

**Manchester Health and Wellbeing Board  
Report for Information**

**Report to:** Health and Wellbeing Board – 2 July 2014

**Subject:** Advocacy Support for Patient & Customer Voice following the Francis Report

**Report of:** Strategic Director of Families Health and Wellbeing  
Head of Corporate Services North, Central and South Manchester  
Clinical Commissioning Groups

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**Summary:**

This report provides a summary of current arrangements to support individual citizen / patient voice across the Manchester health and social care economy post April 2014 following the establishment of the three Clinical Commissioning Groups and wider changes introduced by the Health & Social Care Act 2012.

The report also sets out initial thinking in respect of an integrated approach to citizen / patient advocacy which will meet the new statutory advocacy requirements introduced by the Care Act 2014, recommendations arising from the Francis Report into the affairs of the Mid Staffordshire NHS Foundation Trust, the Clwyd Hart review of the NHS complaints system and the opportunities for a co-produced solution within the framework of Living Longer Living Better.

**Recommendations:**

The Board note and discuss the current arrangements for advocacy services in Manchester

The Board approves the approach outlined in respect of the development of advocacy services and the advocacy requirements of the Care Act 2014.

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**Board Priority Addressed**

Strategic Priority 2 – educating, informing and involving the community in improving their own health and wellbeing;

Strategic Priority 4 – providing the best treatment we can to people in the right place and at the right time.

Strategic Priority 6 - Improving people's mental health and wellbeing

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**Wards Affected:**

All

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Care Act 2014

The Francis Report - The Mid Staffordshire NHS Foundation Trust  
Public Inquiry, February 2013

A Review of the NHS Hospitals Complaints System, Putting Patients Back in the Picture. A report by Right Honourable Ann Clwyd MP and Professor Tricia Hart  
Department of Health October 2013

Here to Listen & Help, Helpline Report 2013 – 2014, Healthwatch Manchester

Independent Complaints Advocacy, Manchester Consortium Annual Report, 2013/14

## **1.0 Background**

- 1.1 This report outlines the current advocacy arrangements available across the Manchester health and social care economy to support citizens & patients to negotiate and engage with their personal care and treatment planning, including current limited statutory rights to “independent advocacy” in respect of the NHS complaints process and under specific Mental Capacity / Mental Health Act requirements.
- 1.2 The report also introduces new and broader statutory advice and advocacy requirements which will be required under the Care Act 2014 with effect from 1 April 2015.
- 1.3 The report does not pertain to the broader subject of “engagement” or “consultation” in respect of such issues as NHS policy or structural change. Although both concepts arguably fall under the title of “voice” and have the shared aim of engaging citizens in their own health and wellbeing, for purpose of clarity issues relating to broader engagement will be considered within the context of the forthcoming report which will introduce the Healthwatch Manchester Annual Report. The focus of this paper will therefore be on individual citizen / patient voice regarding issues personal to them rather than on a local population scale.

## **2.0 The Care Act 2014**

- 2.1 The Care Act requires the local authority “to have regard to the assumption that the individual is best placed to judge their own wellbeing”, [Care Act 2014. S1 (3)] and to promote control by the individual over their care and support and the way in which it is provided [S1 (2) (d)].
- 2.2 Public service reform, increasingly based on choice and personalisation based initiatives now encourages citizens to self-serve wherever possible, with sequenced support provided to navigate services. Experience suggests that the bulk of the population is well placed to access information in respect of their health & social care services, to understand their rights / eligibility and negotiate service assessments. However, there remains a significant number of individuals, principally members of statutorily protected or marginalised groups who are prevented from expressing their voice by virtue of the nature of their disability, illness or lack of personal skills, understanding or articulation.
- 2.3 The Care Act 2014 places a general duty on the local authority to provide information, and advice in respect of care and support services for adults and carers in the locality and in specified circumstances, to provide an independent advocate where there is no appropriate person to act in that capacity.
- 2.4 Section 67 of the Act states that independent advocacy should be provided where an individual would experience substantial difficulty in one or more of the following:

- (a) Understanding relevant information;
- (b) Retaining that information;
- (c) Using or weighing that information as part of the process of being involved;
- (d) Communicating the individual's views, wishes or feelings

- 2.5 Section 68 extends a similar requirement to appoint an independent advocate when a safeguarding enquiry or review takes place in respect of an adult who meets the above conditions and where there is no appropriate person to represent and support that person
- 2.6 Draft Care Act guidance provides a useful definition of advocacy, "helping a person to express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need".

