

VISIT AND MONITORING REPORT

APPENDIX
The Right
to Advocacy

Appendix 1: Responses to Mental
Health (Scotland) Act 2015 Advocacy
Duty, adults

March 2018

Contents

Angus Health and Social Care Partnership	
Survey Response	2
Borders NHS & Borders Council	
Survey Response	7
Q12 Upload Document	13
City of Edinburgh Health and Social Care Partnership	
Survey Response	16
Q4 Advocacy Plan	22
Clackmannanshire & Stirling Health and Social Care Partnership	
Survey Response	23
Q12 Upload Document	31
Dumfries & Galloway Health and Social Care Partnership	
Survey Response	34
Q12 Upload Document	40
Q4 Advocacy Plan	43
Dundee Health and Social Care Partnership	
Survey Response	69
Q12 Upload Document	75
East Ayrshire Health and Social Care Partnership	
Survey Response	78
Q12 Upload Document	85
East Lothian Health and Social Care Partnership	
Survey Response	88
Q12 Upload Document	94
East Renfrewshire Health and Social Care Partnership	
Survey Response	97
Q12 Upload Document	103
Fife Health and Social Care Partnership	
Survey Response	106
Q12 Upload Document	113
Q4 Advocacy Plan	115
Glasgow Health and Social Care Partnership	
Survey Response	116

Q12 Upload Document	122
Q9 Upload Document	125
Q4 Advocacy Plan	128
Grampian NHS	
Survey Response	148
Q12 Upload Document	156
Q4 Advocacy Plan	161
Highland Health and Social Care Partnership	
Survey Response	191
Q12 Upload Document	198
Q4 Advocacy Plan	204
Lanarkshire NHS	
Survey Response	221
Q12 Upload Document	227
Q4 Advocacy Plan	230
Advocacy EDIA	231
Midlothian Health and Social Care Partnership	
Survey Response	239
North Ayrshire Health and Social Care Partnership	
Survey Response	244
Q12 Upload Document	252
Orkney Health and Social Care Partnership	
Survey Response	256
Q12 Upload Document	261
Advocacy Orkney Annual Report 2016-2017	264
Advocacy Statistics 2017	282
Perth & Kinross Health and Social Care Partnership	
Survey Response	286
Q12 Upload Document	291
Renfrewshire Health and Social Care Partnership	
Survey Response	296
Q12 Upload Document	302
Shetland Health and Social Care Partnership	
Survey Response	305

Q12 Upload Document	311
Advocacy Statistics 2017	314
South Ayrshire Health and Social Care Partnership	
Survey Response	318
Q4 Advocacy Plan	326
South Lanarkshire Health and Social Care Partnership	
Survey Response	327
Q4 Advocacy Plan	334
West Dunbartonshire Health and Social Care Partnership	
Survey Response	335
Q12 Upload Document	341
West Lothian Health and Social Care Partnership	
Survey Response	344
Q12 Upload Document	350
Q4 Advocacy Plan	353
Western Isles (Eilìan Siar) Health and Social Care Partnership	
Survey Response	403
Q12 Upload Document	408

The responses and associated document in these appendices are the ones we were sent in response to questionnaires we send out in July 2017, on which the report, 'The Right to Advocacy' is based.

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 16, 2017 2:04:25 PM
Last Modified: Thursday, January 18, 2018 1:41:47 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	CEO
Organisation	Angus Health and Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

Other (please specify):
There had previously been a board-wide group with responsibility for advocacy, however this has not sat for over a year. There has been nothing locally put in place as of yet.

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

No

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

N/A

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

N/A

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **Yes**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? **No**

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

N/A

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net) **Respondent skipped this question**

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **Yes,**
If yes, please give details:
There is a service level agreement with Angus Independent Advocacy Services which requires them to respond to a mental health detention within 3 working days.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence? **Respondent skipped this question**

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Respondent skipped this question**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **From home health board / local authority**

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

AIAS works with people with these conditions who may be homeless, however they are not commissioned specifically for homeless people. It is a large area of work.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

AIAS works with people with these conditions who may be homeless, however they are not commissioned specifically for homeless people. It is a large area of work.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

There is no independent advocacy service for carers. AIAS will support carers when they fall within their remit.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Increased participation
Increased confidence
Better access to services
Wider networks

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Quarterly report relating to the SLA. Have trialed an outcomes star, which wasn't particularly successful.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

See attached report

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

See attached report

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

See attached report

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Outcome and evaluation tools and face to face feedback

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Also quarterly reporting.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Leaflet distributed to patients across NHST

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Citizen advocacy program provides outreach to hard to reach groups.

Q33 How do you measure this?

Equalities monitoring form is completed at the end of involvement with people.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **No**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
Through the monitoring relationship, information is provided about demand and this is used to some extent to forecast need.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **No**

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **Yes**

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Feedback from advocacy service that our team of mental health officers works well and are very human rights orientated.

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 1:38:47 PM
Last Modified: Thursday, January 18, 2018 1:40:00 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Chief Executive
Organisation	NHS Borders
Area you are covering in your response (NHS board or HSCP)	NHS Borders & Scottish Borders Council

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **HSCP**

Q3 Is there a current independent advocacy strategic plan covering your area? **No**

Q4 If yes, please upload your plan here **Respondent skipped this question**

Q5 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
Draft plan developed and will be approved and implemented by December 2017.

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Questionnaire sent to all stakeholders including advocacy providers and local provider sat on advocacy planning group.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Service users completed questionnaires regarding advocacy services.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?

No

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

There is no specific plan however these areas are covered within the overall advocacy plan.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Advocacy support for Learning Disabilities is included within the LD Commissioning strategy and for mental health within the mental health strategy.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

There is a contract and this is a priority area.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Not applicable.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

If yes, please provide details:
Not applicable.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Any further details:
The service provides support to Borders residents who are receiving healthcare in neighbouring local authority areas. If Borders residents are placed further afield, the service refers to an appropriate local agency within that area.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

BIAS provides support to homeless people who face issues relating to MH, LD & Dementia.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

BIAS provides support to asylum seekers who face issues relating to MH, LD & Dementia.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

Support to carers is provided through the generic contract with BIAS. Borders carers centre also provide support for carers.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Service outcomes:

- People have their rights protected
- people feel empowered to express their own needs and make decisions
- people have better access to information and understand their options
- people have an advocacy worker to speak on their behalf when they are unable to do so
- people have their voice heard

These are monitored through quarterly contract monitoring meetings between commissioner and provider.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Service quality is monitored through quarterly contract monitoring meetings.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

Most up to date data: Over the last financial year BIAS provided support to 300 clients with the following presenting issues: 133 Mental Health 53 LD 28 Older People 7 Physical disability 8 Children & family 23 dementia 9 Parents 5 SDS 8 Palliative care 6 carers 18 not known 2 drug & alcohol

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

If yes, please give the most up-to-date information provided:

Not specifically but would be picked up through contracting discussions.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

If yes please provide details:

They are aware of timescales.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Service collects service user satisfaction data and presents quarterly at contract monitoring meetings.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Any complaints would be reported at quarterly monitoring meetings or if significant, they would be reported to commissioners when received.

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Information is published on NHS Borders & Scottish Borders Council websites. BIAS are also responsible for raising awareness of the service across Scottish Borders.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

The service is open and accessible to all regardless of equality group.

Q33 How do you measure this?

Data on equality groups is provided as part of quarterly monitoring report.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? If yes please give details of when plan will be completed:
Not applicable.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **No,**
Please describe:
Not specifically.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? If yes, please describe:
Through the development of the advocacy plan, areas of unmet need and actions to address these were identified.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

There is an expectation that the current provider will increase the level of awareness of the service across Scottish Borders.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

none.

Independent Advocacy Services Questionnaire

Q12 Uploaded Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Borders Independent Advocacy Service (BIAS) Low Buckholmside, Galashiels TD1 1RT				
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes, except mentally disordered offenders				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem					
People with learning disability					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages					
Under 18 with mental health issues/learning disability					
Adults up to 65	Yes				
Adults over 65	Yes				

Type of advocacy					
Individual	yes				
Collective					
Citizen					
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes				

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Thursday, October 19, 2017 2:30:11 PM
Last Modified: Thursday, January 18, 2018 2:56:48 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Interim Chief Officer
Organisation	Edinburgh Health & Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	EHSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? NHS board-wide

Q3 Is there a current independent advocacy strategic plan covering your area? Yes

Q4 If yes, please upload your plan here

Lothian Advocacy plan 2012_16.pdf (497.3KB)

Q5 If no, is a plan in the process of being developed? Respondent skipped this question

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Provider organisations are members of the steering group that produced the existing strategy and is working to produce the updated strategy. Providers also have their own reference group consultation.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

People who use advocacy services were involved in consultation events and through independent collective advocacy projects.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?

No

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Respondent skipped this question

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

Priority is given to: - People subject to statutory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 - adults at risk of harm and those subject to adult support and protection proceeding including those perceived as being victims of an "aggravated hate crime" as defined by the Offences (Aggravation by Prejudice) (Scotland) Act 2009 - adults in receipt of residential or domiciliary support services because they are potentially at risk of harm - patients with a mental disorder within all cared for settings, including community and hospital, including mentally disordered offenders - children and/or young people receiving services from CAMHS because of a mental disorder. - patients with a learning disability within all cared for settings whether they be community or hospital, including mentally disordered offenders who have a learning disability - children or young people who are patients of the CAMHS LD service who are ordinarily resident in Edinburgh - children and/or young people receiving services because of a mental disorder and have a learning disability

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence?

N/A

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Yes,**
If yes, please provide details:
NHS Lothian commissions AdvoCard to provide independent advocacy services in Edinburgh Prison and West Lothian Health Advocacy Project to provide independent advocacy services in Addiewell Prison.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **From a local service**

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Specific service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Individual outcomes are agreed between the person and their advocacy provider. An anonymous sample is requested by the Council's monitoring officer and discussed with the provider to identify if the outcomes were achieved.

The advocacy providers also set out service outcomes which are discussed at monitoring visits.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Contracted independent advocacy provider complete six-monthly monitoring returns and submit these to the Council. These provide details of service volume, details of advocacy interventions and outcomes, complaints, and location and equalities data of advocacy partners.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

If yes, please give the most up-to-date information provided:

In 2016, 1,792 people accessed individual advocacy support in Edinburgh. Breakdown as follows: • 1,219 with mental health support needs, • 171 with learning disabilities, • 106 with dementia, • 186 older people or have a physical disability, • 110 carers. There is no data available for the number of people who accessed collective advocacy.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

Contracted independent advocacy providers in Edinburgh prioritise people who are subject to compulsory measures in line with their contract terms.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Contracted independent advocacy providers in Edinburgh issue satisfaction surveys at the end of their advocacy input and on an annual basis. The providers also undertake an annual analysis of feedback and undertakes quality checks on complaints.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):
Contracted providers are required to inform the Council's monitoring officer within one week of receiving a complaint. The Council holds a log of the nature of the complaint and resolution.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Awareness raising is carried out in a number of ways:

- Contracted providers advertise and link with other statutory and third sector services to promote their services
- Advocacy services are promoted by social work staff and NHS staff when working with people
- Lothian-wide leaflet providing details of local providers
- Promotion of advocacy by funded collective advocacy groups

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

FOR QUESTION 31: Information leaflets available. Web information prepared about the new contracted advocacy services prepared and made available on the Council's intranet Health and Social Care staff to inform of contracted advocacy provision in Edinburgh.

Local authority client database currently being updated to prompt health and social care staff to discuss independent advocacy services at the point of assessment.

FOR QUESTION 32: Independent advocacy providers in Edinburgh are asked to seek equalities data from the people who access their services. Where there are gaps, providers examine whether there are barriers to access and seek to reduce these. It is evident within the monitoring returns that services are being accessed, however further promotion is always beneficial.

Q33 How do you measure this?

Equality data returned to the Council on an annual basis. This is also discussed with contracted providers.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed?

Respondent skipped this question

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

Yes

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

Guidance has been issued to staff within the Edinburgh Health and Social Care Partnership, leaflets are available for the public. Awareness raising through Advocating for Advocacy Week which is a week long series of events run by the Lothian Advocacy Steering Group.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

I didn't receive a copy of the attachment in original email. If you would like this completed, please send to cathy.wilson@edinburgh.gov.uk.

Q4 Advocacy Plan

City of Edinburgh Health and Social Care Partnership provided this plan, available at:

http://www2.midlothian.gov.uk/Council/Meetings/Public/Cabinet/20121002/CM_CA_20121002_01_1.pdf

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 07, 2017 1:39:02 PM
Last Modified: Friday, January 19, 2018 11:05:39 AM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Planning and Commissioning Officer
Organisation	Clackmannanshire and Stirling HSCP
Area you are covering in your response (NHS board or HSCP)	Clackmannanshire and Stirling HSCP and Falkirk HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

HSCP,
 Other (please specify):
 there are 2 HSCP in Forth Valley and the planning for advocacy services is undertaken jointly by both

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

Yes,
 If yes please give details of when plan will be completed:
 There is a draft strategic advocacy plan developed and further consultation is required between the partnerships, following the outcome of the Independent Advocacy procurement process. The Contract Award is due by September 2017.

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

5 open consultation events were held over a 3 month period . These events provided an opportunity for advocacy provider organisations to discuss current advocacy provision in Forth Valley, Eligibility Criteria, any barriers to advocacy provision and provide any further feedback on local advocacy services.

We also circulated a detailed electronic questionnaire to which we received 123 responses. In total we had 109 electronic responses and 15 paper responses from service users.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

People accessing health and social care services had the opportunity to attend any of the open consultation events and also there was a facilitated service user only event. This allowed services users to attend with carers and family.

We also circulated a detailed electronic questionnaire to which we received 123 responses. In total we had 109 electronic responses and 15 paper responses from service users.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

The action plan is in draft format and will be finalised on the completion of the Strategic Advocacy Plan. This action plan will be for all client groups.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

The actions from the Strategic Advocacy Plan, yet to be finalised, will be consistent with the local delivery plans of both HSCPs and the NHS Forth Valley healthcare strategy

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (41.5KB)

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

In order to ensure that the services are targeted on those people in most need, and in acknowledgement that resources are finite, the Provider will ensure appropriate management of resources to meet these priorities for service delivery:

- The eligible individual is subject to intervention under the Mental Health (Care and Treatment) (Scotland) Act 2003. People falling within this category should be seen by the Provider within fifteen working days of a referral unless timescales for action under the MHA require a more urgent response.
- The individual has needs requiring intervention under the Adults with Incapacity (Scotland) Act 2000) or under the Adult Support and Protection (Scotland) Act 2007

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

Yes

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

Limited ring fenced budget for independent advocacy in prison service (3 national prison establishments) for individuals in receipt of healthcare.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know,

Any further details:

Have not received any charges for such advocacy services outwith the Forth Valley area.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

Independent Advocacy Services are commissioned on the jointly agreed eligibility criteria, as follows: People will be deemed eligible for the independent advocacy service if they fall into one or more of the undernoted categories: • over 16 years of age AND • Have a learning disability AND/OR • Have a mental health disorder AND/OR • Have an acquired brain injury AND/OR • Are vulnerable adults deemed at risk of harm as defined in Section 3 of the Adult Support and Protection Act (2007) AND • Have a specific issue/s affecting their life and circumstances requiring health, social care or legal interventions in relation to health and social care • Whose independent advocacy needs come within the scope of the relevant legislation as outlined above Additionally, this service will be provided for people under the age of 16 years if they are subject to action under the Mental Health Act. The Provider must ensure that reasonable access to independent advocacy services are accessible to people across the Forth Valley area while endeavouring to keep costs of premises and offices to an acceptable level in terms of Best Value. This applies regardless the person's living circumstances.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

No but please refer to Q20 regarding Eligibility Criteria. Any specific communication issues would be addressed by the Independent Advocacy organisation.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

No but please refer to Q20 regarding Eligibility Criteria.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

please refer to email attachment

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

The Independent Advocacy service be monitored by the 2 HSCEPs through a number of ways :

Meetings

Mental Welfare Commission for Scotland: Duty to provide advocacy services

The Provider's Representative shall attend the following meetings with the Partners' monitoring group:

- monthly start up meetings (or more often if required);
- quarterly; and
- ad hoc meetings

All meetings will be chaired and minuted by the Lead Authority's Representative or delegated officer.

All meetings unless otherwise agreed between the Parties will be held on premises selected by the Lead Authority's Representative.

The main purpose of the review meetings shall be to discuss the performance of the Contract and take a forward look at delivery of the Service.

A six monthly performance review will be undertaken by the monitoring group and reported to the strategic partnership board. The Provider may be asked to report to the partnership board.

Reports

The Provider shall ensure that they have sufficient processes and arrangements in place to provide the required information to the Partners.

The Provider shall produce the following reports:

Six Monthly Report

Reports for six monthly meetings shall be submitted to the Lead Authority's Representative five (5) full working days prior to each meeting.

The six monthly report shall provide the following information:

- Service User (anonymised) "tracking" information regarding services delivered to Service Users
- aggregated outcome for Service Users including service levels in regard to advocacy activities under categories of services and geographical areas (the Partners may require the Provider to use an approved template)
- "exceptions" reports – in cases of self-referral requests
- note of unmet demand
- interface with Partners' Staff and volunteers
- any areas of concern or any weaknesses in the Services provided together with any corresponding actions being taken
- the identification of any future key events and actions
- breaches identified/rectified
- significant events or adult support and protection or child protection issues
- any unexpected problems and emergencies resolved by Provider
- recognised recruitment needs
- Staff and volunteer training progress
- comment upon any Service User complaints or compliments received
- failure of services provided by others
- results of customer satisfaction surveys (where appropriate)
- security breaches
- proposed changes to working practices leading to greater efficiencies, improved performance and enhanced value for money.

There will also be service user and stakeholder feedback requested throughout the Contract period. The service can be open to independent evaluation from the SIAA or any other relevant party.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:
see attached -sample from monthly report

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:
Information on sign posting available on request. We are in tender process so currently cannot request this from incumbent provider at this stage. Can be provided at end of the process.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:
Due to the eligibility criteria set by the HSCPs this is a priority

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Provider surveys completed at end of the advocacy service. Patient Opinion feedback form NHS services is promoted as way to provide feedback. Plans to have HSCPs performance measures on Advocacy to be developed against the outcomes outlined within the Contract see Q23

Q29 How do you monitor complaints about advocacy services?

Annual monitoring data from providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Information is available on the HSCPs websites promoting Advocacy . Leaflets are available on Independent Advocacy which can be used as resources for professionals and promotion of advocacy services for registered providers. Attendance at workshop and consultation events. Advocacy representation at forum events.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff?

Yes

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

The Eligibility criteria applies to all equality groups

Q33 How do you measure this?

The provider request equality information and keeps records of this information . This is available on request. Local equality action groups can access Independent Advocacy promotion leaflets.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Respondent skipped this question**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
The HSCPs Strategic Plans and Needs Assessment both include future requirements for this client group. The Strategic Advocacy Plan will progress more detailed analysis of need from this client group.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? If yes, please describe:
feedback from consultation highlighted the need for other forms of advocacy . At present the HSCPs meet all the statutory requirements to provide Independent Advocacy other forms would need to be delivered through alternative funding streams.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **Yes,**
Other (please specify):
With the new Contract Award it is anticipated there will be a promotion by the service provider . The consultation highlighted the need for greater awareness sessions so this will form part of the Advocacy action plan.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Across Forth Valley there is only one other local advocacy services. This service receives funding from other sources to deliver specific projects with the main focus on the learning disability client group.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Forth Valley Advocacy 1 The Bungalows Larbert FK5 4SZ	People First 77-79 Easter Road Edinburgh EH7 5PW			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	yes Generic –across all Forth Valley	no Learning Disability – Clackmannanshire Council area only			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	n/a	no			

People with learning disability	n/a	yes			
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	n/a	no			
People with autistic spectrum disorder	n/a	Yes			
Mentally disordered offenders	n/a	No			
Homeless people with mental illness/ld/dementia	n/a	No			
Asylum seekers with mental illness/ld/dementia	n/a	No			
People with any other condition (specify)	n/a	No			
Age range					
All ages	no	no			
Under 18 with mental health issues/learning disability	Yes (16-18 if under MH Act)	no			
Adults up to 65	Yes	yes			

Adults over 65	yes	yes			
Type of advocacy					
Individual	Yes	No			
Collective	no	Yes			
Citizen	No	yes			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes	no			

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, July 04, 2017 12:55:27 PM
Last Modified: Tuesday, January 16, 2018 9:58:50 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Strategic Planning & Commissioning Manager
Organisation	Dumfries & Galloway Health and Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP and NHS Board area

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	NHS board-wide ,
	HSCP,
	Local authority

Q3 Is there a current independent advocacy strategic plan covering your area?	Yes
--	------------

Q4 If yes, please upload your plan here

Advocacy plan DG 2016 - 2018 v4 (final).docx (357.3KB)

Q5 If no, is a plan in the process of being developed?	Respondent skipped this question
---	---

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

The current plan is a refresh of a previous advocacy plan. Updated drafts of the refreshed document were shared with providers. This resulted in discussion between commissioners and provider organisations and these helped significantly in shaping the current plan.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

People who use advocacy services were consulted on the development of the Health and Social Care Plan for Dumfries & Galloway 2016 - 2019. Information from this consultation combined with feedback from people who use the commissioned advocacy service were used to support the development of the advocacy plan.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **Yes**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:

There is no separate action plan. This is part of the advocacy plan which is already uploaded.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

There is the development of a local mental health strategy to support the national Mental Health Strategy. In addition, work is underway to review learning disability services in Dumfries & Galloway.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9 2017.docx (41.5KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **No**

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

Yes

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

Dumfries & Galloway Advocacy Service offer advocacy services within HMP Dumfries. If someone needs advocacy they are referred to the advocacy service either directly by the Prison or via other Third Sector organisations.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service ,

Any further details:

Our current commissioned service only provides services for people who live or have been 'placed' in Dumfries & Galloway. If someone is using an advocate and they move outwith the area, then efforts are made by the local advocacy organisation to contact an organisation locally to provide advocacy in the area in which the person has been placed.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

We commission generic advocacy services open to anyone who wants it including people who are homeless. We also commission a mental health advocacy service from the same organisation. People who want advocacy are supported to receive it.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

We commission generic advocacy services, open to anyone who wants it including people who are seeking asylum. We also commission a mental health advocacy service from the same organisation. People who want advocacy are supported to receive it.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

We commission generic advocacy services open to anyone who want it including people who are Carers of people with mental health issues, learning disability or dementia. We also commission a mental health advocacy service from the same organisation.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

The outcomes in our current advocacy plan are:

Quality Independent Advocacy Services are provided in Dumfries & Galloway
Best Value has been obtained for the delivery of Independent Advocacy Services

These are underpinned by the commitment in the Dumfries & Galloway Health and Social Care Strategic Plan (2016 - 2019) which is:

We will make sure that people have access to independent advocacy if they want or need help to express their views or preferences.

Six monthly monitoring meetings between the commissioners and providers are held and a report is prepared by the provider organisation which is then scrutinised by the planning and commissioning team. This is undertaken in line with the Dumfries & Galloway Quality Assurance Contract Monitoring Framework.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Six monthly monitoring meetings between the commissioners and providers are held and a report is prepared by the provider organisation which is then scrutinised by the planning and commissioning team. This is undertaken in line with the Dumfries & Galloway Quality Assurance Contract Monitoring Framework.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:
D&G Advocacy Service - 525 people (2016/17) Barnardo's - 114 (2015/16)

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support? **Yes**

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? **No**

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Advocacy Services collect feedback from people who use their service including feedback on the level of satisfaction with the service.

Q29 How do you monitor complaints about advocacy services? Other (please specify):
Six monthly monitoring reports.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Awareness raising and public information is part of the contract with the commissioned service. They hold workshops with partners to promote Independent advocacy, they have promotional leaflets, work with the local press and promote advocacy to staff across the Health and Social Care Partnership.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

The number of people in Dumfries & Galloway who are in the protected characteristic groups is small, therefore the Advocacy Service works closely with other partner agencies to ensure that all groups in the area are aware of the advocacy services available.

Q33 How do you measure this?

Details on the number of people with protected characteristics accessing advocacy services is captured as part of the contract monitoring process.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?

No

Q36 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

Plans in place to develop a plan for advocacy in 2018. An advocacy planning group will be identified to take this work forward.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:

Our current contract for Advocacy provision ends on 31st March 2018. We are currently reviewing the Strategic Needs Assessment along with data provided by the current service to determine the level of anticipated future need. This will inform a tendering process being undertaken in Autumn 2017.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:

One service gap identified is for children with severe and complex disabilities. We currently do not provide independent advocacy for this group. The other main gap identified is 'citizen advocacy services' for people with a learning disability or a mental health problem. Although some clients do have quite lengthy advocacy partnerships through the present advocacy contracts, this does not fulfil the enduring needs for 1-1 citizen advocacy for certain clients

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

As part of the renewed service specification, the provider will be asked to promote advocacy services to the people of Dumfries & Galloway.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Dumfries & Galloway Advocacy Service 9 Church Crescent, Dumfries	Barnardo's Hear4U Barnardo Services Ltd, Tanners Lane, Barkingside, Ilford, Essex IG6 1QG			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health		Yes			

problem					
People with learning disability		Yes if they are a looked after or accommodated child or young person			
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia		No			
People with autistic spectrum disorder		Yes if they are a looked after or accommodated child or young person			
Mentally disordered offenders		Yes if they are a looked after or accommodated child or young person			
Homeless people with mental illness/Id/dementia		Yes			
Asylum seekers with mental illness/Id/dementia		Yes			
People with any other condition (specify)		If they are a looked after or accommodated			

		child or young person			
Age range					
All ages					
Under 18 with mental health issues/learning disability	No	Yes – this service is available to children have a mental disorder as defined by the Mental Health (Scotland) Act 2003			
Adults up to 65	Yes	No			
Adults over 65	Yes	No			
Type of advocacy					
Individual	Yes	Yes			
Collective	No	No			
Citizen	No	No			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes	Yes			

]



Independent Advocacy Services in Dumfries and Galloway

2015 to 2018

Strategic Planning & Commissioning

Independent Advocacy Services

1. Introduction

As a result of the Patient Rights Act (2011), NHS Boards were requested by the Scottish Government to undertake a needs assessment and develop a three year advocacy plan in anticipation of the potential impact of the Act. In Dumfries & Galloway the current advocacy plan finished in 2015. This plan is being refreshed in light of the Health and Social Care Strategic Plan 2016 – 2020 for the new Integration Authority.

Currently, Dumfries & Galloway Council and NHS Dumfries & Galloway commission independent advocacy services and have contracts in place until 31 March 2018.

This Independent Advocacy plan will be in place from 2016 to 2018 and revised to link with the strategic planning cycle.

2. Independent Advocacy

Commissioning of advocacy services is strongly based on guidance from the Scottish Independent Advocacy Alliance (SIAA). In 2013 NHS Scotland published *“Independent Advocacy: a guide for commissioners”*, building on the 2010 SIAA publication of the same name. These recognise two main themes of advocacy as:

- safeguarding individuals who are at risk/ in situations where they are vulnerable,
- speaking up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions.

In 2008 the SIAA published the Principles and Standards for Independent Advocacy and the Code of Practice for Independent Advocacy. The principles detailed in these documents are that independent advocacy:

- puts the people who use it first.
- is accountable.
- is as free as it can be from conflicts of interest.
- is accessible.

An important aspect emphasised by the Scottish Government and SIAA, and endorsed in the Mental Health Act (and other publications), is that people should have access to **independent** advocacy services, i.e. services where there is independence of mind, place and funding.

3. History of Advocacy in Dumfries and Galloway

There is a history of providing 'generic' advocacy within Dumfries and Galloway. An advocacy project was originally set up by the Local Health Council (LHC) for NHS patients, including those in mental health and general/acute hospital wards, and supporting people through the NHS complaints process. Through joint funding from Dumfries and Galloway Council and NHS Dumfries and Galloway, the service developed to cover any person who was vulnerable and to support people through both the NHS and Council complaints procedures.

Because of its links to the LHC, the local advocacy project was not viewed as wholly independent. During 2004/05 it was reconstituted as 'The People's Advocacy Service' (PAS) which is a company limited by guarantee, with its own Board of Directors, and registered as a charity – thus being recognised as an independent advocacy service by SIAA. This organisations is now known as Dumfries & Galloway Advocacy Service.

Advocacy has also been available through other providers. In the past, as with most of Scotland, independent advocacy was provided to 'looked after children' (LAC) through a Council contract with Who Cares? Scotland. Many Carers receive advocacy from the Dumfries & Galloway Carers Centre, as well as other support and advice. There is group support and advocacy for people with mental health needs through User and Carer Involvement (UCI), and some group advocacy for people with learning disabilities provided through various local user groups, some supported by ENABLE.

4. Planning and Commissioning of Advocacy

In Dumfries and Galloway there is no separate 'Advocacy Planning Group'. Strategic Planning and Commissioning for most health and social care, including independent advocacy, is undertaken by the Strategic Planning, & Commissioning team (SPCT), within the Dumfries & Galloway Health and Social Care Partnership.

The SPCT includes a range of planning and commissioning officers for children and young people, older people, mental health, learning disability, physical disability/ sensory impairment, acute & community health services and Carers. They liaise closely with other NHS and Council officers for children and young people, adult support and protection, patient services, etc.

Through their regular work, SPCT officers/managers have links with people who use services, Carers and voluntary groups within their respective responsibilities, plus with a range of providers/staff from the statutory, third and independent sectors. Feedback is shared across the team, as appropriate, to strengthen commissioning plans, including for advocacy services. Given capacity pressures on all sectors, especially across such a large geographic area, this is viewed as the most efficient and effective way of overseeing advocacy provision for the population.

5. Services Currently Available

Following a needs assessment and consultation, Dumfries & Galloway Council and NHS Dumfries & Galloway jointly commission the following Independent Advocacy Services:

- adult (generic) advocacy;
- adult advocacy in terms of the Mental Health Act; and
- advocacy for children and young people under 18 including advocacy in terms of the Mental Health Act (including advocacy for “looked after and accommodated children”).

The Mental Health (Care and Treatment) (Scotland) Act 2003 (Mental Health Act) includes a statutory duty on NHS Boards and Councils to ‘secure the availability, to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services’.

Councils have a statutory duty in relation to ‘looked after and accommodated children’, who have the right to independent advocacy at any stage of the process. The Adult Support and Protection (Scotland) Act 2007 (ASP Act) includes a ‘duty’ on Councils to consider the importance of provision of independent advocacy.

As well as such statutory requirements, there is increasing emphasis for Local Authorities and NHS Boards to ensure that their client populations and service users are involved in decisions made about their own care and service developments in general.

A tendering process was undertaken in 2009 which resulted in

Dumfries and Galloway Advocacy Service (DGAS) providing:

- adult generic advocacy (Lot 1);
- adult advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 (Lot 2);

Barnardo’s is commissioned to provide:

- advocacy for children and young people under 18 including advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 and advocacy for children and young people who are or have been looked after and accommodated by Dumfries and Galloway Council (excluding those who are placed locally by another Local Authority (Lot 3).

In accordance with the service specification and previous practice, DGAS and Barnardo’s have arrangements in place for collaboration and cross referral, to ensure that young people have access to the most appropriate independent advocate for them, especially during ‘transition’.

The service specification for this tender is attached as Appendix 1. This specification has been used to extend the period of funding to these organisations until 31 March 2018. Please note Appendix 1 is as was produced in 2009 and has not been updated.

6. Funding

The Council and NHS provide matched funding for the independent advocacy contracts, apart for advocacy for children and young people, which is augmented by the Council budget for advocacy for LAC. The current funding per year is shown below:

Advocacy service	Provider	Funding		
		NHS	Council	Total
Adult generic (Lot 1)	DGAS	35,843	35,843	71,686
Adult MH Act (Lot 2)	DGAS	35,843	35,843	71,686
Children & YP, inc MH Act & LAC (Lot 3)	Barnardo's	13,654	70,657	84,311
Total		85,340	142,343	227,683

The funding available has not had uplift since 2009 due to financial constraints, which therefore limits the capacity available.

The two commissioned advocacy services meet independently of the commissioners. All organisations with an interest in advocacy in Dumfries & Galloway will be approached as the current contract draws to a conclusion to discuss future provision in Dumfries & Galloway.

7. Gaps

The 2005 needs assessment identified various gaps and deficiencies in advocacy provision (see Appendix 2), some of which have still not been met.

One service gap identified is for children with severe and complex disabilities. We currently do not provide independent advocacy for this group.

The other main gap identified in this area was 'citizen advocacy services' for people with a learning disability or a mental health problem. Although some clients do have quite lengthy advocacy partnerships through the present advocacy contracts, this does not fulfil the enduring needs for 1-1 citizen advocacy for certain clients. Unfortunately, current financial constraints preclude commissioning such a service at present, but this will be kept under review.

8. Action Plan

Outcome	Action	Responsible Person	Timescale
Quality Independent Advocacy Services are provided in Dumfries & Galloway	Twice Yearly Monitoring of current contracts	Commissioning Manager(s)	Twice yearly until 31 March 2018
Best Value has been obtained for the delivery of Independent Advocacy Services	Determine the best procurement process for commissioning services post 31 March 2018	Commissioning Manager(s)	By January 2017
	Commence commissioning process	Commissioning Managers (s) and Advocacy Partners	February – March 2017

Appendix 1 – Extract of Tender Document November 2009 – This document is as it was produced and has not been updated

Tender Ref: **D&G/RmacP/146/09**

Tender Name: **ADVOCACY SERVICES**

PART 7 SERVICE DESCRIPTION / SPECIFICATION

1. Introduction

Dumfries and Galloway Council and NHS Dumfries and Galloway (the Purchasers) wish to jointly commission advocacy services that:

- are independent and professional;
- provide individual (one-to-one) advocacy that is issue focused; and
- meet statutory requirements and Scottish Government priorities.

This specification covers such services under the following categories:

Lot 1 - adult generic advocacy;

Lot 2 - adult advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003; and

Lot 3 - advocacy for children and young people under 18 including advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 and advocacy for children and young people who are or have been looked after and accommodated by Dumfries and Galloway Council (excluding those who are placed locally by another Local Authority).

Providers are invited to tender for one, two or all three categories of the specified service.

2. Background

Advocacy 2000 published *Principles and standards in Independent Advocacy organisations and groups* in 2002, with a key principle being that advocacy schemes should have:

- ‘Independence of mind, independence of place and independence of funding’.

With funding from the Scottish Government, the Scottish Independent Advocacy Alliance (SIAA) has built on that guidance and, following wide consultation, in 2008 published *Principles and Standards for Independent Advocacy* and *Code of Practice for Independent Advocacy*. (These and other documents are available on the SIAA website - <http://www.siaa.org.uk/>)

Providers should be familiar with these documents and the wider policy context and statutory requirements relating to advocacy in Scotland, including developing guidance and legislation. Appendix 1 lists some key documents.

The *Mental Health (Care and Treatment) (Scotland) Act 2003* (afterwards referred to as ‘the Mental Health Act’) lays a statutory requirement on Councils and Boards to ensure people with a mental disorder have access to independent advocacy

services. Section 328 of the Mental Health Act provides that 'mental disorder' means any mental illness, personality disorder, or learning disability, however caused or manifested.

In 2006 the Purchasers tendered for independent advocacy services. The service specification was informed by the following:

- A local project undertaken to scope out the current access to and provision of Advocacy services throughout Dumfries & Galloway and, through engagement with a wide range of stakeholders, to establish what the future advocacy needs of people were likely to be. The 2005 project report is available at:
<http://www.nhsdg.scot.nhs.uk/dumfries/files/Advocacy-Finalrep.pdf>
- The University of Durham study report 'Independent Specialist Advocacy in England and Wales: Recommendations for Good Practice', Di Barnes et al (June 2002), commissioned by the Department of Health. This was used with the permission of the lead author and is available at:
http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4017090
- The Department of Health's 'National Standards for the Provision of Children's Advocacy Services', November 2002, which have also been adopted by the Welsh Assembly.

This service specification is based on the previous one, with certain updates and revisions, the key ones being:

- inclusion of advocacy for Looked After and Accommodated Children/Young People;
- new legislation, including the Adult Support and Protection (Scotland) Act 2007 (ASP Act);
- revised Scottish Government guidance and policy, e.g. in terms of NHS continuing care;
- experience and feedback from current advocacy contracts.

3. Aims of Service

The overarching aims are:

- to safeguard individuals who are in situations where they are vulnerable;
- to speak up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions; and
- to provide an advocacy service that is independent of place, funding and organisation.

The aim of the **adult generic** independent advocacy service is:

- to promote empowerment of adult residents of Dumfries and Galloway who require help, in whatever context, to understand the options open to them, to enable them to make informed choices and/or to make their own views known.

The aim of the **adult Mental Health Act** independent advocacy service is:

- as above; plus
- to provide independent advocacy to people with a mental disorder in accordance with the requirements of the Mental Health Act, enabling people to be empowered and their views heard.

The aim of the **Children and Young People's** independent advocacy service is:

- to empower children and young people to make sure their rights are respected and their views and wishes heard at all times, including as these relate to the Mental Health Act and Looked After and Accommodated children and young people.

4. Service Objectives

- To provide access to an advocacy service for all people regardless of location, age, gender, disability, sexual orientation, ethnic origin, faith/religion, or social background
- To match clients and advocates appropriate to each situation's needs, seeking specialist support where indicated and ensuring clients' comfort at all times
- To support people who, because of incapacity or communication difficulties, may not be able to express their needs or views.
- To guide people towards self-advocacy and avoid creation of dependency
- To help clients to access and understand information relevant to them and make appropriate choices or decisions which give them fuller control of their lives
- To develop links with service providers, professionals and relevant support organisations to ensure clear understanding of the role of advocacy
- To provide access to advocacy in line with the prevailing legislation and Scottish Government guidance

In **addition** to the overarching objectives, the following objectives relate to the different advocacy services:

Adult Generic

- To promote advocacy as a service for 'hard to reach' groups, e.g. racial minorities, homeless people, Travelling people, substance misusers.
- To provide advocacy to adults at risk of harm as defined in the Adult Support and Protection (Scotland) Act 2007.

Adult Mental Health Act

- As for 'Adult Generic' for people with a mental disorder.
- To provide advocacy for clients during the mental health tribunal process, helping clients prepare and accompanying them, as requested.
- To provide advocacy support at care review and other meetings, as requested.
- To assist clients in developing Advance Statements and Personal Statements.
- To promote the principles of the Mental Health Act.

Children and Young People

- To ensure that young people's own views are heard and adequately represented and to empower the child/young person
- To promote choices to young people
- To provide advocacy, related support and information in an age-appropriate and child/ young person centred manner.
- To provide advocacy for children and young people who have a mental disorder in compliance with the Mental Health Act.
- To provide an independent and confidential advocacy service to include information, support and advice for Dumfries and Galloway children and young people who are or have been Looked After and Accommodated within or outwith the region.
- To develop and promote children's and young people's involvement in service planning.

5. Who the service is for

(Note on Age Bands – This specification uses age 18 as the usual divider between 'adult' and 'child/young person'. However people mature at different rates and services have variable age cut-off points. Therefore the Purchasers and the Provider(s) will be flexible in order to ensure that the most age-appropriate advocacy service is available to each person.

For example:

- there is a statutory requirement to provide access to advocacy to young people aged up to 25 years who have previously been Looked After and Accommodated by Dumfries and Galloway Council; and
- the definition of an adult under the Adult Support and Protection Act is a person who is aged 16 years or over.

Depending on the wishes of the client, such advocacy may be provided by the adult or children's/young people's advocacy Provider. The Provider(s) are required to work in partnership, where appropriate and with the permission of the client, to meet the wishes of the client and cover periods of transition.

The above should be taken into account when reading the following section.)

Adult Advocacy (Lot 1)

The service will be made accessible and available to anyone aged 18 and over who lives in or is visiting the Dumfries and Galloway region, who asks for and/or is assessed to need advocacy support, including situations where services are purchased elsewhere.

It will include anyone who has received social and/or health care or services provided or purchased by the Purchasers, as well as any vulnerable person whether or not they are in receipt of services. It will include adults at risk of harm as defined in the Adult Support and Protection (Scotland) Act 2007.

Carers of service users can seek advocacy support for their own needs, but it must be provided independently of that for the service user. It should be noted that the Provider must ensure that such advocacy support does not encroach on the rights

of the individual service user nor should it on any account jeopardise the confidentiality of any dealings with a service user.

Adult Mental Health Act Advocacy (Lot 2)

The service will be made accessible and available to any person aged 18 and over with a mental disorder, defined as any mental illness, personality disorder or learning disability, however caused or manifested. Its availability will be such that the NHS Board and Council can fulfil their statutory duties in terms of Section 259 of the Mental Health Act:

“Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of:

- a) each local authority, in collaboration with the (or each) relevant Health Board;
- b) each Health Board, in collaboration with the (or each) relevant local authority,

to secure the availability, to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services”

The right to access independent advocacy applies to any person who has a mental disorder:

- Whether or not they are subject to compulsion
- Whether or not they are ordinarily resident in Scotland
- Whatever their age or background (see below).”

Children’s and Young People’s Advocacy (Lot 3)

The service will be made accessible and available to anyone under 18 who lives in or is visiting the Dumfries and Galloway region, who asks for and/or is assessed to need advocacy support, including situations where services are procured elsewhere. (This excludes those who are placed locally by another Local Authority, who has responsibility to look after and accommodate them, as well as to commission independent advocacy for them.)

Prioritisation should be given to children and young people who:

- have a ‘mental disorder’ in terms of the Mental Health Act (see above). This should include offering services to those with eating disorders, personality disorder, learning disability or autistic spectrum disorder;
- are or have been Looked After away from home and placed in residential and/or fostering placements within or outwith Dumfries and Galloway.

Capacity should be built in to respond to requests for advocacy to ensure other vulnerable young people are not left without a voice, including:

- Children on the ‘Child Protection’ register and those under statutory supervision, or otherwise referred to the Children’s Hearing service;
- Those who have a physical disability and/or communication problems;
- Those in Transition stages - reviews and planning within health, education, social services.

6. Service to be provided

Independent advocacy should follow a model using individual paid and/or volunteer advocates. Advocates should be matched to the satisfaction of the client and should support the client until all relevant issues have been concluded. The service will be made available equitably across the region, regardless of locale.

Part 8 provides some background information and data that give an indication of activity in various social and health care related services in Dumfries and Galloway.

In accordance with the Purchasers' priorities (see above), advocacy services should provide a focused service through:

- **Individual (one-to-one) advocacy only**
The purchased advocacy services will not cover group or collective advocacy. However it is expected that the services will have good working relationships with such groups, for example, service user forums and group advocacy projects. The Provider is at liberty to develop and support other advocacy models through separate funding.
- **Issue focused advocacy**
Advocacy services should work with clients on specific issues and should end the contact when the work is complete. No time limit should be set, as the issues which people want support with may be complex, or there may be a number of issues involved.
- **Independent advocacy**
Loyalties of an independent advocate must be exclusively to the client. No advocacy provider can be deemed to be independent if involved in direct care provision either as a statutory or non-statutory service provider. If the Provider becomes aware of any conflict of interest they must take action to deal appropriately with this.
- **Advocate for the client only**
Advocates do **not** work in the 'best interest' of service users but work to their direction. Advocates will listen, help service users to explore options and support them to obtain information so that their decisions can be better informed, but it is for service users to decide what they want their advocates to do and what action should be taken. (The exception to this is in adult and child protection where the Provider is required to act if they identify a risk of serious harm relating to the service user.)

Advocacy services should **not** undertake legal advocacy, and will not replace the specialist legal role of solicitors in Mental Health Tribunals.

Should the Provider wish to sub-contract 'specialist' advocacy services to another more specialist (e.g. national) organisation, the details of the sub-contractor(s) and the arrangements will be included as part of the tendered service proposal and within the tender price. The Provider will ensure that any such sub-contract meets all the terms of this service specification.

The Provider will promote understanding of advocacy in general and market its own services in particular. This may take the form of advocacy 'surgeries', advocacy workshops and/or training for partner organisations. Any such activity that is additional to individual, issue-focused advocacy will form no more than 10% of the commissioned service.

7. Standards for Independent Advocacy

The Provider(s) will ensure that the services adhere to the nationally agreed principles and standards as set out in the Scottish Independent Advocacy Alliance (SIAA) and Advocacy 2000 publications (see Appendix 1), and any subsequent guidance from the Scottish Government and/or SIAA.

The Provider(s) will ensure that the services also adhere to the attached Standards for advocacy (Section A), plus those for adult Mental Health Act advocacy (Section B) and/or children and young people's advocacy (Section C), as appropriate.

8. Managing and Staffing the Service

The service Provider will manage the contract within the budget agreed with the Purchasers. The Provider will be responsible for prioritising access to the funded service in line with the service specification.

The Provider will ensure there are sufficient trained, qualified and competent staff and volunteers to work as Advocates and provide the agreed services, and meet the matching and geographic needs of clients and provide timeous responsive services to them. The service will be managed by senior personnel with the necessary qualifications, skills and experience to provide a high quality of leadership and service.

All Advocates will be expected to have a well developed understanding of the concept and role of advocacy and to have the requisite skills in listening, communication, tact and assertiveness. They will also be non-judgemental, have the ability to elicit clients' views and to encourage and enable clients towards self-advocacy. They will be able:

- to attend, where desired and practicable, any meeting, interview or consultation concerning the person's support or treatment;
- to attend a mutually suitable and agreed place to discuss the needs of the person they are to support;
- to communicate /correspond appropriate to the needs of the person.

The Provider will ensure that advocates have access to adequate and easily understood supportive information on appropriate legislation, roles and responsibilities of statutory and voluntary agencies etc. This will include relevant updates.

The Provider is expected to be or to become a member of the Scottish Independent Advocacy Alliance to access additional support and development opportunities.

9. Reporting and Monitoring

Monitoring activity will be in an agreed format between the Purchasers and Provider. The Provider will institute internal measures to facilitate regular review of its services and to enable continuous development and improvement. This will be made available to the Purchasers on request.

