TOUCHSTONE

ASK 4 Advocacy Kirklees

ANNUAL REPORT

APRIL 1ST 2020 — MARCH 31ST 2021

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NHS Greater Huddersfield Clinical Commissioning Group and NHS North Kirklees Clinical Commissioning Group

Introduction

Welcome to the Annual Report of the Touchstone ASK4Advocacy Service.

We are the advocacy service for Kirklees commissioned by Kirklees Council and the CCG to provide independent statutory advocacy (advocacy that the law says must be funded and provided) and non-statutory advocacy (advocacy that Kirklees Council and the NHS think should be available to support citizens that need it).

This report explains the work we did during the difficult period of the covid pandemic and associated restrictions between April 1st 2020 and March 31st 2021 . It highlights the clients we supported, the challenges we faced, and the successes we and our service users had in ensuring their voices were heard and their rights upheld in decision making that had significant impacts on their lives.

Main Achievements

Adapting the way we delivered the service to ensure we could continue to meet our service users needs and contractual obligations during the height of the covid pandemic by:

-Ensuring we developed new working practices that kept both staff and service users safe.

-Embracing the potential of IT and video technologies to enable us to maintain contact with our service users and represent or support them at meetings.

-Supporting staff to adapt to working from the isolation of their own homes and manage the personal challenges that covid brought to their lives so that they could do the same for their clients.

Responding to increased demand for services and still undertaking major service developments:

- More of this will be highlighted in detail in the report.

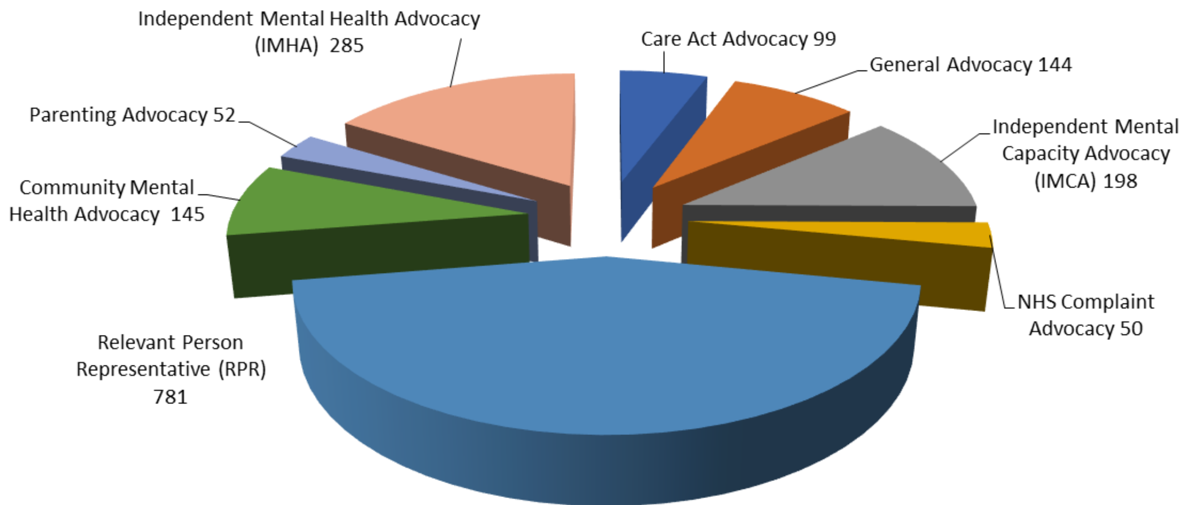
Challenges

The biggest challenge this year was obviously the developing and continuing covid-19 pandemic which began to impact during the last month of the last Annual Report (March 2020). In a very short period of time access to services and service users was severely impacted and new and innovative ways of working and engaging with clients needed to be developed and updated and amended as the year progressed.

Summary of Services

A total of 1754 clients were supported by 'ASK 4 Advocacy' from 1st April 2020—31st March 2021; of these, 1264 were new referrals. On 31st March 2021, the service was working with 575 clients.

Service Usage



This chart shows the range of services we provided and the total number of people we supported across those services.

