	**4679**	2905	2549	**5454**
RPR	4647	3590	**8237**	3957	2808	**6765**	4025	3229	**7254**
IMHA	1085	1641	**2726**	914	1604	**2518**	973	1523	**2496**
Care Act	1760	1123	**2883**	1870	1152	**3022**	1694	1761	**3455**
Non-Stat / CHC	58	139	**197**	1	60	**61**	0	36	**36**
Total	**10331**	**8454**	**18785**	**9523**	**7522**	**17045**	**9597**	**9098**	**18695**

Note: E is Cheshire East and W is Cheshire West and Chester

Out of Area

Out of Area provision for the reporting period 2018 to 2021, detailing total number of referrals per advocacy intervention and activity hours.

Out of Area Referrals

	18/19			19/20			20/21		
	E	W	Total	E	W	Total	E	W	Total
IMCA	11	7	**18**	20	9	**29**	10	8	**18**
RPR	26	37	**63**	45	58	**103**	41	51	**92**
IMHA	0	0	**0**	0	0	**0**	1	0	**1**
Care Act	3	1	**4**	4	5	**9**	8	5	**13**
1.2/3A	4	1	**5**	0	1	**1**	0	0	**0**
Litigation Friend	1	0	**1**	0	0	**0**	1	0	**1**
Total	**45**	**46**	**91**	**69**	**73**	**142**	**61**	**64**	**125**

Out of Area – activity by hours

	18/19			19/20			20/21		
	E	W	Total	E	W	Total	E	W	Total
IMCA	26	2	27	75	20	95	46	21	66
RPR	571	714	1285	388	463	851	548	523	1071
IMHA	0	0	0	0	0	0	1	0	1
Care Act	29	3	32	56	17	73	87	28	114
1.2/3A	101	11	112	34	32	66	27	39	66
Litigation Friend	9	0	9	0	0	0	2	0	2
Total	**736**	**730**	**1465**	**553**	**532**	**1085**	**711**	**610**	**1321**