The Provider will produce monthly performance summaries which will capture both quantitative and qualitative information on, as a minimum:

- Client throughput (numbers of new, continuing and discharged clients)
- Source of clients (self-referral or where signposted from)
- Length of time between contact or referral and advocate matching
- Duration of advocate involvement with client
- Service area or issue dealt with
- Client group information (age, gender, ethnicity, geographical location)
- Client satisfaction and outcomes
- Changing demands and trends

Monitoring progress and measuring the success of advocacy provision will be carried out by assessing achievement against the following criteria:

- Reaching people from minority groupings
- Having referrals or contacts from across the geographic spread of Dumfries and Galloway
- Single advocates providing continuity of service to individuals

Bi-Annual meetings will be held between representatives of the Purchasers and Provider to monitor the service agreement, or at other times requested by the Purchasers. Agreed monitoring information will be supplied by the Provider at least one week prior to such meetings.

The Provider is expected to produce an Annual Report and regular Forward Plans, and pass copies of these to the Purchasers.

Evaluation of the service will also consider any evidence showing the empowerment of clients and culture changes within organisations.

The Provider will update the Purchasers with any relevant information where recurring issues are arising. The Provider will also provide any other information necessary for the Purchasers to carry out their statutory duties, within the bounds of client confidentiality.

10. Insurance and Liability

The Provider shall have adequate public liability insurance in place and indemnify the Purchasers against any claims and adverse actions at all material times.

The insurance effected must provide cover for a minimum of £1,000,000 in respect of any one incident against claims for damage to clients, third parties or property. During the contract period the policy and receipt for the current premium shall be produced to the Purchasers on demand.

11. Length of Contract

The contract will be for **four years** - from **1 April 2010** to **31 March 2014**.

12 Additional Advocacy Services

In the event of the Council and NHS Dumfries and Galloway having the need for any additional advocacy services with a budget of £15k per annum or less – these will be discussed with the appropriate provider under this contract in the first instance and negotiations as to delivery method and targets will take place. If successful these services will be added to this contract. However, if unsuccessful the Council and NHS Dumfries and Galloway reserve the right to tender.

SECTION A - CORE STANDARDS FOR INDEPENDENT ADVOCACY

The following standards, with the permission of the lead author, are based on (with amendments) those within the University of Durham study report 'Independent Specialist Advocacy in England and Wales: Recommendations for Good Practice', Di Barnes et al (June 2002), commissioned by the Department of Health and available at:

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4017090

1. The Standards

These core standards apply to **all** the advocacy services to be commissioned.

These are complemented by additional standards for:

- advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 – Section B
- advocacy for children and young people – Section C.

Note - In the following standards, the terms 'staff' and 'advocate(s)' are deemed to include both paid and unpaid (volunteer) staff providing the service.

2. The Service Principles

- **Independent** – The service should be free from influence from the providers of health or social care, and advocates should have no conflicts of interest.
- **Empowering** – Advocates should always support the service user to be heard. This means that the first thing advocates need to do is to listen. Advocates should then either support service users to speak for themselves, or (if the service user is not able to do this) represent the service user's views as if they were their own. The ultimate goal of advocacy should be to enable service users to grow towards advocating for themselves wherever possible.

- **Inclusive** – The service should recognise the diversity of eligible service users and ensure no-one is prevented from accessing the service because of a difference in language, culture, disability or capacity.
- **Impartial** - Advocates should not judge service users.
- **Confidential** – All discussions between a service user and an advocate should be treated confidentially. Confidentiality should only be broken when a service user threatens harm to him/herself or others.
- **Free** – The service will be free of charge.

3. **Accessing the service**

- The service should be easy to access both physically and in the language used. It should publicise its working hours and how it can be contacted.
- Advocacy services need not be available 24 hours a day but should provide some flexibility in working hours, extending into evening and weekend working where appropriate.

4. Delivering advocacy

- Advocates should follow the code of practice agreed for independent advocacy.
- Advocates should offer focused support to service users, providing help with specific issues and encouraging users to move on to advocate for themselves.

5. Keeping records

- Advocates should be required to keep brief accurate records of their interaction with service users.
- Records should be securely stored to ensure the confidentiality of the advocacy relationship.
- Service users should have access to their records at all times.
- Records are required to be stored for 5 to 7 years (as appropriate) after the last contact with a service user for public liability insurance purposes, but should then be destroyed.
- Specialist advocacy services should comply with the requirements of the Data Protection Act 1998.

6. Policies and procedures

- The Provider must establish and implement policies and procedures in the following areas, updating them as necessary to comply with current legislation and good practice:
 - Equal opportunities
 - Confidentiality
 - Comments and complaints
 - Health and Safety
 - Volunteering
 - Staff and volunteer recruitment and selection
 - Staff and volunteer supervision and support
 - Induction and training of staff and volunteers
 - Adult protection
 - Child protection
 - Monitoring, review and evaluation
 - Advocacy service engagement
 - Grievance and disciplinary procedures
 - Access to advocacy records
 - Referrals and service prioritisation.

7. Staffing of specialist advocacy services

- Appropriately recruited and trained staff should be employed as agreed in the contract.
- Services should endeavour to employ a staff team that reflects the gender and ethnic make-up of the service users for whom advocacy is being provided.
- Staff will be in receipt of all appropriate disclosure certification before contacting clients
- People with experience of using services should be strongly encouraged to apply.

- Staff should be properly supported and supervised:
 - Advocates should be required to attend regular group supervision where more than 1 advocate is employed
 - Individual management and personal supervision should be provided regularly for all staff.
 - Proper supervision should be available for advocacy managers.
 - Staff appraisal should be provided annually.
- Advocates should be expected to participate in regional and national advocacy networks in order to share experiences, exchange information and pool training.

8. Training and networking

- Advocates should be given a programme of induction training when they join a service.
- Advocates should receive on-going training including updates on relevant policy and practice.
- Advocates should attend regional and national advocacy network events as agreed.

9. Governance and accountability

- Independent advocacy services should be properly constituted with the necessary governing documents.
- Where services are provided by a voluntary or not-for-profit organisation, it should adhere to charity and company law with all relevant management arrangements in place.
- The service should report annually, normally through an Annual Report.

10. Involving service users

Service users should be centrally involved in the advocacy service. This may be in a range of ways such as: being paid members of staff; volunteers; advisors; trainers; members of the management committee; evaluators; and/or members of user groups.

11. Monitoring and review

- The service should collect anonymous monitoring data on the advocacy activities, process and outcomes as required by the Purchasers.
- The service should be expected to obtain feedback on the quality of the advocacy service from service users.
- An annual review should be published. The annual report should be made available for service users and health and social care staff working in the services where the advocacy service operates.
- The service should arrange regular evaluation, with significant input from service users.

SECTION B - STANDARDS FOR INDEPENDENT ADVOCACY IN TERMS OF THE MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

The standards will be as per Section A for generic advocacy, with the following additional standards and/or focus:

- ensure that service users know their rights and have support on issues arising from the care and treatment of their mental disorder and liabilities due to the powers of the Mental Health Act
- advocacy that is sensitive to and meets the particular needs of formal patients who are subject to compulsory care and treatment – whether as hospital in-patients, day-patients or under community orders;
- provide affective and efficient communication links with mental health officers (MHOs) and other mental health clinicians, to ensure timeous receipt of referrals for independent advocacy in terms of the Mental Health Act;
- advocates should receive on-going training including updates on mental health and learning disability policy and practice;
- provide an impartial service in which advocates do not judge service users. When a service user is seriously mentally ill, an advocate may be the only person s/he sees who is not responsible for assessing, treating and monitoring his/her illness/condition. This means that advocates should listen to and hear the service user's report as their truth and therefore valid.

Advocates should be able to offer service users the opportunity to:

- talk freely and confidentially about any concerns they have in connection with their care and treatment
- express their preferences and interests on all aspects of their life (e.g. social, cultural, recreational activities)
- access information that informs choice
- contribute to decision making
- have their needs and wishes heard.
- write an Advance Statement and/or Personal Statement
- have support at any meetings where advocates should speak on their behalf if requested. This could include patient review meetings, pre-discharge planning meetings, care plan review meetings.
- have support in requesting and during a Mental Health Tribunal

The Provider will ensure that advocates have knowledge and understanding of pertinent legislation, in particular the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity Act 2000. Advocates must also have access to supportive information on the roles and responsibilities of statutory and voluntary agencies etc.

SECTION C - STANDARDS FOR INDEPENDENT ADVOCACY FOR CHILDREN AND YOUNG PEOPLE

The service will meet the standards of the Department of Health's '*National Standards for the Provision of Children's Advocacy Services*', November 2002. It's 10 standards are:

- Advocacy is led by the views and wishes of children and young people.
- Advocacy champions the rights and needs of children and young people.
- All Advocacy Services have clear policies to promote equalities issues and monitor services to ensure that no young person is discriminated against due to age, gender, race, culture, religion, language, disability or sexual orientation.
- Advocacy is well-publicised, accessible and easy to use.
- Advocacy gives help and advice quickly when they are requested.
- Advocacy works exclusively for children and young people.
- The Advocacy Service operates to a high level of confidentiality and ensures that children, young people and other agencies are aware of its confidentiality policies.
- Advocacy listens to the views and ideas of children and young people in order to improve the service provided.
- The advocacy service has an effective and easy to use complaints procedure.
- Advocacy is well managed and gives value for money.

An explanation of each standard is given in the full document, available at:
<http://www.dh.gov.uk/assetRoot/04/01/88/93/04018893.pdf>

In addition the Purchasers endorse the attitudes, values and principles set out in the NHS Education for Scotland's *Framework Model for Promoting Well-being and Meeting the Mental Health needs of Children and Young People* (see appendix 1). These are indicative of the core qualities desirable in good advocates.

The Provider will also meet the standards within Section B as they relate to children and young people, to meet the requirements of the Mental Health (Scotland) (Care & Treatment) Act 2003.

The Provider will ensure that advocates have the appropriate skills and training to facilitate communication with non-verbal children e.g. using pictures, Talking Mats, signalong etc and additional means of interpreting young people on the autistic spectrum.

The Provider will ensure that Advocates have knowledge and understanding of pertinent legislation, in particular the Children (Scotland) Act 1995, Mental Health (Care & Treatment) (Scotland) Act 2003 and the Education (Additional Support for Learning) Act 2004.

Appendix 1 to PART 7 – Some Key Publications and internet links

General

- Scottish Independent Advocacy Alliance (SIAA) web-site <http://www.siaa.org.uk/>
- Scottish Independent Advocacy Alliance (2008) *SIAA Principles and Standards for Independent Advocacy*. (covers adults and children)
- Scottish Independent Advocacy Alliance (2008) *Code of Practice for Independent Advocacy*. (covers adults and children)
- Scottish Independent Advocacy Alliance (2009) *Elder Abuse Advocacy Guidelines*
- Scottish Independent Advocacy Alliance (2009) *Non-Instructed Advocacy Guidelines*
- Scottish Independent Advocacy Alliance (2008) *A Voice Through Choice, stories about independent advocacy*.
- Scottish Executive (2001) *Independent Advocacy: A Guide for Commissioners*. - HDL(2001)08
- Advocacy 2000 (2002) *Principles and standards in Independent Advocacy organisations and groups*.
- Di Barnes *et al* (2002), *Independent Specialist Advocacy in England and Wales: Recommendations for Good Practice*, University of Durham.
http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4017090
- Marion Glover (2005) *Report on Advocacy Mapping Exercise* Dumfries and Galloway Council and NHS Dumfries and Galloway
- Scottish Government (2003) *Adult Support and Protection (Scotland) Act 2007*.
- Scottish Government Adult Care and Support web-site:
<http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support>
- Scottish Government - CEL(2008)06: *NHS Continuing Healthcare*.

Mental Health Act

- Scottish Executive (2000) *Adults with Incapacity (Scotland) Act 2000*
- Scottish Executive (2003) *Mental Health (Care and Treatment) (Scotland) Act 2003*.
- Scottish Government web-site on Mental Health Act:
<http://www.scotland.gov.uk/Topics/Health/health/mental-health/mhlaw/>
- Scottish Government (2009) *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011*
- Scottish Executive (2005) *Mental Health (Care & Treatment) (Scotland) Act 2003 - Code of Practice, Volumes 1, 2 and 3*.
- Scottish Executive (2005) *The New Mental Health Act – A guide to independent advocacy: Information for Service Users and their Carers*
- The Mental Welfare Commission for Scotland (2009) *Working with independent advocacy - Good practice guidance for working with independent advocates*
- The Mental Welfare Commission for Scotland web-site:
http://www.mwcscot.org.uk/mwc_home/home.asp
- Mental Health Tribunal for Scotland web-site:
http://www.mhtscotland.gov.uk/mhts/CCC_FirstPage.jsp

Children and Young People

- Note – SIAA publications above cover children and young people.
- Department of Health (2002) *National Standards for the Provision of Children's Advocacy Services* <http://www.dh.gov.uk/assetRoot/04/01/88/93/04018893.pdf>
- Scottish Executive (2003) *Commissioner for Children and Young People (Scotland) Act 2003*
- Scottish Executive (2003) *Protection of Children (Scotland) Act 2003*
- NHS Education for Scotland (2004) *Promoting the Wellbeing and meeting the Mental Health needs of Children and Young People – A Development Framework for Communities, Agencies and Specialists Involved in Supporting Children, Young People and Their Families*
- Scottish Executive (2004) *Protecting Children and Young People: Framework for Standards.*
- Scottish Executive (2004) *Education (Additional Support for Learning)(Scotland) Act 2004*
- Scottish Executive (2005) *The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care*
- Scottish Executive (2005) *Getting It Right for Every Child: Proposals for Action*

PART 8 BACKGROUND INFORMATION

(NOTE – this section provides some general information that may be of interest to potential tenderers, but does not claim to be comprehensive. It is the responsibility of potential tenderers to check accuracy of information and source additional information, as necessary.)

Dumfries and Galloway is a mostly rural region. It covers 6,426 square kilometres, with a population of around 148,600 (2008 estimate, GROS), 29,000 of whom are under the age of 18 years. The main towns are Dumfries (31,100 residents), Stranraer (10,900), Annan (8,400) and Lochaberbriggs (6,100). All other towns and settlements have populations of less than 5,000.

The region is divided into four traditional localities. NHS Local Health Partnerships (LHPs) and Council Areas are based on these:

- Wigtownshire
- Stewartry
- Nithsdale
- Annandale and Eskdale

General background information relating to Dumfries and Galloway can be found on the NHS and Council web-sites, shown below:

<http://www.nhsdg.scot.nhs.uk>

<http://www.dumgal.gov.uk>

<http://www.dgcommunity.net>

The Single Outcome Agreement (SOA) is available at:

<http://www.dgcommunity.net/DGCommunity/xdocuments/33658.pdf.ashx>

Adult Advocacy

Referrals over last three years, with gender and care group break-down, were as follows:

	2006-07	2007-08	2008-09
Gender			
Male	214	182	212
Female	180	164	169
Other	0	0	1
Total	394	346	382
Care Group			
'Generic'	193	176	193
'MH Act'	201	170	189

Monthly Mental Health Act Detentions

(Source: CRH Medical Records)

Year	Detention type*	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2007/08	EDO	12	10	6	9	4	2	6	5	6	7	5	5	77
	STD	12	11	9	5	5	4	6	7	6	9	3	6	83
	CTO	6	5	3	2	3	4	2	1	3	3	2	1	35
2008/09	EDO	7	6	5	7	4	8	5	4	7	5	2	6	66
	STD	6	8	7	9	5	7	6	8	5	5	7	7	80
	CTO	2	3	1	6	3	2	1	2	1	4	3	4	32
2009/10 (part)	EDO	3	3	5	6	9	9							35
	STD	10	6	8	8	6	11							49
	CTO	3	2	1	5	2	2							15

* EDO – emergency detention order;
STD – short term detention;
CTO – compulsory treatment order

Note - These were compiled on a rolling monthly basis at the time and may therefore vary slightly to the year-end totals for these detentions that appear in the Mental Welfare Commission reports.

Data relating to children as at 31 March 2009

Children in Dumfries and Galloway who are subject to supervision requirements at home	222
Children who are Looked After and Accommodated Away from home	226
No in residential care within and/or outwith Dumfries and Galloway	41
No in foster care placements	96
No of children with disabilities known to Children's Disabilities Service	156
No of children on the Child Protection Register	56



Report on Advocacy Mapping Exercise - July 2005

Marion B Glover

Executive Summary

1. The findings of this mapping exercise provide a basis for planning the future provision of advocacy services across the Dumfries & Galloway region.
2. The term “advocacy” is not in everyone’s vocabulary and is misunderstood by many. Attention needs to be given to how to clearly describe this service and how to ensure all service providers and users are clear on its implications.
3. The project pays tribute to the generic Advocacy services provided by the People’s Advocacy and Support Service (PASS) until April 2005 when it was succeeded by the formation of a new independent organisation, the People’s Advocacy Service (PAS), offering generic and mental health advocacy.
4. The findings suggest a significantly greater awareness of advocacy in relation to health issues but a need to heighten promotion within Council led services in future.
5. There is much to commend in the provision of supportive networks by the many organisations which provide caring services, both statutory and non-statutory. Many service users have a pyramid of support and a range of people who advocate for them. While acknowledging that many people are comfortable with this provision there is still a need to ensure that all parties recognise the difference between independent and non-independent advocacy and when it is important to acknowledge a conflict of interest.
6. There are real challenges in identifying those who are vulnerable and who do not have ready access to or knowledge of the ways to seek support in having their voice heard. Many have expressed the view that those most in need of advocacy are the ones least likely to seek it. This presents a challenge to find clear ways of promoting advocacy positively both to users and providers and ensuring that the end result meets the needs of the user.
7. Staff awareness of and attitude to advocacy services and their importance can reflect the culture of the particular organisation. Where positive attitudes prevail, the needs of clients are usually already central to the service provided and ways of eliciting user views are inbuilt, promoting self-advocacy.
8. The new requirements of the Mental Health Act 2003 are clear but it is difficult to foretell what the ensuing increased demand for advocacy will be. This is due to the lack of projected knowledge of how many people will seek advocacy support with

drawing up advance statements, involvement in care plans/reviews or in preparing for attendance at tribunals. It might have been expected that with the distribution of information in the run up to the implementation of the new Act, there might have been increased contact with the existing advocacy service by mental health patients. This had not been the case until the 3 months from April 2005 saw the figures begin to rise slightly.

9. There was a view that the needs of the Mental Health Act might overshadow provision of advocacy to other sectors and that efforts must be made to ensure equitable access and availability for all service users. It is hoped that instead, advocacy will become a better known term and become a more accessible form of support, whatever part of services the need arises from.
10. Ideally, advocacy should be readily available at particularly vulnerable times in a person's life.
11. The range of recommendations summarised under each service are listed and appended under Appendix 3.
12. The options put forward as a result of the mapping exercise are summarised here:
 - a) Generic advocacy to continue to be a mainstay operation in its own right.
 - b) Mental disorder to have a separate advocacy service specification. This would meet the needs of those with learning disability, mental health problems, acquired head injury or dementia. The specification would outline the challenges and include specific services which must be encompassed such as Autistic Spectrum disorder, eating disorders, postnatal depression, personality disorder and dual diagnosis.
 - c) Carer advocacy to be provided by a separate service specification.
 - d) A separate advocacy service to be commissioned for young people and children. The existing advocacy service provided for looked after children could sit alongside this but it could perhaps be extended to include those children who are cared for within residential respite centres and those offered short breaks with Quarriers foster carers. A decision would still have to be taken on whether children with mental health problems would be best served by a mental health advocacy service or by a children's service although the latter is the preferred option of many.
 - e) Free standing citizen advocacy services to be established which could be made available on a more enduring basis to people of all ages with a learning disability or a mental health problem
 - f) Funding to be retained to support short-term projects or drama groups to offer training and experience in confidence-building and speaking out. Similarly financial support might be considered for distribution to informal self-advocacy groups on a one-off basis.
13. The findings of the mapping exercise have shown that there is a positive environment for advocacy across the region. It is well received by the staff of both the statutory and voluntary sectors and many clients have benefited from advocacy over the past 13 years. With a revised Advocacy Plan, with more widespread services and with enhanced awareness-raising, we should move into the next 3 years with confidence that advocacy will be available to an even wider section of the vulnerable population.

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, October 23, 2017 8:17:20 AM
Last Modified: Thursday, January 18, 2018 2:58:38 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Locality Manager
Organisation	Dundee Health and Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **HSCP**

Q3 Is there a current independent advocacy strategic plan covering your area? **No**

Q4 If yes, please upload your plan here **Respondent skipped this question**

Q5 If no, is a plan in the process of being developed? **No,**
 If yes please give details of when plan will be completed:
 As part of the DHSCP Strategic plan, it is planned to outline the specific commissioning intentions for independent advocacy once agreed.

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

All advocacy providers have been consulted. A group involving providers and commissioners has been established to carry out an audit of local advocacy provision incorporating consideration of the role of independent advocacy in the DHSCP Plan. The aim of this group is to establish the commissioning needs for independent advocacy and agree the future commissioning process which will be applied.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

This is still to be agreed via the ongoing audit process.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:

As part of the DHSCP Strategic plan, it is planned to outline the specific commissioning intentions for independent advocacy once agreed.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

A group involving providers and commissioners has been established to carry out an audit of local advocacy provision incorporating consideration of the role of independent advocacy in the DHSCP Plan. The aim of this group is to establish the commissioning needs for independent advocacy and agree the future commissioning process which will be applied.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (41.9KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

Yes

Q16 If the budget has changed please say how. Have services changed as a consequence?

The budget has increased by £54,526 with further investment into the Children Service provided by Who Cares following the retirement of the Childrens Rights Officer which was an internal resource.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Respondent skipped this question**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **Don't know**

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service **Mental health, Learning disability, Dementia**

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Organisations are required to report on the following:

- New Referrals
- Active Clients
- Adult Support and Protection cases
- Mental Health Tribunals
- Advocacy Issues
- Volunteer Hours (where applicable)

We also consider:

- Capacity
- Pressure Points
- Compliments/Complaints
- Staffing Issues
- Anonymised case studies to get a “real life” view of the difference the services are making.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Monitoring meetings are scheduled every 6 months with providers. A monitoring report in an agreed format is submitted in advance of each meeting. Financial audits are also carried out and each provider submits a financial return each quarter.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support **Yes**

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support? **Yes**

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? **No**

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Recent discussions with providers have explored a mechanism to do this. This is work in progress.

Q29 How do you monitor complaints about advocacy services? **Other (please specify):**
6 monthly monitoring data considered

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

An advocacy leaflet outlining details for all local provision is in circulation.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Work in progress - being discussed with local providers within on going audit.

Q33 How do you measure this?

As above.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed?

If yes please give details of when plan will be completed:

As part of the DHSCP Strategic plan, it is planned to outline the specific commissioning intentions for independent advocacy once agreed

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:

A group involving providers and commissioners has been established to carry out an audit of local advocacy provision incorporating consideration of the role of independent advocacy in the DHSCP Plan. The aim of this group is to establish the commissioning needs for independent advocacy and agree the future commissioning process which will be applied.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please

describe:

As above.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

No,
Other (please specify):
It is hoped this will be addressed by the ongoing audit.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Advocating Together (Dundee) SCIO 13 Ryehill Lane DD1 4DD	Dundee Independent Advocacy Support (DIAS) 6A Meadow Mill West Henderson's Wynd DUNDEE, DD1 5BY	Partners in Advocacy 2nd Floor Beaverhall House Beaverhall Road Edinburgh EH7 4JE	Who Cares Scotland 1 st Floor 5 Oswald Street Glasgow G1 4QR	
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	No	Yes	No	No	
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem		√	√	√ (who are looked after and/or accommodated)	
People with learning disability	√	√	√	√ - as above	

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia		√			
People with autistic spectrum disorder	√	√	√	√ - as above	
Mentally disordered offenders		√			
Homeless people with mental illness/ld/dementia		√			
Asylum seekers with mental illness/ld/dementia		√			
People with any other condition (specify)		Substance Use.			
Age range					
All ages					
Under 18 with mental health issues/learning disability			√	√ - as above	
Adults up to 65	√	√			

Adults over 65		√			
Type of advocacy					
Individual		√	√	√	
Collective	√	√		√	
Citizen		√			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	√	√	√		

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 10:08:46 AM
Last Modified: Thursday, January 18, 2018 1:45:16 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Senior Manager, Planning & Performance
Organisation	East Ayrshire Health and Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
---	------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
---	----

Q4 If yes, please upload your plan here	Respondent skipped this question
---	----------------------------------

Q5 If no, is a plan in the process of being developed?	Yes, If yes please give details of when plan will be completed: End December 2017
--	--

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Independent Advocacy service providers co-produce the Plan with the HSCP Lead Officer for advocacy.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Consultation days are scheduled for end of September/October to inform the plan. People who use services and referring agencies will be invited to assist in the development of the plan.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:

An action plan for independent advocacy services across all communities and care groups will be developed for implementation under the new strategy. Plans are not developed on a care group basis because the nature of independent advocacy services provided is the same across all communities of interest. We recognise that people with learning disabilities and/or mental health problems may have specific issues arising in their lives relating to their disability or condition that give rise to the need for advocacy and that various communication techniques may be required to advocate for these people, however the service provided is the same as for any other individual or group.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Independent advocacy services have been involved in the redesign of the acute mental health and community hospital at Ayrshire Central Hospital. The findings of this involvement will be taken into account in the implementation of the local mental health strategy.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (43.6KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

Our arrangements specify that individual cases, which meet the criteria for a service, are prioritized on the basis of statutory requirements, need, risk and urgency.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence?

The answer to Q16 above is N/A. There is no commissioning budget specifically for mental health/learning disability independent advocacy. The overall commissioning budget for independent advocacy has been stable over the period. It is currently based on Grant Funding from the Council.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,
If yes, please provide details:
There is a full time Advocacy worker based in HMP Kilmarnock employed by independent advocacy services to support prisoners who have mental health issues and are subject to Mental Health Care and Treatment Act. Prisoners are signposted to other Advocacy Organisations prior to release if required.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service ,
Any further details:
The management of these cases would be considered on a case by case basis, depending on the proposed length of time for the person to be outwith their home area. If short/temporary, local independent advocacy services would continue to support the person to provide continuous access to advocacy. If longer term or permanent, local advocacy services would hand over to an advocacy service in the other area, sharing information as appropriate.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Respondent skipped this question

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

Locally commissioned independent advocacy services are available to carers aged over 65 years irrespective of the care group of the cared-for person but are not specifically commissioned on this basis. Carers under the age of 65 have access to the service providing they meet the criteria.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

- People with a learning disability, mental health problems, acquired brain injury and Older People will have access to independent advocacy in a variety of settings
- Service users who engage in partnership with independent advocacy will have progressed to their identified goals
- Those subject to the 2015 Act will have access to independent advocacy to ensure their views are considered
- Advocacy services undertake activities to achieve service improvement
- Service users are involved in activities to achieve service improvement.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Independent advocacy services are monitored by the Partnership's Lead Officer for advocacy. Monitoring uses a combination of quarterly outcome returns by the sole adult advocacy provider. These reports are signed off by the Head of Service and are scrutinised by the Elected Members quarterly at the Grants Committee. Monitoring meetings and the publication of an annual report by the service providers to the Partnership.

2017 -18: The Planning and Performance Team [Council Corporate Services] is undertaking a review of funding and outcomes, as an arms -length approach.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

If yes please give the most up-to-date information provided by each organisation:
See attached East Ayrshire Advocacy Services Annual Report 2016/17.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support? **No**

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? **Yes,**
If yes please provide details:
Local commissioning arrangements require prioritisation of individual cases on the basis of statutory requirements, need, risk and urgency. Service delivery information is captured via monitoring.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Service providers collect end of service comments forms from service users, information from which is captured via monitoring and in the published Annual Report. Service providers conduct a survey of referring partners and service users every two years. Consultation and engagement with service users forms part of strategy developments.

Q29 How do you monitor complaints about advocacy services? **Annual monitoring data from providers**

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

A number of printed materials include information on advocacy including: Case File Audit leaflet for Adults, Case File Audit leaflet for Representatives, East Ayrshire ASP Leaflet for the General Public, East Ayrshire Adult Protection Chairs Biennial Report 2014 – 2016, East Ayrshire Version 1 – Draft East Ayrshire CP/ASP Interface Guidance, Guardianship Practitioners Guidance, Multi-Agency Case File Audit Template, Multi-Agency Guidance for Council Officers/MHO's and Police Scotland, Pan Ayrshire AP Guidance & Procedures for reporting ASP Concerns within Care Homes, Pan Ayrshire LSI Guidance, Pan Ayrshire Multi-Agency Practitioners Guidance on Forced Marriage, Supporting and Protecting People in East Ayrshire Case Conference Chairs Handbook, West of Scotland Interagency Adult Support and Protection Practice Guidance, West of Scotland LSI Guidance

Advocacy services have recently developed a new website and printed materials that are distributed widely. The Partnership signposts local services to the My East Ayrshire online portal, which contains advocacy information. Independent advocacy services participate in several local partnership meetings.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Independent advocacy services operate an open referral system, including self-referral and non-instructed advocacy. Referrals are also by various methods including telephone, online and walk-in. All statutory agencies are also able to refer by any method. Removal of barriers to referral is the means by which advocacy services are made available to all members of a community including equality groups. Independent advocacy services are linked in with the Council's Equalities Officer and attend various community based groups attended/ organised by people in equalities groups. An Equalities Impact Assessment is being completed as part of the development of the new Plan.

Q33 How do you measure this?

Discussions as appropriate at monitoring meetings and during staff supervision sessions.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Respondent skipped this question**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
Existing HSCP needs assessment and Locality profile information is being used as part of the evidence base in the development of the advocacy Plan.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **If yes, please describe:**
In conjunction with the overall needs assessment and locality profile information described in Q37 above, the findings of engagement and consultation including gap analysis, will form the basis of the advocacy Plan.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **Yes,**
Other (please specify):
There will be specific engagement and consultation activities as part of the development of the Plan.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	East Ayrshire Independent Advocacy Services Ltd				
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	NO				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	YES				

People with learning disability	YES				
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	YES				
People with autistic spectrum disorder	YES				
Mentally disordered offenders	YES				
Homeless people with mental illness/ld/dementia	YES				
Asylum seekers with mental illness/ld/dementia	YES				
People with any other condition (specify)	NO				
Age range					
All ages					
Under 18 with mental health issues/learning disability	YES	16- 18 years. Under 16 years only if subject to the Mental Health, Care and Treatment (Scotland) Act.			
Adults up to 65	YES				

Adults over 65	YES				
Type of advocacy					
Individual	YES				
Collective	YES				
Citizen	NO				
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	YES				

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 14, 2017 2:02:34 PM
Last Modified: Tuesday, January 16, 2018 7:30:27 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Group Manager
Organisation	East Lothian Health & Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
--	-------------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
--	-----------

Q4 If yes, please upload your plan here	Respondent skipped this question
--	---

Q5 If no, is a plan in the process of being developed?	Yes, If yes please give details of when plan will be completed: The proposal is to review our current local service provision of Independent Advocacy. From this and through local strategic planning and discussions, a plan will be developed which will take into account the Lothian wide agenda.
---	--

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Each of our local providers will be consulted through the review process.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

This has not yet been considered in details, but we would look to our providers of advocacy to consult with those people who use advocacy services and those who may not, and consider why not, so that this can inform the proposed plan.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

This piece of work needs to be taken forward and an action plan will be developed.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Respondent skipped this question

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.2017 docx.docx (41.1KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

Support to those subject to compulsory measure should be given priority - dead lines and time restrictions need to be adhered to

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Respondent skipped this question

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

Those presenting as homeless would be referred to the National Organisations either Shelter or Crisis for advocacy support, but referrals are also made to our Independent Advocacy Services - CAPS, PIA and EARS where appropriate. We do not currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

Advocacy Services are not specifically commissioned for asylum seekers but support is sought from the National Organisations either Shelter or Crisis for advocacy support. Referrals are also made to our Independent Advocacy Services - CAPS, PIA and EARS where appropriate.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service

Mental health, Learning disability, Dementia

Please provide details

We have support provision for Carers in East Lothian, and have a worker specifically linked to support carers of someone with a mental health concerns, but we do not have any carers independent advocacy service

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Outcomes:

To enable statutory duties to be met

Improve participation

Increase/improve choice, self determination, independence and control

ensure project is accountable to all stake holders

Monitoring:

While there are a number of KPIs reported on, below is an indication of what is sought through reporting and feedback

Number of people access service; number of people receiving support to represent views; service user representation in meetings/other forums; number of people receiving support in relation to any statutory measure; number of people supported to complete Advanced Statements; feedback on presenting issues and changing trends; evaluation of feedback from those using service; provision of accessible information to facilitate engagement; contacts made for people, with other external agencies;

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Full annual report and progress reports; try to commit to quarterly monitoring meeting but in practice this varies

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

These figures are for individual advocacy PIA EARS CAPS
2015/16: 41people 112new referrals 204 people 2016/17:
51people 92new referrals 225 people

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

Each of our Independent Advocacy service providers are currently managing demand without a waiting list. This is reported on. They also share information on identified gaps

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide

details:

Risk of loss of liberty and time scales which need to be adhered to result in those clients subject to compulsory measures having to be prioritised. This has not resulted in a waiting list having to be created.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

None

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Complaints about advocacy services are attended to under East Lothian Council complaints procedures as they arise. This process is applied for all 3rd sector providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Leaflets informing of services available circulated through other agencies and on an individual bases; through statutory commitments; information available on intranet; workers sharing information through direct contact with those accessing services; advocacy is represented in strategic planning so profile of advocacy remains high; Advocacy workers attending Social Work and Health staff team meetings.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

This is an area which needs attention. Identified support is available to equality groups through other services provision, and it is recognised that they would take on an advocacy role, but this would not be independent advocacy.

Q33 How do you measure this?

Feedback is sought by the providers but their ability to collate this is limited.

Q34 Has an equality impact assessment of advocacy services been undertaken?

No

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?

No

Q36 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

There is not currently an advocacy planning group specific to East Lothian - East Lothian has had and continues to have representation at the Lothian Independent Advocacy Steering Group. Dialogue is underway as to consider local and Lothian agendas, and how they can complement each other

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

No,

Please describe:

This will be considered in the local review of advocacy services

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

No

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

Further representation at Health staff meetings to encourage increased referrals from colleagues in traditional Health settings; increase use of advocacy in Adult Protection work and considered internal systems which will promote this

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Advocacy support is provided in other areas, but this is not independent advocacy .

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Partners in Advocacy	EARS	CAPs		
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	No	No	No		
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem			YES		
People with learning disability	yes				

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia		YES			
People with autistic spectrum disorder	YES				
Mentally disordered offenders			YES		
Homeless people with mental illness/ld/dementia	YES(LD)	YES(dementia)	YES(mental illness)		
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)		Physical Disabilities			
Age range					
All ages					
Under 18 with mental health issues/learning disability					
Adults up to 65	yes		yes		
Adults over 65		yes			

Type of advocacy					
Individual	Yes	Yes	Yes		
Collective	yes	Yes	yes		
Citizen					
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes	yes	yes		

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Thursday, August 24, 2017 8:45:23 AM
Last Modified: Thursday, January 18, 2018 1:53:35 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Principal Commissioning Officer
Organisation	East Renfrewshire
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
--	-------------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
--	-----------

Q4 If yes, please upload your plan here	Respondent skipped this question
--	---

Q5 If no, is a plan in the process of being developed?	Yes, If yes please give details of when plan will be completed: Initially March 2018.
---	--

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan	
--	--

In progress

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan	
---	--

In progress

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,
If yes please give details of when plan will be completed:
This will be part of the strategic advocacy plan.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Completed a PSP for Learning Disabilities working in partnership with providers to re-develop services. A PSP has begun for Mental Health Services.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (43.8KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,
If yes, please give details:
Advocacy Project prioritise referrals under the Mental Health Act. Partners in Advocacy prioritise children under the Mental Health Act and Child Protection. Who Cares ? solely support looked after children.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Respondent skipped this question

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

The Advocacy Project is contracted to work with all adults requiring an Advocacy Service. Whilst they prioritise those who fall within the Mental Health Act they receive referrals for all of the above. We ensure all peoples seeking advocacy receive a service through contract monitoring.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

No, See comments above.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

We do not provide advocacy specifically for carers, however, they both have access to the Advocacy Project and the East Renfrewshire Carers who will support the carer and provide a platform to allow them to express their concerns.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

With adult advocacy we seek to achieve the Talking Points outcomes. With children's advocacy we work to the Shanari outcomes. We monitor these through regular contract monitoring meeting.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

As an HSCP we request that our providers complete quarterly returns. Further to this the advocacy providers submit quarterly reports evidencing how they meet outcomes. This is explored during quarterly contract monitoring meetings.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

140 - Advocacy Project 23 - Partners for Advocacy 20 - Who Cares ?

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

At present there is not one person on any of the Advocacy Providers waiting lists.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

Our advocacy support work to current legislative demands as a priority.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Our Advocacy providers request exit questionnaires from service users. All peoples using advocacy services are informed of who to contact within HCSP if they are unhappy with our advocacy service.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Through quarterly returns and quarterly monitoring meetings.

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Our advocacy services as part of their contract have a responsibility to promote advocacy services throughout East Renfrewshire.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **No**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Our service is an individual advocacy service.

Q33 How do you measure this?

N/A

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **No**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
This will for part of the strategic independent advocacy plan.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? If yes, please describe:
We have information through contract monitoring which will be used for future planning.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **No**

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

None

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	The Advocacy Project Cumbrae House 15 Carlton Court Glasgow G5 9JP	Partners in Advocacy 151 Broad Street Glasgow G40 2QR	Who Cares ? Scotland 5 Oswald Street Glasgow G1 4QR		
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No	No		
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem					
People with learning disability					
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5

People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)		Yes Vulnerable children	Yes Looked after children		
Age range					
All ages					
Under 18 with mental health issues/learning disability		Yes	No		
Adults up to 65	Yes				
Adults over 65	Yes				
Type of advocacy					

Individual	Yes	Yes	Yes		
Collective					
Citizen					
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes	Yes	No		

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Friday, August 25, 2017 3:30:37 PM
Last Modified: Thursday, January 18, 2018 2:06:32 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Service Manager
Organisation	Fife Health & Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	Health & Social Care Partnership

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **HSCP**

Q3 Is there a current independent advocacy strategic plan covering your area? **Yes**

Q4 If yes, please upload your plan here

Fife-Advocacy-Strategy-2014-17.pdf (1.9MB)

Q5 If no, is a plan in the process of being developed? If yes please give details of when plan will be completed:
 The current advocacy strategy is in the process of being refreshed.

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

See below.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

In order to develop the advocacy strategy 2014-2017, we consulted with a wide range of stakeholders, including service users, NHS and Council staff and the existing advocacy organisations in order to identify how the previous advocacy service provision could best be improved.

A large-scale mapping exercise was carried out in 2012. This identified:

- all the organisations in Fife who provided advocacy services;
- the type of advocacy provided;
- the people who were eligible to receive the service; and
- the geographical areas covered by the service

In addition, 2 large-scale stakeholder events were held in 2011 and 2012. These helped to capture the recent experiences of the people who were using the existing services, share examples of good practice, identify what elements of advocacy currently worked well, and identify the future expectations and needs of local service users.

Together the mapping exercise and the stakeholder events provided a robust base of knowledge that helped to both evaluate the accessibility of the existing services and to identify several potential areas for improvement.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? **No**

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

None. The Fife Advocacy Strategy encompasses the strategic goals for learning disability and mental health.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

IAS Questionnaire.pdf (125.2KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

No,

If yes, please give details:

Within Fife Health & Social Care Partnerships Professional Advocacy Contract the contract specification, sets out the services to be provided under the contract. This was developed in line with the aims and objectives of Fife's Advocacy strategy. The previous contract only provided a limited service to older people with dementia, or subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003. Under the newly developed contract, the specific requirements remain around the MH Act but was widened to include that any older person meeting the eligibility criteria can access the service – just the same as for adults.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Respondent skipped this question

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

We do not specifically commission for homeless people, but as citizens of Fife, individuals can access advocacy services as required.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

We do not specifically commission for asylum seekers, but individuals can access advocacy services as required.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

No.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Generic outcomes are the 9 Health and Social Care outcomes.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Fife Health & Social Care Partnership has a monitoring and evaluation framework which includes the monitoring of both quantitative and qualitative information in terms of outcomes and outputs. This is monitored on an annual basis by a Council Officer.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

'Information from Annual Monitoring of grant funded organisations and Contract Review report for contractually funded organisation: Dunfermline Advocacy Initiative – Grant - 66 Individuals received Advocacy Service in full year. Equal Voice – Grant - 24 Individuals received Advocacy Service in full year. Include Me - Grant - 28 Individuals received Advocacy Service in full year. People First - Grant - 118 Individuals supported in Advocacy groups, 22 individuals received individual advocacy service in full year. Kindred Advocacy - Grant – 89 Individuals received Advocacy Service Re. Education - 35 Parents received group Advocacy Support in full year. Fife Circles – Professional Contract (Issue Based Contract) – 479 Issues in Quarter 4'

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

No,

If yes, please give the most up-to-date information provided:

The grant funded voluntary organisations do not have any requirements under their service level agreements to report on unmet needs, but it is hoped that full development of the use of FORT monitoring system will result in reporting on areas like unmet need. Within the Contract for Professional Advocacy, unmet need is discussed at review meetings with the organisation and it is formally reported on in both their quarterly monitoring and Annual Review reports.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

No,

If yes please provide details:

Within Fife Health & Social Care Partnerships Professional Advocacy Contract the contract specification, sets out the services to be provided under the contract. This was developed in line with the aims and objectives of Fife's Advocacy strategy. The previous contract only provided a limited service to older people with dementia, or subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003. Under the newly developed contract, the specific requirements remain around the MH Act but was widened to include that any older person meeting the eligibility criteria can access the service – just the same as for adults.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

The advocacy organisations individually gather information from people using the service in respect of the service provided. We also have service user representation on the Advocacy Strategy Implementation Group.

Q29 How do you monitor complaints about advocacy services?

Annual monitoring data from providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Individual advocacy organisations raise awareness of their service using a variety of means. Fife Advocacy Forum have the lead for general raising awareness and utilise e.g. social media, press, websites, leaflets, undertake presentations to groups, pop-up stands at local community events.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Currently we do not measure this.

Q33 How do you measure this?

N/A

Q34 Has an equality impact assessment of advocacy services been undertaken?

No

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed?

Respondent skipped this question

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

No

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:
Information is being gathered through consultation on the updated strategy and will be used to inform future planning.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,
Other (please specify):
We are currently refreshing the advocacy strategy and a range of stakeholder events are planned during 2017 to promote advocacy awareness and inform the future strategy development. Fife Advocacy Forum are taking a lead role in this work.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Barnardo's and Who Care are funded by Education and Children's Services.

Independent Advocacy Services Questionnaire

Please use additional copies of this form for additional organisations.

Organisation name and address	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5	Organisation 6	Organisation 7	Organisation 8
	Dunfermline Advocacy 2 Halbeath Road Dunfermline Fife, KY12 7QX	Circles Network Fife New Volunteer House 16 East Fergus Place Kirkcaldy, KY1 1XT	Fife Forum Office 1 – 2 Fraser Buildings, Millie Street, Kirkcaldy, KY1 2NL	Fife Women's Aid Suite 1, First Floor Saltire House Pentland Park Glenrothes, KY6 2AL	Kindred (Fife) Evans Business Centre, 15 Pitreavie Court, Dunfermline, KY11 2YB	Equal Voice (Kirkcaldy & Central Fife) PO 26867 Kirkcaldy KY2 9BZ	Include Me (North East Fife) c/o Fife Voluntary Action 69 Crossgate Cupar, KY15 5AS	People First Fife Unit 17a Dunfermline Business Centre, Izatt Avenue, Dunfermline, KY11 3BZ
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	Yes	No	No	No	Yes	Yes	No
If not generic, is the service targeted at supporting specific groups:								
People with a mental health problem			X					
People with learning disability			X					X
People with dementia			X					
People with autistic spectrum disorder			X					X
Mentally disordered offenders								

Q4 Advocacy plan

Fife Health and Social Care Partnership provided this plan, available at:

<https://www.fifedirect.org.uk/publications/index.cfm?fuseaction=publication.pop&pubid=434A94EB-EE68-29AC-B41058B5E2611E72>

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 12:51:40 PM
Last Modified: Thursday, January 18, 2018 1:47:15 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Patient Services Manager
Organisation	NHSGG&C/Glasgow City HSCP
Area you are covering in your response (NHS board or HSCP)	Glasgow City HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **HSCP**

Q3 Is there a current independent advocacy strategic plan covering your area? **Yes**

Q4 If yes, please upload your plan here

NHS GGC Strategic Advocacy Plan3.doc(177KB)

Q5 If no, is a plan in the process of being developed? **Respondent skipped this question**

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Advocacy providers were met with individually and collectively to discuss and participate in the development for future proposals for the provision of services.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

As part of our engagement structure service users and carers were involved and participated in the development for future proposals for the provision of services.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

MWC advocacy adult return Q9.docx (43.8KB)

Q10 If no, is a plan in the process of being developed? **No,**
If yes please give details of when plan will be completed:
we have always provided Advocacy services to both Mental Health and Learning Disability services, therefore no plan has been required for the development of this service.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

we have always provided Advocacy services to both Mental Health and Learning Disability services, therefore no plan has been required for the development of this service.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (43.8KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **No,**
If yes, please give details:
We do highlight that individuals subject to the Mental Health Act, Adults with Incapacity Act, Adult Support & Protection Act, are targeted groups within the specification.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **Yes**

Q16 If the budget has changed please say how. Have services changed as a consequence?

We previously, from April 2013-November 2016 provided Advocacy, with Glasgow City Council, via a joint contract under 3 lots. Lot 1) Adult Mental Health. Lot 2) Older People & Physical Disability. Lot 3) Learning Disability.

We moved to a single contract in December 2016, this contract is for a 3 year period (with the option to extend for 2 years) running until November 2019.

This was intended to enable a more co-ordinated approach that focused on the most vulnerable groups including , Adult Mental Health, Dementia, Learning Disability, Physical Disability and Prison Healthcare.