### **3.0 Current provision**

#### **NHS**

- 3.1 The Clinical Commissioning Groups in Manchester commission 'Patient Services' support from Greater Manchester Commissioning Support Unit. This team address questions and concerns about local health services and will advocate on behalf of the patient when attempting to resolve issues at an early stage, or assist someone in accessing the services they require. This is often referred to as a 'PALS' function, referring to Patient Advice and Liaison Services which were established in NHS organisations approximately 10 years ago. In addition, the Patient Services team support and advise patients who wish to lodge a formal complaint against an NHS body. NHS legislation allows individuals to complain to either the provider of the service or the commissioner. In the latter cases, the patient services team will manage the complaint on the CCG's behalf.
- 3.2 Health Service providers also provide support to individuals who have issues with their services. For example, at Central Manchester Foundation Trust, the 'PALS' department is divided into two sections; one is tasked with responding to 'real time' concerns such as issues developing on a ward regarding a patient's care. They are based in an office near MRI main outpatients' area; the public can access the service by walk in, e-mail, letter or phone. The remainder of the team are responsible for supporting complainants and the responding Divisions in providing a Chief Executive response and/or facilitating a meeting with the complainant and staff.
- 3.3 Whilst the above examples advocate on behalf of patients, they are not strictly 'advocacy' services due the fact that they are not independent from the NHS. Both Commissioners and Providers, therefore, will provide information about, and refer complainants to, the Independent Complaints Advocacy (ICA) Service.

#### **Manchester City Council**

- 3.4 Local authority Complaints Managers support complainants to obtain independent advice and advocacy if required but unlike the NHS process the provision of advocacy is not a statutory requirement until the Care Act comes into force in April 2015.
- 3.5 Local authority commissioned advocacy services have developed on an ad hoc basis over many years within specialist sectors such as children's rights, learning disability, mental health, safeguarding and carer's support, in response to specific pressures or statutory direction. This has resulted in a disconnected service offer operating to varying models that will require updating in order for the Council to meet the requirements of the Care Act 2014. There is limited provision within the current approaches to collate evidence of unmet need and it has been noted that there are gaps in the service offer particularly in relation to mental health and complex long term conditions.
- 3.6 In respect of current mental health statutory advocacy requirements the local authority commissions two services.
- (1) The Independent Mental Capacity Advocate Service represents the interests of individuals who lack capacity under the terms of the Mental Capacity Act in respect of key decision making and safeguarding enquiries.
- (2) The Independent Mental Health Advocate Service provides patients detained under mental health legislation with an independent advocate. There is currently no funded advocacy service in respect of wider mental health needs and there are concerns from professional operating in this area that many informal patients have a poor understanding of their care and treatment rights.
- The Independent NHS Complaints Advocacy Service is also commissioned by the city council acting as lead commissioner on behalf of eight neighbouring authorities. The statutory ICA (NHS) service supports complainants to negotiate the two tier NHS complaints process via a range of self-advocacy support tools and more direct face to face advocacy as required
- 3.7 On a current non-statutory good practice basis the local authority commissions the following services:
- (a) The Safeguarding Advocacy Service provides independent advocacy support to adults who are subject to safeguarding enquiries where there is no effective independent person to support them to represent their views and feelings through-out the process.
- (b) The Older People Advocacy Service similarly supports older people who may face challenge or conflict in respect of their personal rights or care treatment. Priority is given to those in residential and nursing care.
- (c) The Generation Project Advocacy Service is grant funded to provide a service in the east of the city, with a particular historical focus on older

people whose lives have been impacted by the regeneration initiatives in the area.