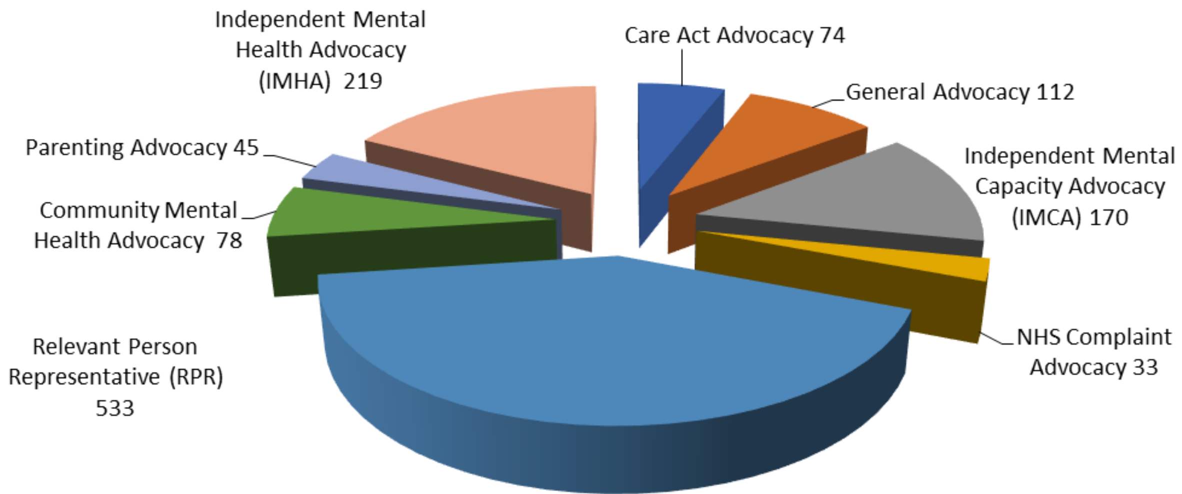
This year we supported a total of 1754 people as compared to 1745 last year. Numbers of people receiving statutory advocacy went up from 1335 last year to 1413 this year. This was entirely due to the very significant rise in service users requiring support under Relevant Persons Representative/ Deprivation of Liberty safeguards up from 438 last year to 781 this year. Numbers supported under all other statutory advocacy streams were down by between 30-50%.

The numbers of people supported under non-statutory advocacy streams also fell from 400 last year to 341 this.

"Thank you for being so frank and honest with me and treating me like a human being!"

The number of cases closed this year due to death of the service user was 81 as compared to 38 last year.

Referrals: 1264 new cases



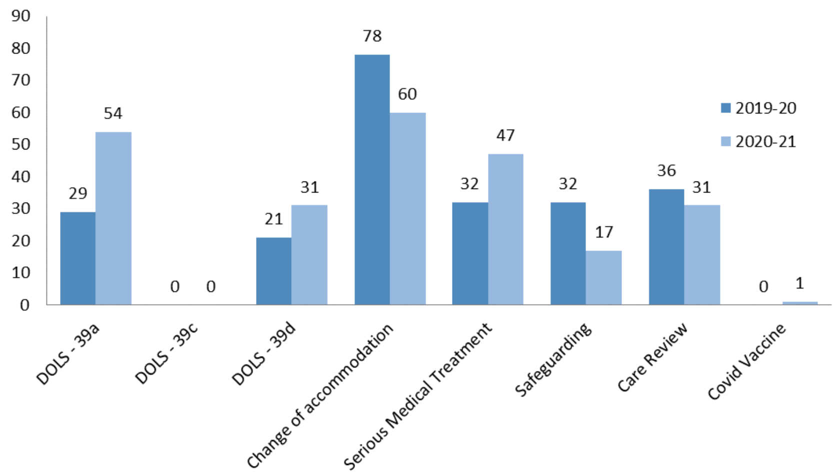
New Referrals

Total numbers of referrals this year were 1246 up from 1236 last year. Of these 1029 were for statutory advocacy as compared to 1021 last year as a result of the dramatic increase in DoLS/RPR referrals which were up by 177 from 356 last year to 533 this year, a rise of 50%. Covid had a significant impact on referrals relating to IMCA (serious medical treatment and change of accommodation due to restrictions of movement), IMHA (ward closures and difficulty promoting referrals) and Care Act (as some parts of statutory legislation and practice suspended).

Non-statutory advocacy referrals were also up on last year from 215 to 235 this year with people seeking help from advocacy where other services were struggling to respond.

"My advocate was so professional, so understanding and came across as very knowledgeable in regards to her role and the options that were available. I wish other professional's were half as good. I know how rare such staff are as I was in services and I know many others would have not been so thorough or professional. Such staff are a credit to any organisation and need to be recognised and applauded."

IMCA



Independent Mental Capacity Advocacy (IMCA) is required under The Mental Capacity Act (MCA) where specific decisions are being made with regard to individuals who lack mental capacity at the time that such decisions need to be made. Advocates will seek to establish the views and wishes of the individual concerned and see that these are taken into account during the decision making process. Advocates will also ensure that decisions taken are in compliance with the Best Interest Checklist and least restrictive principles of the MCA.