In terms of economies of scale and the reduction in management and accommodation costs the budget was reduced by £83,711.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,
If yes, please provide details:
The provision of Advocacy to Prison Healthcare is contained within our current contract specification and contract which runs until 2019.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local , service
Any further details:
Our current provider is expected to provide a service to all within our care services, we expect a similar service from advocacy services outwith our area.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

The service is open to anyone falling with these categories.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

The service is open to anyone falling with these categories.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service

Mental health, Learning disability, Dementia

Please provide details

We do not have a stand alone Carers Advocacy Service. Carers can access the current service, in cases of a conflict of interest an alternative Advocacy worker may be sought or an alternative Advocacy provider is sought.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

The provider is asked to show how they will provide Advocacy in line with the Principles and Standards set by the SIAA. This is monitored via quarterly report and formal monitoring meetings.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Quarterly monitoring meetings are held with the provider and representatives of both NHSGG&C and Glasgow City Council. Independent evaluation will be agreed with the current provider. The current provider was evaluated as part of the pilot evaluation exercise performed by the SIAA.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

approx. 570 live cases have been recorded each month for the first three months of the current contract.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

signposting and details of waiting lists are discussed as part of the monitoring process, a managed waiting list of approx. 168 currently.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

No,
If yes please provide details:
whilst we do not prioritise there is a needs based criteria system in place.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

current provider carries out satisfaction survey's these are discussed at the monitoring meetings.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):
Complaints are discussed on a quarterly basis at the monitoring meetings.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

the current provider advertises throughout the HSCP area. Within NHS Mental Health services medical records issue information at all via appointment letters.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

In partnership with current provider as outlined above.

Q33 How do you measure this?

via demographic data collected by provider and discussed at the quarterly monitoring meetings.

Q34 Has an equality impact assessment of advocacy services been undertaken?

Yes

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?

Yes

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q36 If no, is a plan in the process of being developed?

If yes please give details of when plan will be completed:
the current plan is due for renewal and this will be carried out prior to the end of the current contract period on 2019/2020

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,
Please describe:
Demographic data and benchmarking forms part of all our future plans for service provision.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:
see NHS GG&C plan 2011-2014, however it should be noted that no new funds have been made available to provide additional advocacy services for these groups.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,
Other (please specify):
This is subject to ongoing discussion with the current provider

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

we are not aware of any non-commissioned services within our area.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	The Advocacy Project. Cumbrae House 15 Carlton Court Glasgow G5 9JP	Circles Network The Penthouse Coventry Road Cawston, Rugby CV23 9JP			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	yes	This is a Forensic Mental Health service. It will cover all who Are within this service.			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health					

problem					
People with learning disability					
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages					
Under 18 with mental health					

issues/learning disability					
Adults up to 65	yes	yes			
Adults over 65	yes	yes			
Type of advocacy					
Individual	yes	yes			
Collective	yes	yes			
Citizen	yes	yes			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes	yes			

Independent Advocacy Services Questionnaire

Q9 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	The Advocacy Project. Cumbrae House 15 Carlton Court Glasgow G5 9JP	Circles Network The Penthouse Coventry Road Cawston, Rugby CV23 9JP			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	yes	This is a Forensic Mental Health service. It will cover all who Are within this service.			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health					

problem					
People with learning disability					
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages					
Under 18 with mental health					

issues/learning disability					
Adults up to 65	yes	yes			
Adults over 65	yes	yes			
Type of advocacy					
Individual	yes	yes			
Collective	yes	yes			
Citizen	yes	yes			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes	yes			

**NHS GREATER GLASGOW & CLYDE
INDEPENDENT ADVOCACY PLAN
2011 – 2014**

CONTENTS

- 1. Executive Summary**
- 2. Introduction**
- 3. National Context**
- 4. NHSGGC Planning Context**
- 5. Definition of Independent Advocacy**
- 6. Current Provision of Advocacy services within NHSGGC**
- 7. Need for Independent Advocacy**
- 8. Gaps in Service**
- 9. Current Funding**
- 10. Strategic Approach**
- 11. Monitoring of Progress towards Objectives**
- 12. Consultation Process**
- 13. Equality Impact assessment**

1. EXECUTIVE SUMMARY

Access to independent advocacy is recognised as contributing to health policy goals such as health improvement, equity and involving individuals as partners in a mutual NHS. (Better Health, Better Care: An Action Plan (2007)). The Board also has a statutory responsibility, principally under the Mental Health (Care and Treatment) (Scotland) Act 2003, to provide access to independent advocacy for specific groups of people. Recent legislative changes in the Patients Rights (Scotland) Act (2011) are likely to increase demand for independent advocacy. In August 2010 the Scottish Government Health Department requested that NHS Boards develop an updated Advocacy Plan which would assess the demand for independent advocacy and ensure that any gaps in provision were addressed.

This is the first Strategic Advocacy Plan for the reconfigured NHS Greater Glasgow and Clyde (NHSGGC). It builds on the earlier Advocacy Plans developed by the former NHS Greater Glasgow and incorporates the advocacy needs of the population previously covered by NHS Argyll & Clyde. It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

There is no single lead for commissioning advocacy services within NHSGGC. Each CH(C)P is responsible for providing access to independent advocacy within their locality with the Mental Health and the Learning Disability Partnerships taking the lead on advocacy issues for their respective care groups. This reflects the different requirements across care groups and the focus on joint planning with Local Authorities and local voluntary sector advocacy services.

Independent advocacy within the Board area is currently provided by a number of organisations who cover specific geographical locations and specific care groups. The care groups where the Board is required to provide access to an independent advocacy service are:

- Adults with Mental Ill Health
- Learning Disability
- Children
- Physical Disability
- Older people
- People who have sensory impairments
- Forensic
- BME
- Carers
- Alcohol and Drug addictions

Specific gaps in the current service have been identified. These are:

- Children with additional support needs
- Physical disability
- People with Sensory impairment

In addition to these gaps in Board wide advocacy services individual pressures have been identified in specific CH(C)P areas. In particular access to advocacy for Carers is variable as generic advocacy services see this as a potential conflict of interest with other client groups.

Although localities other than Glasgow are covered by a generic advocacy service, these organisations effectively prioritise specific groups such as adults with mental health difficulties, learning disability and older people due to capacity limitations. Access to independent advocacy is therefore restricted for individuals outwith these priority groups.

There are a number of challenges which need to be addressed if these gaps are to be addressed and access to independent advocacy provided for all relevant care groups. NHSGGC has an ageing population which will increase the number of people living with a long term condition and/or dementia. These individuals have multiple and complex needs and may require support from an independent advocate to ensure they have a say in how these needs are to be addressed. High demands are placed on Carers and access to independent advocacy may be required to enable them to sustain their caring role. In order to address these challenges the following outcomes have been identified in the Boards Planning Frameworks:

- We involve people in assessment, planning and delivery of advocacy services.
- People with care and support needs have a say in finding solutions personalised to their needs and aspirations.
- Services are provided to support carers in their caring role.
- We understand and respond to inequalities in access and outcome.

The actions required to achieve these outcomes have been identified:

- Involve service users, carers and voluntary organisations in service redesign.
- Allocate resources in line with care group and population needs.
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

In order to ensure these outcomes are achieved it is recommended that the Advocacy Plan is adopted as a Planning Note which will be embedded within the Planning Framework for each relevant care group. The Frameworks will provide a cohesive approach to ensuring that access to advocacy is provided in each CH(C)P, partnership and Directorate.

It is recommended that Service Level Agreements are put in place with advocacy providers to agree the level and standard of service to be provided. To ensure good practice advocacy organisations must adhere to the principles and comply with the standards set for independent advocacy by the Scottish Independent Advocacy Alliance (SIAA).

Progress towards achieving these outcomes will be monitored as part of the existing Organisational Performance Reviews.

Each CHCP and Partnership responsible for commissioning advocacy services should engage with service users and other stakeholders to ensure that appropriate access to advocacy is available.

They should adhere to the Community Engagement Standards and the Scottish Health Council Participation Standards.

2. INTRODUCTION

The Patients Rights (Scotland) Act 2011 requires Health Boards to establish a Patient Advice and Support Service. One of the duties of the Patient Advice and Support Service (PASS) is to direct people to “other sources of advice and support or persons providing representation or advocacy services”. As this duty is likely to increase the demand for independent advocacy services the SGHD has requested that all Boards produce an updated Advocacy Plan. The Advocacy Plan considers the impact on advocacy services of the introduction of the Patients Rights (Scotland) Act 2011 and identifies gaps in the advocacy services currently available. The Advocacy Plan recommends how such gaps in current provision will be addressed.

This is the first Strategic Advocacy Plan for the reconfigured NHS Greater Glasgow and Clyde. It builds on the earlier Advocacy Plans developed by the former NHS Greater Glasgow and incorporates the advocacy needs of the population previously covered by NHS Argyll & Clyde. It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

3. NATIONAL CONTEXT

NHSGGC has a statutory responsibility to provide access to independent advocacy for specific groups of people. The principal legislation placing this duty on Health Boards is **The Mental Health (Care and Treatment) (Scotland) Act 2003**. Section 259 of this Act states that:

“Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of each Health Board in collaboration with each relevant local authority to secure the availability to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services.”

The Act defines mental disorder as any mental illness, personality disorder or learning disability however caused or manifested so people with dementia and acquired brain injury are also covered by the Act.

The Adults with Incapacity (Scotland) Act 2000 covers those individuals who lack capacity to act or make decisions for themselves. In addition to those with a mental disorder it extends the right of access to independent advocacy to those who are unable to communicate due to a physical condition such as a stroke or severe sensory impairment. One of the main principles of the Act is that account must be taken of the present and past wishes and feelings of the person as far as may be ascertained. The individual must be offered support from an independent advocate to communicate their views.

The Act was amended by the **Adult Support and Protection (Scotland) Act 2007** to further protect adults at risk of abuse. The 2007 legislation places a duty on local authorities to consider the importance of providing advocacy services to such individuals.

Other relevant legislation requiring Health Boards to take account of individuals wishes include the Human Rights Act 1998. Access to independent advocacy may be required to ensure that these requirements are met.

In addition to the legislative requirement to provide access to independent advocacy for these groups recent policy for health and welfare in Scotland views patients and the public as partners in a mutual NHS. “Better Health, Better Care: An Action Plan (2007)” commits Health Boards to treating patients and the public as partners in their care and access to independent advocacy can ensure that all individuals and groups can engage in this process. Independent advocacy ensures equality of access to services particularly for those groups which may otherwise be excluded.

The Scottish Independent Advocacy Alliance (SIAA) has recently published guidance for commissioners of independent advocacy which sets out the principles which should be considered when commissioning advocacy. These are that:

- Advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest.
- Advocacy groups should be constitutionally and psychologically independent of local and national government.
- Advocacy groups cannot be providers of other services.
- Different approaches to independent advocacy are needed; there is no best model.
- Advocacy groups should maintain a clear and coherent focus of effort.
- Advocacy groups should undergo regular independent evaluation of their work and commissioners should provide financial support for this.

The Patient Rights (Scotland) Act 2011 places a duty on NHS Boards to encourage patients to take part in decisions about their health and wellbeing and to ensure that they are given any information or support that they may need. In order to ensure that certain groups with a mental or physical disability are not disadvantaged NHS Boards are required to provide an independent patient advice and support service. This is likely to result in increasing demand for an advocacy service.

4. NHSGGC PLANNING CONTEXT

NHSGGC has developed a Framework based approach to planning and policy. Planning Frameworks have been produced which bring together service, care group, disease and delivery system issues for specific care groups. A set of Policy Frameworks have also been produced which develop and articulate NHSGGC’s approach to issues or areas of activity which require to be read across into all of the corporate and local planning processes. The Policy Frameworks establish outcomes which need to be achieved across the organisation in all plans. It is intended that the Advocacy Strategy will be incorporated into the Planning Framework for each relevant care group. The Board has no single lead for advocacy services. Each CH(C)P is responsible for providing access to independent advocacy within their locality with the Mental Health and the Learning Disability Partnerships taking the lead on advocacy issues for their respective care groups. This reflects the different requirements across care groups and the focus on joint planning with Local Authorities and local voluntary sector advocacy services.

5. DEFINITION OF INDEPENDENT ADVOCACY

The Mental Health (Scotland) Act 2003 states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority
- The relevant Health Board
- Any members of the above i.e. employees
- Any person providing direct health or social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

Conversely non independent advocacy is defined as advocacy provided by any of the above organisations or individuals. Historically many advocacy services were developed by larger organisations such as the Renfrewshire Association for Mental Health (RAMH) and Alzheimers Scotland, which provided other services such as day care or residential accommodation. This could lead to a potential conflict of interest between the advocacy service and other parts of the organisation and over time most advocacy services became independent of the parent organisation. Some, such as You First, retain links with the former parent organisation by contracting for backroom services such as human resources and payroll, but are otherwise stand alone organisations with a separate management and accountability structure.

Independent advocacy aims to help people by supporting them to express their own needs, views and wishes and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves or who choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support. The role of an independent advocate does not include offering advice or putting forward their own views rather than that of the client.

An independent advocacy service is based on the following principles:

- independent advocacy puts the people who use it first
- independent advocacy is accountable
- independent advocacy is as free as it can be from conflicts of interest
- independent advocacy is accessible

Access to independent advocacy can be provided in a number of ways:

- Professional advocacy - Professional advocacy is provided on a one to one basis by either paid or volunteer advocates. The advocate provides an individual with information and support on a specific issue so the support can be either short or long term.
- Peer advocacy - Peer advocates share significant life experiences with the individual on whose behalf they are advocating.

- Citizen advocacy - Citizen advocates are members of the public who volunteer to provide support to an individual in the community on a one to one, long term basis. Advocacy organisations provide training and support to enable citizen advocates to carry out this role.
- Group or Collective advocacy - Group or collective advocacy is where a group of individuals are facing a common problem and come together to support each other over specific issues.

6. CURRENT PROVISION OF ADVOCACY SERVICES WITHIN NHSGGC

Some sections of society are more likely to require support from an advocate to express their needs and make their views and wishes known. This philosophy lies at the heart of a patient focused NHS. The care groups where the Board is required to provide access to an independent advocacy service are:

- Adults with Mental Ill Health
- Learning Disability
- Children
- Physical Disability
- Older people
- People who have sensory impairments
- Forensic
- BME
- Carers
- Alcohol and Drug addictions

Independent advocacy within the Board area is currently provided by a number of organisations who cover specific geographical locations and specific care groups.

6.1. Adults with Mental Ill Health

Access to an independent advocacy service for those with a right of access under the Mental Health (Scotland) Act 2003 is provided by the following organisations:

- The Advocacy Project - The Advocacy Project provides support for older people affected by significant life change, particularly those with mental ill health with a particular focus on dementia and cognitive impairment. This service is provided within Glasgow City boundaries. In addition there are generic services provided within the inner east end of Glasgow and in East Renfrewshire.
- Advocacy Matters (Greater Glasgow) Ltd - Advocacy Matters provides an independent advocacy service to adults over the age of 16 with mental health issues in Greater Glasgow. They also provide a service to psychiatric inpatients within Stobhill, Gartnavel, Southern General, Leverndale and Parkhead hospitals where they are not covered by an alternative provider.

- Ceartas - Ceartas provides independent advocacy and group advocacy for adults over 16 years with mental health issues and people with dementia in the East Dunbartonshire area. Individuals with mental health issues represent 33% of the current caseload. Ceartas has adopted a proactive approach working with referrers to prioritise cases and meet demand as far as possible. They work with local GPs and the Community Mental Health Team to minimise the requirement for independent advocacy as far as possible. Ceartas also works with Headway to provide a service for those with an acquired brain injury.
- Inverclyde Advocacy Service - The Inverclyde Advocacy Service provides a generic independent advocacy service to adults over 16 years with a community care issue within the Inverclyde area. A significant proportion of referrals are related to mental health issues. Due to limited resources adults with dementia no longer have access to independent advocacy in the Inverclyde area.
- Lomond and Argyll Advocacy Service - The Lomond and Argyll Advocacy Service provide a generic independent advocacy service to adults over the age of 16 with mental health problems in West Dunbartonshire. This care group is seen as a priority for the generic service.
- You First Advocacy - You First Advocacy provide a generic independent advocacy service within Renfrewshire which provides support to people with mental health problems including dementia in Renfrewshire.

6.2. Learning Disability

- Ceartas - Ceartas provide a generic independent advocacy service which covers those with a learning disability within East Dunbartonshire. Currently people with a learning disability represent 15% of referrals to the advocacy service.
- Equal Say - Equal Say provide access to independent advocacy for adults with learning disabilities within the Greater Glasgow area. The majority of referrals (60%) are from social work or service providers.
- Inverclyde Advocacy Service - The Inverclyde Advocacy Service provide a generic independent advocacy service to adults over 16 years with a community care issue within the Inverclyde area. This includes non instructed advocacy for adults with a learning disability. Individuals with a learning disability who can instruct the advocate are not treated as a priority and receive limited access.
- Lomond and Argyll Advocacy Service - The Lomond and Argyll Advocacy Service provide a generic independent advocacy service to adults over the age of 16 in West Dunbartonshire. Providing access to independent advocacy for adults with a Learning Disability is seen as a priority for the service.
- People First - People First provide collective and self advocacy for adults with Learning Disabilities in Glasgow. There are seven local groups and a Glasgow wide group with approximately 100 members in the Glasgow area supported by one full time and two part time members of staff. The groups raise awareness of the service by running presentations in the

community and by distributing leaflets. The advocacy service is mainly issue led and prides itself in giving members a sense of belonging and the confidence to speak out on their own behalf. Members consider that these goals are best achieved by supporting themselves rather than receiving an advocacy service from professionals.

- You First - You First Advocacy provide a generic independent advocacy service within Renfrewshire which provides support to people with a Learning Disability.
- The Advocacy Project - The Advocacy Project provide a generic advocacy service in East Renfrewshire which supports individuals with Learning Disabilities.

6.3. Children

The main specialist provider of independent advocacy to children and young people is Partners in Advocacy. The specific groups which are supported are:

- Children and young people (0 – 25) with mental health difficulties
- Children and young people (5 – 19) with additional support needs
- Children and young people (0 – 19) with general advocacy needs

Partners in Advocacy provide an independent advocacy service to all three groups within Greater Glasgow and East Renfrewshire areas only. In addition they provide Board wide access to independent advocacy for children and young people with mental health difficulties only.

“Who Cares?” provides a Board wide specialist independent advocacy service to children and young people who are, or have been in care up to the age of 25 years and those who are looked after at home and are subject to formal child protection processes who need additional educational support.

In addition to the independent advocacy funded by NHSGGC, local authorities fund non independent advocacy organisations which provide an advocacy service for children and young people within specific localities. Barnardos “Hear 4 U” provide an advocacy service to children and young people in Renfrewshire while the Drumchapel Children’s Rights project provides a similar service within the Drumchapel area.

Other organisations such as the East Glasgow Youth Network and Urban Fox provide a range of support services to young people in the east of Glasgow including advocacy where required. These are not considered to provide an independent advocacy service due to the range of services which they offer.

6.4. Physical Disability

The Advocacy Project provide a service to severely disabled inpatients at the Southern General Hospital and to disabled people living in the community who are clients of the Community Physical Disability Teams. The service focuses on helping people to access inpatient services or community resources to enhance their capacity and independence. The Advocacy Project also provides an independent advocacy service to physically disabled people in the east end of Glasgow and East Renfrewshire through a generic advocacy service.

Independent advocacy is available to those with a physical disability within East Dunbartonshire through the generic service provided by Ceartas where it represents 8% of the caseload.

Access to independent advocacy for those with a physical disability in Renfrewshire is included in the generic service provided by You First.

Although access to independent advocacy is available for adults with a physical disability as part of a generic service in West Dunbartonshire and Inverclyde this group is not considered to be a priority in either area.

6.5. Older People

The Advocacy Project provide a service for older people affected by significant life change within the Glasgow area. The key groups supported are older people affected by delayed discharge, older people with declining physical health and older people deemed “at risk” and affected by Adult Support and Protection measures.

Older people within the east end of Glasgow and East Renfrewshire are provided with access to independent advocacy through the generic advocacy contracts with the Advocacy Project in these areas.

Access to independent advocacy within East Dunbartonshire, West Dunbartonshire and Renfrewshire and Inverclyde is provided through generic contracts with Ceartas, the Lomond and Argyll Advocacy Service, You First and Inverclyde Advocacy.

6.6. People who have Sensory Impairments

There is no provision for people with a sensory impairment within the Glasgow area. Although a generic advocacy service is in place in all other localities these organisations focus on priority groups such as older people and those with mental illness with limited access for those with a sensory impairment.

6.7. Forensic

Circles provide a specialist forensic advocacy service to inpatients receiving treatment within low and medium secure facilities within Greater Glasgow and Clyde. They also provide a community outreach service for patients discharged within Glasgow. Funding of the forensic independent advocacy service is ring fenced and is jointly funded by the Board and the West of Scotland Forensic Board.

6.8. Black and Minority Ethnic

Access to independent advocacy for people from a black and minority ethnic background living within Glasgow is provided by the Glasgow Advocacy Service. The service meets the needs of those who are asylum seekers or refugees and focuses on access to health and social care, mental health and child and adult protection issues. Outwith Glasgow access to independent advocacy is provided through generic contracts where individuals from a BME background mainly access the service by falling into one of the prioritised categories such as mental health.

6.9. Carers

A carer is defined as a person who looks after a partner, relative or friend who cannot manage without help due to an illness including mental illness, addiction, frailty or disability. This may often be to the detriment of the carers own health and wellbeing.

Caring Together: The Carers Strategy for Scotland (2010–15) recognises the importance of advocacy for this group and requires that carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside caring. They must be fully engaged in the development and planning of their own personalised, high quality and flexible support and must not be disadvantaged or discriminated against by virtue of being a carer.

Advocacy organisations are often reluctant to provide an advocacy service to carers as they consider there to be a potential conflict of interest between carers and their other clients. Carers are not identified as a priority group by the providers of generic advocacy services.

The only independent advocacy organisation with a specific remit for carers within NHS GGC is the Carers Centre in Renfrewshire. Carers are encouraged to attend local and city wide carers' events where issues which affect them can be raised and addressed. Assistance can be given to develop local support groups and forums. Most users of the service have other issues, principally mental health related.

Non independent advocacy for carers in East Dunbartonshire is provided by the Carers Centre in Milngavie and by the Carers Link, a charitable organisation based in Kirkintilloch.

Other general support for Carers is provided within Glasgow. The West Division of the Glasgow CHP operates a Carers Information and Support Line. Other support for carers within the Glasgow area is provided by the Princess Royal Trust for Carers.

6.10. Alcohol and Drug addictions

“Advocacy for Drug Users: A Guide” published in 2004 considered advocacy to be an important component of effective treatment and care provision. Drug Users are predominantly referred to an advocacy service for mental health issues and would therefore access either mental health or generic advocacy services.

Ceartas and East Dunbartonshire Alcohol and Drug Partnership provide access to collective advocacy for individuals with problem drug use in East Dunbartonshire.

An analysis of current independent advocacy services by locality and care group is attached at Appendix 1.

7. NEED FOR INDEPENDENT ADVOCACY

It is estimated that at any one time in Scotland around 21% of the population have a statutory right of access to independent advocacy. Assessment of need within GGC focused on the total population by age group and locality.

Table 1

Population Age Profile 2010					
	0 - 15	16 - 64	65 - 74	+75	Total
North East Glasgow	29,538	122,092	13,810	12,209	177,649
North West Glasgow	28,402	136,549	12,911	12,470	190,332
South Glasgow	38,743	151,602	15,622	14,522	220,489
East Dunbartonshire	18,930	66,326	10,515	8,909	104,680
East Renfrewshire	17,779	55,575	8,301	7,585	89,240
Inverclyde	14,007	51,839	7,719	6,645	80,210
Renfrewshire	30,381	111,323	15,668	12,538	169,910
West Dunbartonshire	16,330	59,812	7,964	6,814	90,920
Total	194,110	755,118	92,510	81,692	1,123,430

Source: Scottish Public Health Observatory (ScotPHO)

The Board's total population is forecast to remain relatively static over the period 2011 to 2014 with a marginal increase of 0.09%. The population is forecast to increase in Glasgow City by 0.49% with reductions in all other localities. Robust data is not currently available to assess likely demand for advocacy services however the overall trend can be identified using the population data. Each CH(C)P should review local advocacy provision in light of this data.

Table 2

	2011	2012	2013	2014	projected increase/(decrease)	
						%
East Dunbartonshire	104,086	103,734	103,379	102,982	(1,104)	(1.06)%
East Renfrewshire	89,123	89,049	88,975	88,867	(256)	(0.29)%
Glasgow City	588,642	589,782	590,733	591,499	2,857	0.49%
Inverclyde	79,687	79,242	78,803	78,364	(1,323)	(1.66)%
Renfrewshire	169,899	169,790	169,618	169,401	(498)	(0.29)%
West Dunbartonshire	90,420	90,219	90,025	89,803	(617)	(0.68)%

Source: General Register Office for Scotland (2010)

7.1. Mental Health

Although people are not required to have a medical diagnosis to access independent advocacy due to mental ill health, assessment of need has focused on the number of patients who have been prescribed medication for anxiety, depression or psychosis. The percentage of the population who have been prescribed such medication by locality is shown in the following table.

Table 3

Patients prescribed drugs for anxiety/depression/psychosis			
	Number	% of population	
North East Glasgow	24,085	13.56%	
North West Glasgow	24,219	12.72%	
South Glasgow	24,469	11.10%	
East Dunbartonshire	9,614	9.18%	
East Renfrewshire	8,843	9.91%	
Inverclyde	10,833	13.51%	
Renfrewshire	18,779	11.05%	
West Dunbartonshire	11,588	12.75%	
Total	132,430	11.79%	

Source: Scottish Public Health Observatory (ScotPHO)

People living with mental health problems are an increasing challenge for society. Depression and other affective disorders were the fifth most common group of conditions reported in GP consultations in 2009/10.

The Equally Well policy document published in 2008 identified that 70% of the prison population have a mental health problem that requires clinical support; 25% have a learning disability. Prison statistics for 2009/10 show that the average prison population in NHS GGC was 1,716. The projected national increase in prisoner population over the three year period of the Advocacy Plan is 8.9%.

7.2. Learning Disabilities

There are currently between 3,410 and 3,502 people with a learning disability using adult social services for critical, substantial or moderate need. This is predicted to rise to 4,338 – 4,856 by 2015 (a 33% increase). This excludes people with mild LD. A marked increase is expected in people over 50 years of age with a learning disability due to improved life expectancy. This is likely to increase the complexity of the issues referred to an advocacy service. People with a learning disability are now more likely to become parents which also increases the demands placed on an advocacy service.

As the prevalence of sensory impairment is high in people with a learning disability there is likely to be an associated increase in demand for advocacy due to sensory impairment.

7.3. Older People

The trend of increasing life expectancy is expected to continue over the period of the Advocacy Plan although at a slower rate of increase than the rest of Scotland. GROS estimate that the number of people over the age of 65 in Scotland will increase by 64% from 2008 to 2033. Whilst the projected rise in the elderly population is not as sharp in NHS GGC it is still significant with the

number of people aged over 65 years of age expected to rise by 85,000 in this period, a 46% increase. Currently 7.3% of the GGC population is aged over 75 years of age. More than half of the increase will be among those aged over 75. In Glasgow City the trend towards an ageing population will be less marked.

The increase in life expectancy is likely to increase demand for independent advocacy due to increased mental ill health such as dementia, and increasing frailty amongst the elderly population remaining in the community.

7.4. Children

The number of children (0 – 15) is expected to decrease in all localities over the next 25 years. This ranges from a 29% decrease in Inverclyde to a 9% decrease in Glasgow. (GROS projections 2010). Against a background of declining total population this represents a significant reduction in numbers.

8. GAPS IN SERVICE

8.1. Geographical

Access to a generic independent advocacy service is provided in East Renfrewshire (The Advocacy Project), East Dunbartonshire (Ceartas), Inverclyde (Inverclyde Advocacy Service) and West Dunbartonshire (Lomond & Argyll Advocacy Service) so theoretically there are no gaps in the service in terms of care group. The issue is one of capacity. In practice advocacy organisations prioritise certain care groups such as adults with mental health difficulties, learning disabilities and older people. This effectively restricts access for those in other groups such as physical disabilities, generic disability, adults with sensory impairments and BME.

Independent advocacy for carers is limited to the Renfrewshire area where the Carers Centre provides access. Advocacy for carers is not generally covered by the generic advocacy services due to a perceived conflict of interest with other clients. Carers have access to a non independent advocacy service in East Dunbartonshire.

The following gaps in access to the current advocacy service were identified:

- Children with additional support needs other than Glasgow and the Drumchapel area
- Physical disability (other than the east end of Glasgow, SGH inpatients and clients of the community disability team, East Dunbartonshire through the generic service).
- People with sensory impairment (not seen as a priority by generic services so a capacity issue)
- Carers (all locations other than Renfrewshire and East Dunbartonshire)
- People with dementia in Inverclyde
- People with autism in Inverclyde
- Instructed advocacy for people with a learning disability in Inverclyde
- Prisoners

A summary of geographical and care group gaps is shown at Appendix 2.

9. CURRENT FUNDING

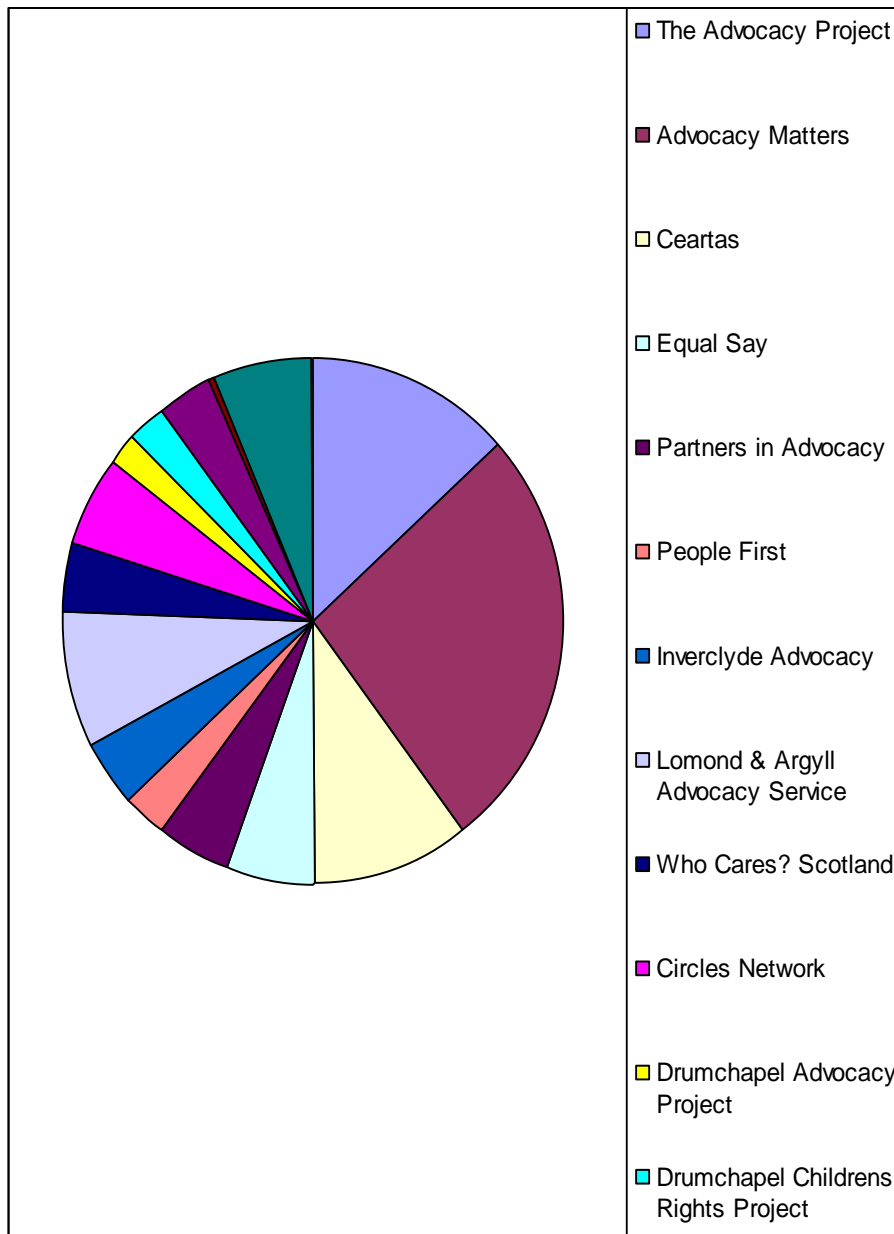
An analysis of statutory funding for advocacy services by CHCP is shown in Table 4 below. Including local authority and NHS funding of independent and non independent advocacy services the average spend per head of population for 2011/12 is £2.47. The latest benchmarking figures available show that the average spend per head of population in Scotland in 2009/10 was £1.95 with significant variation between Boards.

Table 4: analysis of statutory funding 2011/12

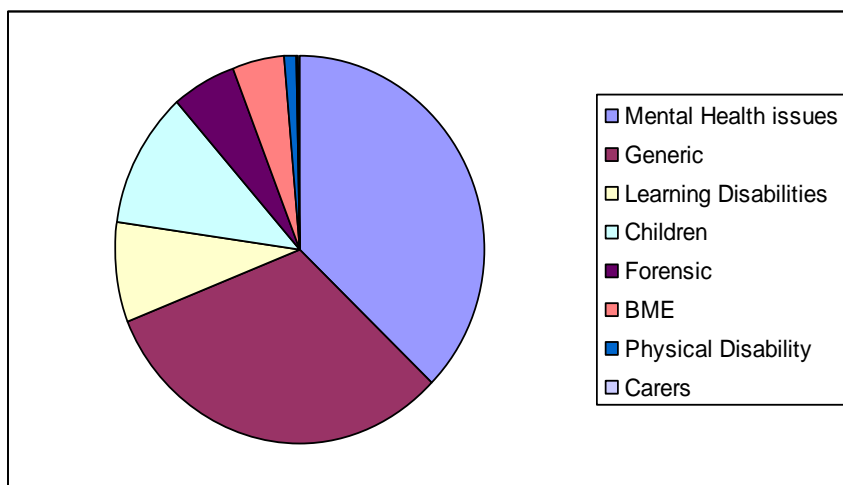
Locality	Population		Funding		Spend per head
	Number	%	£	%	£
North East Glasgow	177,649	15.81%			
North West Glasgow	190,332	16.94%			
South Glasgow	220,489	19.63%			
	588,470	52.38%	1,587,720	63.23%	2.70
East Dunbartonshire	104,680	9.32%	276,023	10.99%	2.64
East Renfrewshire	89,240	7.94%	107,578	4.28%	1.21
Inverclyde	80,210	7.14%	118,724	4.73%	1.48
Renfrewshire	169,910	15.12%	186,502	7.43%	1.10
West Dunbartonshire	90,920	8.09%	234,507	9.34%	2.58
Total	1,123,430	100.00%	2,511,054	100.00%	
Board wide services					
Forensic			158,877		
Children's board wide			105,628		
Total			2,775,559		2.47

There are significant differences in the funding per head of population on advocacy services by locality with no simple explanation in terms of age profile.

Fifteen advocacy providers within the Board area currently receive statutory funding to provide access to advocacy although 49% of the funding is to three organisations. An analysis of statutory funding by organisation is shown in the following pie chart.



Within the Glasgow area organisations such as The Advocacy Project and Equal Say have been funded to provide access to advocacy to specific care groups such as adults with Mental Health issues and Learning Disabilities. In other localities a generic service has been funded to provide access to advocacy for those individuals with a statutory right to independent advocacy. An analysis of funding by type of advocacy service is shown in the following pie chart.



10. STRATEGIC APPROACH

Independent advocacy contributes to a number of national policies including Health Improvement, Equity, Quality, Social Inclusion and Mutuality. The Advocacy Plan has been developed in the context of the NHS Scotland Healthcare Quality Strategy. This aims to develop mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making. The NHSGGC Quality Framework aims to deliver person centred care by signposting independent advocacy services where appropriate and ensuring that these are provided and developed in partnership with other agencies. The Patients Rights Act 2011 reinforces the Board's statutory obligation to provide person centred care. The Participation Standard requires Boards to be able to demonstrate how patient and public involvement is an integral and effective part of planning and service delivery.

Responsibility and Accountability for quality and person-centred care remains firmly with each director in NHSGGC for their area of responsibility.

There are a number of challenges which need to be addressed if access to independent advocacy is to be provided for all relevant care groups. NHSGGC has an ageing population which will increase the number of people living with a long term condition and/or dementia. These individuals have multiple and complex needs and may require support from an independent advocate to ensure they have a say in how these needs are to be addressed. High demands are placed on Carers and access to independent advocacy may be required to enable them to sustain their caring role. In order to address these challenges the following outcomes have been identified in the Boards Planning Framework:

- We involve people in assessment, planning and delivery of advocacy services
- People with care and support needs have a say in finding solutions personalised to their needs and aspirations.
- Services are provided to support carers in their caring role
- We understand and respond to inequalities in access and outcome.

The actions required to achieve these outcomes have been identified:

- Involve service users, carers and voluntary organisations in service redesign
- Allocate resources in line with care group and population needs
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

In order to ensure these outcomes are achieved it is recommended that the Advocacy Plan is adopted as a Planning Note which will be embedded within the Planning Framework for each relevant care group. The Frameworks will provide a cohesive approach to ensuring that access to advocacy is provided in each CH(C)P, partnership and Directorate.

11. MONITORING OF PROGRESS TOWARDS OBJECTIVES

It is recommended that Service Level Agreements are put in place with advocacy providers to agree the level and standard of service to be provided. To ensure good practice advocacy organisations must adhere to the principles and comply with the standards set for independent advocacy by the Scottish Independent Advocacy Alliance (SIAA).

The first principle is that independent advocacy puts the people who use it first. This will be achieved by implementing the following standards:

- Independent advocacy is directed by the needs, interests, views and wishes of the people who use it.
- Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them.
- Independent advocacy tries to make sure that people's rights are protected
- Independent advocacy values the people who use it and always treats people with dignity and respect.

The second principle is that independent advocacy must be accountable. This will be achieved by ensuring that service providers implement the following standards:

- Independent advocacy is accountable to the people who use it
- Independent advocacy is accountable under the law
- Independent advocacy is effectively managed

Independent advocacy must be as free as possible from conflicts of interest. This can be demonstrated by ensuring that:

- Independent advocacy cannot be controlled by a service provider
- Independent advocacy and promoting independent advocacy are the only services which the organisation provides.
- Independent advocacy looks out for and minimises conflicts of interest.

Independent advocacy must be accessible. The standard to be met is that:

- Independent advocacy reaches out to the widest possible range of people regardless of ability or life circumstances.

There should be an agreed process for the regular monitoring and evaluation of an independent advocacy service and provision should be made to undertake an independent external evaluation of each advocacy provider every three years. This will evaluate whether the advocacy provider is adhering to the required principles and standards.

Regular monitoring of the numbers and care group being provided with advocacy and the length of time taken to access an advocacy service will indicate whether advocacy is accessible to all or whether there is unmet need in terms of overall capacity, specific care groups or specific localities.

Consideration should be given to monitoring feedback from users of the advocacy service e.g. questionnaire responses, as a measure of the quality of service provision.

Progress towards achieving these outcomes will be monitored as part of the existing Organisational Performance Reviews.

12. CONSULTATION PROCESS

Each CHCP and Partnership responsible for commissioning advocacy services should engage with service users and other stakeholders to ensure that appropriate access to advocacy is available. They should adhere to the Community Engagement Standards and the Scottish Health Council Participation Standards.

13. EQUALITY IMPACT ASSESSMENT

It is NHSGGC's core business to remove discrimination caused by disability, tackle health inequality caused by disability and respond effectively to the needs of marginalised groups. The Equality and Human Rights Legislation and NHSGGC Equality Scheme 2010-13 is in place to ensure equality and human rights for all, the elimination of discrimination, promote good relations and a fair chance for everyone to participate in society. Access to independent advocacy is a crucial element in achieving social justice. It is a way of ensuring that an individual's view is heard including those who are at risk of exclusion and people who have particular difficulties in making their views known.

Given the current approach to commissioning advocacy services across the Board and the need to address current gaps in service there will be a need to prioritise access for specific groups. Each CH(C)P should ensure that any approach to prioritisation is Equality Impact Assessed.

BIBLIOGRAPHY

- Code of Practice for Independent Advocacy – The Scottish Independent Advocacy Alliance (2008)
- Independent Advocacy: A Guide for Commissioners – The Scottish Independent Advocacy Alliance (2010)
- Non-Instructed Advocacy Guidelines –The Scottish Independent Advocacy Alliance (2009)
- Independent Advocacy: An Evaluation Framework – The Scottish Independent Advocacy Alliance (2010)
- A Manifest for independent advocacy in Scotland - The Scottish Independent Advocacy Alliance (2011)
- Elder Abuse Advocacy Guidelines - The Scottish Independent Advocacy Alliance (2008)
- Available for All? A report on independent advocacy for individuals with problem drug use in Scotland - The Scottish Independent Advocacy Alliance (2011)
- Advocacy for Drug Users: A Guide – Scottish Executive (2004)
- The Patients Rights (Scotland) Bill 2011
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- The Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Better Health, Better Care: An Action Plan – The Scottish Government Health Department (2007)
- Caring Together: The Carers Strategy for Scotland - The Scottish Government Health Department (2010)
- Projected Population by council and NHS Board area – General Register Office for Scotland (2010)
- Health of Scotland's Population – Mental Health – The Scottish Government Health Department
- Health and Wellbeing Profiles 2010 – ScotPHO
- Health Needs Assessment for People with Learning Disability in Greater Glasgow and Clyde (2010)
- Planning Guidance 2011/12 - NHSGGC
- The Human Rights Act (1998)
- Equally Well - The Scottish Government Health Department (2008)

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 1:43:12 PM
Last Modified: Thursday, January 18, 2018 2:08:48 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Executive Services Manager
Organisation	NHS Grampian
Area you are covering in your response (NHS board or HSCP)	NHS Board

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	NHS board-wide
--	-----------------------

Q3 Is there a current independent advocacy strategic plan covering your area?	Yes
--	------------

Q4 If yes, please upload your plan here

Grampian Independent Advocacy Plan - Final - 05-06-17.pdf(340.8KB)

Q5 If no, is a plan in the process of being developed?	Respondent skipped this question
---	---

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Through being core members of Grampian Independent Advocacy Group (GIAG)

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Through NHSG consultation process via colleagues in Public Involvement along with Independent Advocacy Providers/HSCPs highlighting to their client groups.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? **No**

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Through inclusion in Grampian Independent Advocacy Plan (see q.4).

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9 - NHS Grampian.pdf(85.5KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **No**

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence? **Respondent skipped this question**

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

There is one prison in the NHS Grampian area, Advocacy North East provides independent advocacy in HMP & YOI Grampian for prisoners who fall under/are subject to orders in relation to the Mental Health Act in respect of their health care and treatment.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know,

Any further details:

We have 3 service providers over 3 LA areas. Comments included:- ASA - We are not asked to provide a service to people when they are placed elsewhere. Presumption is that an arrangement will be made between the commissioners and local advocacy services. We would not have the capacity to travel all over the country. We are happy to work with people from elsewhere when they are placed in Aberdeen, but may have to charge other local authority areas for this as our commissioners are clear that they should not be funding people from outwith area. ANE - Where known about, Advocacy North East will support the signposting of patients to local advocacy services in the area in which they are receiving treatment.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

We have 3 service providers over 3 LA areas. Comments included:- ASA - There is no specific funding for homelessness or asylum seekers. However, if they have a mental health issue or a learning disability, we would endeavour to provide a service whenever possible. ANE - Generic service open to homeless people with condition - no specific agreement relating to this. Service specification requires an open access referral policy. Circles Network - Generic service open to homeless people with condition - no specific agreement relating to this.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

We have 3 service providers over 3 LA areas. Comments included:- ASA - There is no specific funding for homelessness or asylum seekers. However, if they have a mental health issue or a learning disability, we would endeavour to provide a service whenever possible. ANE - Generic service open to asylum seekers with condition - no specific agreement relating to this. Service specification requires an open access referral policy. Circles Network - Generic service open to asylum seekers with condition - no specific agreement relating to this.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service

Mental health, Learning disability, Dementia

Please provide details

We have 3 service providers over 3 LA areas. Comments included:- ASA - We have one worker who supports carers – the demand from carers far exceeds the ability of one worker to provide the advocacy. There is a need for a least another part-time carers advocacy worker in the city. ANE - No specific Carers advocacy service is commissioned in Aberdeenshire. Circles Network - The generic service does pick this up. Also running a peer/self advocacy project in conjunction with Quarriers, starting in the autumn.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - In relation to monitoring - we provide quarterly reports to our funders and feedback has suggested that Aberdeen City HSCP are happy with the reports.

ANE - provided template of the Service Delivery and Outcome Information required quarterly by Aberdeenshire HSCP.

Circles Network - To provide advocacy to the specified population of Moray. Measuring up tool new/return rates.

In relation to monitoring – we provide quarterly reports to our funders and feedback has suggested that Moray HSCP is happy with the reports.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - In relation to monitoring - we provide quarterly reports to our funders and feedback has suggested that Aberdeen City HSCP are happy with the reports.

ANE - The Aberdeenshire contract is monitored in accordance with the Aberdeenshire Council Contract Management Framework. There is no requirement nor arrangement for independent evaluation.