- (d) The Carers Advocacy Service provides support to Carers to access and negotiate services on behalf of themselves and the person for whom they care.
- (e) The Mencap Advocacy Service provides independent advocates to support those with learning disabilities and their carers to negotiate service entitlements, care planning and complaint processes.
- (f) The Gaddum GP Advocacy Pilot is grant funded to develop an advocacy model in two practices, it responds to complex areas of service entitlement and debt which impact on medical care and GP attendance
- (g) A grant also supports the Indian Senior Citizens Centre to support members of the Indian community to gain access to health and social care services,
- (h) This above listing includes only those services directly funded by the council, representing a total council investment into advocacy services of £570,000.

#### **Additional advocacy support**

- 3.8 In addition to these funded services, a number of voluntary and community sector organisations provide lower level advice and advocacy services in respect of specific communities and disability groups without direct Council or NHS funding for this activity.
- 3.9 Experience suggests that the majority of citizens, such as older people, looking to access social care services for the first time or those already in receipt of services will naturally seek advocacy support from their family and friends, who are often well placed to assist rather than from a third party. Provided there is no conflict in respect of relationships and financial interests, then this approach is beneficial in terms of ensuring needs and reasonable expectations are met.
- 3.10 However, whilst we understand the needs of those citizens who use the funded advocacy services listed above, we have no measure of unmet advocacy need. Devising a means of capturing the anticipated level of wider need will be required in order to plan effectively for a future advocacy offer to meet the requirements of the Care Act 2014.

#### **4. Current Thinking in respect of Advocacy HUB and Spoke System**

- 4.1 There is clearly scope for consolidation and efficiency improvements across the range of contracted advocacy services to produce a more coherent service structure which will be better placed to respond to the requirements of the Care Act. The redesign of advocacy services will be taken forward as part of

the wider Care Act Programme led by the Council to ensure full compliance and readiness.

- 4.2 Council proposals in respect of advocacy services are currently being shaped following a range of informal discussions with service commissioners, the provider sector and visits to other local authorities. Proposals are taking shape in respect of a more coherent single Council solution with a central Advocacy Hub acting as a single gateway to the service, managing demand and feeding work out to specialist spokes which may reflect some of the specialist services detailed above. This approach has been successfully adopted by a number of local authorities including Leeds City Council and Lancashire County Council. The Manchester proposal will therefore be based on the learning from their experience of setting up and operating a Hub and Spoke model.
- 4.3 It is proposed that a formal consultation on this approach will commence in September 2014. The consultation will address the core principle of the Hub and Spoke approach and what specific services will sit in each element. It will also explore whether a central "Advocacy Hub" might provide support for training and consistent quality standards across the wider voluntary and community sector and also provide support for self-advocacy and informal advocacy such as a relative or friend might provide.
- 4.4 The most significant challenge is to anticipate the potential level of demand under the Care Act and to set a realistic level of investment. The current delivery system provides no measure of the unmet need which will now come into scope under the new legislation. However once in place the Hub will be well placed to measure and sift need and by utilising a sequenced approach ensure that advocacy need is met at the most cost-effective level, bearing down on higher cost interventions.
- 4.5 It is anticipated that a phased approach will be required, utilising a short term mix of block and framework contracts coordinated via the Hub, with forward procurement arrangements refined in the light of learning.

## **5. Next Steps**

- 5.1 As detailed above, subject to the considerations of the Board, a formal programme of consultation in respect of the forward design of advocacy services will commence in September 2014. Local consultations will embrace service-user groups, the wider public and core social care & health stakeholders.
- 5.2 The results of this consultation will be taken forward in order to shape the final Advocacy Hub model and the procurement approach. This will be detailed in an updated paper for the 5 November 2014 Health & Wellbeing Board.