Service Delivery

Referrals under IMCA Safeguarding were lower than might ordinarily be expected (down from 32 last year to 17). This may be pandemic related in that advocates and other professionals have been unable to visit residential, supported living, or private accommodation for significant periods of time. We intend to explore this further through discussion with the Safeguarding leads for the NHS trust and the Local Authority.

There has also been a reduction in referrals for Change of Accommodation IMCA referrals (down from 78 last year to 30) and this may relate to some delay in discharge, the increased use of temporary placement or both. This would reduce the need to make IMCA referrals. The increase we have seen in referrals for 39A IMCA (from 29 last year to 39) may support this as urgent authorisations are sought under DoLS.

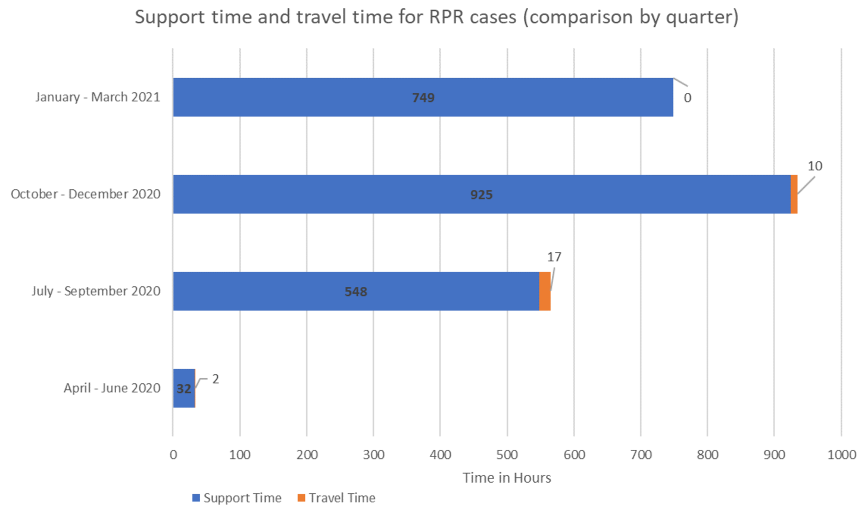
Referrals for Care review under the MCA have fallen slightly (From 36 to 31) this may reflect a longer term trend as more frequently reviews are being referred and allocated under The Care Act.

Serious Medical Treatment referrals increased over the year (from 32 to 47) this is reflective of referrals for COVID vaccination later in the year which can be considered as ‘invasive’, although we have some concern that the postponement of elective surgery and other treatments may mean a post covid surge as the ‘backlog’ is reduced in the future.

We provided IMCA awareness for both Adult Social Care and NHS staff and intend to expand this to Primary Care, including GPs in the future.

> “Nice woman, nice to deal with…very pleasant experience… absolutely excellent service.”

RPR



The Relevant Person's Representative (RPR) role is an aspect of the Deprivation of Liberty Safeguards (DoLS) as required under the Mental Capacity Act. The RPR will maintain contact with residents in care/nursing homes who lack the capacity to choose their accommodation and who, due to their vulnerability would not be free to leave. The RPR will be mindful of the resident's dignity, right to participate in decision making and care planning and right to a private and family life. The RPR may seek a review or challenge a placement through court, if a resident clearly objects to their placement or aspects of it.

"The advocate worked hard and was very passionate about getting the results I wanted to improve my life."

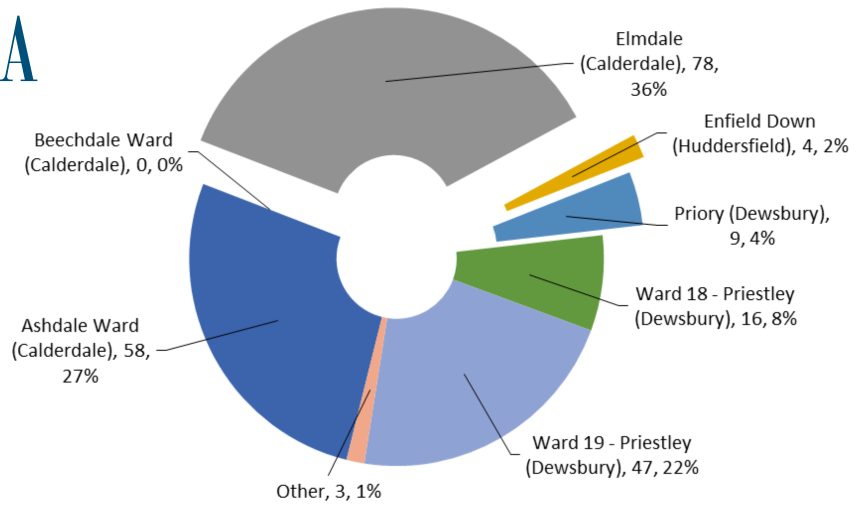
Service Delivery:

The paid RPR service continues to place the largest demand upon the service. Referrals have increased steadily quarter by quarter. Continued pandemic related restrictions have required a flexible and at times imaginative approach from paid RPRs to ensure that they meet both contractual and legal obligations where face to face contact has not been possible.