Circles Network - Comments on closure forms. Continual management oversight. Monthly/quarterly reporting to Moray HSCP.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

We have 3 service providers over 3 LA areas. Information provided:- ASA - We provide information in our quarterly reports on the number of people accessing advocacy and those who are currently waiting to access the service. Quarterly Statistics: Period: 01/01/17 – 31/03/2017 1. Number of service users open to service in three month period a. Number of ongoing open cases at start of period = 424 b. Number of new referrals taken on during period = 155 c. Number of referrals closed during the period = 194 During the 3 month period we worked with 526 people on a 1:1 basis. On 31/03/17 there were 41 people on our waiting list. During the period 12 people were contacted who did not receive a service (of these 12, 6 no longer wanted advocacy once they had been given appropriate information and we were unable to contact the remaining 6). ANE - Fiscal year ending March 2017 Total Clients at 01/04/2016 = 85 New Clients This Period = 78 Cases Closed This Period = 129 Total Clients At 31/03/2017 = 34 Cumulative Total For Period = 163 Circles Network - Took over contract for Moray on 1st April 2018.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

We have 3 service providers over 3 LA areas. Comments included:- ASA - We provide information in our quarterly reports on the number of people accessing advocacy and those who are currently waiting to access the service. On 31/03/17 there were 41 people on our waiting list. During the period 12 people were contacted who did not receive a service. Advocacy North East - Yes. this information is required on the quarterly Service Delivery and Outcome reports that are submitted to Aberdeenshire HSCP. Circles Network - No - we have a zero waiting list policy and adhere to it.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

We have 3 service providers over 3 LA areas. Comments included:- ASA - We do prioritise people subject to compulsory measures. ANE - Yes. ANE prioritises provision of advocacy support to people who are subject to compulsory measures. Circles Network - No - Everybody is subject to the same zero waiting list policy.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - We send out feedback forms when appropriate, we conduct telephone interviews on occasion and periodically do small in-house evaluations. We were evaluated by SIAA in 2015.

ANE - ANE utilises a number of evaluative methods to measure the satisfaction of people who use our serviced. (A) Pre and post intervention questionnaires to measure specific strategic outcomes reflective of those identified at National and local level as providing for safe, happy and healthy communities. (B) Evaluation Forms at case closure. (C) A review and assessment as to what level the outcome desired by the client has been achieved.

Circles Network - Feedback section on closure form. Complaints policy. Measuring up form.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

We have 3 service providers over 3 LA areas. Comments included:- ASA - We have to give information on complaints in our monitoring visits. We have not had a complaint against the service since 2014. ANE - Details of complaints are provided on Service Delivery and Outcome Reports which are submitted on a quarterly basis. Circles Network - Monthly report to commissioners.

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - We held a large public event for potential referrers in May 2017. We also had an information event at Royal Cornhill Hospital in April 2017. We give presentations to user groups and professional groups and attend events to publicise the service regularly. good networks and contacts through the city. Occasional press articles.

ANE - ANE has a broad reaching Promotion and Engagement Strategy to raise awareness and provide information on our service. This includes delivering presentations across public, voluntary and independent sectors. We attend local events with an information stand. ANE staff regularly attend local and pan-Grampian strategy groups, MH and LD Provider Fora as well as Service User Groups. An annual presentation of our work is made via our AGM. We utilise our website as a vehicle for providing information on Independent Advocacy and our service and have reciprocal links with other public bodies and organisations. Promotional leaflets and posters are supplied to Health and Social Care settings.

Circles Network - Website; posters; leaflets; attending community engagement events.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - Through activities mentioned above. We have access to interpreters at Royal Cornhill Hospital.

ANE - Open and accessible service.

Circles Network - no specific measures at this time.

Q33 How do you measure this?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - We keep records on our clients' ethnicity, but we do not currently monitor sexual orientation.

ANE - No equality impact assessments or measurements currently in place.

Circles Network - Not applicable.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed?

Respondent skipped this question

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:
Through feedback from providers at Grampian Independent Advocacy Group meetings.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,
Other (please specify):
We have 3 service providers over 3 LA areas. Stakeholder events in each local authority area.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

We have 3 service providers over 3 LA areas.

Comments included:-

ASA - Alongside our NHS and LA funding we receive funding from BBC Children in Need for work with children with additional support needs, and from the The Big Lottery for victims of domestic abuse. We have a project in relation to SDS currently funded by the Scottish Government which ends in March 2018.

ANE - People First (a self-advocacy group for people with learning disabilities) operate in Fraserburgh but unaware of their funding arrangements.

Please note that, as NHS Grampian covers 3 local authority/HSCP areas and has 3 Independent Advocacy providers covering these, some of the questions have no clear answer - especially those noting 'yes' or 'no' or 'don't know'; or where no context can be provided, eg q31. To these questions, and where a comments box was available, comments have been provided for each area.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	ADVOCACY NORTH EAST Unit 2, Dalfling Business Centre, Blairdaff, INVERURIE AB51 5LA	Advocacy Service Aberdeen Aberdeen Business Centre Willowbank Road Aberdeen AB11 6YG	Circles Network Moss Street Elgin		
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No	Yes The Moray Council commissions an Independent Advocacy Service for adults, aged 18 years old and over, residing in the geographic area of the Council under the following categories: Adult Advocacy in		

			<p>terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 i.e. the service will be available to people aged 18 years and older who have a mental disorder, defined as any mental illness, personality disorder or learning disability, however caused, or manifested within Moray</p> <p>Adults residing within Moray who are in receipt of Council accessed support services who may wish to access advocacy</p> <p>People due to move back to Moray, who are in receipt of support services, will be invited to access</p>		
--	--	--	---	--	--

			<p>advocacy within 4 weeks of their return</p> <p>Adults who may fall in scope of the Adults with Incapacity (Scotland) Act 2000</p> <p>Adults who may fall in scope of the Adult Protection (Scotland) Act 2007.</p>		
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem		Yes			
People with learning disability		Yes			
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	Yes	Yes			
People with autistic spectrum disorder	Yes	Only if they also have a mental health issue or a			

		learning disability			
Mentally disordered offenders	Yes	Yes			
Homeless people with mental illness/ld/dementia	Yes	Yes – but there is no specific project for Homeless people.			
Asylum seekers with mental illness/ld/dementia	Yes	Yes – but there is no specific project for Asylum seekers			
People with any other condition (specify)	Carers	We also support carers And victims of domestic abuse.			
Age range					
All ages	No				
Under 18 with mental health issues/learning disability	No	Yes			
Adults up to 65	Yes	Yes	Yes		
Adults over 65	Yes	Yes	Yes		
Type of advocacy					
Individual	Yes	Yes	Yes		
Collective	Yes	Very small project	Yes		

Citizen	No		Yes (Peer)		
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes	Yes	Yes		



Grampian Independent Advocacy Plan 2016-2018

Co-ordinator:

Director of
Corporate
Communications
and Board
Secretary

Reviewer:

NHS Grampian
Engagement
and
Participation
Committee

Approver:

NHS Grampian
Engagement and
Participation
Committee

Signature:

**Date
approved by
NHS
Grampian
Engagement
and
Participation
Committee:**

Review date:

This plan will
be reviewed at
least every
three years by
the NHS
Grampian
Engagement and
Participation
Committee

Uncontrolled When Printed

VERSION 1

This policy is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

Contents

p.4	Glossary of terms
p.5	Introduction
p.8	Current Provision
p.11	The case for increasing advocacy
p.24	Strategic aims and objectives
p.26	Action Plan - funding
p.27	Conclusion
p.28	Appendix 1: Relevant legislation and strategy documents
p.29	Appendix 2: Remit and membership of Grampian Independent Advocacy Steering Group

Grampian Independent Advocacy Plan

Language used throughout this document

Advocacy Partner

We have used this term throughout to refer to the person/ member of the public in receipt of independent advocacy

Independent Advocacy

When we use this term we mean providers of advocacy services where Independent advocacy and promoting independent advocacy are the only things the organisations do.

Independent Advocates

We use this term to refer to the person, either employee or volunteer who is the person that meets and provides independent advocacy support to the member of the public.

Advocacy Provider

We use this term to mean the organisation that delivers the actual advocacy to members of the public.

The Partners

We have used this term to refer to the four statutory commissioning agencies covering the NHS Grampian area, i.e.

NHS Grampian

Aberdeen City Health and Social Care Partnership

Aberdeenshire Council Health and Social Care Partnership

Moray Council Health and Social Care Partnership

People with Protected Characteristics

We use this term to refer to people who have the following characteristics which have an enhanced level of protection in statute from the Equalities Act 2010.

The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Introduction

What is advocacy?

Independent advocacy aims to help people by supporting them to express their needs and make informed decisions. Advocacy reaches out to people in the community, who may be isolated, lack confidence to speak up, have lost faith in services, or be unaware that services and support exists.

Independent advocates are people who help individuals gain access to information and to explore and understand their options. Although many organisations such as Councils and Health Boards offer advocacy services, **independent** advocacy is unique in being as free as possible from conflicts of interest because it is the only service that the independent advocacy service provides.

Independent advocacy organisations (IAOs) are guided by The Scottish Independent Advocacy Alliance's (SIAA) 'Principles and Standards' and 'Code of Practice', both published in 2008. These documents outline the philosophy that underpins the advocacy movement in Scotland and gives people a clear understanding of what should be expected of independent advocacy organisations.

The four guiding principles are:

1. Independent advocacy puts the people who use it first.
2. Independent advocacy is accountable.
3. Independent advocacy is as free as it can be from conflicts of interest.
4. Independent advocacy is accessible.

SIAA state that the **main themes of advocacy** are:

1. Safeguarding people who are vulnerable and discriminated against or whom services find difficult to serve.
2. Empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions.
3. Enabling people to gain access to information, explore and understand their options, and to make their views and wishes known.
4. Speaking on behalf of people who are unable to do so for themselves

Independent advocacy is structurally, financially and psychologically separate from service providers and other services. Such independence helps to ensure that there is no possibility of any conflict of interest arising in relation to any other services accessed by the individual or group.

Advocacy is not about securing the best interests of the person, but about protecting and supporting that individual's right to express his or her own view.

The advocate has a responsibility to engage with the person in a manner, pace and place that is most appropriate to the individual. The overall aim is to support the person to express an informed view about an agreed issue.

Different types of advocacy

There are three main kinds of advocacy services. These are:

- 1. Professional, individual or issue-based**

This kind of advocacy is provided by both paid and volunteer advocates. The advocate supports a person to represent their own interests or represents the views of an individual if the person is unable to do so themselves. They provide support on specific issues and provide information, but not advice. This support can be short or long term.

- 2. Collective advocacy**

This is where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. Individual members of the group may also support each other.

- 3. Citizen advocacy**

When an unpaid member of the community is matched with a person who needs someone to be on their side. A citizen advocate would not expect to receive any financial or material benefit from being an advocate. They support their partner in an open-ended, usually long-term basis.

Non-instructed advocacy

In some cases, the advocacy partner may be unable to express themselves and tell the advocate what they want. Examples of this may include people who have lost their speech through stroke, either temporarily or permanently, people with severe learning disabilities or people with advanced dementia. This list is not exhaustive.

In cases like this, the Scottish Independent Advocacy Alliance has guidance on 'non-instructed' advocacy.

Non-instructed advocacy is about:

1. where possible, spending time getting to know the advocacy partner, observing how they interact with others and their environment and building a picture of the person's life, likes and dislikes;
2. trying different methods of communicating;
3. gathering information about the person in a variety of different ways. This may include identifying past wishes or any advanced statement made, for example, living wills;
4. speaking to the significant others in the person's life;
5. ensuring that the advocacy partner's rights are respected;
6. taking account of the advocacy partner's likes and dislikes when decisions are being made and helping them make choices as far as is possible;
7. making sure all options are considered and that no particular agenda is followed.

2. Current provision

An independent advocacy service is currently provided by single advocacy organisations in Aberdeen City (Advocacy Service Aberdeen); Aberdeenshire (Advocacy North East) and Moray (Circles Network). In 2010 the then Chief Executive of NHS Grampian commissioned a review of advocacy services in Grampian. This report informed the Grampian NHS Board about the level of commitment to advocacy services within Grampian, both from health and from the Local Authorities. The report also made comparisons with other Board areas and laid out recommendations for future action.

This report was approved by the Patient Focus and Public Involvement (PFPI) Committee of NHS Grampian in November 2010.

Advocacy Service Aberdeen (ASA)

ASA provides one-to-one issue based independent advocacy and supports a small collective advocacy project. Although a generic service, the nature of its funding tends to be client specific. Local statutory funding from NHS Grampian and Aberdeen City Council allows ASA to work with people with mental health issues, people with learning disabilities, older people and carers. This funding is secure until September 2018. ASA also receive funding from BBC Children in Need to provide independent advocacy to children with additional support needs; The Big Lottery to provide a service to victims of domestic abuse and The Scottish Government to develop a project for people considering using self-directed support (SDS) to achieve their goals and maximise the control they have over the services they receive. Details of funding, staffing and service provision can be found on SIAA's 2016 Advocacy Map.

ASA was independently evaluated by SIAA in February 2015. The results of the evaluation are on page 18.

Advocacy North East (ANE)

Advocacy North East is an independent advocacy organisation with charitable status that enables adults who are resident, or ordinarily resident, in Aberdeenshire to have a voice when dealing with Health and Social Care Services.

In particular, ANE provides independent advocacy and/or representation for those individuals who, through a learning disability or mental health disorder, may require support to access information to make informed choices, express their views and assert their rights in relation to their care and treatment.

Aberdeenshire

The advocacy service in Aberdeenshire has been commissioned by Aberdeenshire Council and NHS Grampian until 2021 and is contracted to deliver professional individual, collective or group advocacy to adult users of Health and Social Care Services who have a learning disability, mental disorder, or who are experiencing mental illness. The service provider is required to give priority to referrals from individuals subject to measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 and also to individuals who may be subject to Adult Support and Protection measures. The current contract now extends to the provision of independent advocacy for Aberdeenshire residents who are receiving services within Royal Cornhill Hospital. In addition, the service provides for delivery of independent advocacy within HMP/YOI Grampian. Since 2011, with the exception of one year, funding has been secured annually by the service provider via application from the Carer Information Strategy (CIS) to develop the service to include the provision of advocacy to unpaid carers. This funding will cease in March 2018.

Independent advocacy, irrespective of model, is delivered by both professional paid and volunteer advocates, who are rooted in the communities that they serve. As a full member of the Scottish Independent Advocacy Alliance (SIAA) our service is delivered in accordance with the SIAA Principles, Standards and Code of Practice for Independent Advocacy.

Moray

Circles Network Advocacy in Moray provides independent, professional, issue-based advocacy for individuals living in Moray who are over the age of 18. This includes those affected by Mental health issues, Learning disabilities, Personality disorders, Physical disabilities, Acquired brain injury, Dementia, Autistic spectrum disorders, Chronic illness and those who are unable to safeguard their own wellbeing, rights, care or other interests.

The service supports issues relating to health and social care only and will sign-post individuals on to an appropriate organisation if the issue is relating to other areas.

The service will aim to develop Group, Collective, Peer and Volunteer Advocacy to look at a wider range of issues as required relating to the area of health and social care.

Circles Network supports individual's voices to be heard and to have as much control as possible over their own lives, supporting them to express their own needs and make their own informed decisions. The aim is to enable individual advocacy partners to understand their options and exercise choice by:

- providing relevant information that supports the partner in their choices, and in framing their options as well as potential implications of their actions whilst ensuring informed decision making
- ensuring the individual has maximum participation in their care and treatment at all times
- ensuring the partners' views and opinions are represented

Circles Network operates an open and extremely flexible referral process, which means anyone can refer to the service by letter, telephone, email, in person or through the website.

3. The case for increasing advocacy

Background statistics and supporting data

There are three local authorities covering the Grampian area; the 2011 Census shows that Aberdeen City Council has 222,793 residents, Aberdeenshire Council 252,973 residents, and Moray Council 93,295 residents.

The NHS Grampian Engagement and Participation Committee believes that it is legitimate to assume that when added to the available information on current levels of service provision and identified areas of unmet need (see below), these projections provide a reasonable basis on which to set priorities for the Grampian plan. In addition, they are consistent with the planning and joint futures strategy for the region.

It is always difficult deciding how to prioritise when there is limited funding. The following reports, legislation and data helped in making these decisions.

It should also be noted that Advocacy Service Aberdeen and Advocacy North East advocacy providers operate a waiting list. Referrals for those individuals subject to 'compulsory' measures, or who have a 'statutory' right to independent advocacy, are given priority, but waiting lists still accrue. As a consequence, the resource available for referrals from client groups not subject to these priorities is minimal and referrals take longer to action.

Circles Network operates with a no waiting list policy, new introductions are allocated to an Advocate and are contacted within 72 hours of receipt of referral. Introductions are prioritised and individuals subject to detentions etc will be seen within less than 72 hours.

Below is information on the potential additional numbers of people in Grampian who may require advocacy services. While many people with these issues will require advocacy, it is acknowledged that some may not.

a) People with mental health issues

The Mental Health (Care and Treatment) (Scotland) Act 2003 gives everyone with a mental disorder (including learning disability, mental health issue or personality disorder), regardless of age, a right to independent advocacy support and informs us that additional advocacy services will be required. There is also an identified area of unmet need. In mid-2015 there were 488,611 adults aged 16 and over in the NHS Grampian area. In Grampian 10% of adults have a diagnosis of mental ill health, with approximately 2% being referred to mental health services. The figure of 2% translates into 9,772 people across Grampian. Some of these people will experience significant difficulty in making their needs known and will require access to advocacy services. Currently there is no service provision for children and young people in Moray or Aberdeenshire to meet this statutory requirement.

b) Older people, including people with dementia

Older people are the largest care group and they experience the biggest life changes. The increase in the proportion of older people in the population in Grampian in the coming years is set to exceed the national average for Scotland. The proportion of over 65s will increase by 31% and 27% in Aberdeenshire and Moray respectively (Scotland average is less than 18%). According to data recorded under the Quality and Outcomes Framework (QOF) for 2015/16, there were **1,819** patients with dementia registered with Aberdeen city practices, 1,819 in Aberdeenshire and 717 in Moray. A full breakdown is not available, and some of these patients may be under 65, but the majority will be over 65. (NB QOF was dismantled in Scotland as of 1 April 2016, the final 2015-16 QOF publication was released in October 2016. QOF data will no longer be extracted for payment purposes but it will continue to be available to practices for their own internal processes.)

A report titled 'Dementia UK', sponsored by Alzheimer's Society 2007, has links broken down by Council Area – age group and gender prior to 2007 www.alzheimers.org.uk. However due to the time lapse since then the information is no longer current. It is at this significant time of life change that older people will require increasing access to advocacy services.

c) People with learning disabilities

According to the 2011 census, in Scotland, 5 people per 1000 have a learning disability. In the NHS Grampian area this was 4.5 people per 1000, with Aberdeen City recording 4.6; Aberdeenshire 4.2; and Moray 4.9. This was the first time where the census asked about specific disabilities, as is usual with the census; the information was self-recorded or recorded by carers.

d) People with a substance misuse problem

In the NHS/ISD document 'Estimating the National and Local Prevalence of Problem Drug Use in Scotland (2012-13)', 'problem drug use' is defined as the "problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use".

A significant part of the problem drug using population is hidden; prevalence figures result from combining treatment service data about the known population (those currently engaged with services) with estimates of the unknown population. In 2012/13, it was estimated that 1.2% of the population were problematic drug users in Grampian. The estimated prevalence has not changed significantly since 2009/10 estimates.

In 2012/13, it was estimated that there were 4600 Problem Drug Users living in Grampian. The highest prevalence of problem drug use is within Aberdeen City (3,100), followed by Aberdeenshire (1,100) and Moray (350).

We do not have any evidence of a significant increase in the number of young people starting to use opiates or benzodiazepines illicitly in Grampian. However, we must remain vigilant for trends and changes in drug use behaviour which can occur suddenly. The market in New Psychoactive Substances has grown in recent years. Despite the closure of “head shops” following the Psychoactive Substances Act 2016, synthetic opioids and benzodiazepine related substances are easily available through online retailers. These substances have significant potential for public health harm should they penetrate the local market, such instances have been described in the US and in neighbouring EU countries.

The population of problem drug users in Grampian, like that in the rest of Scotland is ageing. Greater longevity influences the estimates of problem drug use prevalence. Greater longevity is also associated with premature development of physical health co morbidities and frailty. Although the average age of a person dying from a drug related death has increased in Grampian, the presence of complex co-morbidities is an increasingly common feature.

Whilst problematic drug use often has a higher profile, problematic alcohol use in Grampian is a much more common public health problem. The 2015 Scottish Health Survey estimated that 5.6% of Grampian residents were drinking in a way that was harmful to their health. The survey estimates that about 1% of the Scottish population are dependent on alcohol but recognises that it is not the best tool for assessing the prevalence of dependence due to deliberate under reporting and recall difficulties in those with dependence. Reported consumption increases with disposable income.

Since 1997, there has been an upward trend in hospital admissions for alcohol related liver disease and cirrhosis in Grampian. The rise in the number of patients newly diagnosed with alcohol related liver disease is of particular concern.

Trends in alcohol related deaths in Grampian have remained relatively stable over the past five years following a period of increase noted across Scotland. The most common cause of death is alcohol related liver disease. The distribution of alcohol related harms show a distinct inequality gradient with hospital admission rates being 6 times higher from the most deprived areas in Grampian than from the most affluent. Similar inequalities are seen in the distribution of alcohol related deaths.

e) Consultation and identified gaps in service

Aside from the limitations of service for those who have a right to access independent advocacy, there are significant limitations or gaps for the following “vulnerable” client groups:-

1. People with Autism
2. Older people
3. People with a physical disability or sensory impairment
4. Families at risk
5. Travellers and gypsies
6. Unpaid carers
7. Children
8. People with problematic substance misuse

Why independent advocacy needs to be supported

In addition to Scottish Government expectations, relevant legislation and Grampian Joint Care Plans, independent advocacy should be supported because it makes a difference.

Evidence for the success of independent advocacy can be drawn from a number of sources:-

- a) The independent evaluation of Advocacy Service Aberdeen by SIAA in 2015.
- b) The independent review of the Carers advocacy service provided by ANE and ASA was commissioned by the NHS Carer Information Strategy (CIS) Group during 2014/15. The review concluded that there was a demand for independent advocacy for carers; that it was effective; and was cost efficient.
- c) Anecdotal evidence based on feedback from clients. See pages 18-21 for some examples.
- d) Process changes brought about by the real benefits of involving advocates;
- e) The impact on volunteers in terms of skills development and connecting with the community;
- f) The impact on service providers who undergo direct advocacy training or awareness raising sessions.

There is also a need to remind ourselves of the key outcomes that the Grampian Independent Advocacy providers are delivering in terms of the latest Advocacy Guidelines. It is this delivery that helps define the benefits to the care system and links with national and local priorities.

The desired outcomes as defined in the Advocacy 2000 guidelines are:-

a) Safeguarding –

IAOs aim to safeguard people through encouraging good practice and preventing poor practice by those who could possibly disempower, neglect or abuse them.

They intend to make sure that injustice is prevented and justice received. An added benefit is that this safeguarding commonly extends beyond those directly receiving advocacy support to safeguard others who share their situation.

b) Empowerment –

IAOs focus on empowering people who are generally disempowered by systems that have a significant effect on every area of their life. They hope that people will be able to expand their hopes and ambitions where there is a risk that these will be, or have been, heavily influenced by those with conflicting interests.

As a result, people will become more confident and able to make others take note of their opinions, hopes and ambitions, and less easily influenced by those with conflicting interests.

They try to create a situation where people are more able to access the information they need to make informed judgements and are more able to think through their options.

People will develop a greater feeling of self worth, and receive support from their involvement with the organisation or advocate.

c) Adding weight –

IAOs aim to add weight to a person's or group's ideas, hopes, ambitions and opinions to increase the amount of control they have over their life, so that poor practice is challenged. Adding weight is particularly important if people are dealing with systems that have power over them and/or a very significant influence on their life and that are strongly influenced by money, staff and politics.

d) Cultural change and social inclusion –

IAOs aim to improve the way that some groups of people are treated in general by society, by the community and by the services that are provided on their behalf.

e) Our local ethnic communities

The European Economic Area (EEA) expanded in May 2004. Since then Grampian has become one of the most popular areas in Scotland for mostly Eastern European migrant workers and their families to settle. Research has shown that over 90% are non-English speaking when they first arrive in Grampian.

In the 2001 Census, the Grampian local ethnic communities numbered 18,908. The 2011 Census figures showed that this had increased to 43,124 or 13.5% of the population of Grampian.

To overcome the language barrier, NHS Grampian has recruited and trained a total of 154 “face to face” interpreters. We have also introduced the “Language Line” telephone interpretation service. “Language Line” gives our staff access to expert interpreters, on the telephone in 60-90 seconds, for over 170 different languages. “Language Line” is now live in over 900 locations across NHS Grampian. Each location is fully equipped with an Access Kit and has staff trained in its use. Over 4,500 staff have been trained. In 2015, “Language Line” was used on 6,090 occasions.

These outcomes can further be reflected in the text table on page 17 which links key responsibilities of service delivery to advocacy outcomes.

Health / social care responsibilities

Promoting improvements in health

How advocacy can help

Advocacy provides an extra safeguard to the health and wellbeing of those who depend on services.

Advocacy for people undergoing treatment can reduce their anxiety and lead to better results.

Advocacy helps people who are at risk of being excluded from services.

Monitoring the quality of service and promoting high standards

The service received by the most vulnerable individuals is a key indicator of the quality of the service as a whole.

Advocacy can provide a direct line for monitoring service and identifying problems.

Advocacy empowers service users to challenge unacceptable quality of care.

Helping people make decisions about their own care

Advocacy allows someone to take the time to understand an individual's situation from an independent perspective.

Making the most effective use of resources

Advocacy can contribute to a better understanding of a person's needs, and so improve the way resources are used.

Safeguarding people who receive services

Advocacy creates an additional safeguard over and above formal monitoring systems such as local health council inspections, the registration and inspection of nursing homes, and monitoring contract compliance.

Local evidence

In Grampian, local evidence on the effectiveness of independent advocacy interventions is being collected and a programme of independent evaluation is underway.

The SIAA 2015 external independent evaluation of Advocacy Service Aberdeen (ASA) gave the following feedback on ASA:-

“...Without exception, all the clients that we met were full of praise for the quality of the advocacy service they received and the real difference having an advocate had made to them. We received many positive comments, including:

“It felt like having the strength of two”

“We talk about meetings before we do and sometimes my advocate speaks on my behalf. It helps me a lot especially when I begin to feel angry”

She helped me to take a step back – to gain some stability and breathing space – to see that people aren’t “against me” but have a job to do”

“The evaluation team received very positive feedback from clients and referrers about how easy the advocacy was to access and how quickly ASA responds to messages left etc.”

“The ASA training pack and approach to training could usefully be shared as a good practice example across the advocacy movement”.

“ASA demonstrates a clear focus on independent advocacy and we saw evidence of the significant impact their work is having on the lives of people who rely on its support.”

“ASA have a strong team of staff, volunteers and Board members who have a broad range of skills, knowledge and experience that have and will continue to bring real benefits to the organisation and the people they provide advocacy for and with.”

“ASA provides, in our view, sound independent advocacy underpinned by solid governance arrangements and a clear understanding of the principles and ethos of professional independent advocacy. We would be pleased to see the service develop in meeting the locally identified gaps in advocacy provision.”

ASA – some feedback from clients 2016

“She was a god’s send to my family. I am so glad this service is available to the public as it was much needed help when we needed it most. Thank you all very much.”

“I had all the knowledge needed but I am so stressed by my situation – I say I have mush brain. The advocate was a tremendous enabler and made things very easy for me. I cannot thank the advocacy service enough for what [you] helped me achieve – not for me alone (with my self-confidence) but my husband and the other service users and carers in Aberdeen. Thank you for this tremendous service.”

“She was very professional but at the same time friendly and approachable. She took my garbled thoughts and put them into shape. My advocate helped me to help myself – she “walked” with me through every step. Without her support there is no way I could have managed such a daunting process. I am full of praise. Five stars to XXX and your wonderful empowering service. Thank you.”

“She was always extremely friendly and approachable. She was extremely easy to deal with. Everything was explained in a very simple and straight forward way. It was great that things were explained so clearly and gave great confidence. Having had several meetings with professionals – the advocacy worker always made sure that everything was understood and took time to do this properly.”

“She helped to explain the options and outcomes which were available. This was enormously beneficial – particularly at the outset when things were very uncertain. Her help enabled clear decisions to be made, which in turn meant that the overall situation greatly improved”

“The bottom line is that without advocacy, XXXXX would have been taken into care. He had stopped speaking to anyone but me and no one listened to me. He refused to go to school and when he was there he was mute but they kept saying it was the right place for him. He really opened up to [the advocacy worker]. She was patient and took things at his pace. Really listened and helped him build up trust. He looks forward to seeing her and talks (which he didn’t do with anyone else). She helped him get his views across to education and social work and he now attends school full time... I don’t know how we would have coped without advocacy. People listen to [the advocacy worker] because she’s putting XXXX’s views across – they always thought it was just my view that the school was no good for him. But he refused to go – surely that was his way of communicating. Things are going really well now. We’re going through transition planning now. I think of advocacy as ‘guardian angels’. We need more advocacy – it makes me angry that there aren’t more advocates because they transform situations. My health has been very poor and I could not get anything done about it because I couldn’t leave XXXX – now we get respite for a week every month so I can get have my operation. I will be forever thankful to the advocacy service.”

Clients of Advocacy North East (ANE) provided the following feedback:-

“I was very anxious about attending the appeal and might not have gone ahead without your support.”

“My advocate was very helpful and reassuring during my time in hospital.”

“I am very grateful for the support of ANEM over the last few years. I would never have been able to write the letters and engage with various people about the different problems that I have had. A weight has been taken off my shoulders.”

“I would recommend the service to anyone needing help.”

“Without this support I would have allowed a case to proceed that was wrong because I did not understand my rights or fully comprehend that I could fight. As a result of this service giving me my voice back the case was completely dropped. Thank you.”

“We were well supported by the service at meetings, providing information and recently throughout a Social Work Complaints Review Committee process. We would have struggled to do so without the above.”

“I actually felt I had a voice and things were followed up till an outcome was received. I would strongly recommend anyone with mental health problems to use this service to speak up for them.”

“Without the help of our advocate, to take the burden of what we have to deal with, and help us deal with those that need informed, our mental and physical health would have suffered more that it has already – and our caring role become a chore rather than an enjoyment.”

“The support and representation I received was what got me through one of the most stressful periods of my life. I feel empowered by the increase in my confidence and an individual within the many roles I have. This experience of ‘carer’s advocacy’ “has changed my life”. Thanks you so much.”

“I should of went to this service earlier it really built up my confidence. (The advocate) helped me tremendously, it’s a service I did not lose faith in.”

“Most helpful to me in a totally alien situation. Thank you.”

“Really appreciated all the work and support from my advocate –it’s a very worthwhile service which helped me through a difficult part of my life.”

“They were very helpful it was like talking to a friend and I felt that they dealt with any problem you had with no judgemental feelings the advocates were a lifesaver for me long may you continue.”

“The service provided the support I badly needed, bringing the matter to a satisfactory conclusion.”

“Your service is an excellent one. I honestly could not have managed the complaint physically or emotionally, without the support of (the advocate). You are all doing a very worthwhile job and I’d be most interested in volunteering when I’m more physically mobile. Many thanks to you all.”

“Gave authority to the meetings, I wasn’t fobbed off as I usually am. Was a very pleasant presence.”

Process changes brought about by the real benefits of involving advocates

Changes within systems and processes can occur as a consequence of both individual advocacy and via the advocacy provider's ability to provide an overview of how clients experience their engagement with Health and Social Care services and the barriers they may face.

IAOs use this information when working alongside other agencies and strategic groups, at local and national level, to ensure that the views and experiences of their clients can inform and influence the development of systems and services as well as promote equity for marginalised groups.

Example of changes include: improving the environment of Royal Cornhill Hospital for patients. Changing Children's Panel hearings in Grampian so that it is now more likely that parents will be accompanied by an independent advocate. This is in addition to the formal contacts and projects involving collective advocacy supported by the IAOs.

The impact on volunteers in terms of people development and connecting with the community

The Advocacy 2000 guidelines contain expectations that IAOs have roots in the community and that they demonstrate a commitment to continuous learning. The use of volunteer advocates and effective training regimes ensures that these expectations are met. As one volunteer says "advocacy for me is challenging, interesting and a steep learning curve". Whilst another, after setting up a business said "My training has stood me in good stead and has helped me better understand some of the situations I come across".

The impact on service providers who undergo direct advocacy training, awareness raising sessions or who receive direct professional advice.

Advocacy services are becoming more involved with service providers, both through the presence of service provider staff on advocacy training courses and through awareness raising seminars. Mutual understanding of the concept and outcomes of independent advocacy will improve relationships, processes and outcomes.

Future Provision and Implications for the development of advocacy services

The implications of the above are that there is likely to be an ongoing, if not increasing call for advocacy services, against a background of insufficient service at present and with no guaranteed sources of future funding that will enable even this plan to be delivered with any degree of certainty. Should funding become available time will be needed to enable existing organisations to grow effectively. Increased

funding will introduce further issues of management / supervision, accommodation, equipment etc. that will themselves have further funding implications.

Funding from “external” agencies is also difficult to secure when seeking either capital or running costs for services that are delivering against a statutory obligation on behalf of public bodies. Funds for short-term projects are available but require significant upfront resource to secure and develop. If the projects are successful the IAOs have had little opportunity to retain the activity due to a lack of availability for continuation of funding.

Learning from Independent Advocacy

In the context of the social inclusion agenda, it is the unique role of independent advocacy that is important in terms of adding value to the process for both service users and providers. The independence of advocacy services from statutory providers is the key to ensuring fair and equitable access to services.

Advocates themselves are in a position to provide constructive feedback on how services are delivered and how they function and perform.

Whilst volunteer advocates will remain an invaluable resource that ensures the service is rooted in the local community, the need to employ professional advocates to ensure a sustainable service is vital.

Fostering long term organisational stability amongst the IAOs will ensure that their ability to respond to local changes is developed, long term planning and target setting is possible and the ability to deliver these plans is enhanced. Such continuity has a price that is reflected in the levels of funding required to support a sustainable service over the longer term.

In terms of the feedback received from staff and clients it is expected that this information will be used by the managers of the IAOs to improve their own service and to raise issues of care and service with their commissioners as a normal part of their business.

4. Strategic aims and objectives

The strategy is informed by the Scottish Government's response to the original Grampian Plan on advocacy, by the consultations conducted in the local authority areas and in light of the experience of advocacy in action.

The need now is to ensure that:-

- a) Independent advocacy in Grampian continues to be need and user led and is based on stakeholder involvement through direct involvement;
- b) Individuals, who need it, have fair and equitable access for the long term;
- c) Grampian has sufficient capacity to sustain services for the long term;
- d) The Grampian IAOs are supported;
- e) There is a proper balance between individual and collective advocacy;
- f) Independent advocacy in Grampian is evaluated and reported, through monitoring tools and service level agreements;
- g) An effective planning tool is developed to ensure that advocacy is considered by all planning groups in Grampian;
- h) All strategic planning documents and change projects address advocacy need;
- i) A three year rolling action plan is developed and implemented that defines collective themes at Grampian level, which are converted into detailed plans by each IAO at local authority level.

The main aims of the Grampian Independent Advocacy Group are therefore to:-

- a) Produce a three year action plan to meet the advocacy needs of the people of Grampian and the objectives as set out in the document 'Independent Advocacy: A Guide for Commissioners (SIAA 2010)' and by the Scottish Government;
- b) Agree actions aimed at building capacity in respect of advocacy services;
- c) Develop processes that ensure:
 - I. Involvement of service users in planning;
 - II. Accurate monitoring and evaluation of service provision;
 - III. Raised awareness amongst public sector workers and the community.

The Scottish Independent Advocacy Alliance (SIAA) worked with the Scottish Government Drug Policy Unit regarding the inclusion in the *Road to Recovery (2008)* policy document of the need for independent advocacy to be available for those with problem drug use. The SIAA report *Available for All (2010)* outlined that advocacy for this group should be included in the plans of all NHS Boards and partner Local Authorities. To this end a training pack was developed for the Scottish Government by the SIAA (in 2012) to support advocacy organisations in thinking about issues that may be specific to this target group. These are reflected in this plan.

5. The action plan - funding

Although it was agreed in 2003 that the Grampian Plan would evolve it was agreed that certain objectives required, at that time, immediate attention. The initial plan forecast the need for several new posts which have since not been funded. In terms of increasing capacity in Grampian it is key that commissioners work closely with the Independent Advocacy Service provider organisations (IAOs).

The plan, at Grampian level, therefore, needs to reflect increased levels of service as targets to be met by the individual business plans of the IAOs. These will be incorporated into the Service Level Agreements between the IAOs and the commissioners. NHSG Board should agree that existing funding levels be maintained and commit to this until 2018 to provide security and sustainability of the current position.

The key initiatives include:

- a. That the NHS Board reviews the existing leadership arrangements and confirms a single senior lead named person to lead advocacy;
- b. That any agreed funding should be pooled with other advocacy funding providers in the north east;
- c. That this funding pool be “enhanced” by any additional ring-fenced monies for the purpose of supporting advocacy;
- d. That all funding is passed directly to the advocacy service providers to manage and deliver services through a service level agreement mechanism.

We believe it is imperative that advocacy services are widely discussed by statutory and volunteer agencies and therefore a simple organisational protocol will be developed that ensures independent advocacy is included in all discussion on service development and redesign.

6. In conclusion

The independent advocacy organisations (IAOs) in Grampian have the potential to provide a sound foundation for the development and growth of a sustainable service for the foreseeable future.

With the requirement to meet nationally set standards on client care it is becoming increasingly important that new resources are identified.

If services are to be developed from the patient's perspective, the diverse ways in which we enable people to make informed choices will be the kite mark of our success. In many cases it is the use of an advocate that ensures that people can express their wishes and receive the service they both want and need.

It is, therefore, in everyone's interest, be they the clinical team, the care worker, the relatives and/or carer, and, of course, the client, that improving the opportunities to access independent advocacy will safeguard those least able to make informed choices and decisions.

We now need to move forward to ensure that the transition of the IAOs to the Integrated Joint Boards (IJBs) takes place by 2018. There is also a continued need to assess the funding allocated to the IAOs in order to ensure that it is fit to meet the needs of the population.

Appendix 1

Relevant legislation:

Mental Health (Care & Treatment) (Scotland) Act 2003
Adults with Incapacity (Scotland) Act 2000 as amended by the Adult Support and Protection (Scotland) Act 2007
Adult Support and Protection (Scotland) Act 2007
Education (Additional Support for Learning) (Scotland) Act 2004
Patient Rights (Scotland) Act 2011
Social Care (Self-directed Support) (Scotland) Act 2013
Carers (Scotland) Act 2016

Strategy documents:

Caring Together: The Carers' Strategy for Scotland (2010-2015)
Standards of Care for Dementia in Scotland (2011)
Road to Recovery. The Scottish Government Drug Strategy (2008)
The keys to life. Improving quality of life for people with learning disabilities (2013)
National Care Standards: Standard 19

Other relevant documents:

Principles and Standards for Independent Advocacy (SIAA 2008)
Code of Practice for Independent Advocacy (SIAA 2008)
Independent Advocacy: A Guide for Commissioners (SIAA 2010)
Available for All: A report on independent advocacy for individuals with problem drug use in Scotland (SIAA 2010)
Advocacy and Self Directed Support: A Guide for Advocates (SIAA 2015)
Good Practice Guide: Working with Independent Advocates (The Mental Welfare Commission 2015)
The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (SG - 2015).
Getting serious about stigma in Scotland: the problem with stigmatising drug users (UK Drug Policy Commission report - 2011).
Changing Scotland's relationship with alcohol: A framework for action (SG - 2009).
NSS Information Services Division. Estimating the prevalence of problem drug use in Scotland 2012/13. Updated publication March 2016
European Monitoring Centre for Drugs and Drug Addiction. New Psychoactive Substances in Europe. March 2015
Scottish Health Survey 2015 Grampian Residents Table 3.1
NSS Information Services Division. Alcohol related hospital statistics. Published October 2016

Appendix 2:

Remit and Membership of Grampian Independent Advocacy Steering Group.

The Grampian Independent Advocacy Steering Group will, in partnership with all key stakeholders, lead on the development of and oversee implementation of Grampian's Independent Advocacy Action Plan:

It will:

- a)** ensure that any advocacy provided meets national requirements, guidance and Grampian strategies to reflect the agreed stratified approach; this includes a requirement for all people providing advocacy services to be Protecting Vulnerable Groups (PVG) checked;
- b)** provide information and access to training that raises awareness of advocacy and improves the advocacy partner and carer experience;
- c)** undertake an advisory and monitoring role which demonstrates strategic commitment to advocacy.

This will be achieved by:

- d)** working in partnership with a range of stakeholders including statutory and voluntary sectors, advocacy partners and carers;
- e)** reviewing the current Grampian Independent Advocacy Action Plan on an annual basis;
- f)** working to facilitate the sharing of good practice and support of opportunities for the demonstration of positive outcomes from advocacy provision;
- g)** acting as an ambassador for advocacy, both individual and collective options, and promoting the role of advocacy through partnership and stakeholder networks;
- h)** ensuring service level agreements are developed and progress monitored of all providers of independent advocacy across Grampian;
- i)** coordinating responses to relevant consultation and information requests;
- j)** Ensuring all independent advocacy is compliant with equality and diversity legislation and is accessible;
- k)** advising on opportunities, standards, new developments and other strategic imperatives;

- l) reviewing financial monitoring of the spend on independent advocacy across Grampian.

Membership

- a) Representation from each of the Health & Social Care Partnerships;
- b) Representation from Equality and Diversity colleagues;
- c) Representation from Advocacy Partners Networks, ie Advocacy Services Aberdeen; Advocacy North East; and Circles Network;
- d) Representation from NHS Grampian.

Frequency of Meetings

Flexible in order to facilitate delivery of the Action Plan commitments, but expectation of bi-annually, to include workshops.

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 2:23:34 PM
Last Modified: Thursday, January 18, 2018 1:49:13 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Principal Officer Health Inequalities / Locality Manager
Organisation	NHS Highland
Area you are covering in your response (NHS board or HSCP)	NHS Board

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

Other (please specify):
 Highland Social Care Partnership - Highland Intergrated Joint Board - Argyll and Bute

Q3 Is there a current independent advocacy strategic plan covering your area?

Yes

Q4 If yes, please upload your plan here

Advocacy Plan original 2014-17.docx (39.3KB)

Q5 If no, is a plan in the process of being developed?

Yes,
 If yes please give details of when plan will be completed:
 We are currently undertaking the development of a new Advocacy Plan for 2018 - 2021

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

All current advocacy services were invited to submit their answers to a set of standard questions to input into the plan. The questions included whether numbers accessing advocacy is rising; any populations or groups that it is felt are not accessing advocacy; how might we best respond to this; any non-identifiable stories or quotes that we can use in the plan; what are the key challenges and top 3 priorities that need to be represented in the plan. The services used the questions in different ways, but ensured members and/or service users helped to provide the answers. The draft plan will be circulated out to the services for final comment/amendment prior to the final version going before the Board by the end of the year (2017)

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

See above. Each advocacy organisation was invited to submit their responses with due consideration for the people who use the services or in the case of collective advocacy the members of the service. Each advocacy service approached this slightly differently depending on the way in which they work, but the collective Advocacy service used their Board members and staff; consultation at their regular Thursday "think-ins" and meetings across Highland and issue based advocacy included their Board, staff and volunteers in responding to the questionnaire.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
We are currently working on the next advocacy Plan covering the period 2018-2021 which will set out our intentions of the services that we plan to commission for this time period and include the action plan. The substance of what the services will be required to provide will be contained within the contractual arrangements in place for each organisation.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

The planning for the development of mental health / learning disability services will all be contained within the NHS Highland Advocacy Plan 2018 -2021 e.g actions in relation to carers advocacy are included in the Carers Strategy, but are also included within the advocacy plan.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (45.3KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

Priority groups are identified as those who have a mental disorder (including dementia) and learning disability as identified under the Mental Health Act.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

Yes

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

Advocacy Highland, who provide issue based advocacy on a one to one basis across Highland, offers a service to people in prison.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local ,
service

Any further details:

We offer advocacy services to anyone who is resident in NHS Highland area which would include any patients that are placed within a private healthcare facility within Highland. If Advocacy are aware of an individual they have worked with moving out with the area they will make contact with advocacy services that operate in the area to alert them. They will equally inform other advocacy services when a patient receiving treatment in Highland returns home e.g. Western Isles.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

Due to need to ensure that we are meeting the needs of people across Highland, we are unable to commission advocacy services to meet specific groups. However, our commissioned services are required to provide a generic service targeted towards mental health, learning disability and dementia which can meet the needs of different identified groups at high risk such as homeless people and services are required to monitor who receives their services under these different headings so that we can identify whether this is happening or not.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details
as above

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

We currently commission a specific carers advocacy service which provides independent issue based advocacy for any carers living in the Highland Social Care Partnership area and a generic service including carers in Argyll and Bute.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

The specific required outcomes for each service are contained in the contractual arrangements for each service. Our primary outcome is the provision of independent issue based and collective advocacy for people with mental ill health and learning disability covering the NHS Highland area. Monitoring information is received quarterly in advance of a monitoring meeting using an agreed template which records the information required to demonstrate contractual compliance.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

We have quarterly monitoring meetings between the commissioners and advocacy services where information is provided ahead of the meeting using an agreed template. We also carry out a yearly contract visit to ensure the organisation is meeting the requirements of the contract as an organisation including checks on current policies and agreements.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

Advocacy Highland - 750 (16 - 17) Carers Advocacy - 128 (16 -17) Collective advocacy provides different information not relating to the number of cases.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

None of our advocacy services operate a waiting list. However, there are identified unmet needs relating to the provision of advocacy for children and young people

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

Advocacy Highland operates a sort of triage system which will assess the urgency of any specific referral and prioritise accordingly. This will include people subject to compulsory measures.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Services are required to ensure, under the terms of their contract, that they have a mechanism in place for service user feedback and complaints process if required. This is included as part of the quarterly monitoring returns.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Issues arising are required to be reported back at regular quarterly monitoring meetings.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

We have recently carried out a staff survey in preparation for the next advocacy plan which targeted staff working in learning disability and mental health services and asked them to identify their current knowledge of advocacy and their experience of using advocacy services. This was followed by information on how they could find out about local services.

The advocacy organisations also have a requirement within their contracts to promote their services.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

This information is asked for within the quarterly monitoring information to find out whether our services are meeting the needs of a diverse community and to explore ways of supporting this where there are obvious gaps.

Q33 How do you measure this?

Quarterly monitoring returns collected by the advocacy services.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **No**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:

The plan currently being developed seeks to identify the need for independent advocacy from a variety of sources including demographic data; information from advocacy services, other organisations working with identified groups and our staff.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please

describe:

The new plan identifies a number of areas that we need to be mindful of including an increasing ageing population; rise in dementia; the needs of children and young people; the impact of welfare reform on mental health; the increase in numbers of carers as a result of ageing population as well as groups that are likely to benefit from advocacy but whose needs might not be best met within a generic service such as stroke; acquired brain injury and autism. (details can be found in the new plan currently in draft)

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

There are a number of services that are advocacy groups, but are not commissioned or receive any direct funding from NHS Highland. These include ARGH – Autism Rights Group Highland and Serenity – a collective advocacy group for women with a diagnosis of borderline personality disorder.

Highland Council also fund Who Cares? Scotland to provide independent issue based advocacy for looked after children.

Independent Advocacy Services Questionnaire

NHS Highland (Highland council area)

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Advocacy Highland (issue based)	Advocacy Highland (citizens advocacy)	SPIRIT advocacy (HUG – mental health)	SPIRIT advocacy (People First – learning disability)	Carers Advocacy
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	yes	No	No	No	No
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	√	X	√	X	x
People with learning disability	√	√	X	√	x

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	√	X	X	X	x
People with autistic spectrum disorder	√	x	X	X	x
Mentally disordered offenders	√	X	√	X	x
Homeless people with mental illness/ld/dementia	√	x	√	X	x
Asylum seekers with mental illness/ld/dementia	√	x	√	x	x
People with any other condition (specify)	√ Frail, older people	x	x	x	Not a condition – but specifically targeted for carers
Age range					
All ages	x	x	√	x	x
Under 18 with mental health issues/learning disability	X 16 +	x		x	x
Adults up to 65	√	√		√	√
Adults over 65	√	√		√	√

Type of advocacy					
Individual	√				√
Collective			√	√	
Citizen		√			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	√	√	x	x	√

Independent Advocacy Services Questionnaire

NHS Highland (Argyll and Bute council area)

Please use additional copies of this form for additional organisations.



	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Lomond and Argyll Advocacy service	Acumen			

Is it a generic service (ie, it covers all the categories below)? (Yes/No)					
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	yes	yes			
People with learning disability	yes	yes			
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	yes	No			
People with autistic spectrum disorder	yes	yes			

Mentally disordered offenders	yes	x			
Homeless people with mental illness/ld/dementia	yes	x			
Asylum seekers with mental illness/ld/dementia	yes	yes			
People with any other condition (specify)	Yes – long term conditions	carers			
Age range					
All ages					
Under 18 with mental health issues/learning disability	no				
Adults up to 65	yes	yes			
Adults over 65	yes				
Type of advocacy					
Individual	yes	yes			
Collective		Yes carers groups			
Citizen					

Non-instructed advocacy					
Does the service provide non-instructed advocacy?	yes				

NHS Highland Highland Council Argyll and Bute Council

Independent Advocacy Plan 2014 – 2017

Contents

1.0 Introduction

Page 3

2.0 What is Independent Advocacy?	Page 3-4
3.0 The benefits of Independent Advocacy	Page 4
4.0 Why do we commission Independent Advocacy?	Page 5-6
5.0 Evidence of Need	
5.1 Specific needs of different groups of people	Page 6-8
5.2 Expressed Need for Independent Advocacy Services	Page 8-10
6.0 Current Providers	
6.1 North Highland	Page 10-11
6.2 Review & development of services	Page 11–13
6.3 Argyll and Bute	Page 13-14
6.4 Review & development of services	Page 14-15
7.0 Our Assessment of need for independent advocacy Services	Page 16
8.0 Provision of services	Page 16
9.0 What are our commitments	Page 17
11.0 Financial Plan	Page 17-18

1.0 Introduction

1.1 This is the fifth advocacy plan developed by NHS Highland in partnership with Highland Council and the third advocacy plan in partnership with Argyll and Bute Council. It has been developed in partnership with groups and individuals across the stakeholders.

2.0 What is Independent Advocacy?

2.1 Independent Advocacy is about supporting people to have a stronger voice and more control over their lives.

2.2 Independent Advocacy:

- Provides a safeguard for vulnerable adults and children
- Empowers people who rely on health and social care services
- Strengthens communities by involving ordinary citizens
- Provides valuable intelligence and feedback for commissioners
- Provides a healthy challenge to the service system.

2.3 Individuals, under the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003, have a right to receive independent advocacy and NHS Boards in partnership with the Local Authority have a statutory obligation to make provision for independent advocacy services. Similarly the Adult Support and Protection (Scotland) Act 2007 requires Local Authorities to have due regard to the provision of independent advocacy to support adults covered by this Act.

2.4 In order to be completely on someone's side in achieving these outcomes, and to avoid areas of potential conflict it is important that advocacy services are independent of other service providers. Independent advocates, whether paid or volunteers, can ensure that their loyalties lie with the person who needs advocacy rather than those who may have conflicting loyalties.

2.5 There are three types of independent advocacy.

Independent Professional Advocacy or Issue based Advocacy is undertaken by paid or volunteer advocates on a short-term basis. Advocates usually support people in dealing with a specific issue or problem.

Collective Advocacy is where a group of people with similar experiences meet together to put forward shared views. It offers a shared voice rather than singling out individuals. It can however present a range of views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern and take action on them.

The aim of **Citizen Advocacy** is to encourage ordinary citizens to become more involved with the welfare of those in their community who are at risk of marginalisation. This is usually a long-term relationship between individuals and aims to ensure the person's interests are protected.

3.0 The Benefits of Independent Advocacy

3.1 Service Providers can learn from Independent Advocacy in a variety of ways. It can lead to better decisions being made about a person's treatment and the

services they receive leading to better outcomes; it can provide valuable information and feedback as well as healthy challenges to those who commission and provide services; it can help professionals to redesign and refine the system so that it works better for everyone and it helps us to keep our focus on people who are most at risk.

“Advocacy is important in working with people with learning disabilities. Their role is crucial to enable the individual to live a fulfilled life”

“This is a vital part of the service.”

Quotes from workers in the NHS/ Council

3.2 The process of Independent Advocacy can also assist an individual in gaining confidence and self-esteem. It enables people to express their views and wishes, to access information, to make informed choices and to have control over their lives and care. Independent advocacy can help to widen a person’s horizons and enable them to become active members of society as well as active participants in their own care.

“Advocacy makes me feel like I have something to contribute when most of my life I have been told I have nothing to contribute.”

“Advocacy helps me deal with these things that I struggle with and it’s absolutely brilliant having support at my meetings”

Quotes from individuals receiving advocacy support

3.3 Independent Advocacy assists service providers in improving health in partnership with the individual receiving our services and helps us make best use of valuable resources by ensuring that individuals receive the care most appropriate to their needs. At its heart it is about equity, social inclusion and patient and individual rights.

4.0 Why do we commission independent advocacy?

4.1 Both NHS Highland and its partner local authorities have a legislative responsibility to provide independent advocacy.

4.2 Legislative requirements include that laid down by the Mental Health (Care and Treatment) (Scotland) Act 2003 that “every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of – each local authority and each Health Board....to secure the availability, to persons in its area who have a mental disorder, of independent advocacy services”. The Act defines mental disorder as any mental illness, personality disorder or learning disability, however caused or manifested. The Act also defines that provision of advocacy that meets these requirements should be independent i.e. provided by an organisation whose **sole** purpose is the provision of advocacy services and which is not aligned to any other service provider.

4.3 In addition, we also have responsibilities under the terms of the Adult Support and Protection (Scotland) Act 2007 which states under Section 6 that “this section applies where, after making enquiries under Section 4 of the Bill, a council considers that it needs to intervene in order to protect an adult at risk from harm and the council must have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned.”

4.4 The Education (Additional Support for Learning) (Scotland) Act 2004 states that: “Where, in connection with the exercise of an education authority’s functions under this Act in relation to any child or young person, the relevant person wishes...another person (referred to as an “advocate”) to – (i) conduct such discussions or any part of them, or (ii) make representations to the authority, on the relevant person’s behalf, the education authority must comply with the relevant person’s wishes.”

4.5 There is also a raft of guidance documents and frameworks that inform the way in which public bodies should work including Better Health, Better Care; Patients Rights Bill; Healthcare Quality Strategy for NHS Scotland; Keys to Life: Improving the Quality of Life for People with Learning Disabilities and The Equality Act 2010. Independent Advocacy is a tool which can assist those who are most marginalised to have their voice and experiences heard and enable them to play an active role in the decisions that are made and in the delivery of care, in our aim to ensure that individuals are recognised as partners rather than recipients of care.

4.6 The commissioning of Independent Advocacy services is not an alternative to providing our services in a way which is fair and accessible to all. It is a way of assisting those who are most marginalised to exercise their rights. It should, however, never replace the delivery of effective and accessible services.

5.0 Evidence of Need

5.1 Specific needs of different groups of people

Carers -

The Scottish Government estimates that one in eight of the population is a carer at some point in their lives. In the NHS Highland area, it is thought there are around 40,000 carers. By 2037 it is estimated there will be 1 million carers in Scotland, or one in six.

It is recognised that caring can have an adverse impact on the mental, emotional and physical health of carers and three quarters of carers say their health is worse because of their caring responsibilities. Without appropriate and timely support and information carers can be at real risk of experiencing crisis.

Amongst the most important actions identified by carers as those that would improve their quality of life, was included a greater emphasis on information and training, advocacy, and guidance, including emotional support.

People with Learning Disabilities –

The number of people with learning disabilities in Scotland is unknown; however, estimates are in the region of 20 people in every 1,000 with mild or moderate learning disabilities and 3 to 4 people in every 1,000 with severe or profound learning disabilities. In 2008, 1,500 adults were known by Highland and Argyll and Bute councils to have a learning disability. The figure is likely in reality to be much higher.

The number of adults with a learning disability is increasing both as a result of increasing life expectancy and also due to the increase in the reported numbers of school-aged children with autistic spectrum conditions of whom some will have a learning disability, though not all. From research we know that individuals with a learning disability have higher and often more complex health and other support needs than the rest of the population and that despite the fact that life expectancy is increasing for individuals with a learning disability, it remains lower than the overall population. Individuals also experience, at times severe, stigma, prejudice, discrimination and harassment and face barriers in accessing appropriate services and supports for their health needs and lifestyle choices.

People with Mental Ill Health –

Whilst exact numbers of individuals who experience mental ill health are largely unknown, research suggests that around 18% of the population responding to the Scottish Health survey answered questions about concentration abilities, sleeping patterns, self-esteem, stress, despair, depression and confidence in the previous few weeks, which resulted in *GHQ12 scores of 4 or more *(this is a widely used standard measure of mental distress and psychological ill-health).

Older People who have dementia –

In the NHS Highland area Alzheimer Scotland estimate that 5,951 people have dementia. People with dementia require substantial amounts of care, particularly social care and is a major cause of disability in people aged over 60. A vast amount of care for people with dementia is provided by informal carers, and so will impact upon the need for carers' advocacy as well as a service which can meet the needs of individuals with dementia. Individuals with dementia are also included in those who have a right to access Independent Advocacy under the terms of the Mental Health (Care and Treatment (Scotland) Act 2003.

It is also well known that our population as a whole is becoming increasingly older and whilst being aged over 60 does not of itself indicate that advocacy is required, as people come increasingly into contact with services, or their requirement for services increases, their need for Independent Advocacy may also increase.

Children and Young People –

The provisions of the Mental Health Act (Care and Treatment) (Scotland) Act 2003 apply to both adults and children. In 2004 in Scotland 8.3% of children had a clinically diagnosed emotional or behavioural mental health problem. It is currently estimated that around 1 in 20 children aged under 16 years are reported to have a disability (including physical, learning or mental ill health). The predominant disabilities amongst children and young people with complex needs are autistic spectrum conditions and behavioural disorders. Research indicates that children and

young people with learning disabilities are 6 times more likely to have mental health problems than other young people.

Children and young people can seek advocacy advice in their own right. All vulnerable children who are on the Child Protection Register or who are looked after and/ or accommodated have access to independent support to ensure they are being listened to and are receiving the appropriate support.

Advocacy services are increasingly involved in issues around transition and education specifically, but in most cases, it is the parent carer who seeks and receives the help of independent advocacy services. There is a need for young people and children to be able to access independent advocacy services to represent their needs, rather than the parent carer only.

Other Groups –

Whilst anyone may require or benefit from access to Independent Advocacy, there are a number of other specific groups that may be identified as requiring independent advocacy services as a result of barriers they can experience in accessing services and the impact of prejudice and discrimination. These include people who:

- have an Acquired Brain Injury (ABI) or stroke
- have a physical disability and/or long term conditions
- are from Black and minority ethnic communities
- are lesbian, gay or bi-sexual
- are homeless
- are involved in the criminal justice system and;
- have alcohol and/or drug dependency
- are transgender people

Many of these individuals are already being catered for by our current providers: for example Advocacy Highland are providing a service (funded externally) to individuals who have had a stroke to raise awareness of self directed support. We have also worked hard, and continue to do so, to ensure that all the advocacy services offer provision in a way that is accessible to all members of the community including those with a disability or sensory impairments; men, women and transgender people; Black and minority ethnic communities and individuals who are lesbian, gay or bi-sexual.

There may be arguments for specific advocacy provision for any of these key groups on the basis of the benefits that accrue from having expert knowledge and understanding of specific issues. However, we have sought to commission generic services which are accessible to all of those in need, and specialised services for those who are most vulnerable or at risk of harm, including those with mental ill health and learning disabilities.

5.2 Expressed Need for Independent Advocacy Services

It is recognised that advocacy is needed by many different people in many different situations. It is also recognised that this is often beyond what we are required to

provide to comply with current guidance and legislation. This section reflects the various needs that have been expressed by stakeholders.

There are practical challenges to providing advocacy services in Highland. Staff and volunteers are not necessarily spread evenly across the patch and so there can be geographic challenges to providing an equitable service. For those without English as a first language, advocacy is not at present as accessible as it could be. Communities tend to engage when there is a worker or volunteer who shares a common language. Engagement depends to some extent on who organisations have managed to recruit as volunteers.

Gypsy Traveller communities do not seem to be accessing advocacy services in the numbers we might expect from the local population. This could be an opportunity for further promotion with this community or there may be a project opportunity provided funding could be secured.

There are opportunities for more collective or group advocacy, for example the LGBT Forum road shows are taking issues into different Highland communities, which may be helping them to better identify needs. There will be clear intersections between groups, for example it is not known if LGBT carers are accessing the carers' advocacy service as needed. Both the LGBT Forum and HUG recognise the need to work together more closely to address the needs of LGBT people with mental health issues.

In Argyll and Bute there is an absence of collective advocacy for adults with learning disabilities. The Good Life Group supports a successful network in West Dunbartonshire and there has been interest expressed through an event held in Lochgilphead. Collective advocacy can also work well for people with more severe learning disabilities and communication issues. The set up can be designed to ensure that people used for communication support are involved in an appropriate way. People with both learning disabilities and autism can miss out on group advocacy in this way. Further methods of supporting their involvement should be explored.

Argyll and Bute has carers' centres in Oban and Helensburgh, but does not have provision for carers' advocacy.

Children 1st are providing a service for children and young people in Argyll and Bute. In Highland, HUG recognise that children and young people would benefit from collective advocacy and have plans in place to start developing an appropriate network. Advocacy Highland can see real benefit in developing a 1:1 advocacy service for children, which would be timely in terms of the developments in HUG for children and young people, but this would need funding. Advocacy Highland have done some research and found that many children and young people would prefer younger advocates. There can, however, be practical issues with volunteers in the 19-20 age range, as this tends to be when people think about moving away or starting a course or job, which can make their commitment to volunteering short-lived.

Advocacy Highland undertook some work to capture the voice of residents in some care homes in Ross and Cromarty. More broadly the voice of the resident is often missed, or distorted because of their relationship with the care home staff. Where complaints need to be made, there is still a real fear that these will be attached to the specific resident and they will be penalised in some way. Anonymous complaining should become available to all residents. A theme could be developed around Safeguarding & Having a Voice in Residential Care, which would be broader than advocacy alone.

HUG has identified a number of people who could benefit from collective advocacy for mental health issues. Many people in prison or otherwise involved in the criminal justice system will experience mental ill health and do not appear to have much of a voice. Advocacy Highland also identified those involved in the criminal justice system as a significant client group. Advocacy Highland undertake advocacy in Porterfield Prison in Inverness. Currently the funding is associated with those covered by the Mental Health Act, but the need is wider. There is a partly unmet need from those involved in the criminal justice system for all types of advocacy, through what can feel like a revolving door process.

Many NHS employees experience mental ill health, but may feel they have a conflict of interest in being involved in HUG. Some people with depression or anxiety or other conditions that may only affect them at one or a few points in their lives may not have their voices heard sufficiently and again may not currently associate themselves with HUG. Some have expressed a view that groups such as lone parents could benefit further from advocacy. People leaving care or going through transitions and older people in their own homes or in residential care may need better ways to have their voices heard.

In terms of support for advocates themselves, it was felt that a network would be helpful to share best practice, case studies and other ideas.

6.0 Current Providers

6.1 North Highland:-

The currently funded provision of independent advocacy services is detailed below. The funding shown in the table below is provided through NHS Highland and adult services, unless indicated otherwise. The advocacy organisations have also been successful in securing external funding from several sources. For example HUG has been successful in securing £47,000 in the current financial year and Advocacy Highland £11,660 in the current financial year.

Service	Type of Advocacy provided	Client Group	Current Investment (13/14)
Advocacy Highland	Independent Professional Advocacy	Individuals defined within the Mental Health	£239, 941.

		(Care and Treatment((Scotland) Act 2003 including Mental Health; Learning Disabilities; people with dementia; individuals with autistic spectrum conditions (ASC). This service is provided to both adults and children.	
Inverness Citizens Advocacy	Citizens Advocacy	Individuals with a learning disability who would benefit most from longer term support.	£30,455
People First Highland	Collective Advocacy	Individuals with a learning disability	£46,678
Highland Users Group	Collective Advocacy	Individuals with mental ill health	£70,385
Highland Carers Advocacy	Independent Professional Advocacy	Carers, both adults and children.	£129,754

There is also a collective advocacy group for adults with Autistic spectrum conditions (ASC) which operates in North Highland called ARGH (Autism Rights Group Highland). This group does not currently receive any funding from either NHS Highland or Highland Council but provides a useful way for adults with ASC to have their views and voices heard.

6.2 Review and Development of Services

Advocacy Highland –

Advocacy Highland provides a Professional Advocacy service for any individual within a priority group across Highland and receives funding of £239,941 from NHS Highland and the Highland Council. The priority groups identified include people with a learning disability including people with ASC; older people including those with dementia and people with mental illness. These meet our requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003, however, Advocacy Highland have also secured additional funds from other sources to provide support

to people with stroke and continue to develop the service to meet the needs of other key groups. The service it provides is meeting the requirements of the contract, supporting 741 referrals for issue based advocacy in 2012/13.

Advocacy Highland delivers an advocacy service across Highland which includes identifying and supporting volunteer advocates, having a total of 40 volunteers currently supporting their work. The organisation is strongly supported by having little staff turnover.

It has also developed some other important areas of work. Advocacy Highland secured further funding from the Stroke Association for work related to self directed support. They undertook a piece of work as part of the closure of Sense Scotland to make sure peoples' wishes and abilities were understood. They organised a very successful Advocacy Matters Conference and Advocacy Stories book, which brought together a variety of service users and service providers.

There are also many developments in the pipeline. Currently a young person is investigating and developing a presence for Advocacy Highland on various social media platforms, work which has been presented to a Youth Voice Conference. Leaflets and other publicity advertise the service in different languages and some workers and volunteers are bilingual. The availability of bilingual workers and volunteers very much depends on who has applied so cannot be guaranteed. Unfortunately the external funding for the service for people with acquired brain injury in Caithness and Sutherland has now ceased.

Citizens Advocacy-

Advocacy Highland hosts the Inverness Citizen Advocacy project and receives funding of £30,455 from NHS Highland and the Highland Council. Health and Happiness started this project, which was then handed over to Advocacy Highland in 2010. The project is supported by a 21 hr per week post and volunteers. The current worker for that post is about to leave, and the work will be carried by colleagues, pending a new appointment. Health & Happiness, People First and Advocacy Highland are the main sources of referral for citizen advocacy..

People First Highland –

People First Highland is a Collective Advocacy Service for adults with a learning disability and is part of Spirit Advocacy. It currently receives funding of £46,678 per annum and has around 90-100 members.

People First groups meet in Caithness, East Ross, Skye, Lochaber and Inverness and occasionally in other areas; or increasingly groups are keeping in contact by other methods. In some areas service users increasingly do not want meetings and so the development worker is gathering their thoughts and ideas to develop alternative methods of communication and interaction. Closer working with community connectors is enhancing the user voice. People First are also supporting the establishment of a network of champions from Key Housing projects to liaise with tenants.

Current project work includes investigating inappropriate housing, including a survey of people with Learning Disabilities living in residential homes (see What People Say

About Where They Live report). Work is also in development with Cantraybridge College as part of the Highland Self Directed Support (SDS) Consortium looking at brokerage for SDS users and how direct payments are handled and used. People First has bid for funding to support an awareness raising campaign using storytelling techniques. They are very keen to target this at younger people, including in schools.

Highland Users Group-

Highland Users Group (HUG) is a Collective Advocacy service for adults with an experience of mental ill health, part of Spirit Advocacy. It currently receives funding of £70,385 per annum.

There are 14 branches of HUG that regularly meet across the Highlands and a twice monthly meeting of the Friday Forum. HUG has over 350 active members. HUG is represented on a number of different partnership groups including Local Implementation and Service Development Groups, Mental Health Network Group, Psychiatry Emergency Plan Group and others.

HUG are currently developing collective advocacy for young people with mental health issues. Funding to develop this network has been secured from See Me and Youth Philanthropy. There will be a number of strands to this work, likely to include developing DVDs, establishing what's important for young people, and developing an advisory group amongst others.

HUG has many other areas of work in development. Funding has been secured from Comic Relief from 2013-2016 for developing an Older People's network. The potential for further joint work with the Acumen organisation in Argyll and Clyde is being explored. The longstanding and successful stigma and discrimination work is still very active, with volunteers taking on more responsibility. This involves much support and coordination for the volunteer base. Social media is becoming more important to the network and to campaigns. Members remain very committed to face to face meetings and social media is seen as a way of maintaining communications between meetings.

Highland Carers' Advocacy

Highland Carers' Advocacy is a Professional Advocacy service providing a service for Carers' across Highland and receives funding from NHS Highland and the Highland Council of £129,754. It has locally based staff to respond to needs that arise across the area. The service is currently part of a broader service for Carers provided by HCCF. In keeping with the national good practice guidance on independence, the Carers' Advocacy Service is currently developing a shadow board structure that will operate at arms length from the Connecting Carers service for a year. The aim is to explore the feasibility and logistics of the existing service developing into an independent carers' advocacy service. There is a management committee already in place who would form a shadow board for a year. The organisation is currently seeking an office worker, which would help in terms of people getting a contact more quickly. At present one worker covers Fort William, Strathspey and Skye. In the future Skye and Wester Ross will have an area worker which would make a more logical split in geography.

The service is open to any carer aged 18 or above, but currently young carers are not accessing the service. The most recent data showed that majority of carers accessing the service were aged 35-65. The service will be developing publicity and tools to reach younger carers. Social media is one tool that will be exploited further. Many young carers will not identify themselves with the label of carer, and finding a way round this is something that is currently being explored.

6.3 Argyll and Bute

The current provision of independent advocacy services is detailed below. The funding detailed is jointly provided between NHS Highland and Argyll and Bute Council, unless indicated otherwise.

Service	Type of Advocacy provided	Client Group	Current Investment (13/14)
Lomond and Argyll Advocacy Service	Independent Professional Advocacy	Individuals defined within the Mental Health Act including Mental Health; Learning Disabilities and people with dementia. This service only delivers to adults.	£174,682
ACUMEN	Collective Advocacy	Individuals with mental ill health	£41,500
Children 1st	Professional Advocacy	Advocacy service for vulnerable children.	£60,000
Who Cares Scotland	Professional Advocacy	Advocacy service for vulnerable children	£59,000
	Support/ training peer members		£12,000

6.4 Review and Development of Services

Lomond and Argyll Advocacy Service

Lomond and Argyll Advocacy Service is a Professional Advocacy Service that has provided the bulk of local advocacy work for over 10 years. It receives a total of

£178,182 from NHS Highland and Argyll & Bute Council. It provides for all adult community care groups with some specialist services for Mental Health clients. This generic service is seen to work well across the large geographical area with support from more specialist workers within the system. The service is commissioned jointly via a Local Authority SLA. In the last year there have been around 400 clients. The service used to be more proactive in its approach to identifying potential clients including those living in care homes, but demand is such that the organisation can now only operate to meet expressed demand. Mental health clients make up over 50% of all clients, followed by adults with learning disabilities. The smallest client group is older people. Referrals tend to come from service providers, but it can be difficult to reach older people. This is a particular challenge for care homes in the private and independent sector, where further efforts are being made to promote advocacy services.

There continues to be good use of volunteers with a slightly changed approach to volunteer recruitment compared to previous years. There is good retention of 15-20 experienced and committed volunteers. The time commitment of volunteers is the equivalent of one to two full time posts. The approach to volunteer recruitment in the past involved providing open training sessions and then asking the learners to volunteer. This approach was useful for raising awareness of advocacy services, as 500-600 people have attended over the last ten years.

ACUMEN

ACUMEN is a Collective Advocacy group for people with mental ill health and their carers. It was originally established under the auspices of Argyll and Clyde Health Board and still operates across that area. It receives funding from five local authorities and two health boards. Argyll and Bute Council and NHS Highland provide a total funding package of £53,000. ACUMEN currently employs two part time workers based in Argyll and Bute. These workers provide direct support to individuals and groups across the area to ensure that the service user voice is strong and developed. This development is proving particularly useful during our major service redesign process. They hold seats on all our redesign groups and project boards. ACUMEN's activities include a carers' group and a reference group that involves service users and carers in the design and policies for the proposed new Argyll and Bute hospital. Workers regularly conduct structured ward conversations with inpatients, the results of which are fed back to ward managers and used to improve the patient experience. Support for Link Clubs across Argyll and Bute led to the establishment of an annual Link Club Convention in 2011 to raise the profile and effectiveness of this valuable community resource. ACUMEN has strong links with other national groups and has regular meetings with HUG including joint meetings held in Oban on a regular basis, ensuring a good link in with the NHS Highland system.

Children 1st

The Advocacy service provided by Children 1ST was established in January 2011. In partnership with Argyll and Bute Council, Children 1ST offers an Advocacy Service to children and young people, aged 5-16 who are on the Child Protection Register. Children and young people volunteer to take part in Advocacy and parental consent is required if the child is under 12 years. Children who take part meet with the Advocate up to 5 times, and either complete their own report or

contribute to a report that is then agreed with them. The advocate will attend the review case conference and support the young person to present their report.

There are two part time workers offering this service, one covers Helensburgh, Lomond and Cowal and Bute. The other covers Oban, Lorne, the Isles Mid Argyll and Kintyre.

The service is well received by both children and their families. Feedback from partner organisations has also been very positive recognising the voice of the child is being heard and views taken account of throughout the Child Protection process.

Who Cares Scotland

Who Cares Scotland provides structured support to young people who are looked after in Argyll & Bute. Individual and group work support helps young people to make informed choices and participate in all aspects of decision making. In addition Who Cares Scotland supports the seven Throughcare forums for ex looked after young people and have helped Argyll & Bute develop a peer mentoring system.

7.0 Our assessment of need for independent advocacy services.

In reviewing the service specifications and the different types of advocacy provision, we continue to recognise the need for advocacy across a wide section of our community. Some additional needs and demands have been identified in section 5.2. Much is being done within the advocacy organisations themselves to identify and build on improvements and to address needs as they are identified. This is covered in section 6.0. We will continue to work in partnership with local advocacy providers to support continuous learning, development and quality improvement in a climate of increasing need and diminishing resource. In the current financial climate our plan is to sustain the provision of high quality individual collective and citizen advocacy. The commissioning agencies will continue to support advocacy organisations to seek external funding. The different kinds of advocacy provision and the importance of ensuring independence are described on pages 1 – 5.

8.0 Provision of services

The guidance for commissioners from the Scottish Government (2013) recognises that building capacity for advocacy and an emphasis on partnership between the commissioners and the services is very important. We have procured the advocacy services we wish to see delivered through negotiation with the current providers in line with this guidance. Service Specifications for the services in North Highland have been developed and running well for the last three years. The services currently provided in Argyll and Bute have been renewed on a year by year basis.

Where advocacy services are located within umbrella organisations such as the Carers' Advocacy service within Connecting Carers in North Highland and the Children 1st service in Argyll and Bute, it is vital that robust firewalls are in place to ensure that advocacy remains as independent as possible and to avoid conflicts of interest arising between the provision of advocacy and service provision. The service

specifications carry the requirement for separate management committees for the advocacy services and a Conflict of Interest Policy. We also strongly recommend that these advocacy services are managed by a discrete and dedicated member of staff.

As previously, all services will be monitored through quarterly monitoring meetings including an annual review.

9.0 What are our commitments?

Advocacy services and commissioners share a responsibility to ensure that individuals and staff are aware of what independent advocacy is and how to access it. The commissioning bodies carry an added responsibility to ensure that staff understand the role and purpose of independent advocacy and how to refer on appropriately to the relevant organisations. As part of developing this plan, commissioning bodies have undertaken a short survey of their own staff to help to gauge how well this is happening. The respondents tended to be staff who had used advocacy services and found the service very helpful for their clients. It was interesting that there were no respondents from outside of mental health services. This indicates that there is less awareness in other services, but it is likely that advocacy could be useful in other contexts.

Likewise, advocacy organisations carry a responsibility to ensure they raise awareness of independent advocacy and how to access it and to ensure that their services are made accessible for all individuals who require their help.

Regular monitoring meetings provide an opportunity to highlight any areas of concern or developments taking place and to discuss how the service is progressing, and the commissioning bodies commit to provide a lead named person from NHS Highland and Highland Council for the North Highland area and NHS Highland and Argyll and Bute Council for the Argyll and Bute area to maintain regular contact with the advocacy services and deal with any areas of concern as and when they arise.

10.0 Financial Plan

These figures represent the finance available from the existing advocacy budget for the next three years.

Highland Council & NHS Highland

Activity	Year 14/15	Year 15/16
Individual Advocacy	£239,941	£239,941
Collective Advocacy – Mental Health	£106,799	£106,799
Collective Advocacy – Learning Disabilities	£46,678	£46,678
Citizens Advocacy - Inverness	£30,455	£30,455
Carers Advocacy	£129,754	£129,754
TOTAL	£553,627	£553,627

Argyll & Bute Council & NHS Highland

Activity	Year 14/15	Year 15/16
Individual Advocacy	£178,182	£178,182
Collective Advocacy – Mental Health	£53,000	£53,000
Professional advocacy for children	£60,000	£60,000
Professional advocacy for children	£71,000	£59,000
TOTAL	£362,182	£350,182

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 2:42:38 PM
Last Modified: Tuesday, January 16, 2018 8:06:44 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Service Manager
Organisation	NHS Lanarkshire
Area you are covering in your response (NHS board or HSCP)	Lanarkshire

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **NHS board-wide**

Q3 Is there a current independent advocacy strategic plan covering your area? **Yes**

Q4 If yes, please upload your plan here

Lanarkshire Advocacy Plan 2016 - 2020 Final.pdf (418.6KB)

Q5 If no, is a plan in the process of being developed? **Respondent skipped this question**

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

In order to consult and involve advocacy providers and people who use advocacy services in the development plan for both the Adult, Older Adult and Learning Disability development plans organisations volunteered to hold focussed groups with Advocacy Partners, Advocates, relevant professional stakeholders and users of services to elicit views in respect o Advocacy provision and the outputs from these focussed groups was fed back into the development plans.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

See Above.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

As a result of current procurement activity taking place in North Lanarkshire this will take place once the procurement process has completed.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

The Lanarkshire Integrated Sounding Board Review process featured both mental health and learning disabilities as part of the process.

The Partnership Board for Mental Health, Addiction & Learning Disability features advocacy as part of its planning process.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (42.4KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

As part of contract specification a condition of the contract confirms priority has to be given to statutory work.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

Yes

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

Additional annual funding of up to £25,000 has been made available to the existing advocacy provider to augment their existing services to cover work in Shotts Prison. Please note, however, that the uptake of this service did not reflect the projected demand.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know,

Any further details:

Seeking clarification on this for all areas, but where Advocacy is ongoing this has been transferred to an Advocacy service local to the out of area placement as part of the transfer arrangements where required and appropriate.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Specific homeless advocacy service(s) commissioned

Mental health, Learning disability, Dementia

Please provide details

Support to individuals who are homeless are picked up by generic advocacy services who have access to Shelter Advocacy, who receive a small amount of funding for this area.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

Additionally interpreting services are funded to support individuals and families.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service

Mental health, Learning disability, Dementia

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

See section 6. Of the Lanarkshire Advocacy Plan 2016 – 20 which will be developed into an action plan to support the Advocacy Plan. This will be subject to a 6 monthly and annual review process.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Monitoring is done through dedicated monitoring officers through quarterly monitoring activity and annual review.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

See Appendix 4 of the Lanarkshire Advocacy Plan 2016 - 2020.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

This is part of the regular monitoring returns – see question 24 above.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

This is discussed and highlighted as part of the data and evidence provided to the monitoring reviews and part of the discussions at these reviews.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

This is part of the contractual arrangements and includes individual feedback questionnaires and more formal focussed group based reviews which form part of the service reviews.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):
Complaints are reported and monitored through the quarterly monitoring information and as a requirement from their contractual agreement arrangements.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

All providers have a communication strategy and information is widely available through health and social work locations. Information is also available on relevant web sites.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **No**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Information is widely available to all individuals who use services across Lanarkshire. To date no specific equality groups have been targeted.

Q33 How do you measure this?

An Equality and Diversity Impact Assessment was completed in September 2016 for the Lanarkshire Advocacy Plan 2016 -20

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Respondent skipped this question**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:

The projected need is being assessed as part of the wider monitoring and planning process throughout the Partnership Boards.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please

describe:

The gaps in provision and unmet needs are being assessed as part of the wider monitoring and planning process throughout the Partnership Boards. They will also be part of the developing action plan from the Lanarkshire Advocacy Plan 2016-2020. Some areas of unmet need within Lanarkshire for specific advocacy include carers, people seeking asylum, people in LGBT communities, people with addictions and deaf people. these groups currently access generic advocacy services in Lanarkshire but may benefit from specific targeted support.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

No,

Other (please specify):

There are currently no specific actions, but this is work which will be undertaken over the timeframe of the current Advocacy Plan.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Please note that Children and Young Person Advocacy Services are included as part of the North Lanarkshire Advocacy provision. A small amount of funding is made available for specialist Homeless Advocacy Services.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5	Organisation 6
Organisation name and address	Equals Advocacy Partnership. Top Floor, 101 Park Street, Motherwell, ML1 1PF	People First Scotland 9 High Patrick Street, Hamilton, ML3 7ES	Speak Out Advocacy Regent House 9 High Patrick Street, Hamilton ML3 7ES	The Advocacy Project (TAP) Cumbrae House 15 Carlton Court, Glasgow, G5 9JP	Your Voice Office 1 Kelvin House, 87 Calder Street, Coatbridge, ML5 4EY	Who Cares? Scotland SLC Base Regent House 9 High Patrick Street, Hamilton ML3 7ES
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Older Adults affected by mental health problems, disability or long term conditions NL Partnership only	Adults with Learning Disability SL Partnership only	Adults with Learning Disability Parents with Learning Disability SL Partnership only	People affected by mental health problems, disability or long term conditions. (65 + SL Partnership) (up to 65 NL Partnership)	Children and young People NL Partnership only	Children and young People (Looked after and accommodated) SL Partnership only
If not generic, is the service targeted at supporting specific groups:						

People with a mental health problem	√		√	√		
People with learning disability	√	√	√	√		
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5	
People with dementia	√		√	√		
People with autistic spectrum disorder	√		√	√		
Mentally disordered offenders						
Homeless people with mental illness/Id/dementia						
Asylum seekers with mental illness/Id/dementia						

People with any other condition (specify)			Parents with learning disability		Children and young People	Children and young People (Looked after and accommodated)
Age range						
All ages						
Under 18 with mental health issues/learning disability				16+	√	√ (LAC)
Adults up to 65		√	√	√		
Adults over 65	√			√		
Type of advocacy						
Individual	√		√	√	√	√
Collective		√				√
Citizen						
Non-instructed advocacy						
Does the service provide non-instructed advocacy?			√	√		

Q4 Advocacy plan

NHS Lanarkshire provided this plan, available at:

<http://www.nhslanarkshire.org.uk/publications/Documents/Advocacy-Plan-2016-2020.pdf>

Document A:

**NHS Lanarkshire Standard Equality and Diversity Impact Assessment
Document (EDIA)**



Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

Lanarkshire Advocacy Plan 2016 – 2020.

Q1 a; Function ☐ Guidance ☐ Policy ☐ Project ☐ Service ☐ Other, please detail ☒ The Plan sets out the direction of travel for the commissioning and delivery of independent advocacy services in Lanarkshire.

Q2: What is the scope of this EDIA

NHSL Wide ☒ Service Specific ☐ Discipline Specific ☐ Other (Please Detail) ☐

The Plan has been produced by the Lanarkshire advocacy commissioning partners i.e. NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council.

Q3: Is this a new development? (see Q1)

Yes ☐ No ☒

Q4: If no to Q3 what is it replacing?

Lanarkshire Advocacy Plan 2011-2015

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Shona Welton, Head of Patient Affairs, NHS Lanarkshire
Geri McCormick, Acting Manager, Quality Assurance, North Lanarkshire Health & Social Care Partnership
Bernie Perrie, Planning and Performance Manager, South Lanarkshire Health & Social Care Partnership

Q6: Main EDIA person's contact details

Name:	Shona Welton	Telephone Number:	01698 858094
Department:	Head of Patient Affairs	Email:	Shona.Welton@lanarkshire.scot.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

The requirement to make available independent advocacy is set out in specific legislation and in various Scottish Government publications. For example the Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on Health Boards and Local Authorities to secure the provision of independent advocacy services for people with mental health problems.

The principal aim of the Plan is to ensure that advocacy continues to be developed across Lanarkshire in a strategic, collaborative and co-ordinated manner, such that it:

- Provides a safeguard for vulnerable people
- Supports people to have their voice heard, especially by those providing services and support
- Supports people to have a real say in decisions that affect their lives
- Is of benefit to all, including commissioners, service providers and other professionals.

The plan recognises that the integration of health and social care may impact upon the commissioning, delivery and monitoring of advocacy services. The Lanarkshire commissioning partners (NHS Lanarkshire, North and South Lanarkshire Councils) are committed to the development of independent advocacy.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1) – is it staff, service users or both?

Staff ☒ Service Users ☒ Other ☐ Please identify _____

(ii) Have they been involved in the development of the function/service development/other?

Yes ☒ No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

The Lanarkshire Advocacy Network carried out a series of service user and service provider engagement events. An early draft of the Plan was shared with senior colleagues in hospital and health & social care services.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this EDIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Information gleaned from existing contract monitoring arrangements; feedback from service users and service providers through various engagement events.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
---	----------	----------------------	---------	---

This strategy will ensure that independent advocacy is accessible to all who are legally entitled to access it.

Age	X			<p>North Lanarkshire Council has carried out a full review of its service provision in 2012 and subsequently re-shaped its services to deliver support to individuals based on their age rather than any conditions they may have:</p> <ul style="list-style-type: none"> ○ older people (over 65) ○ younger adults (16-65) ○ children and young people (5-16) <p>All three services are expected to adopt a flexible approach and work together to ensure that the most age appropriate service is available to those who require advocacy support, particularly during periods of age-related transition between statutory services.</p> <p>South Lanarkshire Council reviewed its SLAs in 2014/15. Independent advocacy for older people and for children and young people is provided by two service providers.</p>
Disability (incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment)	X			<p>The key priorities groups for independent advocacy services identified in the Plan are:</p> <ul style="list-style-type: none"> • Older People • Learning Disability • Mental Health • Adult Support and Protection • Children and Young People <p>Prioritisation within services will be a balance between legislative requirements and the needs of the most vulnerable people.</p> <p>Since 2014/15 funding has been made available in South Lanarkshire to test out demand for advocacy for those with a communication support need caused by stroke or brain injury. In North Lanarkshire, the age banded services that are in place accept referrals for people with a communication support need, irrespective of its manifestation.</p>
Gender Reassignment			X	
Marriage and Civil partnership			X	

Pregnancy and Maternity	X			Service profiles show that there is a significant minority of people accessing advocacy services due to pregnancy or with issues relating to ongoing care of their children. This includes supporting parents through processes that may result in their children being taken into care. The Plan does not refer to this aspect of service specifically but it would continue to form part of an advocacy service aimed at supporting people with mental health issues or with a learning disability.
Race/Ethnicity			X	The Plan recognises that further work is required to ensure that appropriate support is available (and that people are aware of it) to ensure equivalency of access to services.
Religion/Faith			X	
Sex (male/female)			X	Monitoring information suggests that service users are equally distributed across both sexes.
Sexual orientation			X	
Staff (This could include details of staff training completed or required in relation to service delivery)	X			<p>Independent advocacy can lead to more informed decisions being made by staff and consequently to better outcomes for patients. The Plan aims to:</p> <ul style="list-style-type: none"> • ensure that statutory sector staff and other professionals have an understanding of advocacy, its role and where it fits within service provision, and what relevant advocacy services are available • continue to provide training and educational opportunities to statutory sector staff to promote the use of advocacy services
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	X			<p>There are a number of carer organisations in Lanarkshire that provide information and support and an element of collective advocacy. The Plan specifies that the issue of independent advocacy for carers will be considered as part of ongoing work on carer strategies in Lanarkshire.</p> <p>It should also be recognised that there may be times when advocacy for a service user may bring them into conflict with the wishes of their carer. In</p>

				these cases the rights of and benefits to the service user are paramount and advocacy will support negotiation between cared for and carer.
Homeless	X			There is a specialist housing advocacy service in North Lanarkshire but no equivalent in South Lanarkshire. Anyone who is homeless in South Lanarkshire can access the generic advocacy services and would be made aware of them by the statutory sector homelessness services.
Involved in Criminal Justice System	X			Responsibility for the healthcare needs of people in HMP Shotts transferred to the NHS in November 2011. Equivalency, access to advocacy, and the potential impact on demand for services have led to the establishment of a pilot service in 2014/15 to test out demand for independent advocacy at this facility.
Language/ Social Origins	X			The commissioning partners are committed to providing services which are culturally sensitive and accessible to all people within Lanarkshire who need them. Information will be made available in different languages and formats upon request
Literacy	X			Independent advocacy service providers are aware of literacy issues among their client groups. An Easy Read version of the plan will be prepared to support people with literacy problems.
Low income/poverty			X	Independent advocacy service providers may support people to access benefits or financial advice; equally it may support people under Adult Support and Protection procedures where financial issues have resulted in an ASP inquiry. However, it is not expected that the new Plan will have a significant impact on this area of work.
Mental Health Problems	X			People with mental health problems are a priority group for advocacy since they have a right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Rural Areas			X	Advocacy provision is currently provided and will be developed on a pan Lanarkshire basis taking full cognisance of the additional effort and

				travel required to meet need in the more rural areas.
--	--	--	--	---

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐

No ☒

If the screening process has shown potential for a high negative impact contact Hina sheikh for further advice and support.

Date EDIA Completed	28 / 09 / 2016	
Date of next EDIA Review	28 / 09 / 2019	
Signature		Print Name
Department or Service	Patient Affairs	Shona Welton

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of EDIA being completed. Send copy to hina.sheikh@lanarkhsire.scot.nhs.uk

A.2: /Detailed Equality Impact Assessment Action Plan

Name of document being
EDIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further
Notes:

Signed:

Date:

A.3: Quality Assurance

QA Section

Lead authors details?

Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Department:	<input type="text"/>	Email:	<input type="text"/>

Does your policy / guideline / protocol / procedure / ICP have the following on the front cover?

Version Status	<input type="checkbox"/>	Review Date	<input type="checkbox"/>	Lead Author	<input type="checkbox"/>
Approval Group	<input type="checkbox"/>	Type of Document (e.g. policy, protocol, guidance etc)	<input type="checkbox"/>		

Does your policy / guideline / protocol / procedure / ICP have the following in the document?

Contributory Authors	<input type="checkbox"/>	Distribution Process	<input type="checkbox"/>	Implementation Plan	<input type="checkbox"/>
Consultation Process	<input type="checkbox"/>				

Is your policy / guideline / protocol / procedure / ICP in the following format?

Arial Font	<input type="checkbox"/>	Font Size 12	<input type="checkbox"/>
------------	--------------------------	--------------	--------------------------

Signatures

Lead Author:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
--------------	----------------------	-------	---

If you have any question please call the people below. Once completed please send to the individuals listed below as appropriate:

Name	Email	Phone
Hina Sheikh	hina.sheikh@lanarkshire.scot.nhs.uk	01698 377816

Signatures

QA Check	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
----------	----------------------	-------	---

Once both signatures above are complete the document can be sent to the approving group for approval (Sections A&C only).

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Wednesday, October 11, 2017 1:04:25 PM
Last Modified: Tuesday, January 16, 2018 7:24:29 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Mental Health Planning Officer
Organisation	Midlothian Health & Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

Other (please specify):
 Until now at NHS Board-wide level. Moving to HSCP

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

Yes,
 If yes please give details of when plan will be completed:
 December 2017

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

n/a

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

n/a

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?

No

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:
December 2017

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Respondent skipped this question

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

No

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Respondent skipped this question

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

We have detailed Service Level Agreements with all our Advocacy Providers. Outcomes are included in all SLAs but they vary with the individual provider.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

The services are monitored and evaluated in accordance with the Service Specification, the Council's Monitoring and Review procedures and where relevant National Care Standards. SPECIFIC SERVICE REQUIREMENTS are set out in each individual SLA covering outcomes, targets, criteria, availability, quality assurance and standards. We liaise with the Provider to apply appropriate contract monitoring methods to assess the quality of the service delivered.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support **Yes**

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support? **Yes**

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? **Yes**

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

We receive regular reports including a record of activity in relation to complaints or compliments the service receives

Q29 How do you monitor complaints about advocacy services? Other (please specify):
Clause in all SLAs. Complaints reported on in regular monitoring and annual reports.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Variety of means. Websites, publications, events. Requirement in SLAs e.g. "The Provider will make every effort to reach everyone in need of advocacy, not just people who approach the service themselves or who are referred by other agencies"

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

SLAs include clauses such as

"Embrace the principles of equality of opportunity and recognise the diverse needs of individuals, and ensure that Service Users' ethnic, religious, cultural and linguistic backgrounds are understood, respected and preserved."

Q33 How do you measure this?

through regular monitoring

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?

Yes

Q36 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:
Moving from NHS Board wide to HSCP

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:
In partnership with providers.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:
See annual reports of providers.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

No

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 2:58:15 PM
Last Modified: Thursday, January 18, 2018 1:51:13 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Head of Service, Mental Health
Organisation	North Ayrshire Health and Social Care Partnership
Area you are covering in your response (NHS board or HSCP)	North Ayrshire HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
--	-------------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
--	-----------

Q4 If yes, please upload your plan here	Respondent skipped this question
--	---

Q5 If no, is a plan in the process of being developed?	No, If yes please give details of when plan will be completed: Scoping exercise recently carried out to identify level of need in North Ayrshire. This informed a re-commissioning process for the main advocacy provision locally, which is currently underway. Further to this, a local advocacy plan will be progressed in 2018.
---	--

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Advocacy providers were consulted during the recent scoping exercise. They will be involved in the development of a local advocacy plan.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Information gathered from people using advocacy services during other recent consultations/feedback sessions in North Ayrshire was utilised during the recent scoping exercise. This was from work undertaken by the current advocacy provider between 2013 and 2016. Direct consultation will take place during the development of a local advocacy plan in 2018.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No,
If yes please give details of when plan will be completed:
The local advocacy plan will be completed in 2018.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

North Ayrshire Health and Social Care Partnership Strategic Plan 2015-18; Learning Disabilities Strategic Plan 2017-2019

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9 NAHSCP.docx (41.8KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,
If yes, please give details:
Yes. The main local advocacy provider prioritises referrals for people who are subject to the Mental Health (Care and Treatment)(Scotland) Act 2003.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **Yes**

Q16 If the budget has changed please say how. Have services changed as a consequence?

Further to the recent scoping exercise, budgets were increased to reflect an increase in the identified level of need in North Ayrshire. This has informed the current re-commissioning of advocacy services.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Respondent skipped this question**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **From a local service**

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Please provide details

The main advocacy provision in North Ayrshire provides a service for people with mental health problems, learning disability and dementia. Homeless people with these conditions are able to access this service. If issues are specific to housing, there is also a local housing specific advocacy service.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Please provide details

The main advocacy service in North Ayrshire is open asylum seekers who have mental health problems, learning disability and dementia. There is a coordinator for refugees employed by the Partnership who supports people to access advocacy if required.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Specific service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

The contract for advocacy that is currently being commissioned explicitly provides for carers accessing advocacy. The current service is open to carers of people with mental health problems, learning disability and dementia.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Outcomes within current advocacy contract in North Ayrshire:

- The Service User will have access to independent professional advocacy services, which meet his/her needs
- The Service User will become more active in dealing with decisions affecting his/her life and will progress to identify and achieve prescribed goals
- The Service User will have access to independent professional advocacy and thereby have his/her views considered in accordance with the relevant legislation

Outcomes within current re-commissioning of advocacy service in North Ayrshire:

- People have a greater awareness, and understanding, of advocacy
- People are more involved in decision making processes that affect their lives
- People are more able to advocate for themselves
- People are more aware of, and able to access, their rights and entitlements
- People who use the service are involved in shaping the service and central to the development of a Quality Assurance Framework which is used to obtain stakeholder experiences of advocacy
- People from all backgrounds and circumstances are able to access advocacy

Service provision is monitored via completion of a 6 monthly monitoring form. A site visit is carried out by contracts and commissioning to discuss the detail of the form.

In addition, there are 6 weekly meetings between advocacy and the social work mental health service to monitor service provision.

Statistical data on the use of the service is also provided by advocacy provider.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Service provision is monitored via completion of a 6 monthly monitoring form. A site visit is carried out by contracts and commissioning to discuss the detail of the form.

In addition, there are 6 weekly meetings between advocacy and the social work mental health service to monitor service provision.

Statistical data on the use of the service is also provided by advocacy provider.

The current advocacy provider has utilised the Scottish Recovery Indicator 2 (SRI2) tool to gather feedback from people using the service, referrers and other key stakeholders.

The re-commissioning of advocacy services in North Ayrshire has made provision for an independent evaluation in year 2 of the contract.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

Details for April 2016-March 2017 as follows: Number of new referrals = 203; number of active cases = 489; number of completed advocacy episodes = 1166

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

Number of referrals waiting at the start of each month between April 2016 and March 2017: April 2016 = 7; May 2016 = 14; June 2016 = 9; July 2016 = 18; August 2016 = 6; September 2016 = 15; October 2016 = 9; November 2016 = 14; December 2016 = 18; January 2017 = 19; February = 15; March = 15

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

People subject to compulsory measures are prioritised for advocacy provision. Where there is a need for this, the individual will be seen within 3 days of the referral being made.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

The current advocacy provider utilised the Scottish Recovery Indicator (SRI2) in 2016 to gather feedback about their service. This has enabled them to measure areas of their service based on feedback from people who use advocacy and develop an action plan for improvement as a result. They also record satisfaction within case diary notes for each individual using the service. If dissatisfaction is indicated, this would be handled as an informal complaint and information provided accordingly.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Information about complaints received and the outcome is recorded within the 6 monthly monitoring return. Complaints and outcomes are discussed during 6 weekly meetings between advocacy and the social work mental health service. The advocacy provider would also immediately advise of any serious complaint in between these meetings.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

The current service provider in North Ayrshire has leaflets and a website to provide information to the public about their service. They also provide information about advocacy and their service provision within specific training courses for health and social care staff (such as Adult Support and Protection training) and provide an input at meetings and events to raise awareness when required.

A leaflet about advocacy provision for patients in Woodland View hospital is also available (covering adult advocacy provision across Ayrshire) includes information about the North Ayrshire advocacy service.

Information about advocacy is also available in other leaflets produced by the Partnership, such as leaflets about Adult Support and Protection, and on the Partnership website (CareNA).

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

The current advocacy provider asks people using the service in North Ayrshire to complete an equality monitoring form (on a voluntary basis). This provides information about the groups that are accessing the service so that they can identify if any particular groups are not using the service and take action to address this.

Q33 How do you measure this?

As described above, the advocacy service in North Ayrshire asks people to complete an equality monitoring form (on a voluntary basis). They utilise census and other local demographic information to provide information about the local community so that they can measure who is using their service against this. This enables them to identify any groups who are overrepresented as well as any groups that are not accessing the service and take steps to address this. For example, the service is aware that the number of people who are transgender who utilise the service is greater than would be anticipated from the amount of people identifying as transgender living in the local community. This highlights the level of need for advocacy within that specific group.

Q34 Has an equality impact assessment of advocacy services been undertaken?	Yes
--	------------

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?	Yes
--	------------

Q36 If no, is a plan in the process of being developed?	No, If yes please give details of when plan will be completed: Further to the scoping exercise carried out to identify the level of need for advocacy locally in North Ayrshire, this has been utilised to inform a re-commissioning process. Once this is complete, plans will be made to develop a local strategic advocacy plan.
--	--

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?	Yes, Please describe: The recent scoping exercise carried out regarding advocacy in North Ayrshire included details of the projected need in relation to mental health and learning disability. This resulted in an increase in funding being allocated to address the projected increase in need.
--	---

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?	If yes, please describe: In particular, a gap in provision for children who have a mental disorder (where they are not on the child protection register or looked after and accommodated. It should be noted that children in kinship care are not currently covered under the looked after and accommodated group).
--	---

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

Further to the current re-commissioning process for advocacy in North Ayrshire it is anticipated that dissemination of information about advocacy provision will be undertaken to make people in the local community and workers in health and social care aware of the available provision.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	AIMS Advocacy 70 New Street Stevenston KA20 3HG	Community Housing Advocacy Project (CHAP) Michael Lynch Centre 71 Princes Street Ardrossan KA22 8DG	Children First 5/6 Lower Vennell Bourtreehill Irvine KA11 1PQ	Who Cares? Scotland 5 Oswald Street Glasgow G1 4QR	
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No	No	No	
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem		No	No (would cover this if young person on child protection register)	No (would cover this if young person on in foster care, residential care, secure accommodation,	

				continuing care or after care)	
People with learning disability		No	No (would cover this if young person on child protection register)	No (would cover this if young person on in foster care, residential care, secure accommodation, continuing care or after care)	
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia		No	No	No	
People with autistic spectrum disorder		No	No (would cover this if young person on child protection register)	No (would cover this if young person on in foster care, residential care, secure accommodation, continuing care or after care)	
Mentally disordered offenders		No	No	No	
Homeless people with mental illness/ld/dementia		No	No	No	

Asylum seekers with mental illness/ld/dementia		No	No	No	
People with any other condition (specify)		All client groups who require advocacy in relation to housing or complex debt issues	Children and young people who are subject to child protection measures	Children and young people who are looked after an accommodated (other than in kinship care or looked after at home)	
Age range					
All ages	No – all people aged 16 and over	Yes	Children and young people subject to child protection procedures up to age 18	Children and young people up to age 25	
Under 18 with mental health issues/learning disability	Age 16-18		Yes – all young people subject to child protection procedures	Yes – if looked after and accommodated	
Adults up to 65	Yes		No	No	
Adults over 65	Yes		No	No	
Type of advocacy					
Individual	Yes	Yes	Yes	Yes	
Collective	Yes	No	No	No	

Citizen	No	No	No	No	
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes	No	Yes	Yes	

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 28, 2017 11:02:16 AM
Last Modified: Thursday, January 18, 2018 2:13:37 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Head of Health and Community Care
Organisation	NHS Orkney
Area you are covering in your response (NHS board or HSCP)	Orkney

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
---	------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
---	----

Q4 If yes, please upload your plan here	Respondent skipped this question
---	----------------------------------

Q5 If no, is a plan in the process of being developed?	No
--	----

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan	Respondent skipped this question
---	----------------------------------

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan	Respondent skipped this question
--	----------------------------------

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?	No
---	----

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Respondent skipped this question

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9 July 2017.docx (43.9KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

No

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

Yes

Q16 If the budget has changed please say how. Have services changed as a consequence?

% uplift

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

If yes, please provide details:
N/A

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From home health board / local authority

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Independent advocacy. Statutory advocacy support monitored by quarterly and annual reports.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Service completes monitoring reports. No independent evaluation.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,
If yes please give the most up-to-date information provided by each organisation:
will forward separately to Michael Banks.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

No

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

We have never been in the position where advocacy has not been provided when requested.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Respondent skipped this question

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

We have no specific process for advocacy, very small numbers we would investigate every complaint for learning. Self reporting on complaints as part of reporting framework.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Staff inform all contacts or advice at every statutory assessment.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff?

No

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

our SLA requires services to be universally available but too small for minority specific services.

Q33 How do you measure this?

SLA reports.

Q34 Has an equality impact assessment of advocacy services been undertaken?

No

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
No timescale.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes**

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **No**

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **No**

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Advocacy Orkney is our primary funded service though offer 3rd sector user led groups are funded by grant which do add to the broader advocacy tapestry.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Advocacy Orkney 46 Victoria Street Kirkwall Orkney KW15 1DN 01856 870111 www.orkneycommuniites.co.uk				
Is it a generic service (i.e. it covers all the categories below)? (Yes/No)	YES				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	YES				
People with learning disability	YES				
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5

People with dementia	YES				
People with autistic spectrum disorder	YES				
Mentally disordered offenders	YES?				
Homeless people with mental illness/ld/dementia	YES				
Asylum seekers with mental illness/ld/dementia	NOT SURE				
People with any other condition (specify)	People who are homeless or at risk of becoming homeless.				
Age range					
All ages					
Under 18 with mental health issues/learning disability	YES				
Adults up to 65	YES				
Adults over 65	YES				
Type of advocacy					

Individual	YES				
Collective	YES				
Citizen	NOT SURE?				
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	NOT SURE?				



Supporting your voice



ADVOCACY
ORKNEY

ANNUAL REPORT
2016 - 2017



Mission Statement

Supporting your voice.

Directors

Serena Sutherland (Chair)
Renate Andrews
Gerd Peters
Adam Stanger (Appointed October 2016)
Liz Middleton (Appointed December 2016)
J Richardson (Retired August 2016)
Helen Moss (Retired October 2016)

Advisor to the Board for Learning Disability

Joe Horrocks

Staff

Andrea Spence- Jones
John Foulis
Pattie Hartley
Maureen Hume (resigned February 2016)
Carol Shearer (resigned December 2016)

Company Secretary

Andrea Spence-Jones

Advocacy Orkney has had an extremely busy year, client numbers have almost doubled since last year. There has been an increase in referrals from all areas and we note a rise in referrals in those affected by dementia and older people looking for support in negotiating care packages. The impact of an ageing population will affect many of our services and as a Board we pay close attention to the demands on this service and the areas where we anticipate increased demand.

This has also been true of people requiring support to appoint or revoke Power of Attorney and in making Guardianship applications. Advocacy Orkney has been influential in assisting clients to recognise the safeguarding function people require as we age, become unwell or when our circumstances change significantly. Sometimes the advocacy function is to sign post to legal/other services and for others, the advocates take more of a 'hand-holding' approach to ensure their clients understand the pros and cons of a system and ultimately that they are making an informed decision, free of the influence of others. Likewise, referrals continue to rise in relation to child protection and welfare matters. Whilst the Children and Young Person's Advocate works directly with the children affected, the advocates for adults have a crucial role to play in supporting parents, guardians and kinship carers navigate the system. For many clients, they are negotiating a difficult system whilst feeling at their most vulnerable and this may be compounded by issues of mental ill health, learning disability and literacy constraints. The support of an independent advocate is clearly invaluable for these people, a sentiment reflected in our annual client feedback.

There is always a balancing act between managing our funding and the demands on a service. It has long been the view of the Board that the service would thrive if all staff were able to work full-time and we could extend our opening times, especially since accessibility of the provision of independent advocacy is one of our guiding principles. However rather than focus on the finances and the need for continued investment, I prefer instead to congratulate the team on their achievements on behalf of their clients and to thank our funders in the year who made this possible.

Undoubtedly in times of austerity and political unrest nationally, our community cannot be immune from the effects of this and indeed we note a rise in poverty amongst those in work, the impact of short-term tenancy agreements, the need for housing more generally and the impact of regrading and reassessment of State benefits.

Finally, we welcome new Directors to our Board this year and I thank all our Directors for their commitment to the effective governance of the Charity.

Serena Sutherland

Service Manager's Report

At the time of writing, this is my fifth year in post as Service Manager of Advocacy Orkney. The past year has been our busiest since I came into post, dispelling any notion I may have had that we must have advocated for everybody in Orkney by now. Every week new faces come to our door with advocacy needs and in the period of this report, we have not experienced any seasonal drop-off in clients or indeed any lull in activity.

Although our work still sees greatest numbers for those who have a right to advocacy, specifically, Mental Health, Learning Disability and Looked After Children, the generic service to adults is exponentially in demand. I feel it important to clarify that the issues most clients present with are not necessarily directly attributable to our three commissioned categories, rather they are diverse issues such as poverty, housing, employment, relationship breakdowns that affect everyone irrespective of 'category'. In other words, a client may have an issue with their employer that is not attributable to their mental health or a housing issue that has nothing to do with their learning disability.

Whilst dispelling myths, I also feel compelled to point out that our clients are not simply a distant, disparate group of people experiencing some difficulties whilst the rest of us go about our lives unimpeded. Our clients are our community, it is all of us who may need advocacy support. Of course, Advocacy Orkney exists to support those people who are not being heard, my point is simply this - who do we think 'those' people are?

Independent advocacy is not about creating elaborate projects to enhance or diversify our work. It is about investing in our clients to build trust and rapport to allow us best not just to hear their voice but to best represent it to other people. We are in the business of bringing voices to life. We are literally investors in people. Ultimately, we are asking others to reconsider their position and to view something from the perspective of our client which means we are asking others to be brave and bold, it means not making a person fit a policy if they don't.

Advocates are not here to guarantee outcomes for clients but invariably we are instrumental in bringing about a hoped - for outcome and the key to that success is simple. It is kindness. Specifically, other people showing kindness and as a result, deciding to do something different.

Human Rights underpin much of our work and I was fortunate to attend training with the Human Rights Commission in Edinburgh in the year. The principles are best summarised as PANEL -Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality. These naturally dovetail with the principles and standards of independent advocacy – and as a service we will strengthen our human - rights based approach in our continuing work.

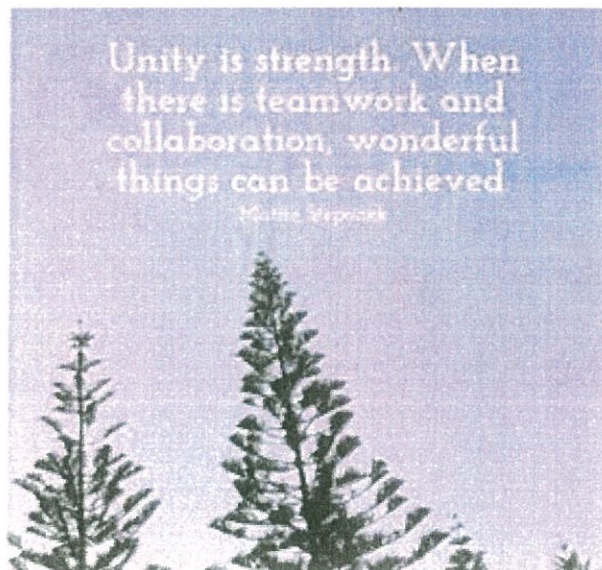
I would like to thank everybody who took the time to consider another approach to a problem, or who looked for a solution that made life better for our clients. You are too many to name but I hope you know who you are! I am indebted to those who identify the value of independent advocacy and make referrals. These people understand that as an independent agency, we will not be bound by the same terms and conditions our referrers often are which allows us to fully support a voice without adopting a best-fit approach.

Likewise, I thank our funders in the year for investing in independent advocacy, namely Orkney Islands Council, NHS Orkney, the Robertson Trust, STV Children's Appeal and the Orkney Child Protection Committee.

Similarly, I cannot conclude this report without thanking the staff (ex and current) and Directors of Advocacy Orkney. Whilst as advocates, we put our clients first, the Board Members put staff first and ensure we feel valued as employees. This collective, human approach binds us as a team and we have engendered a workplace culture of kindness, integrity, loyalty and commitment to each other which we hope is of direct benefit to our clients.

It is the dedication and commitment of our advocates, who number only 3 and none of them working full-time that so successfully served 217 clients in this year. Whilst they remain humble about their achievements, I cannot remain quiet about my admiration for them, or indeed my gratitude.

A. Spence-Jones



It appears a pattern is emerging in respect to my annual report. Last year it was written in the uncertain times of the Brexit hangover, this time the day after an indecisive general election. Uncertainty is a common theme, this sadly is the last thing people wish for.

Locally there continues to be uncertainty about the settled provision of Psychiatric services for Orkney. Many clients describe the distress of a different face every appointment, and having to retell their story. A feeling of starting from scratch. There are a number of issues that contribute to this problem, both short term and long term. Sadly, Psychiatry is a profession struggling to attract people to study it. This may have been affected by the overall perception that it is the poor relative to physical health. Despite so much talk in the political field of parity of worth, mental health still struggles to be heard. Worryingly, with ever increasing pressures on NHS budgets, it is of great concern that it will continue to fail to receive the funding and priority it deserves.

Within the service we have seen a very busy year. We have been blessed with the appointment of Pattie Hartley, as the Learning Disabilities Advocate. Pattie has brought a new set of skills to our organisation, along with a great deal of charm, warmth and diligence. It bodes well for our service, and those we support, that we have such a wonderful addition to the team.

We have had great results for clients over the last year. Many cases that have been long and complicated, with a positive ripple effect that extends well beyond the individual themselves. It is often impossible to set out on an accountant's spreadsheet the wholesale benefits of the work that we do. It is in the way your client sits in the last discussion you have with them when they know their case is finished, it is the way they look at you, it is the ease of them discussing the future. Advocacy isn't an exact science, it is a sense.

Workloads through the year have been the highest I have had since I joined Advocacy, and yet the service we provide, I feel, has improved. This is in large part down to such a wonderful team and the elegant way it conducts itself. For an organisation that has such distress and anxiety brought to its door daily, it never ceases to impress me how those concerns are dealt with and cared for by those of us who are tasked to help resolve them. We are not simply the amplifiers of grief, you can amplify sound with an empty bucket after all. It is about clearing the noise, distress or grief and finding a wavelength and a route your client wishes to take to find the quiet settled life they seek.

There is much to do. As the service's successes accumulate, then work will gravitate to us. An aging population, the pressures on life on those least equipped to deal with it and ongoing austerity will ensure that Advocacy Orkney will continue to be busier. In these uncertain times, we can be very certain that our role will ever increasingly be sought and delivered for those we support throughout this county.

John Foulis
Advocate



Advocacy for Looked After Children

In 2016-17, Advocacy Orkney supported 20 children and young people. The average age was between 11-15. Our support was required in attending Children's Hearings, Looked After Children Reviews, Core Groups and general meetings.

Most of the advocacy support provided was one-to-one as whilst there are collective advocacy issues for our Looked After children, we recognise no two people are the same and consider it vital to treat all our clients as individuals, irrespective of age or residential status.

One child's experience of being looked after, is not necessarily the same as the next and we must guard against assuming there is one homogenous voice which encapsulates what all these children and young people think.

In the year, we saw more referrals to the Children's Reporter in relation to non/poor school attendance than in previous years and we have worked with children to help them express their views in multi-agency meetings.

We secured some funding from the Orkney Child Protection Committee to work with our Looked After children in the hope that their input can inform local policy, resources and allow professionals to consider the necessary processes from a young person's perspective.



Additionally, we were involved in the two-day Corporate Parent Training event presented by Who Cares Scotland. Each local authority has a corporate parent responsibility and part of this function is to tackle the marked inequalities that exist for some Looked After children.



Why corporate parenting matters

Children and young people who are care experienced or who are looked after have the poorest outcomes of all children and young people in Scotland. Evidence suggests that:

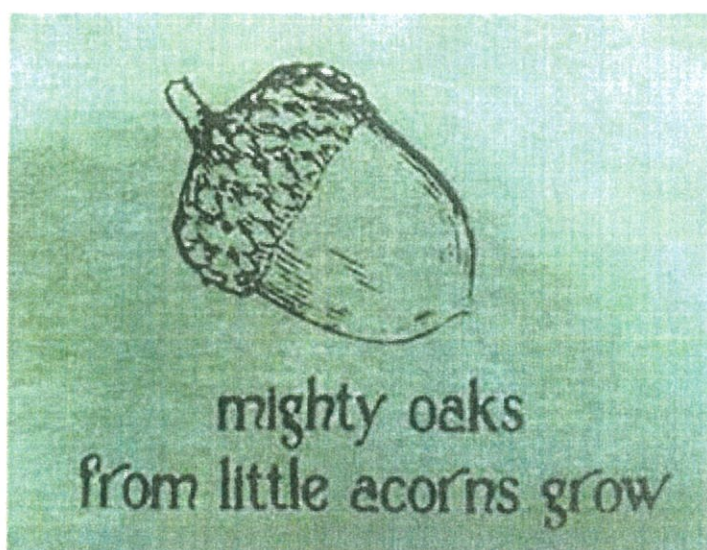
- 50% of the adult prison population were looked after
- 30% of looked after children become homeless
- 50% of looked after children have a mental health issue
- 4% of care leavers go on to higher education

Corporate Parenting exists to try and improve these outcomes and to improve the level of respect people have for the rights of care leavers and looked after children and young people.

Our current funding only allows us to work with Looked After Children, however increasingly we are asked about providing advocacy for other children who may not be Looked After but are adversely affected by relationship breakdowns of their parents, have difficulties at school, are experiencing the effects of poverty and feel adversely affected by social media amongst other things.

Two Advocacy Orkney staff members attended the Growing Up in Orkney conference and noted similar concerns across partner agencies and the same funding constraints amidst some of the Third Sector agencies.

At this event a workshop on Poverty and Disadvantage, presented by Evelyn Vrouwenfelder provided invaluable insight into the local issues and provided an excellent forum for discussing our concerns and experiences of the issues affecting young people in Orkney. It was noteworthy that in a previous debate by young people, as outlined by the Member of the Scottish Youth Parliament (MSYP) that the majority did not believe Orkney was the best place to grow up in. This is contrary to the often firmly held belief that it is! From an independent advocacy perspective, there are clearly issues affecting our children and young people that could be supported by advocacy if our agency had the resources and capacity to address. This is a matter we will continue to be in dialogue with our commissioners and external funders about. Advocacy is most efficient and indeed cost-effective when provided as a preventative strategy rather than as a reactive response.



Learning Disability Advocate's Report

Joining the Advocacy team in August of last year was a step out of my usual sphere of operation. Having been a teacher, a journalist and then setting up and running The Learning Link, didn't prepare me for the range and complexity of cases which are the bread and butter of Advocacy Orkney.

It was a very steep learning curve for me, and I can honestly say, I enjoyed nearly every minute of it. Looking back over the year the support of Andy, John and Carol has astonished me. It is not only their enthusiasm and expertise on a vast array of issues, more their willingness to patiently guide and explain them to the newbie.

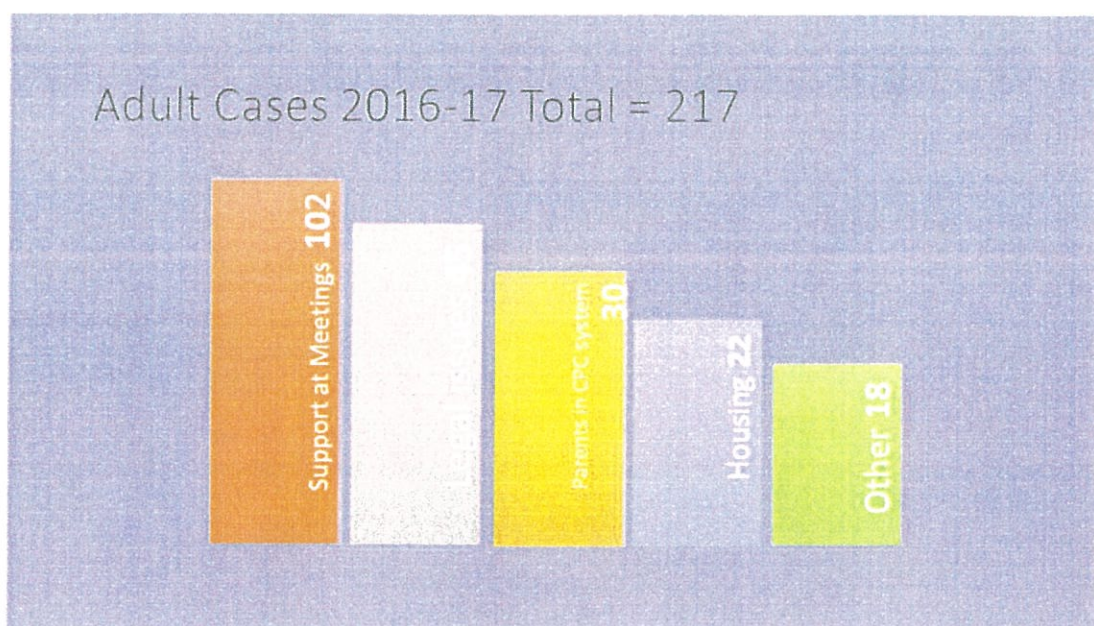
During my time, I have advocated for many different people, and in a small way, I have celebrated some victories. One of my first cases, I was assured, would be "fairly easily" resolved. After a gruelling eight months' slog, I still did not see an end in sight. Eventually, divine intervention in the shape of two CEOs, brought the case to a successful conclusion.

Stepping into people's lives when they are frightened, unsure and seemingly friendless in a bureaucratic nightmare, is somewhat of a daunting task. The feeling you get when helping someone find their voice, continue to make their wishes heard, being by their side and ultimately getting the best possible result for them - there's really nothing like it.

Although our clients will invariably come to us when things are not working out well for them and they are at a very low ebb, it is great to see them come through the other side, a little bit stronger, wiser and more empowered. Some journeys are longer and more complex than others, but some require just a little imaginative thinking and the effects can be quite astonishing. A long-awaited for holiday has impacted so dramatically on one client that they are now embracing life and pushing back the boundaries. Advocacy Orkney were again present at the Youth Philanthropist Initiative at Stromness Academy and Kirkwall Grammar School. John, Kirstin and I really enjoyed both events, but especially the chance to get to know the two groups better, when we met up for a second time. Although we didn't get into the final this year, we know that there are many youngsters out there who now know what Advocacy Orkney does, and this bodes well for the future.

I would just like to finish – as I began – and thank Andy, John and Carol for helping me join a great, supportive and loyal team. I have learned such a lot over the last year, but accepting praise may take a little longer.

Pattie Hartley



Examples of the advocacy provided across the 217 adult cases in 2016-17

Support at Meetings

Core Groups, Case Reviews, Establishing Care Packages, Welfare meetings, Care Package reviews, Self-Directed Support (exploring options) Employment issues, Health matters (support to speak to GP's and Consultants) Benefit assessments, School meetings.

Legal

Power of Attorney instruction and revocation, Guardianship, Adults with Incapacity, Emergency Detention Appeals, Court support, signposting for compensation, Named Person, Licensing applications, issues covered by the Patient's Rights Act, Mental Health Act and Children's Act, Legal Aid applications and Instructing a solicitor.

Housing

New applications, requests for re-assessment of points awarded for entitlement, Appeals against decisions, Homelessness applications, Re-housing, Concerns with neighbours, Access issues, Independent Living and Housing Benefit applications.

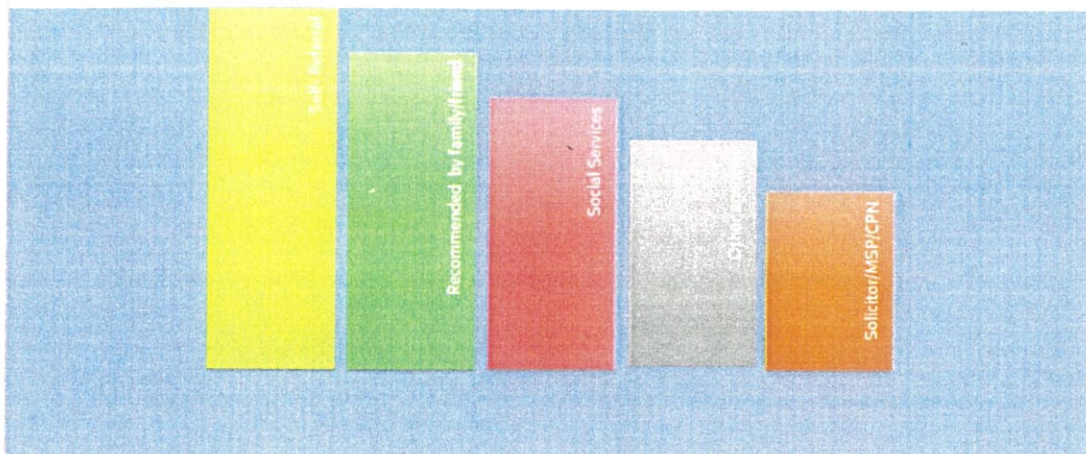
Parents with Children in the Child Protection System

Court Hearings, Core Groups, Looked After Children Reviews, Benefit reviews, Child Contact arrangements, Children's Hearings, submissions in relation to Social Background Reports, Safeguarding, Relevant Person Applications, Residency challenges and Kinship Care support.

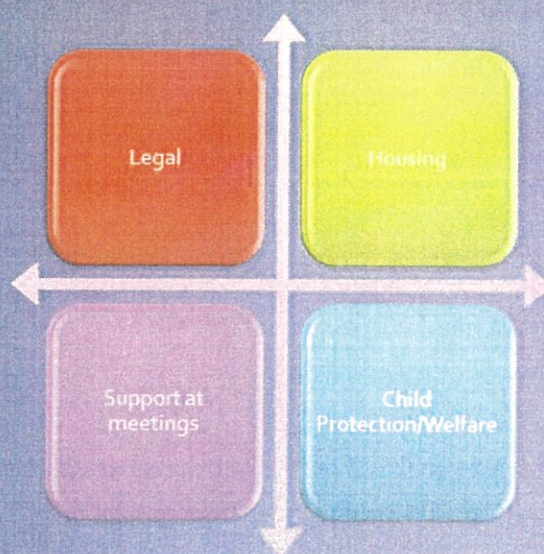
Other

Support to parents with Additional Support Needs, Volunteer Applications, Warm Home Discount Scheme, Financial issues, Interpreting documents, Formal Letter writing, Signposting to other agencies, Carers concerns and collective advocacy to various groups.

SOURCE OF REFERRALS 2016-17



Top four reasons for referral 2016-17



Client Feedback

"Something at a weekend might be an idea"

"Handy location. It's just open until lunchtime.... it would be nice to be open a bitty longer..."

"Initially I was concerned when I found out that the funding was from the council..."

Accessing
Advocacy Orkney

"There was no one else involved, they didn't recommend anyone else. I didn't feel there was a bias at all."

Independence

"They didn't just give one telephone number, but a mobile number too... it was very, very helpful, especially because of my work hours."

"I've certainly never found any problem or felt influenced by anyone... I've never really thought about it, which I suppose is a good thing."

What our
clients say...

"It is really marked: the way people speak to me and treat me if I'm at a meeting on my own or if my advocate is there, the way people speak to me is so different."

Working with an
advocate

"I found my advocate to be sympathetic, understanding, thorough and supportive."

How advocacy
helped

"...with them it makes things clear. Sometimes things that I don't pick up on, they pick up on."

"My advocate put the points we'd discussed across well, in an articulate way."

"Been an absolute lifesaver. I don't know what I would've done without you lot. Nice to have someone in your corner, someone to touch base and do all the forms."

Partner Feedback

"Despite receiving funding from the local authority they often have to challenge the same people for their clients. They don't shy away from this. But to avoid any preconceived notions of conflict by others who may not understand their diligence, their funding should come from another source/government directly."

"The advocate has no other agenda...so can truly be present in every sense for the client."

Independence

"I have never felt in any dealings with Advocacy Orkney that there has been any example of conflict of interest."

"The independence gives confidence that the voice of the individual will genuinely be heard irrespective of how uncomfortable it might be."

What our colleagues in other services say...

"Occasionally, clients need the support of more than one service for different issues they face. Advocacy Orkney has been good in partnership in these cases."

"Provided a means of needs and concerns being addressed."

"The advocate spoke up for the client's position and life and not their own."

Working with an advocate

"Tailored support to meet the needs of the individual and reassurance that their voice would be heard."

How advocacy helped

"Positive, supportive, effective and empowering."

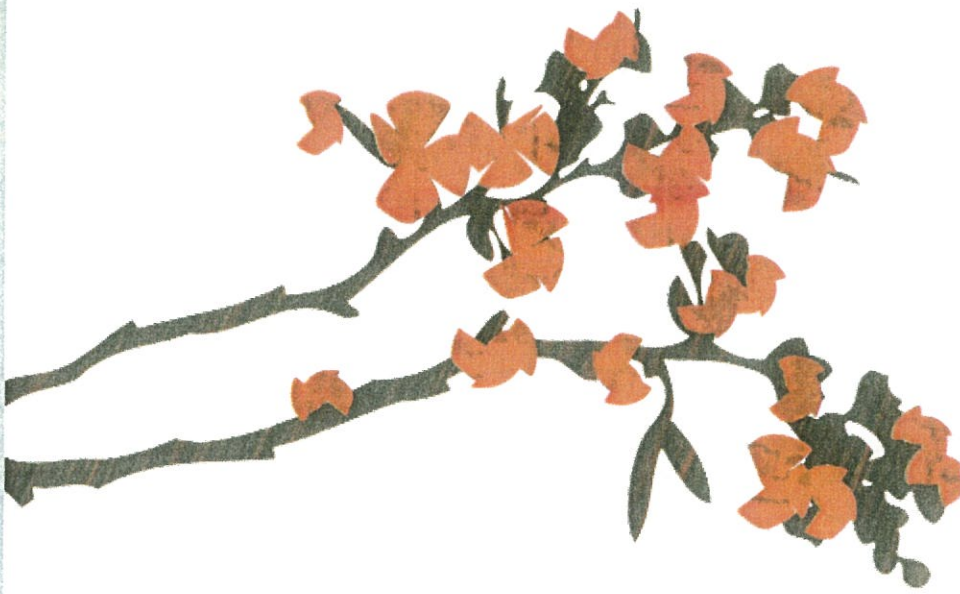
"My client has gained confidence and now plays a significant part in planning. I think she now feels listened to and this is critical to her empowerment."

Advocacy Orkney - Statement of Income and Expenditure

Year Ended 31st March 2017

	Unrestricted Funds £	Restricted Funds £	Total 2017 £	Total 2016 £
<u>INCOMING RESOURCES</u>				
Donations & subscriptions	235.00		235.00	9.00
Grants OIC	71,165.00		71,165.00	70,461.00
Robertson Trust		10,000.00	10,000.00	10,000.00
NHS Orkney			0.00	5,000.00
STV Children's Appeal	2,000.00		2,000.00	2,000.00
Investment income			0.00	258.00
Fundraising			0.00	213.00
	73,400.00	10,000.00	83,400.00	87,941.00
<u>RESOURCES EXPENDED</u>				
Staff costs	56,778.00	8,400.00	65,178.00	72,397.00
Depreciation	555.00		555.00	960.00
Fundraising & publicity	106.00		106.00	0.00
Rent / Utilities	6,693.00		6,693.00	9,677.00
Insurance	2,510.00		2,510.00	2,485.00
Repairs & Maint			0.00	1,203.00
Print post stationery	1,778.00		1,778.00	1,790.00
Phone	1,866.00		1,866.00	2,366.00
Travel	648.00		648.00	472.00
Legal and professional fees	79.00		79.00	149.00
Training	120.00		20.00	1,165.00
Computer	1,459.00		1,459.00	1,530.00
Sundry	449.00		449.00	2,487.00
Subscriptions	90.00		90.00	125.00
non-audit fees	1,652.00		1,652.00	1,534.00
Robertson Trust			0.00	0.00
Allocation of expenses	(2,800.00)	2,800.00	0.00	0.00
	71,983.00	11,200.00	83,183.00	98,340.00
<u>NET INCOMING RESOURCES</u>				
<u>BEFORE TRANSFERS</u>	(7,236.00)	(3,163.00)	(10,399.00)	3,799.00

This statement does not form part of the statutory accounts
Produced by AJB Scholes



Courage is what it takes
to stand up and speak;
courage is also what it
takes to sit down and
listen.

Winston Churchill

Advocacy Orkney
46 Victoria Street
Kirkwall
KW15 1DN

Telephone: 01856 870111
E-mail: info@advocacyorkney.org

Advocacy Orkney is a Company Limited by Guarantee Registered in Scotland.
Company No: 233455, recognised by The Inland Revenue as a Scottish Charity No: SC 033298.
Registered Office: 46 Victoria Street, Kirkwall, Orkney, KW15 1DN

View Clients Manage Cases Manage appointments Message Centre Reports Manage Advocates

Advocacy Statistics 2017

You are currently logged in

CYPA - Q1 - 2017

Client Group:	New	Active	Total
Carer	<u>0</u>	<u>0</u>	0
Dementia	<u>0</u>	<u>0</u>	0
Learning Disability	<u>0</u>	<u>0</u>	0
Mental Health	<u>1</u>	<u>1</u>	2
Older Person	<u>0</u>	<u>0</u>	0
Parent (Child in care system)	<u>0</u>	<u>0</u>	0
Parent (Child with additional support needs)	<u>0</u>	<u>1</u>	1
Physical Disability	<u>0</u>	<u>0</u>	0
After Care	<u>0</u>	<u>0</u>	0
Looked After	<u>1</u>	<u>9</u>	10
Other	<u>1</u>	<u>1</u>	2
Through Care	<u>0</u>	<u>0</u>	0
Total	3	12	15

Reasons for referral:

Benefits	<u>0</u>	<u>0</u>	0
Child Protection/welfare	<u>1</u>	<u>3</u>	4
Community Care (Day care)	<u>0</u>	<u>0</u>	0
Community Care (Home Care)	<u>0</u>	<u>0</u>	0
Community Care (Management)	<u>0</u>	<u>0</u>	0
Community Care (Residential)	<u>0</u>	<u>0</u>	0
Complaints	<u>0</u>	<u>0</u>	0
Consumer	<u>0</u>	<u>0</u>	0
Criminal Justice	<u>0</u>	<u>0</u>	0
Domestic Abuse	<u>0</u>	<u>0</u>	0
Education	<u>2</u>	<u>1</u>	3
Employment	<u>0</u>	<u>0</u>	0
Financial	<u>0</u>	<u>0</u>	0
Guardianship	<u>0</u>	<u>0</u>	0
Health	<u>0</u>	<u>1</u>	1
Housing	<u>0</u>	<u>0</u>	0
Housing / Domestic Abuse	<u>0</u>	<u>0</u>	0
Housing / Homelessness	<u>0</u>	<u>0</u>	0
Legal	<u>0</u>	<u>0</u>	0
Other	<u>0</u>	<u>1</u>	1
Support at Meetings	<u>0</u>	<u>6</u>	6

Referred By:

Advice agency (e.g. CAB)	<u>0</u>	<u>0</u>	0
Carer	<u>1</u>	<u>2</u>	3
Concerned Other Gender:	<u>2</u>	<u>0</u>	2
District Nurse/CPN	<u>0</u>	<u>0</u>	0
GP/OT	<u>0</u>	<u>0</u>	0
Hospital Nurse/Doctor/Staff	<u>0</u>	<u>1</u>	1
OIC Housing	<u>0</u>	<u>0</u>	0
Politician/Councillor	<u>0</u>	<u>0</u>	0
Self	<u>0</u>	<u>1</u>	1
Social Worker	<u>0</u>	<u>4</u>	4
Parent	<u>0</u>	<u>4</u>	4

Solicitor	<u>0</u>	<u>0</u>	0
Gender:			
Couple:	<u>0</u>	<u>0</u>	0
Female	<u>2</u>	<u>8</u>	10
Male	<u>1</u>	<u>4</u>	5
Age:			
17-19	<u>0</u>	<u>1</u>	1
20-29	<u>0</u>	<u>0</u>	0
30-39	<u>0</u>	<u>0</u>	0
40-49	<u>0</u>	<u>0</u>	0
50-59	<u>0</u>	<u>0</u>	0
60-69	<u>0</u>	<u>0</u>	0
70-79	<u>0</u>	<u>0</u>	0
80-89	<u>0</u>	<u>0</u>	0
90-99	<u>0</u>	<u>0</u>	0
11-15	<u>2</u>	<u>7</u>	9
16-17	<u>0</u>	<u>0</u>	0
Under 11	<u>1</u>	<u>4</u>	5
How did you hear about AO:			
Children & Families Team	<u>0</u>	<u>5</u>	5
Community Mental Health Team	<u>0</u>	<u>0</u>	0
Friend / Relative	<u>1</u>	<u>0</u>	1
GP / Health Professional	<u>0</u>	<u>1</u>	1
OIC Community Social Services	<u>0</u>	<u>0</u>	0
Voluntary Organisation	<u>0</u>	<u>0</u>	0
Other - Website/Newspaper/MSP/MP/etc	<u>2</u>	<u>3</u>	5

View Clients Manage Cases Manage appointments Message Centre Reports Manage Advocates

You are currently logged in

Adult - Q1 - 2017

Client Group:	New	Active	Total
Carer	<u>0</u>	<u>1</u>	1
Dementia	<u>4</u>	<u>4</u>	8
Learning Disability	<u>1</u>	<u>27</u>	28
Mental Health	<u>4</u>	<u>19</u>	23
Older Person	<u>2</u>	<u>10</u>	12
Parent (Child in care system)	<u>0</u>	<u>3</u>	3
Parent (Child with additional support needs)	<u>1</u>	<u>3</u>	4
Physical Disability	<u>3</u>	<u>6</u>	9
After Care	<u>0</u>	<u>0</u>	0
Looked After	<u>0</u>	<u>1</u>	1
Other	<u>1</u>	<u>7</u>	8
Through Care	<u>0</u>	<u>0</u>	0
Total	16	81	97

Reasons for referral:

Benefits	<u>2</u>	<u>7</u>	9
Child Protection/welfare	<u>0</u>	<u>5</u>	5
Community Care (Day care)	<u>0</u>	<u>2</u>	2
Community Care (Home Care)	<u>0</u>	<u>1</u>	1
Community Care (Management)	<u>0</u>	<u>1</u>	1
Community Care (Residential)	<u>1</u>	<u>2</u>	3
Complaints	<u>1</u>	<u>1</u>	2
Consumer	<u>0</u>	<u>0</u>	0
Criminal Justice	<u>0</u>	<u>0</u>	0
Domestic Abuse	<u>0</u>	<u>0</u>	0
Education	<u>0</u>	<u>1</u>	1
Employment	<u>3</u>	<u>5</u>	8
Financial	<u>0</u>	<u>5</u>	5
Guardianship	<u>1</u>	<u>4</u>	5
Health	<u>3</u>	<u>12</u>	15
Housing	<u>2</u>	<u>8</u>	10
Housing / Domestic Abuse	<u>0</u>	<u>0</u>	0
Housing / Homelessness	<u>0</u>	<u>0</u>	0
Legal	<u>0</u>	<u>8</u>	8
Other	<u>2</u>	<u>4</u>	6
Support at Meetings	<u>1</u>	<u>13</u>	14

Referred By:

Advice agency (e.g. CAB)	<u>1</u>	<u>4</u>	5
Carer	<u>0</u>	<u>0</u>	0
Concerned Other Gender:	<u>1</u>	<u>9</u>	10
District Nurse/CPN	<u>0</u>	<u>2</u>	2
GP/OT	<u>0</u>	<u>0</u>	0
Hospital Nurse/Doctor/Staff	<u>1</u>	<u>1</u>	2
OIC Housing	<u>0</u>	<u>0</u>	0
Politician/Councillor	<u>0</u>	<u>0</u>	0
Self	<u>8</u>	<u>41</u>	49
Social Worker	<u>5</u>	<u>23</u>	28
Parent	<u>0</u>	<u>1</u>	1

Solicitor	<u>0</u>	<u>0</u>	0
Gender:			
Couple:	<u>0</u>	<u>6</u>	6
Female	<u>10</u>	<u>41</u>	51
Male	<u>6</u>	<u>35</u>	41
Age:			
17-19	<u>0</u>	<u>1</u>	1
20-29	<u>1</u>	<u>10</u>	11
30-39	<u>2</u>	<u>18</u>	20
40-49	<u>3</u>	<u>12</u>	15
50-59	<u>2</u>	<u>13</u>	15
60-69	<u>3</u>	<u>12</u>	15
70-79	<u>3</u>	<u>6</u>	9
80-89	<u>2</u>	<u>8</u>	10
90-99	<u>0</u>	<u>0</u>	0
11-15	<u>0</u>	<u>1</u>	1
16-17	<u>0</u>	<u>0</u>	0
Under 11	<u>0</u>	<u>0</u>	0
How did you hear about AO:			
Children & Families Team	<u>0</u>	<u>1</u>	1
Community Mental Health Team	<u>1</u>	<u>7</u>	8
Friend / Relative	<u>3</u>	<u>10</u>	13
GP / Health Professional	<u>1</u>	<u>3</u>	4
OIC Community Social Services	<u>3</u>	<u>23</u>	26
Voluntary Organisation	<u>2</u>	<u>7</u>	9
Other - Website/Newspaper/MSP/MP/etc	<u>4</u>	<u>25</u>	29

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 14, 2017 11:52:00 AM
Last Modified: Thursday, January 18, 2018 8:37:36 AM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Service Manager, Planning and Commissioning
Organisation	Perth and kinross Council
Area you are covering in your response (NHS board or HSCP)	Perth and Kinross HSPC

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

**NHS board-
wide**

HSCP,

**Local
authority**

Other (please
specify):

Advocacy Strategic Planning was formerly carried out by NHS Tayside. The joint strategy (2012-2015) sets out how Perth & Kinross Council in partnership with Dundee City Council, Angus Council and NHS Tayside will work with other local partners to review the current need for advocacy with a view to putting proposals in place for the provision of independent advocacy for all client groups. This strategy requires a refresh and discussion are underway to look at how this should happen.

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:

Discussion are underway to look at capacity requirements including prisoner advocacy

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

N/A

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

N/A

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?

No

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

No,

If yes please give details of when plan will be completed:

Discussions are underway to take this forward

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Independent advocacy is being addressed through the refresh of the mental health strategy and the service is represented on the learning disability strategy group

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **Yes**

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **Yes**

Q16 If the budget has changed please say how. Have services changed as a consequence?

Funding ended for the prison advocacy services and proposals are in hand to recommission

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

No,

If yes, please provide details:

There is a proposal in hand to recommission an advocacy service for prisoners. Decision due by the end of the month

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Respondent skipped this question

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Respondent skipped this question

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Respondent skipped this question

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Respondent skipped this question

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Respondent skipped this question

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Respondent skipped this question

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Respondent skipped this question

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Respondent skipped this question

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Respondent skipped this question

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Respondent skipped this question

Q29 How do you monitor complaints about advocacy services?

Respondent skipped this question

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Respondent skipped this question

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff?	Respondent skipped this question
--	---

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?	Respondent skipped this question
--	---

Q33 How do you measure this?	Respondent skipped this question
-------------------------------------	---

Q34 Has an equality impact assessment of advocacy services been undertaken?	Respondent skipped this question
--	---

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?	Respondent skipped this question
--	---

Q36 If no, is a plan in the process of being developed?	Respondent skipped this question
--	---

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?	Respondent skipped this question
--	---

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?	Respondent skipped this question
--	---

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?	Respondent skipped this question
---	---

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?	Respondent skipped this question
---	---

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Independent Advocacy Perth and Kinross (IAPK) 90 Tay Street, Perth PH2 8NP				
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	From January 2017 IAPK have been operating on generic needs based assessment rather than specific criteria. The exception to this is where there is ring fenced funding to provide independent advocacy to advocacy partners at the Low and Medium Secure Wards at the Rohallion Secure				

	<p>Care Clinic at Murray Royal Hospital, Perth</p> <p>Areas of priority identified are:</p> <ul style="list-style-type: none"> • Adults subject to The Mental Health (Care & Treatment) (Scotland) Act 2003 included under the term 'Mental Disorder' (excluding prison). • Children & Young People subject to The Mental Health (Care & Treatment) (Scotland) Act 2003 				
--	---	--	--	--	--

	<ul style="list-style-type: none"> • People under the Adult Support & Protection Act • People under the Adults with Incapacity Act • Carers with highest assessed need – e.g. where their caring role is impacting on their own mental health. 				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem					
People with learning disability					
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5

People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages	Yes				
Under 18 with mental health issues/learning disability					
Adults up to 65					
Adults over 65					
Type of advocacy					

Individual	Yes				
Collective	No				
Citizen	No				
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes				

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Friday, October 13, 2017 3:43:39 PM
Last Modified: Thursday, January 18, 2018 2:52:29 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	HSCP Director
Organisation	Renfrewshire HSCP
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
--	-------------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
--	-----------

Q4 If yes, please upload your plan here	Respondent skipped this question
--	---

Q5 If no, is a plan in the process of being developed?	Yes, If yes please give details of when plan will be completed: Will be developed as part of the review of the HSCP Strategic Plan in 2019.
---	--

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

The Advocacy providers will be consulted and involved in the review of the HSCP Strategic Plan in 2019

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

There will be consultation and involvement with clients who use advocacy services as part of the review of the HSCP Strategic plan in 2019

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

The plan will form part of the review of the HSCP Strategic Plan in 2019

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Again would reference the review in 2019 of the HSCP strategic Plan.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q12.docx (40.6KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

This is detailed "prioritisation and resource allocation" section of the "Service specification".

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

No

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Respondent skipped this question

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

Don't know,

Any further details:

The process would be the clients key worker/care manager would link in with out of sector advocacy services to ensure a service was available if requested. All clients at the point of assessment and review are informed of advocacy services and if requested are supported to access.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

No specific commissioned advocacy service but can confirm that homelessness services can refer to advocacy service in Renfrewshire.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Respondent skipped this question

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Specific service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

There is in place a block contract with Renfrewshire Carers Centre which is included in block payments for independent advocacy.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

There is place quarterly reports sent in by both advocacy providers - multiple outcomes measured and also subject to contract monitoring visits.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

As noted above

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

The most up to date information is from the period 1st April - 30th June 2017 from the Quarterly Monitoring Reports and is noted below; Referrals in the period: 139 Nature of referrals CMHT - 1 CPN - 3 Mental Health Crisis Service 2 Housing - 1 Legal Services - 2 Mental Health Officer (MHO) - 15 Nurse (Hospital Based) - 9 Hospital based Social Worker - 1 Relative/Carer - 1 Self referral - 76 Social Work Area Teams - 18 Support Services (Care) - 10

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

No

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

Is contained within the Quarterly and Yearly Monitoring Reports

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

This is done via the providers quarterly assurance systems under contract

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Quarterly Monitoring reports

Page 11: Making people aware of services

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

The advocacy do this by on-going presentations to the NHS, HSCP and Social Work Services. Also present to 3rd sector and voluntary organisations.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

This is done through the quarterly monitoring contract reports

Q33 How do you measure this?

There is a provider system in place to collate and measure this and ago would be captured in monitoring reports.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
The plan would be developed through the HSCP Integrated Joint Board with the support of the wider HSCP and advocacy services.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **No**

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **No**

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **No**

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Areas for development have been noted in completing this questionnaire, they will be considered and taken forward as part of the review of the HSCP Strategic Plan in 2019.

It has been a helpful and useful exercise that has brought into focus areas that require development in Renfrewshire.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	You First Advocacy 47 Causeyside Street PA1 1YN	Renfrewshire Carers Centre Unit 55, Abbeymill Business Centre Paisley PA1 1TJ			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No (limited to Carers only)			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	Yes				
People with learning disability	Yes				
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5

People with dementia	Yes				
People with autistic spectrum disorder	Yes				
Mentally disordered offenders	Yes				
Homeless people with mental illness/ld/dementia	Yes				
Asylum seekers with mental illness/ld/dementia	Yes				
People with any other condition (specify)	Yes				
Age range					
All ages	Yes				
Under 18 with mental health issues/learning disability	Age 16 plus				
Adults up to 65					
Adults over 65					
Type of advocacy					

Individual	Yes	Yes			
Collective	No				
Citizen	No				
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes	No			

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 9:10:52 AM
Last Modified: Thursday, January 18, 2018 1:43:41 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Executive Manager Adult Social Work
Organisation	Shetland Islands Council
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

HSCP,
 Other (please specify):
 Strategic planning is carried out through IJB's Strategic Plan and Commissioning Strategy.

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

Yes,
 If yes please give details of when plan will be completed:
 There is no current plan as the past one is a significantly out of date. Work is due to start on a new plan in the near future.

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

In the past they were integral to the development of the plan. When the new plan is developed a working group will be set up and the providers will be part of this.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Similar to above.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,
If yes please give details of when plan will be completed:
As part of new plan described in previous section.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

As above.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

No,
If yes, please give details:
The main provider who deal with generic as well as mental health and learning disabilities do not prioritise as a direction from the HSCP, but they are expected to prioritise their own workload. Other more specific providers such as Who Carer Scotland and Rape Crisis Scotland prioritise these specific areas.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence? **Respondent skipped this question**

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Respondent skipped this question**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service ,
Any further details:
We commission on a case by case basis as required with the host authority.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

For Homelessness people are sign posted to Shelter Scotland.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

We have had very limited numbers of asylum seekers in the past decade (2), and services will be purchased as required depending on presenting need.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

As part of the contract.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Outcomes are decided on an individual level, we measure "successful cases" as described by the service provider. Contract and service schedule to be emailed separately.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Quarterly service reports and financial updates plus regular meetings between service provider and commissioners.

No independent evaluation for a number of years.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

Advocacy Shetland: Monitoring report to follow by email.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

Service provider has met all targets for allocating cases, therefore no unmet need has been identified.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

No,

If yes please provide details:

Numbers are so low prioritisation hasn't been required.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Annual customer satisfaction surveys.

Q29 How do you monitor complaints about advocacy services?

Annual monitoring data from providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Staff from HSCP explain to service users and signpost; information leaflets in public areas, GP surgeries etc. Newspaper adverts.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **No**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Service is open to all in society.

Q33 How do you measure this?

Included in reporting data.

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
End of 2018.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
In as far as we gather demographic information, service need etc but not as a specific exercise.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **Yes**

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Other (please specify):

This will be developed as part of the Strategy and Plan development.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

No files uploaded but will be sent in seperate email.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Advocacy Shetland Market House 14 Market Street Lerwick Shetland Islands Council ZE1 0JP				
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem					
People with learning disability					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages	Yes				
Under 18 with mental health issues/learning disability					
Adults up to 65					
Adults over 65					

Type of advocacy					
Individual	Yes				
Collective	Yes				
Citizen	Yes				
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	Yes				

Advocacy Statistics 2017

Advocacy Shetland

January to March 2017

Caseload (New Cases)

Service target	Annual	April-June	July-Sept	Oct-Dec	Jan-Mar	Cumulative
Mental Health	29	10	5	9	12	36
*Homelessness	Up to 100	3				
Generic	66	15	15	11	15	56

Volunteer and Staffing

We successfully recruited an advocacy case worker on a 16 hour a week contract. This is a temporary post for approximately 9 months, unless other funding can be secured.

We have one admin volunteer trained and undertaking work of approximately 6 hours a week.

We have another admin volunteer who works 4 hours a week.

We have an advocacy volunteer just about to start who will commit to a minimum of 7 hours a fortnight. This may increase as her other commitments change.

We have two people who have committed to joining the Board of Advocacy Shetland.

Caseload (including split as Mental Health, Homelessness and Generic)

New Cases (this quarter)	27
Ongoing Cases	30
Total Cases	57

Closed cases: 25 cases in total have been closed. 12 of these have been cases opened in the previous 6 months. 13 of these have been older cases.

Service delivery

% of service users contacted within 7 day referral 100%

% of service users with case concluded within 6 months

Service profile data of new clients:

Most clients present with many needs. However the following is a list of the core disabilities/needs.

Nature of disability/need:

Mental health – 11
Learning Disability – 6
Autism Spectrum Disorder – 2
Physical Disability – 9
Sensory Impairment – 3
Living with a long term condition – 12
Carer/Care/Transition – 4

Other: Parent of Child with Social Work involvement – 3
Homeless or threatened with Homelessness – 1
SIC / NHS complaints – 3
Finances / PIP assessments – 7
Housing - 2

Clients are presenting with multiple issues. The main issues dealt with were Mental Health and living with a long-term health condition.

Referral routes of new cases:

<u>Nature of disability:</u>	<u>Referral route</u>
Mental Health	Family
Care Transition / Carer	SW / CC
Carer / Financial Ass't	Self (Previous)
Mental Health	Self (Leaflet)
Physical Disabilities / Mobility / Housing	Self
Mental Health	Self
Learning Disabilities	Housing Support
Physical Disability / Benefits	Self
Mental Health / PIP	Self

Mental Health	Self
Care Transition	Environmental
Learning Disability / Autism	EGRC
Mental Health	EGRC
Mental Health	Self
Mental Health	Shetland Access
Housing	Housing Officer
Carer	Mother
Carer	Self
Carer	Self
Long Term Cond / PIP	Self
Mental Health	Self
Mental Health / Care RS / Benefits	OT
Mental Health	CPN
Carer	Self
NHS Complaint	Self
Mental Health	Self
Legal / Long Term Cond / Partially Sighted	CAB

Gender: 14 women 13 men

Age range: Under 25 – 3, 25-64 – 19, 65+ 5

Promotion and awareness raising activities:

Board meeting x 2

Advocacy Development Working Group

Public Partnership Forum x2

Carer's Strategy Group

Supported Living & Outreach senior team meeting

Forward Directions EGRC

Maree Todd MSP

Person-Centred Planning Facilitation Training

Community Justice Seminar

Meeting with The Alliance

Advocating from a Human Rights perspective SHRC x 2

Self-advocacy work:

Advocacy has approached Annsbrae senior team about joint working to set up a Peer Support Group as research has shown that peer-run self-help groups yield improvement in psychiatric symptoms resulting in decreased hospitalization, larger social support networks and enhanced self-esteem and social functioning. Advocacy has now been invited to attend some of the workshops they run to discuss the role of Advocacy.

Advocacy have meet with the Forward Directions group at EGRC. This has led to two referrals. We are now working with this group to set up and help facilitate a self-advocacy group.

Feedback from Advocacy Partners:

Of the 25 cases closed this quarter 13 were very satisfied with the support of Advocacy. One client has been closed after conversation with the Commissioners that as a grandparent of a LAC they do not meet our criteria, it should be noted the client had been very satisfied with Advocacy support. One client moved south. One client passed away. One client's issue was predominantly homelessness. We sign posted them on to Shelter, the feedback from the client was that they wanted someone locally and face-to-face support during meetings. 2 clients were referred onto CAB as their issues were best placed with CAB money advisors. One client was referred onto the VAS Carer. One clients situation changed and they no longer needed advocacy support. 5 clients did not engage with the process.

Feedback forms were sent and will be included in the next quarter.

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, October 10, 2017 3:08:59 PM
Last Modified: Thursday, January 18, 2018 2:48:21 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Area you are covering in your response (NHS board or HSCP)

South Ayrshire Health and Social Care Partnership

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?**HSCP,**

Other (please specify):

The SAH&SCP (SA H&SCP) believes that Advocacy should be available to anyone who needs it. Partnership Care Group Strategies tailor, develop and commission independent advocacy services to meet individual people's needs. This inclusive multi-agency care group approach ensures that services are widely available to all people and to support them to make choices and take control of their lives. This includes: • Adult Community Mental Health Strategy 2017 – 2023 • Adult Learning Disability Strategy 2017 – 2023 • Older People (in development)

Q3 Is there a current independent advocacy strategic plan covering your area?**No****Q4** If yes, please upload your plan here**Respondent skipped this question****Q5** If no, is a plan in the process of being developed?**No**

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

As part of developing individual care group strategies all providers were and continue to be consulted through a range of communications mediums including; provider's forums, community engagement events and strategy questionnaires via the website.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

As part of the care group strategies consultation and engagement process.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **Yes**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? **No**

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Please refer to individual care group action plans.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net) **Respondent skipped this question**

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

No,

If yes, please give details:

SA H&SCP works in accordance with legislation requirements; advocacy rights applies to everyone who has a mental disorder and includes any person with a mental illness, a personality disorder or a learning disability. People with dementia and acquired brain injury are also covered by the Act. People do not have to have a medical diagnosis also access local independent advocacy. The Contract Specification Agreement states that, the Service Provider will, in relation to Adults within the scope of the Mental Health (Care and Treatment) (Scotland) Act 2003: • Provide Advocacy for clients during the mental health tribunal process, helping clients prepare and accompanying them, as requested. • Provide Advocacy support at care review and other meetings, as requested. • Assist clients in developing advance statements and person centred plans. • Provide Advocacy for clients challenging their level of security.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

Yes

Q16 If the budget has changed please say how. Have services changed as a consequence?

The adult service was initially delivered by two separate advocacy organisations, for learning disability and the mental health. The Council was obliged to go to tender for advocacy services in 2015 and the Council made the decision to commission one organisation to cover all Advocacy Service for adults, aged 16 years old and over, residing in the geographic area of South Ayrshire mainly falling under the following categories:

- Adult Advocacy in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 i.e. the service will be available to people aged 18 years up to 65 years who have a mental disorder, defined as any mental illness, personality disorder or learning disability, however caused, or manifested and who live in, are ordinarily resident within, are visiting or are temporarily resident out with the South Ayrshire Council area;
- Adults aged 65 years and over and who live in, are ordinarily resident within, are visiting or are temporarily resident out with the South Ayrshire Council area;
- Adults residing within South Ayrshire who are in receipt of support services, or may be in need of such services and are vulnerable by reason of age, illness or mental or other disability; and
- Residents of care homes where there is a concern that their needs are not being addressed.
- Adults with Incapacity (Scotland) Act 2000.
- Adult Support and Protection (Scotland) Act 2007.
- Self Directed Support (Scotland) Act 2013.

In the event that the needs of a prospective Service User call for the provision of a particularly specialist Advocacy Service then the Council reserves the right to procure that specialist service from a party other than the Service Provider.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?	No, If yes, please provide details: N/A
---	--

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support	Any further details: The provider has a local agreement in place with health services for advocacy support as and if required.
---	---

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

Independent Advocacy Service in South Ayrshire offers an independent advocacy service to the people residing within the South Ayrshire Area aged 16 or over, whose circumstances include, but are not restricted to: • mental health issues; • personality disorder; • learning disabilities; • chronic illness; • physical disabilities; • acquired brain injury; • dementia; • autistic spectrum disorders; and • people who are unable to safeguard their own well-being, rights, care or other interests such as welfare and housing.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

Advocacy Services are made available to asylum seekers however alternative support arrangements are made if the person's first language is not English or where there specific communication needs for language and translations services.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

Separate SA H&SCP Carers Strategy is in the early stages of development.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Service Users feel they have their wishes, views, values and preferences taken into account within any decision making process and will be enabled to become effective self advocates where appropriate.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Ongoing evaluation of services delivered by providers is conducted in line with the Contract Monitoring and Performance Framework (under review).

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

As the 3rd quarter of 2017, the cumulative total of 151 individuals were introduced to the advocacy service and responded to a range of issues such as: • detentions; • adults with incapacity; • adult support and protection; • child protection; • service reviews; • service closure; and • housing matters. The above list is not exhaustive and bringing the total number of introductions /supports to 451.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

This is an area for further development actual numbers are not available.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

This is discussed as part of contract monitoring arrangements as appropriate.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Case studies and direct feedback is sought from service users and reported in accordance with the service specification.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

Complaints are monitored and reported on a quarterly basis.

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Awareness raising activities are conducted in a variety of ways including marketing, presentation/talks, community engagement and capacity building, multi agency team meetings. Some examples are summarised below.

Marketing Materials

An array of marketing materials have been distributed and will continue to be distributed either electronically or through hard copy. To date the provider has emailed and contacted statutory, voluntary and private organisations working with individuals whom we have provided an advocacy service to.

Raising Awareness

South Ayrshire Advocacy service raise awareness of its role and remit through formal and informal talks to professionals, advocacy partners and carers, and presence at events in the community. The service has moved to a shop front premises at a central location in Ayr town centre accessible to all who require the service.

Community Engagement: Residents Forum Meeting Talk

The service has attended Creggan Bahn Court in Ayr (Scottish Care Home of the Year 2015) to inform them about our services. The Residents Forum meeting, held every 6 weeks, was attended by the owner, the manager, the activities co-ordinator, a staff nurse and 15 residents. The ethos of the meeting modelled provider approach of building circles of support and demonstrating genuine interest in others and their care.

The provider attended a South Ayrshire Health & Social Care Networking Event, called Sharing Practice Making Connections. The provider set up a stall providing information surrounding the service role and remit and sharing marketing materials. Throughout the afternoon over 45 connections were made, which included other voluntary organisations, a wide range of NHS staff, University staff and South Ayrshire Council staff. A variety of external organisations have requested electronic versions of leaflets and posters. This included the lecturers for the Integrated Health & Social Care degree course, who are including advocacy in their course material and resources. A stall was included in the official UWS photo which was shared on Twitter.

Other activities included:

- Community Care Teams in the Ayr Locality, overview of the providers services;
- Mental Health Staff/Stakeholder Event;
- Ward 7a Woodland View; and
- Strathclyde University Technology & Innovation Event.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Performance reporting includes by category;

- Age;
- Gender;
- Ethnicity; and
- Geographical location.

Q33 How do you measure this?

This is measured through contract monitoring arrangements.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Respondent skipped this question**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
Under development as part of the wider strategic partnership and contract monitoring arrangements.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? If yes, please describe:
Under development as part of the wider strategic partnership and contract monitoring arrangements.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **Yes,**
Other (please specify):
As part of the wider strategic partnership strategies action plans and contract monitoring arrangements.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services? **Respondent skipped this question**

Q4 Advocacy plan

South Ayrshire Health and Social Care Partnership provided this plan, available at:
<https://www.south-ayrshire.gov.uk/health-social-care-partnership/documents/mental%20health%20strategy%20final.pdf>

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Friday, July 14, 2017 11:20:11 AM
Last Modified: Thursday, January 18, 2018 2:19:26 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Planning and Performance Manager
Organisation	South Lanarkshire Health and Care Partnership
Area you are covering in your response (NHS board or HSCP)	NHS

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	NHS board-wide
--	-----------------------

Q3 Is there a current independent advocacy strategic plan covering your area?	Yes
--	------------

Q4 If yes, please upload your plan here

SWR_Lanarkshire Advocacy Plan.pdf (418.6KB)

Q5 If no, is a plan in the process of being developed?	If yes please give details of when plan will be completed: N/A
---	---

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

There is a strong partnership link between Lanarkshire Advocacy Planning Group (LAPG) and our Advocacy Providers. As the plan was developing, its various drafts featured an agenda items on the Monitoring and Liaison meetings we have with our providers. We also have a Lanarkshire Advocacy Network (LAN), on two occasions during the development of the plan both LSPG and LSN met. Details on Page 14 Appendix 3 of our Advocacy Plan

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

Our Advocacy Providers took the draft plan to their service users. Some funding was made available for these engagement events which were held across Lanarkshire between November 2014 and April 2015.

Details on Page 14 Appendix 3 of our Advocacy Plan

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **Yes**

Q9 If yes, please upload your plan here **Respondent skipped this question**

Q10 If no, is a plan in the process of being developed? If yes please give details of when plan will be completed:
N/A - Action Plan is an appendix to the Plan

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

We have an action plan in our Advocacy Plan 2016/2020 Page 22 Appendix 5.
There have been some changes in personnel recently, and this action plan requires refresh.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.docx (42.4KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **Yes,**
If yes, please give details:
Our service specifications prioritise legislative work.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No,**
If yes please give details:
Organisations self regulate, as they realise they have to prioritise workload.

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **Yes**

Q16 If the budget has changed please say how. Have services changed as a consequence?

Within the South Health and Care Partnership and as part of efficiency savings agenda 2014/15 advocacy services overall budget changed. Services have had to re prioritise, and concentrate on legislative work. We negotiated with the providers at the time and put revised contracts in place from 2016

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,
If yes, please provide details:
Patients Rights funding was directed to Shotts Prison. TAP were commissioned to undertake this work, it is currently being reviewed.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service,
Any further details:
We would assume that this is picked up in the other LA areas. TAP for example provide advocacy support within care homes both private and council in our area, not all residential our Lanarkshire residents.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

The South Partnership do not commission advocacy services for homeless people with mental health problems. Our Housing Resources staff provide support through housing support officers and assist people get the advice and support they require from for existing services such as Shelter and Citizens Advice Bureau (CAB). If they believe there may be a capacity issue they refer to Social Work under Adult Support and Protection.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

No, we do not commission advocacy for asylum seekers. We are participating in supporting Syrian families as part of there Humanitarian Protection status and future intake will have Refugee status – and we would provide advocacy services.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

No carers' advocacy service

Mental health, Learning disability, Dementia

Please provide details

We do not commission advocacy services specifically for carers. Across Lanarkshire we commission carer support services from Lanarkshire Carers Centre, who provide a range of practical help and assistance to carers including support groups, access to training, therapies, access to grants/funding and short breaks. Within both partnerships, Carer engagement and involvement activity is funding to two organisations. The Carers Act gives further focus to information and advice for carers and carer involvement.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

Providers follow Talking points outcomes.

SL Health and Care Partnership want to ensure that independent advocacy supports people to have their voice heard and their rights and interests protected.

Providers report on Talking points outcomes and case studies.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Providers self evaluate. Providers produce annual evaluation feedback reports which include information from service users, referrers and other stakeholders. A screen has been developed on our client index system to capture referrals to advocacy, local office staff involved in monitoring and liaison meetings.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

TAP - March 17: Older People 65+ (159) Mental Health 18 - 65 (163) Speak Out - March 17: Adults with a Learning disability (321) People First : Annual Report 2016 (451) Adults with learning disability across range of collective advocacy groups. Who Cares Scotland (Supports our Looked After and Accommodated children and young people)

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

Spread sheet used to capture monthly activity includes section for waiting list.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

Yes, and as a consequence of focused funding, legislative work, and compulsory measures a priority.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

See 27 above providers produce satisfaction reports.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

This would be monitored through our normal complaints procedures. Providers also manage their own complaints and advise us of any issues at Monitoring and Liaison meetings.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Links on our website to Advocacy Supports, through the Lanarkshire Advocacy Network, through the annual learning disability conference, posters and wider public information across a range of health and care settings (hospital/care homes/health centres). Engagement events.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Monitoring in terms of contractual arrangements and regularly reported through reporting templates. Got links established with our carer services such as Lanarkshire Carers Centre and their BME workers. If providers require translations services we can assist.

Q33 How do you measure this?

Monitoring and Liaison Meetings with Providers, and general discussion on how we record ethnicity, current template limited.

Q34 Has an equality impact assessment of advocacy services been undertaken? **Yes**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? If yes please give details of when plan will be completed:
Group need to re-establish following changes in staff, and hosted services of mental health and learning disability based in the North Health and Care Partnership.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
We have been tracking needs on an annual basis seeing no trends that would give us cause for concern. We have noticed a focus on support planning as a referral source with the wider introduction of Self Directed Support

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? If yes, please describe:
Providers monitoring waiting lists. Gaps appear to be in the area of Childrens mental health and appropriate advocacy support.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years? **Yes,**
Other (please specify):
Advocacy Pathway to be circulated.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

S Health Care Partnership - not aware of any other Advocacy Services

Q4 Advocacy plan

NHS Lanarkshire available at:

<http://www.nhslanarkshire.org.uk/publications/Documents/Advocacy-Plan-2016-2020.pdf>

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Tuesday, July 11, 2017 2:21:50 PM
Last Modified: Thursday, January 18, 2018 8:26:01 AM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Head of mental Health, Addictions and Learning Disability
Organisation	West Dunbartonshire HSCP
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?	HSCP
--	-------------

Q3 Is there a current independent advocacy strategic plan covering your area?	No
--	-----------

Q4 If yes, please upload your plan here	Respondent skipped this question
--	---

Q5 If no, is a plan in the process of being developed?	Yes, If yes please give details of when plan will be completed: Currently revising - completion due 30 November 2017
---	---

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

The current Advocacy team are directly involved in this discussion.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

This will be facilitated through the Advocacy Service direct and also via the local Mental Health Forum.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
30 November 2017.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Advocacy services in relation to mental health and learning disability services are reflected through the individual teams service plans.

There are plans to include the Advocacy Service more in meeting forums and also linking in direct with specific service areas to promote the use of Advocacy locally.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net) **Respondent skipped this question**

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act? **Yes,**
If yes, please give details:
Referrals are made to Advocacy in line with compulsory requirements. These referrals are prioritised given the need for specific access to support for people subject to Compulsory measures in line with their rights.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No,**
If yes please give details:
(Although this is being reviewed in line with the evaluation of the current Service Level Agreement).

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence?

Not applicable at this time.

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **No**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support

From a local service ,
Any further details:
This would primarily be from our local Advocacy Service.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this **Mental health, Dementia, Learning disability**

Please provide details

Homeless people are offered the same access to Advocacy services locally.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Please provide details

Asylum Seekers are also offered the same access to Advocacy services locally.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Generic service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

Advocacy services for Carers can be provided by our local Advocacy services or through our local Carers Centre.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

We have found that demand for Advocacy Services is increasing locally. We are currently reviewing the Service Level Agreement that we have with our local service to ensure that it reflects the needs of people locally in West Dunbartonshire. We are also looking to generate a more detailed analysis around the nature of referrals, waiting times and discharges. Another area we are looking to target is the areas around unmet need - in some of the areas mentioned in the questionnaire. For example, Veterans locally accessing Advocacy, Older Adults, the link with Children's advocacy particularly when young people are transitioning over from Mental health Services and Learning Disability.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

Annual reporting framework, local contact with teams, feedback from service users.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Service User feedback is ongoing and provided as part of annual reporting. This is part of the ongoing review process.

Q29 How do you monitor complaints about advocacy services?

Annual monitoring data from providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Local awareness, leaflets and through working directly with patients and service users and their families.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

This is an area for development and currently being reviewed.

Q33 How do you measure this?

As above

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **No**

Q36 If no, is a plan in the process of being developed? **Yes,**
If yes please give details of when plan will be completed:
30 November 2017. Currently being reviewed.

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future? **Yes,**
Please describe:
Analysing local trends and a complete review and evaluation of the project. Current audit of Advocacy arrangements and provision is underway.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? **If yes, please describe:**
Dementia. Older adults, young people in transition to adult services, LGBT, Asylum Seekers

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,

Other (please specify):

All under audit and review and once information is clear an action plan will be formulated to progress.

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

We are currently in the process of auditing and reviewing our current advocacy provision to ensure that it is fit to meet the needs of the people of West Dunbartonshire. This is also taking account of the changing needs of clients groups locally and demand for services.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Lomond and Argyle Advocacy Services 155 Dumbarton Road, Dumbarton				
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	YES				
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem					

People with learning disability					
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages	Yes, although we only use the service for adults and older adults. Our children				

	services have their own service.				
Under 18 with mental health issues/learning disability					
Adults up to 65					
Adults over 65					
Type of advocacy					
Individual	Yes				
Collective	Yes				
Citizen					
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	We make referrals to the organisation.				

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Friday, July 14, 2017 10:27:53 AM
Last Modified: Thursday, January 18, 2018 8:30:38 AM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Senior Manager - Mental Health
Organisation	NHS Lothian
Area you are covering in your response (NHS board or HSCP)	West Lothian Health and Social Care Partnership

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

NHS board-wide ,

Other (please specify):

The Plan currently was to December 2016. Work is currently taking place to develop a new Plan to reflect current priorities and the new responsibilities of the Integrated Joint Boards (IJBs).

Q3 Is there a current independent advocacy strategic plan covering your area?

Yes

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

Respondent skipped this question

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Advocacy providers are represented as members of the Independent Advocacy Steering Group chaired by NHS Lothian and drawing representation from other commissioning bodies in Lothian. The Steering Group had responsibility for the development of the Plan.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

There were a number of consultation events held in each Local Authority area to explore issues and inform the development of actions for inclusion in the Plan.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **Yes**

Q9 If yes, please upload your plan here

LIAP2012-16.pdf (3.2MB)

Q10 If no, is a plan in the process of being developed?

If yes please give details of when plan will be completed:

Please refer to Plan provided previously - local action plans are incorporated into the overall Lothian Strategic Plan.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

West Lothian HSCP have developed commissioning plans for Mental Health , Learning Disability, Older People, and Physical Disability and advocacy is referenced within these.

Wider strategic developments are outlined in the IJB Strategic Plan for West Lothian.

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

MWC advocacy adult return Q9.doc (76.5KB)

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

All services will prioritise meeting the needs of people with mental disorders as defined in legislation and then to any adult with mental health problems, challenging behaviour, autism spectrum disorder, adults with a physical disability including acquired brain injury.

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person? **No**

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years? **No**

Q16 If the budget has changed please say how. Have services changed as a consequence? **Respondent skipped this question**

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **Yes**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Yes,**
If yes, please provide details:
Advocacy support provided by the Mental Health Advocacy Project in HMP Addiewell.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **From a local service**,
Any further details:
Advocacy is provided by agreement to Huntercombe Hospital in West Lothian.

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to homeless people with condition - no specific agreement relating to this **Mental health, Learning disability, Dementia**

Please provide details

Current service provision enables referrals to be made for people who are homeless who meet other referral criteria.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Generic service open to asylum seekers with condition - no specific agreement relating to this

Mental health, Learning disability, Dementia

Please provide details

Current service provision enables referrals to be made for people who are seeking asylum who meet other referral criteria.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Specific service explicitly commissioned for carers

Mental health, Learning disability, Dementia

Please provide details

Service for carers is provided on an as-required basis. Consideration is being given to formalising arrangements for carer advocacy in new contracts due to be commissioned from 01/04/18.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

The outcomes sought are as follows:

1. The voices of people who use advocacy are heard;
2. Service users have access to good quality advocacy which is easily available and accessible;
3. Service users feel supported and empowered to make informed choices about issues they are facing.

Outcomes are monitored through quarterly reporting by providers.

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

There is quarterly reporting from advocacy providers.

There is formal annual contract performance review.

There is feedback quarterly from social work practice teams.

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:

This is broken down by agency: MHAP – individual referrals 456 and collective 53 EARS – individual referrals 204 and collective 13.

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:

The providers all aim to work with no waiting list.

Discussions take place at annual contract monitoring reviews in relation to any unmet need.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:

This is part of the contract specification.

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

The providers undertake service user surveys. Results are shared with commissioners.

Q29 How do you monitor complaints about advocacy services?

Other (please specify):

There is an expectation that providers will inform the Health and Social Care Partnership if a formal complaint is received.

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

The service is advertised widely in social care and health services in West Lothian. Providers are involved in promotional events for both mental health and learning disability within the Health and Social Care Partnership.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

Services are available to any individual who needs them and who meets the criteria.

Q33 How do you measure this?

This is not reported upon.

Q34 Has an equality impact assessment of advocacy services been undertaken?

Yes

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? **Yes**

Q36 If no, is a plan in the process of being developed? **Respondent skipped this question**

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,

Please describe:

It was recently included in the independent strategic needs assessments undertaken for all care groups. No gaps in provision were identified. Relevant advocacy providers are fully engaged in the current redesign of Mental Health services within West Lothian.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please describe:
See above.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

No

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

This return focusses only on commissioned services for independent advocacy.

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Mental Health Advocacy Project, 189A West Main St, Broxburn EH52 5LH.	EARS Advocacy, Ashley Place, Edinburgh EH6 5PX.			
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	No	No			
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem	Yes	Yes			

People with learning disability	No	Yes			
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
People with dementia	No	Yes			
People with autistic spectrum disorder	No	Yes			
Mentally disordered offenders	Yes	No			
Homeless people with mental illness/ld/dementia	Yes – Mental Illness	Yes			
Asylum seekers with mental illness/ld/dementia	Yes – Mental Illness	Yes			
People with any other condition (specify)	People with Substance Misuse issues	Carer advocacy on an individual basis			
Age range					
All ages	No	No			
Under 18 with mental health issues/learning disability	Yes by agreement	No			

Adults up to 65	Yes	Yes			
Adults over 65	No	Yes			
Type of advocacy					
Individual	Yes	Yes			
Collective	Yes	Yes			
Citizen	Yes	No			
Non-instructed advocacy					
Does the service provide non-instructed advocacy?	No	No			

Lothian Independent Advocacy Plan

2012 - 2016 Inclusive

Version	Date Issued	Author	Change
1	01 06 11	R. Laskowski	
2	27 06 11	R. Laskowski	Comments received from LIASG plus outputs from the consultation event on 15th June.
3	05 07 11	R. Laskowski	Information re Needs Assessment and outputs from consultation event added plus information re legislation and policy
4	16 08 11	N Kelly/Dorothy Hill	Substantial re-write – plain English version
5	06 09 11	R. Laskowski	Appendix 3 added - EL Council policy and strategic document references added in.
6	08 09 11	J Sim/ R. Laskowski	Added in outputs from 1st Rapid Impact Assessment and updates from the Lothian Needs Assessment
7	07 02 2012	R. Laskowski	Added outputs from consultations and feedback event of 16 12 2011, plus revised financial information
8	12 03 12	R. Laskowski	Added in advocacy map - still to be completed, plus annual action plan for 2012
9	03.05 12	R. Laskowski	Final amalgamated changes following responses from LIASG.
9b	09.05 12	R. Laskowski	Proof read and amendments made accordingly

Contents

	Page
Language Used Throughout This Document	3
Introduction	4
What is advocacy?	
Different types of advocacy	
Non-instructed advocacy	
Background to the plan	6
Services currently available	
Legal developments	
Working in partnership	
Review of the Lothian Independent Advocacy 2008-2011 action plan	11
Key messages	
Going forward	
Discussion groups	
Future events	
Consultation and Development of the Action Plan for 2012 -2016	13
The development and delivery of training	
Outcomes and the Impact Provided by Advocacy	
Provision of Information about Independent Advocacy	
NHS Lothian and City of Edinburgh Review 2009 - 2011	16
Next steps: developing this plan	17
Assessing wider need across Lothian	
How can advocacy help?	
The needs assessment	
Recommendations	
Equality impact assessment	
Performance Monitoring	
The Financial Situation	
Appendices	
1. Action Plan 2012	23
2. Legislation and policies	tbc
3. Lothian Independent Advocacy Provision and Investment	tbc
4. Remit of Lothian Independent Advocacy Steering Group	tbc
5. NHS Lothian Needs Assessment	tbc
6. Equality Impact Assessment	tbc
7. Scottish Health Participation Standard - Abbreviated Version	tbc

8. Reporting timetable

tbc

Version 9b

Language used throughout this document

Advocacy Partner

We have used this term throughout to refer to the person/ member of the public in receipt of independent advocacy

Independent Advocacy

When we use this term we mean providers of advocacy services where Independent advocacy and promoting independent advocacy are the only things independent advocacy organisations do.

Independent Advocates

We use this term to refer to the person, either employee or volunteer who is the person that meets and provides independent advocacy support to the member of the public.

Advocacy Provider

We use this term to mean the organisation that delivers the actual advocacy to members of the public.

The Partners

We have used this term to refer to the five statutory commissioning agencies in Lothian, i.e.

NHS Lothian

City of Edinburgh Council

Midlothian Council

East Lothian Council

West Lothian Council

People with Protected Characteristics

We use this term to refer to people who have an enhanced level of protection in statute from the Equalities Act 2010.

This means

Introduction

What is advocacy?

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Advocacy reaches out to people in the community, who may be isolated, lack confidence to speak up, have lost faith in services, or be unaware that services and support exists.

Independent advocates are people who help individuals gain access to information and explore and understand their options. Although many organisations like councils and health boards offer advocacy services, *independent* advocacy is unique in being as free as possible from conflicts of interest because it is the only service that the independent advocacy services provides.

Advocacy is not about securing the best interests of the person, but about that individual's right to express his or her own view. The advocate has a responsibility to engage with the person in a manner, pace and place that is most appropriate to the individual. The overall aim is to support the person to express an informed view about an agreed issue.

Different types of advocacy

There are three main kinds of advocacy services. These are:

- *Professional, individual or issue-based.* This kind of advocacy is provided by both paid and volunteer advocates. An advocate supports a person to represent their own interests or represents the views of an individual if the person is unable to do so themselves. They provide support on specific issues and provide information, but not advice. This support can be short or long term.
- *Collective advocacy.* This is where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. Individual members of the group may also support each other. The group as a whole may campaign on an issue that affects them all.

"Where I think collective advocacy is so powerful is that an individual patient has very little voice, but when you get people acting together in support of each other, there's nothing more powerful."

Jim Kiddie, Extract from *Oor Mad History*

- *Citizen advocacy.* When an unpaid member of the community is matched with a person who needs someone to be on their side. A citizen advocate would not expect to receive any financial or material benefit from being an advocate. They support their partner in an open-ended, usually long-term basis.

Non-instructed advocacy

In some cases, the advocacy partner may be unable to express themselves and tell the advocate what they want. Examples of this may include people who have lost their speech through stroke, either temporarily or permanently, people with severe learning disabilities or people with advanced dementia. This list is not exhaustive.

In cases like this, the Scottish Independent Advocacy Alliance has guidance on 'non-instructed' advocacy.

Non-instructed advocacy is about:

- where possible, spending time getting to know the advocacy partner, observing how they interact with others and their environment and building a picture of the person's life, likes and dislikes
- trying different methods of communicating
- gathering information about the person through a variety of different ways. This may include identifying past wishes or any advanced statement made, for example, living wills
- speaking to the significant others in the person's life
- ensuring that the advocacy partner's rights are respected
- taking account of the advocacy partner's likes and dislikes when decisions are being made and helping them make choices as far as is possible
- making sure all options are considered and that no particular agenda is followed

Background to this plan

This 2012-2016 Independent Advocacy Plan for Lothian is the fourth plan developed by the Lothian partners.

It is the work of five organisations, who are each responsible for ensuring the provision of independent advocacy services to people in the Lothians. These are:

- NHS Lothian
- City of Edinburgh Council
- West Lothian Council
- East Lothian Council
- Mid Lothian Council

Throughout the plan, these organisations are referred to as 'the partners'.

The development of this plan has been dependent upon substantial contributions from consultations with advocacy partners, carers, organisations that provide independent advocacy services, and the wider public.

While previous plans covered three years, this new plan covers five, 2012 - 2016 inclusive. It is hoped that the longer time frame will be supportive in helping the partner organisations to work together with stakeholders and continue to improve the provision of advocacy services to the people who need it most.

Services currently available

Independent advocacy services on offer vary across the local authority areas in Lothian, which reflects the diversity of local populations and need. Services are currently provided to the following groups:

- children and adults with learning disabilities
- mentally disordered offenders
- children and adults with mental health support needs
- physically disabled adults
- older people
- people who have dementia
- carers of people with learning disabilities or mental health support needs
- adults at risk

A detailed list, by agency and location, can be found in Appendix 3.

Legal and policy developments

Since the last plan, published in 2008, there have been many important legal and policy developments which have influenced how we provide our services and our plans for the future.

- Adult Support and Protection (Scotland) Act 2007.
- Equalities Act 2010.
- Criminal Justice and Licensing (Scotland) Act 2010.
- Aggravated Hate Crime 2009
- Children's Hearing (Scotland) Act 2011
- Patient Rights (Scotland) Act 2011.
- Self Directed Support - a National Strategy for Scotland 2010.
- *Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010 – 2015.*
- The National Dementia Strategy and associated Dementia Standards of Care, 2011
- The Scottish Independent Advocacy Alliance (SIAA), various good practice documents.

For more details on these and other relevant legislation, see Appendix 2.

New legislation and policies have helped improve our understanding of gaps in the current provision of advocacy services.

For example:

The Patient Rights (Scotland) Act 2011 now protects the rights of all patients of NHS Scotland in statute.

The Act gives all patients the right that the health care they receive should:

- consider their needs;
- consider what would be of optimum benefit to them;
- encourage them to take part in decisions about their health and wellbeing, and provide information and support for them to do so

Where patients need additional support to uphold their rights - in the first instance this will be provided by a new Patients Advice and Support Service which will:

- Provide information about the NHS and what it does;
- Help patients and members of the public to know and understand their rights and responsibilities when using the NHS;
- Help people who wish to give feedback or comments, or raise concerns or complaints on the care they have received; and
- Tell patients about other support services, *like advocacy*, (our italics) or interpretation or translation services, which might be helpful to them.

This highlights the importance of considering, over the life of the plan, how to support independent advocacy organisations in extending the provision of independent advocacy to those who may now be directed towards this opportunity.

The Equalities Act 2010 protects people from discrimination on the basis of their age, disability, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, gender identity and gender reassignment. Developing equalities-sensitive advocacy provision is an important part of this plan.

Criminal Justice and Licensing (Scotland) Act 2010. As part of the transfer of healthcare from the Scottish Prison Service (SPS) to NHS Scotland, we aim to look at the provision of independent advocacy for those prisoners who have a statutory entitlement to independent advocacy under the Mental Health (Care and Treatment)(Scotland) Act 2003 .

The value of advocacy has also been recognised for people with particular needs, who may not have previously had easy access to it. One example is "The Road to Recovery" 2008 which recognises the importance of advocacy in supporting families, and in particular children who are part of a family affected by alcohol or substance misuse to, for example, engage with and access support services

Local Issues

During the term of the last 2008 - 2011 Lothian Independent Advocacy Plan there also has been a full review of the commissioning of independent advocacy services undertaken by City of Edinburgh Council in partnership with NHS Lothian. This is discussed in more detail in page 11.

Working in partnership

NHS Lothian and the four Lothian local authorities mentioned above, "the partners" are committed to hearing the views of everyone involved with advocacy in the development and subsequent implementation of this plan

We recognise the expertise and knowledge of independent advocacy providers across Lothian, while remaining sensitive to the potential for conflicts of interest around business opportunities. With this in mind, the Lothian partners are committed to ensuring that all providers of independent advocacy have the opportunity to engage with the development, monitoring and review of this plan

This plan has been developed taking into account the Scottish Health Council Participation Standards (2010) An abbreviated version of the standard is included here at appendix 7.

In recognition of the continued importance of supportive partnership across and with all stakeholders throughout the life of this plan, relationships and networks have been more formally recognised.

These are currently referred to as :

1. Lothian Independent Advocacy Steering Group
2. Lothian Independent Advocacy Providers Reference Group**
3. Lothian Independent Advocacy - Network of Engagement with Advocacy Partners Groups **

**These groups will, as an early action - determine their own titles.

The membership of the Lothian Independent Advocacy Steering Group reflects the 5 partner agencies, and representatives from the Providers Reference Group.

We are currently negotiating with the various groups of Advocacy Partners to establish how they want to engage with the over arching steering group. Essentially we want to ensure the voice of stakeholders is a fundamental part of every meeting.

The remit of the Steering Group is:

- to support the sharing of good practice to build on the consistency of delivery of quality services across Lothian
- to support and build on the engagement of stakeholders to ensure as wide and robust engagement as possible
- to support the continued work to reduce barriers and maximise the availability and accessibility of independent advocacy to people with protected characteristics who may be harder to reach
- to support the development of peer review.

The remit and membership is enclosed in full at Appendix 4.

The Steering group is also responsible for the delivery, monitoring and equality impact analysis of the annual advocacy action plan enclosed at Appendix 1 of this document.

Lothian Independent Advocacy Providers Reference Group

This group is currently being established to provide a forum of all providers of independent advocacy across Lothian to support in the sharing of good practice and innovation, assist the Steering Group in delivering the Lothian Independent Advocacy Action Plan and to work towards the reduction of duplication of effort, for example, in the development and delivery of training for advocates.

Lothian Independent Advocacy - Advocacy Partner Engagement Plan

It is recognised that there are a number of well established groups of Advocacy Partners across Lothian. Rather than create another group, it was agreed that a period of negotiation with those already in existence would be undertaken to establish how they wish to engage with the work of the Steering Group, if indeed this is something they do want to do.

It is noted that not all grouping of advocacy partners have established forums- and we need to ensure we create appropriate accessible opportunities for people from all areas of Lothian and from each "grouping" of advocacy partner. For example: there is not an established collective group for disabled people who are users of advocacy services.

Part of the remit of all of the above groups and engagement networks will be to develop effective and ongoing engagement with advocacy partners from across Lothian, for example collective advocacy groups, to ensure that we provide opportunities for engagement in its widest sense – and do not restrict this to those individuals who are members of the above groups only.

Version 3.0

Review of the Lothian Independent Advocacy 2008-2011 Action Plan

A consultation event was held on 15 June 2011 at The Quay in Musselburgh to review the 2008-2011 Lothian Independent Advocacy Plan.

Over 50 participants attended the event. They included advocacy partners, organisations who provide advocacy services, as well as representatives from the five partner organisations.

Key messages

These are the main issues from the consultation:

1. There has been some success in increasing the level of investment of advocacy across Lothian.
2. The partners have been successful in addressing some of the gaps in independent advocacy (for example, providing independent advocacy to people with physical disability in some parts of Lothian).
3. The move towards joint Service Level Agreements (SLAs), which have now been delivered in the majority of areas, was viewed as a step in the right direction. SLAs are contracts drawn up with external organisations to provide services.
4. Equality Impact Assessment monitoring came too late in the process and the opportunity to address many of the issues was felt to have been lost.
5. The partners accepted that they did not deliver on the ambition to have ongoing engagement/ annual events throughout the life of the plan.
6. It was noted that there was a related review of independent advocacy provision in Edinburgh, carried out by NHS Lothian and City of Edinburgh Council. More detail about this is included at page 10. This required a significant investment in time of monitoring officers from both CEC and NHS Lothian, It was accepted that there is now a requirement to invest time and focus in the other areas.

Going forward

It was agreed the following themes should be part of the 2012-2016 plan:

1. A need to bring providers of independent advocacy across Lothian together in a Providers Reference Group to support multi agency working and collaboration

2. An annual consultation event should be kept in place
3. The monitoring of advocacy services across all organisations needs to be more consistent across the different localities
4. Users of services should be involved in this monitoring and reporting
5. Collaborative work needs to be done to address the needs of equalities groups more successfully
6. An awareness programme needs to be developed across Lothian to promote independent advocacy amongst staff groups. It was agreed any such programme would have greater success if users of advocacy services were part of the training
7. The need to work to deliver information in "easy read" formats
8. The need to ensure that advocacy is not a substitute for getting the basics right when providing services

Discussion groups

The afternoon session of the event focussed on discussion to help us identify initial thoughts about the increased entitlement to advocacy and our legal responsibilities to ensure availability and access. The partners were keen to discuss creative ideas with advocacy partners and organisations about ways in which the partners might respond to these increased duties.

Ideas from these discussions included:

- recognising that we have to respond to groups that have an existing entitlement to advocacy services before we can expand further
- a suggestion that perhaps organisations need to consider offering advocacy services that are less specific to certain groups. It was also suggested that we need to recognise that people have multiple needs and different aspects to their identity
- concerns were raised from advocacy partners that increasing entitlement to "new groups" would put their existing services under pressure or at risk
- concern that we could not/ should not prioritise areas for service development as this would immediately exclude some groups or suggest that their needs are not as important

Some specific suggestions that need to be looked at during the life of the 2012-2016 plan included:

- explore how we address early intervention and prevention

- finding a balance between prevention, recovery and legal duties
- exploring how we fully include the experiences of advocacy partners in future service development?
- how we will develop and enhance existing services to meet the needs of people with protected characteristics as flexibly as possible
- understanding the benefits and added value of both independent and non-independent advocacy services
- finding ways to respond to the needs of other groups not mentioned to date (for example, people with autism/ Aspersers* and people with addictions)
- how we will consider the differences between how advocacy works in rural and urban areas and influence the development of services with this in mind
- how we will "test" different models in different areas. For example, advocacy engagement with young carers or minority ethnic communities in rural areas, or advocacy in prisons in Lothian. Lessons learned can then be expanded to other areas and/or providers in Lothian as appropriate.

Consultation and Development of the Action Plan for 2012 - 2016

A number of further consultation events were held to specifically explore the above issues and more directly inform the development of the priority actions for year one of this 5-year plan.

Recognising the different environments, experiences and populations across Lothian, three events were held in September which were hosted by East and West Lothian Councils, with the final event hosted by the City of Edinburgh Council as follows:

- 13 September- Morning: East Lothian. The Stables Pavilion, Musselburgh - this event was for interested people from both Mid Lothian and East Lothian Council areas.
- 13 September - Afternoon: West Lothian Ability Centre, Livingston
- 30 September: City of Edinburgh. Waverley Gate, Edinburgh.

There was also a final feedback event which included stakeholders from across all the local authority areas. This event was hosted by NHS Lothian on 16 December 2011 and reported back on both the information gathered from the discussions at the September consultations and presented a final draft of the action plan for 2012.

The events in September focussed on particular areas. Examples of the outputs from each area are given below:

The Development and Delivery of Training to Raise Awareness about Independent Advocacy

We wanted to know how we can make sure the training about advocacy is as good as possible.

Some of the ideas that were consistently suggested to us included:

- supporting advocacy partners to become fellow trainers, involving people in both the design and the delivery of advocacy training.
- making sure the training includes information about the Scottish Independent Advocacy Alliance (SIAA) Principles and Code of Practice
- being flexible about the times of availability of the training to try and ensure it is accessible to the people we most want to target.
- evaluating the training to monitor its effectiveness

Outcomes and the Impact provided by Advocacy

We wanted to explore how we could work with providers and advocacy partners to identify and gather information that demonstrates the positive impact that independent advocacy can have.

Stakeholders discussed a huge variety of options including the suggestions that we:

- give consideration to developing an on line review function
- provide a third party for people to feed back to, as a means of providing the information anonymously if that is the individual's preference
- seek to develop universal protocols with all Lothian providers to deliver a consistent approach to the gathering of user feedback

A consistent message from all consultation events was the concept of developing peer review amongst Lothian providers as a method of evaluation from subject experts, building on local best practice and continuous development of services which understand the local need.

Provision of information about independent advocacy

We wanted to think about what we can change to make sure that we work well with different groups of people from across the whole population of Lothian including:

- ways in which we can let them know about independent advocacy
- making it easier for people to find out about independent advocacy, and understand what it can support them with
- make advocacy more accessible to them regardless of whether they live in the city or in rural communities

Suggestions for delivering against this included:

The use of local and social media, for example community newspapers, local radio stations, Facebook etc.

It came across strongly that all information should be culturally accessible in the widest sense, i.e. not just community languages but having a dialogue with different parts of the population from across Lothian to support accessibility, for example; on what a shared understanding is of the definition and impact of independent advocacy.

It was fundamentally agreed that we need to always listen to and learn from the lived experiences of people we are designing/delivering services for and to, also that we must be prepared to act on the learning from these experiences and be prepared to change as a result of those.

It was also recognised that we should work collaboratively to build on the relationships between collective advocacy groups and community planning structures to raise awareness and understanding of the availability of advocacy.

With regard to the issues of urban and rural environments it was broadly agreed that we should use community information options as creatively as possible to be more successful in advertising the availability and potential supports available through independent advocacy.

A big issue however was how to tackle social and cultural isolation. This will remain on our agenda, and it is recognised that this is an area that advocacy support could assist with

We used all the information gathered from these events to develop the action plan for 2012 which is included here at Appendix 1, page 23.

NHS Lothian and City of Edinburgh Council Review 2009 - 2011

As already noted, City of Edinburgh Council, with NHS Lothian undertook a review of the delivery of independent advocacy within Edinburgh. This review concluded in February 2011.

The purpose of the review was to look at different ways of delivering services, which would ensure that all client groups have equal access to them. It also looked at ways of making potential financial savings, by reducing management and infrastructure costs.

The review focussed on the availability of advocacy services for:

- people with mental health support needs and their carers (individual and collective advocacy)
- people with learning disabilities (individual and collective advocacy)
- older people (individual and collective advocacy)
- people with a physical disability (individual advocacy)

Following the conclusion of the review the commissioning partners undertook a procurement exercise to recruit organisations to deliver these services. The procurement of independent advocacy services for Edinburgh concluded with the newly commissioned services becoming operational from 1st December 2011.

While it is recognised that this was a difficult process for all involved, and advocacy services across Edinburgh will require a period of time to become established within the parameters of the new commissions, the aims of this Lothian Independent Advocacy Plan remain the same.

Next steps: developing this plan

Assessing wider need across Lothian

NHS Lothian, along with all other Health Boards in Scotland, received funding from the Scottish Government to review current gaps and identify potential inequalities in how independent advocacy services are provided

The NHS Lothian needs assessment was undertaken in parallel with the other consultation events that informed this plan.

The NHS Lothian Health Needs Assessment of Advocacy defines relevant terms. It describes the groups included within the needs assessment, and its aims and methods as well as its limitations. Finally it summarises overall findings on unmet need, and suggests developments in current advocacy provision (and how it is supported by the statutory sector) in order to address this need.

The definition of a "Health Needs Assessment" applied in this case is "a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities".

To begin with, the needs assessment focussed on the groups known to have poor health outcomes and health service experiences:

- black and minority ethnic groups (including Gypsy/Traveller and refugee and asylum-seeker communities)
- lesbian, gay, bisexual and transgender people
- homeless people
- people dependent on drugs and alcohol
- prisoners and ex-offenders
- people living in areas of multiple deprivation
- people with low levels of health literacy

There is obvious overlap between many of these groups: it is known that prisoners, for example, are more likely to come from deprived areas and also have low levels of health literacy.

We are also aware that there are other groups not mentioned above who may have needs for independent advocacy which we are not yet meeting. These groups may also be unaware of, or find it difficult to access existing advocacy services. For example: The needs of specific groups such as those

experiencing the consequences of sexual abuse or gender-based violence have been drawn to our attention since we embarked on this exercise. However, we hope that by first focussing on the groups mentioned above, we will identify general pointers about other potential inequalities in service provision.

How can advocacy help people who currently experience difficulty in accessing services?

Focusing on the groups defined above, the review investigated:

- The potential for independent advocacy to improve their health service experiences
- How their needs for advocacy are currently met in Lothian
- Models for providing advocacy sensitive to their particular needs

The needs assessment drew upon :

- local data on the health and health service experiences of these groups
- the views of staff who work with them
- UK projects which have tailored advocacy to the particular needs of certain groups.

We also sought the views of all of Lothian's existing independent advocacy providers to see whether they believe they are as accessible as they would like to be when it comes to reaching these groups, their perceptions of barriers of access, and views on potential ways in which these could be overcome.

The Needs Assessment in full is attached to this report at Appendix 5, however an executive summary is provided here.

The needs assessment is in progress, but findings include the following:

- There is a disproportionately high level of mental distress or ill-health for many people in all of the defined groups, and some groups also have disproportionately high prevalence of learning disability. Examples include a high prevalence of mental health problems amongst Gypsy Travellers, prisoners, LGBT people, and members of some black and minority ethnic groups (such as asylum seekers and African-Caribbean men). These patterns are linked, among other factors, to histories of stigma, discrimination and poverty.

- There is evidence in all groups of problems in articulating health needs, and a lack of awareness of their right to healthcare. There is evidence of difficulty in engaging with health service providers. The factors underpinning this are distinctive for particular groups. They include lack of trust in service providers based on past experiences or fear, and the barriers experienced through not sharing language or cultural understandings of health and illness with service providers.
- Advocacy has a clear role in supporting people in the different groups to engage with health services, alongside wider ongoing work to tackle inequalities in health service provision. This includes tackling and dismantling stereotyped ideas such as certain communities "look after their own" and therefore either will not access or do not require assistance from services such as the NHS.
- Providing advocacy for particular groups calls for a range of distinctive skills, knowledge of specialist networks and appropriate practical arrangements (for enabling advocacy to be provided in prisons, for example).
- There is considerable expertise in Lothian in addressing the issues arising from the need for inclusive advocacy services, however this is currently fragmented.
Lothian is fortunate to have a range of voluntary sector organisations with skills and expertise in working with the defined groups. While many of these advocate for their service users, this advocacy is not independent. Meanwhile, independent advocacy organisations are increasingly striving to provide their services to diverse local communities. Despite pockets of good practice, many are constrained by resources.
- Various models have emerged for providing advocacy to those from the defined groups. This includes dedicated projects serving specific groups; 'universal' advocacy services which strive to be inclusive; and the forging of strong associations between independent advocacy organisations and those organisations with expertise in working with the defined groups.
- Partners have an important role to play in supporting inclusivity in advocacy services through, for example, disseminating and enabling existing good practice in inclusive advocacy; actively fostering productive associations between independent advocacy providers and other community organisations; and piloting inclusive forms of practice.

The Recommendations which emerged from the Health Needs Assessment are:

1. Directly seek the views of members of the defined groups on independent advocacy during the first twelve months of the 2012 – 2016 plan in order to incorporate their views into the development of

advocacy provision. This should be both in relation to general health (in response to the Patients' Rights Act) and those who have a statutory right to advocacy.

2. NHS Lothian and its Local Authority partners should support the sharing of existing local good practice in inclusive advocacy provision between independent and other advocacy providers; and create opportunities to learn from advocacy providers dedicated to particular communities of interest elsewhere in the UK.
3. In response to the Patients' Rights Act, and use of any additional associated resources, NHS Lothian and its Local Authority partners should support a structured sharing of expertise between independent advocacy providers and voluntary sector organisations and statutory services well-established within communities who are marginalised, and where there are specific barriers to service uptake.
4. NHS Lothian will work to directly support greater inclusivity in provision of independent advocacy services, including working to ensure that lack of communication and interpretation support does not constitute a barrier of access to advocacy, and that monitoring and equalities data in Lothian is made easily accessible to advocacy providers.
5. Advocacy is an important part of wider activity to address health inequalities, but is not in itself a substitute for good service provision. Major issues identified by advocacy providers are valuable indicators of areas where focused inequalities work within the health services is needed. NHS Lothian should encourage and support dialogue with advocacy providers to make optimum use of this experience.
6. The picture of need for advocacy in Lothian and Scotland as a whole is a dynamic one, and new waves of migration and deepening economic recession are likely to have an impact on advocacy need. The groups who potentially have unmet need for advocacy and what is necessary to meet this should be regularly reviewed, in partnership with existing advocacy providers and the voluntary sector.
7. Resources should be made available to test and evaluate methods for providing advocacy in ways which is sensitive to the needs of specific groups.

Equality Impact Assessment

Stakeholders supported an equality impact assessment, which is referred to in NHS Lothian as a Rapid Impact Assessment (RIA), of both the needs assessment and the draft action plan for 2012.

Two different sessions were held with advocacy partners and advocacy providers respectively.

The outputs from both RIAs have been combined and the recommendations incorporated into this plan are reflected below:

Advocacy Training

Equality and diversity and cultural sensitivity should be embedded in Advocacy training and advocacy awareness events.

We need to expand the training to Carers, and to Care Home Staff groups and amend the language and focus of the awareness training accordingly to encompass and respond to cultural differences.

We will support advocacy partners to become deliverers of training. This support needs to include time and investment in building the confidence of advocacy partners to undertake this role.

Information about Advocacy

Standards about core information will be agreed and applied across all providers within Lothian.

Partners and stakeholders will seek to develop relationships with other groups who are already working successfully with particular communities e.g. travellers, to raise awareness about advocacy.

Partners will support the consistent availability of interpretation services for advocacy partners.

Making Advocacy Accessible to as Many People as Possible

It was recommended that we needed to further develop equality monitoring to help us identify uptake and use of advocacy from people with protected characteristics and those living in areas of multiple deprivation.

It was also reinforced that we, i.e. partners and providers need to go to where people are, rather than expect them to come to us. We were reminded that this may include a period of time to build up trust with various communities before they are prepared to share their stories, experiences and needs with us.

Performance monitoring - how we will measure our progress

The Lothian Independent Advocacy Steering Group (LIASG) consists of representation from all five partner organisations and is currently chaired by NHS Lothian. It will meet on a minimum of a quarterly basis for the life of this plan to ensure regular and consistent monitoring of progress.

The Steering Group will report annually to the Mutuality and Equality Governance Committee to demonstrate progress, plus, less formally, to the Improving Patient Experience Group.

The Chair of the Steering Group also reports to the NHS Lothian "Involving People Group" chaired by the Associate Nurse Director.

As agreed through consultation with both advocacy partners and providers, the Steering Group will host annual events to report back on progress, review what needs to be done, and build on our learning and successes.

The financial situation

As with all public services, opportunities for investing in the advocacy sector have been significantly reduced as a result of the national financial climate. Partners have continued to work to promote the unique place of advocacy within health and social care and have been successful in securing opportunities, however small, for growth in investment which is very welcomed by all.

Across the Lothian local authorities, in response to the additional duties encompassed in the Adult Support and Protection (Scotland) Act 2007, all four local authorities have invested in advocacy services.

Also, NHS Lothian has received a recurring allocation of £73,000 per annum from Scottish Government for investment in advocacy services.

The proposed allocation of this funding, plus reinvestment of NHS Lothian efficiency savings back into advocacy services are included in the 2012 action plan, Appendix 1.

Detail of the current level of financial investment, excluding the new resource indicated above is shown in Appendix 3.

Appendix 1

Lothian Independent Advocacy Plan 2012 - 2016

Year One

Steering Group Action Plan 2012

Commitment 1 - Continuing Engagement & Involvement		
	Action for the Steering Group	Lead Progress Reports Due
1.1	The Lothian Independent Advocacy Steering Group (LIASG) will support the setting up of a Lothian wide Providers Reference Group to support the delivery of this action plan.	Rona Laskowski May 2012 Aug 2012 Nov 2012 Feb 2013
1.2	The LIASG will support the setting up of a Lothian wide Service Users' Reference Group to support the delivery of this action plan.	Rona Laskowski As above
1.3	We will ask the Providers and Service Users' Reference Groups to agree the best ways for service users to tell us what they think about independent advocacy, particularly; <ul style="list-style-type: none"> • for people to tell us if they felt supported to be heard • to also ask people if they felt supported to understand the meetings and/or processes that they are involved in e.g. Adult Support and Protection investigations and case conferences 	LIASG May 2012 Aug 2012 Nov 2012 Feb 2013

1.4	We will review the mechanisms of the LIASG to representation from both the Providers and Service Users Reference Groups to ensure views from partners are heard.	Chairs of providers and service users reference groups	May 2012
Commitment 2 - Training and Awareness Raising			
	Action for the Steering Group	Lead	By When
2.1	<p>We will ensure training is developed and delivered for NHS and Local Authority staff groups and carers in partnership with people with lived experience.</p> <p>We will ensure that service users are involved as trainers to join us in delivering training sessions.</p> <p>We will ensure this is in line with SIAA Principles and Guidelines</p> <p>We will offer this training to 3rd sector and private provider staff teams.</p>	Rona Laskowski	<p>May 2012</p> <p>Aug 2012</p> <p>Nov 2012</p> <p>Feb 2013</p>
2.2	We will work with service user trainers to support them in developing their	LIASG	May 2012

	training skills, in conjunction with the Providers Reference Group		Aug 2012 Nov 2012 Feb 2013
2.3	We will work with Providers to support their delivery of awareness raising and training to staff groups, carers, advocates and volunteers.	LIASG	May 2012 Aug 2012 Nov 2012 Feb 2013
2.4	We will ensure delivery of on-going training for paid and unpaid volunteer advocates on universal issues, for example, new legislation or national policies that apply to all. We will assist in the provision of materials and offer places in established training opportunities if available and where relevant.	LIASG	May 2012 Aug 2012 Nov 2012 Feb 2013
Commitment 3 - Giving and Receiving Information			
	Action for the Steering Group	Lead	By When
3.1	We will make general and local information about independent advocacy for users, carers and support staff available on each of our websites, in the full range of formats and make this available to other partners	Lothian Local Authorities and NHSL leads	Completed April 2012
	We will ensure this is updates annually		Feb 2013

3.2	We will agree an on-going communication strategy which will include an annual 'Lothian Advocacy Awareness Day'.	Linda Irvine	November 2012
3.3	We will encourage access and promote information about advocacy services, through ongoing work with groups who are already working with people with protected characteristics	Lesley Boyd Allie Cherry Judith Sim	May 2012 Aug 2012 Nov 2012 Feb 2013
Commitment 4 - Raising Awareness with people who may have experienced exclusion, disadvantage and/or social isolation to support them to access Independent Advocacy			
	Action for the Steering Group	Lead	By When
4.1	<p>We will consult with communities to;</p> <ul style="list-style-type: none"> Learn from their experiences, to help shape the way that their particular needs can be met in the future in different ways, for example through peer support Explore what supports are useful for people who experience barriers in accessing independent advocacy services based on outcomes of equalities monitoring 	LIASG	<p>Throughout 2012</p> <p>To begin March 2013</p>

4.2	<p>We will develop and deliver a programme for small community grants to support creative approaches to developing awareness and access to advocacy services. The launch of the programme will be publicised at the same time as the launch of the Advocacy Strategy</p> <p>The mechanism for application, award and evaluation of the impact of the grants will be agreed by LIASG.</p>	Linda Irvine	July 2012
4.3	<p>We will host a test period throughout 2012 to provide independent face to face or telephone interpreting services to advocacy partners who require this service, to support equity of access to independent advocacy and use this to understand better how often this might be required.</p>	Rona Laskowski/Allie Cherry	May 2012
4.4	<p>We will explore opportunities for training for interpreters to include consideration of the advocacy relationship and, if possible, consideration of the sensitivity required in the provision of advocacy in therapeutic settings.</p> <p>This work will also ensure links with other Lothian and national training developments, particularly across the field of mental health.</p>	Judith Sim Lesley Boyd	May 2012 Aug 2012 Nov 2012 Feb 2013

Commitment 5 - Working to address identified gaps			
	Action for the Steering Group	Lead	By When
5.1	We will work with HMP Saughton and HMP Addiewell to provide advocacy services to prisoners	Rona Laskowski and Linda Irvine	May 2012 Nov 2012
5.2	We will work with the Alcohol and Drug Partnerships across Lothian to understand how advocacy can support people whose lives are affected by substance misuse, including children and young people	Jamie Megaw	May 2012 Nov 2012
5.3	We will consider and learn from the outcomes and recommendations following the national consultation on improving advocacy for children and young people.	LIASG	April 2012
5.4	The LIASG will determine how efficiencies, new monies and investments will be allocated most effectively to meet the identified gaps, issues raised by the needs assessment and meet new requirements including the Patient Rights (Scotland) Act 2011	LIASG	February and August, annually

5.5	We will continue to make a concerted effort to attract new resources to support continued investment into advocacy services.	LIASG	February and August, annually
Commitment 6 - Implementation, Monitoring, Annual Review and Action Planning			
	Action for the Steering Group	Lead	By When
6.1	The LIASG will meet at least four times a year to monitor progress of the implementation of the plan, and to develop the Action Plan for the following year The Steering Group will also discuss issues and learning from the monitoring of contracts	Rona Laskowski and Allie Cherry	Jan 2012 Nov 2012
6.2	We will consider carrying out further Rapid Impact Assessments, informed by equality and diversity monitoring, to gauge who advocacy is reaching and identify where gaps remain. We will use this information to inform the action plans for future years.	Rona Laskowski	December 2012

6.3	We will consider the SIAA training about Social Return on Investment, and how this can help improve the health and social care outcomes for advocacy partners, plus assist commissioners and providers in the identification and evaluation of advocacy outcomes.	In partnership with the Providers Reference Group	Aug 2012
6.4	The LIA SG will host a yearly event to review the action plan delivered in that year, consider how the plan is working and inform the development of the action plan for the next year. This event will happen every December	Rona Laskowski	October 2012
Commitment 7 - Developing Co- Production and Building Social Capital			
7.1	We will host learning sessions to facilitate the sharing of learning amongst advocacy providers and partners to develop our understanding and approaches to/ support of community engagement, community participation, building social capital and co-production	Rona Laskowski	Summer and Autumn 2012

7.2	We will learn from organisations that have undertaken the Social Return on Investment Programme and ,following review consider the wider application of this across advocacy provision throughout Lothian.	In partnership with the Providers Reference Group	August 2012
-----	--	---	-------------

Version 6.0

Appendix 2: legislation and policies

There have been many pieces of legislation since the 1990s that have had an influence how advocacy services are delivered. These include:

Children's (Scotland) Act 1995. Provided for the entitlement to have a representative present at a Children's Hearing. This can be a person that children and young people choose to support them such as a member of their family, teacher or advocate.

Human Rights Act 1998. Amongst many of the legal articles of this act is the importance of giving people opportunities they need to realise their full potential, free from discrimination.

Adults with Incapacity (Scotland) Act 2000. This act aims to help people (age 16 and over) who lack capacity to act or make some or all decisions for themselves. It introduced arrangements for making decisions about personal welfare and managing the finances and property of individuals whose capacity to make or carry out specific decisions is impaired. It allows carers and others to have authority to act and make decisions on their behalf.

Visit: www.scotland.gov.uk/Topics/Justice/law/awi

Mental Health (Care and Treatment) (Scotland) Act 2003. This act gives people with a mental disorder the entitlement to independent advocacy. The Act places a legal duty on local authorities and NHS Boards to collaborate to ensure that independent advocacy is available.

Education (Additional Support for Learning) (Scotland) Act 2004 and 2009. The 2009 Act includes a duty for the Scottish Government to fund a national independent advocacy service (on request and free of charge) to support parents and young people in Additional Support Needs Tribunal proceedings.

Adult Support and Protection (Scotland) Act 2007. This Act imposes a duty on local authorities working with adults at risk "to have regard to the importance of provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned."

Equalities Act 2010. This Act aims to tackle disadvantage and discrimination and promote equality of opportunity and good relations between people more effectively. It focuses on the needs of people with protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It moves away from a focus on "Communities of Interest" and recognises the multi-factorial nature and complexity of individuals.

Visit www.equalityhumanrights.com

Criminal Justice and Licensing (Scotland) Act 2010. This act includes a number of reforms to the criminal law and court procedures to protect the rights of victims and witnesses. Special measures will be available to child

and adult vulnerable witnesses in all criminal proceedings in Sheriff and High Court as well as in trials.

This Act is also the legislative driver which is enabling the transfer of the responsibility for healthcare to prisoners to NHS Scotland from the Scottish Prison Service.

Visit www.scotland.gov.uk/Topics/Justice/criminal-justice-bill

Aggravated Hate Crime 2009. An aggravated hate crime is an offence against a person motivated by religious or racial hatred or as a result of their actual or presumed disability, sexual orientation or transgender identity. In most cases, if it is proven that aggravated hate crime was the main motivation for the offence, sentencing will be more severe.

Visit www.equalityhumanrights.com

Children's Hearing (Scotland) Act 2011. This new Act is intended to come into force in April 2012, and will make major change to the processes and procedures around Children's Hearings/ children's panels etc. This Act also brings into law the right of the child or young person to be supported by independent advocacy.

Patient Rights (Scotland) Act 2011. Aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. The Act details the rights and responsibilities of patients of the NHS in Scotland and also for the first time sets out the Healthcare Principles by which NHS Scotland will be held accountable.

Self Directed Support - a National Strategy for Scotland 2010. This strategy aims to develop the personalisation of health and social care services, based on a cultural shift in the delivery of care and support that views people as equal citizens with rights and responsibilities.

The Self Directed Support Bill 2012 notes the importance of advice and advocacy services and the relationship between these services and supporting people to undertake informed engagement with self directed support options.

National Care Standards 2005. A series of standards for different types of service users all recommend access to advocacy services.

The Caring Together Strategy for Scotland 2010 - 2015. This strategy states that carers are equal partners in the planning and delivery of care and support and that without them, the health and social care system would not be sustained. Carer advocacy provides an important support to the most vulnerable carers to help them to communicate their views clearly and to support them on complex issues relating to caring.

Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010- 2015. As part of this strategy, the Scottish Government is currently developing work which aims to drive improvements to the quality, consistency and availability of advocacy support for children and young

people. The Scottish Government will consider the needs of young carers within this work.

The Standards for Care for Dementia in Scotland, 2011

These new standards for Scotland explicitly state:

- People with dementia should know how to make a complaint about services and receive support and assistance (e.g. from independent advocacy) to make a complaint
- Where the person with dementia is; at home, attending a day centre, in hospital or in a care home, they will know about the purpose and availability of local independent advocacy services and be given any necessary support to contact and use advocacy services
- Advocacy services will be publicised in a way that the person with dementia and/or their carer can understand and be given the necessary support to enable them to contact advocacy services.

The Scottish Independent Advocacy Alliance. Since 2008, the Scottish Independent Advocacy Alliance, in partnership with providers of independent advocacy from across Scotland, has developed a range of documents to advice on good practice. Suggest that the list of policies is included here

- Code of Practice for Independent Advocacy 2008
- Principles and Standards for the Provision of Independent Advocacy 2008
- Guidelines for the Provision of Non-Instructed Advocacy; A Companion to the Code of Practice 2009
- Elder Abuse Advocacy Guidelines: A Companion to the Code of Practice 2008
- Independent Advocacy – An Evaluation Framework 2010
- Independent Advocacy - A Guide for Commissioners 2010

Generic

- *Changing Lives* Report of the 21st Century Social Work Review 2006
- Better Health, Better Care: Action Plan, Scottish Government 2008
- NHS Lothian Communication Strategy 2008
- National Concordat and Edinburgh's Single Outcome Agreement 2009-12
- The National Care Standards
- East Lothian Council Draft Consultation and Engagement Strategy

Older People

- *Better Outcomes for Older People*: Framework for Joint Services 2005
- *All Our Future*: Planning for Scotland with an Ageing Population 2007
- *A City for All Ages* (City Plan for Older People) 2007
- *Live Well in Later Life* (Joint Capacity Plan and Commissioning Strategy for Older People's Services) 2008-2018

Dementia services

- *Remember I'm Still Me* – Care Commission and Mental Welfare Commission 2009

- Scottish Dementia Strategy, July 2010
- Standards of Care for Dementia in Scotland
- Dementia Action Plan 2008-11

Carers

- Towards 2012 – Carers' Strategic Action Plan for Edinburgh 2007-12
- NHS Lothian Carers Information Strategy 2008-11

Learning disability

- *Same as You?* 2000
- Lothian's Joint Learning Disability Strategy 2008-2013
- East Lothian - Adult Resource Centres Participation Strategy - Draft 2010

Children and young people

- *Delivering a Healthy Future: An Action Framework for Children*
- *Young People's Health in Scotland*, Scottish Executive 2007
- *Getting it Right for Every Child* 2009

Mental health

- *Delivering for Mental Health*, Scottish Executive 2006
- *With Inclusion in Mind*, 2007
- *Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11*, Scottish Government 2007
- *Choose Life* Action Plan 2002-2012
- *Sense of Belonging: Lothian's Joint Strategy for Mental Health Services 2011 - 2016*

Disabled people

- *Our Lives Our Way – Lothian Joint Physical and Complex Disability Strategy 2008 - 2013*

People who Misuse Substances

The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, 2008.

Appendix 3

Map of Current Lothian Independent Advocacy Provision and Funding 2011/12

East Lothian Local Authority/ CHP Area						
Provider/ Agency	Service User Group	Funding Level	Source	Total	Additional Comments	
East Lothian Anti Bullying	Children and Young People	13,500	ELC	£13,500	EL Council - Education	
Who Cares?	Children and Young People	£33,817 £13,527	ELC ELC - Education	£47,344		
Edinburgh Advocacy and Representation Service (EARS)	Older People	£18,829 £19,100	ELC East Lothian CHP (includes £5,304 resource transfer)	£37,929		
Partners In Advocacy	Learning Disability	£35,000 £20,000 (SMART TALK)	ELC ELC	£55,000		
CAPS	Mental Health	£57,830 £16,000	ELC MH and WB Programme, NHS Lothian	£73,830		

West Lothian Local Authority/ CHCP Area					
Provider/ Agency	Service User Group	Funding Level	Source	Total	Additional Comments
Edinburgh Advocacy and Representation Service (EARS)	Physical Disability (16+) and Older People living in the community (ie. Additional funding from Adult Support and Protection monies)	£45,000	WLC	£45,000	Council only commissioned service
Edinburgh Advocacy and Representation Service (EARS)	Older People in residential care, hospital etc	£26,636	WLC	£51,636	
Enable Ace Advocacy	Learning Disability	£25,500	NHS Lothian		
		£35,000	WLC	£65,2500	
		£30,250	NHS Lothian		
MH Advocacy Project WL	Mental Health - Adults	£69,950.20 £57,184	WLC MH and WB Programme, NHS Lothian	£127,134	

Mid Lothian Local Authority/ CHP Area					
Provider/ Agency	Service User Group	Funding Level			Additional Comments
Who Cares?	Children and Young People	tbc	MLC		Children who are looked after away from home and care leavers
Edinburgh Advocacy and Representation Service (EARS)	Older People	22,525 13,796	MLC NHS Lothian	36,321	NHS L contribution includes 2011 - 12 one off funding of 9000.
Partners In Advocacy	Learning Disability	10,982 10,000	MLC NHS Lothian	20,982	
People 1st Midlothian	Learning Disability	13,982 10,000	MLC NHS Lothian	23,982	
CAPS	Mental Health	87,171 11,000	MLC NHS Lothian	£98,171	

City of Edinburgh Council and Edinburgh CHP					
Provider/ Agency	Service User Group	Funding Level			Additional Comments
Who Cares?	Children and Young People	25,000	CEC - Children and Families	25,000	Works alongside Children's Rights Officers
Partners In Advocacy	Older People		CEC NHS Lothian		
Partners In Advocacy	Learning Disability		CEC NHS Lothian		
Advocard	Mental Health- includes MDO's, children, Older People's mental health -		CEC NHS Lothian		
Advocard	Edinburgh Carers Council				

There are a number of projects supported by the Mental Health and Wellbeing Strategic programme budget that are pan-Lothian collective advocacy:

Our Mad History	£50,000	CAPS	End Date:
Early Onset Psychosis	£17,000	CAPS	End Date:
Personality Disorder	£17,000	CAPS	End Date:

We are finalising the arrangement of ongoing pan-Lothian service user and carer collective advocacy into the delivering " A Sense of belonging" indicative levels:

Participation and Engagement	£8,500	CAPS	End Date:
Participation and Engagement	£8,500	Edinburgh Carers Council	End Date:

Non-Independent Advocacy

VOCAL : Voice of Carers Across Lothian

Vocal are commissioned by NHS Lothian to provided advocacy to Carers across Lothian, supported through a Service Level Agreement, specifically:

The provision of an advocacy service for carers in the NHS Lothian area through recruitment, training and support of volunteers.

Service Value: £33,853

Appendix 4: Remit and membership of Lothian Independent Advocacy Steering Group.

The Lothian Independent Advocacy Steering Group will, in partnership with all key stakeholders, lead on the development of and oversee implementation of Lothian's Independent Advocacy Action Plan:

It will:

- ensure that any advocacy provided meets national requirements, guidance and Lothian strategies to reflect the agreed stratified approach
- provide information and access to training that raises awareness of advocacy and improves the service user and carer experience
- Undertake an advisory and monitoring role which demonstrates strategic commitment to advocacy.

This will be achieved by:

- working in partnership with a range of stakeholders including statutory and voluntary sectors, service users and carers
- reviewing the current Lothian Independent Advocacy Action Plan on an annual basis
- working to facilitate the sharing of good practice and support of opportunities for the demonstration of positive outcomes from advocacy provision
- acting as an ambassador for advocacy, both individual and collective options, and promoting the role of advocacy through partnership and stakeholder networks
- ensuring service level agreements are developed and progress monitored of all providers of independent advocacy across Lothian
- coordinating responses to relevant consultation and information requests
- Ensuring all independent advocacy is compliant with equality and diversity legislation
- advising on opportunities, standards, new developments and other strategic imperatives
- reviewing financial monitoring of the spend on independent advocacy across Lothian

Membership

- Representation from each of the Lothian Local Authorities
- Representation from Equality and Diversity colleagues
- Representation from each of the service user Programme areas.
- Representation from Advocacy Partners Networks
- Representation from the Providers Reference Group
- Representation from NHS Lothian

Frequency of Meetings

Flexible in order to facilitate delivery of the action plan commitments, but a minimum of quarterly

Expenses

Out of pocket expenses will be covered for advocacy partners.

Version 9b

**Appendix 5: Full Report
NHS Lothian Health Needs Assessment - Independent
Advocacy 2011**

Version gb

Appendix 6: Equality Impact Assessment

The first phase of the Rapid Impact Assessment was undertaken with representatives of advocacy organisations, users of services, and representatives from both local authorities and NHS Lothian.

This took place on the 5th September 2011.

The meeting agreed that the development of a Lothian wide Providers Reference group would be very welcome. It was agreed that this will provide opportunities for ongoing consultation between the Partnership and Providers to make sure each group is meeting their commitments, as agreed in this action plan once developed.

The meeting discussed the need for there to be more opportunities for users of services to be involved in the monitoring of the plan, over and above the agreed annual event.

It was noted that some service users are Board members of advocacy agencies, but people agreed there was a need to reach people who used services but were not necessarily engaged on formal roles.

The meeting agreed this is a good idea, but we need to think more about how we do this.

Barriers to Engagement and Access to Advocacy Services

The meeting agreed that there are barriers which are preventing people who might benefit from advocacy in:

- a) getting an advocacy service
- and
- b) from engaging in this consultation and ongoing monitoring of the plan.

These barriers are:

- Language - engaging with people who do not have English as their first language
- Trust of individuals and/or groups.
- Cultural issues - some groups do not have experience of independent advocacy and may not necessarily know what this type of service may offer.

It was agreed that the Lothian Advocacy Steering Group would need to include measures to address these barriers in the developing action plan.

It was agreed that it would be appropriate to re-convene and undertake a second Equalities Impact Assessment once the action plan had been developed. This was undertaken and concluded in October 2011.

Appendix 7

Scottish Health Participation Standard - Abbreviated Version

Standard Statement 1

Care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, geographic location, gender, race, religion or belief, sexual orientation, socio-economic status.

Criteria

- 1.1 NHS staff provide information and advice to patients in response to individual needs and preferences throughout the journey of care enabling and supporting informed patient choice and shared decision making.
- 1.2 Processes are in place to capture comments and complaints and include arrangements for ensuring feedback has an impact on service improvement.
- 1.3 People are able to access independent advice to support them in making a comment or complaint or obtaining information about health services.
- 1.4 Independent advocacy services are provided and developed in partnership with other agencies and the people who need them.
- 1.5 Individual need for independent advocacy is assessed, recorded and provided where necessary.
- 1.6 Support is in place to meet the needs of carers.
- 1.7 The NHS Board provides information about services in a range of formats, and has clear systems for responding to the specific communications needs of individuals.
- 1.8 People are treated with dignity and respect, in ways which recognise and respond to diverse cultural and social values.

Standard Statement 2

There is supported and effective involvement of people in service planning and improvement.

Criteria

The six elements of the Informing, Engaging, and Consulting Guidance are covered by the criteria: planning; informing; engaging; consulting; feedback; evaluation.

- 2.1 The people who may be affected by the proposed service development or change are identified and their support needs assessed (planning).
- 2.2 The people who may be affected by the proposed service development or change are provided with relevant information and other appropriate communication aids that meet identified support needs (informing).
- 2.3 The people who may be affected by a proposed service development or change take part in developing, and appraising options, and are consulted appropriately (engaging and consulting).

2.4 Feedback is provided to the people involved on decisions made and how their views are taken into account (feedback).

2.5 Evaluation of the involvement is planned and carried out on an ongoing basis (evaluation).

Standard Statement

Robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles.

Criteria

3.1 The NHS Board is assured that systems and processes are in place to enable it to meet statutory requirements in relation to the participation agenda.

3.2 The public feed into governance and decision-making arrangements.

3.3 The NHS Board is assured that a culture is encouraged throughout the organisation where participation forms part of the day-to-day planning and delivery of services.

Version 9.0

Appendix 8: Reporting timetable for the Final Plan

Agency	Committee	Date
NHS Lothian	Mutuality and Equality Governance Committee	29 May 2012
Mid Lothian Council	Cabinet	
East Lothian Council	Cabinet	12th June 2012
West Lothian Council	Council Executive	
West Lothian CHCP	CHCP Board	29th May 2012
City of Edinburgh Council	Health, Social Care and Housing Committee	

Version 9b

#25

COMPLETE

Survey response

Collector: Web Link 1 (Web Link)
Started: Monday, August 28, 2017 7:08:55 PM
Last Modified: Tuesday, January 16, 2018 7:54:02 PM
Time Spent: Over a month

Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Job title	Chief Officer, Health & Social Care
Organisation	Western Isles IJO
Area you are covering in your response (NHS board or HSCP)	HSCP

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area? **HSCP**

Q3 Is there a current independent advocacy strategic plan covering your area? **No**

Q4 If yes, please upload your plan here **Respondent skipped this question**

Q5 If no, is a plan in the process of being developed? **Yes,**
 If yes please give details of when plan will be completed:
 Working group established > 3 months

Page 3: Consultation and involvement

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

Members of Advocacy Planning Group

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

This will be built into development process

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area?

No

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,
If yes please give details of when plan will be completed:
This will be covered within wider plan

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

Respondent skipped this question

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

Respondent skipped this question

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,
If yes, please give details:
tbc

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

Yes,
If yes please give details:
tbc

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area? **No**

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)? **Respondent skipped this question**

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support **Don't know**

Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

Not specifically, although we do work with condition-specific organisations like Alzheimers Scotland

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

N/A

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

N/A

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

TBC

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

TBC

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support **Yes**

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support? **Yes**

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? **Yes,**
If yes please provide details:
Unavailable

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Each organisation has its own approach

Q29 How do you monitor complaints about advocacy services? **Annual monitoring data from providers**

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

This will be considered within the plans

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **No**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

This will be considered within the plan

Q33 How do you measure this? **Respondent skipped this question**

Q34 Has an equality impact assessment of advocacy services been undertaken? **No**

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area?

Yes

Q36 If no, is a plan in the process of being developed?

If yes please give details of when plan will be completed:
3
months

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

No

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Other (please specify):
tbc

Page 13: Other comments?

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Respondent skipped this question

Independent Advocacy Services Questionnaire

Q12 Upload Document

Please use additional copies of this form for additional organisations.

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Organisation name and address	Advocacy Western Isles 27 Bayhead, Stornoway HS1 2EB	Who Cares Scotland 5 Oswald Street, Glasgow, G1 4QR	Western Isles Association for Mental Health 23 Bayhead, Stornoway, Isle of Lewis HS2 2DU		
Is it a generic service (ie, it covers all the categories below)? (Yes/No)	Yes	No	No		
If not generic, is the service targeted at supporting specific groups:					
People with a mental health problem			Yes		
People with learning disability					
People with dementia					
People with autistic spectrum disorder					
Mentally disordered offenders					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Homeless people with mental illness/ld/dementia					
Asylum seekers with mental illness/ld/dementia					
People with any other condition (specify)					
Age range					
All ages					
Under 18 with mental health issues/learning disability		Focus on children's advocacy			
Adults up to 65					
Adults over 65					
Type of advocacy					
Individual					
Collective					
Citizen					
Non-instructed advocacy					
Does the service provide non-instructed advocacy?					





Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Service user and carer
freephone: 0800 389 6809
enquiries@mwscot.org.uk
www.mwscot.org.uk