Remote working and pandemic restrictions have significantly reduced travel time for advocates. A re-organisation of RPR caseloads, with the aim of reducing travel time and enabling client contact time to be increased was paused to sustain a level of consistency for service users given that advocates were unable to visit in person. We are revisiting this as pandemic restrictions reduce and physical visits increase once again.

As we anticipate the introduction of the new Liberty Protection Safeguards (LPS), both advocates and management have been considering the potential impacts of this upon both individual practice and the service as a whole. This will be pursued in more detail next year as new guidance is issued.

IMHA



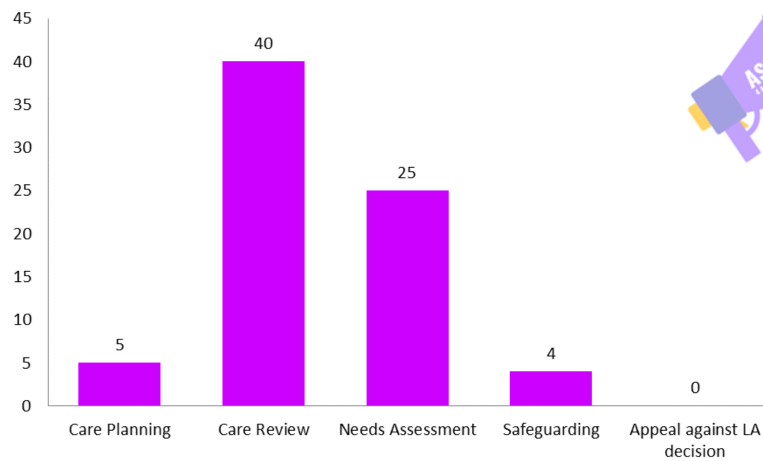
During the past year we have, occasionally had to be assertive to ensure that advocacy, particularly IMHA, is given the priority by ward staff and management that is required. A person detained under various sections of the Mental Health Act has a right to access the Independent Mental Health Advocacy (IMHA) service. IMHAs will ensure that patients understand their rights of appeal, that the 'least restrictive' and 'participation' principles of the act are adhered to and that the patient's voice is heard in all decisions made which affect them.

Service Delivery

The pandemic has continued to have an impact upon IMHA service delivery throughout the year. Along with frustration there has also been some success. Initial difficulty of advocates struggling to gain contact with patients have largely been overcome through the tenacity of individual advocates and constructive communication with Trust Management, particularly Matrons and ward managers. Remote access to ward rounds has continued to be an issue, particularly where advocates are operating in a 'non-instructed' capacity. Visiting patients has been facilitated by 'drop in' sessions on the Dales and on ward 18. Visits to individuals on ward 19 (male and female) have been problematic at times, due to the high vulnerability of older adults. These are now happening regularly although advocates may still not attend ward rounds / MDTs in person as priority tends to be given to other professionals. It was agreed that this would be reviewed as the physical presence of an advocate can be of great benefit to the patient, particularly as it can be difficult for people with dementia to understand that their advocate is attending through a large screen. Working with Cloverleaf we have delivered advocacy awareness sessions for ward staff which were poorly attended—it is our aim to re-visit this with a view to improving take up.

Our relationship with Priory Hospital continues to improve. All patients on Jubilee ward now have IMHA representation and those on Hartley are generally aware of their right. Some patients have therefore engaged with our service whereas others have used the generic advocacy service commissioned from another provider.

Care Act



An entitlement to Advocacy under The Care Act exists where an individual is deemed as having 'substantial difficulty' engaging in assessment of their needs, care planning to meet their needs, any review of the plan in the future and keeping themselves safe. Those who care for people in these circumstances may also be entitled to advocacy under the act.

Service Delivery

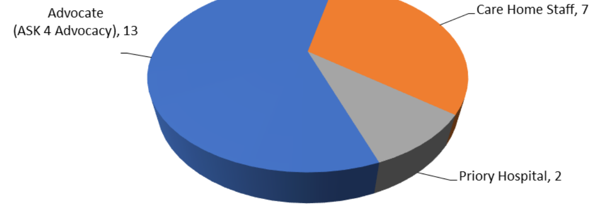
"My advocate is so supportive, very nice, very helpful and I feel that she is a lovely person"

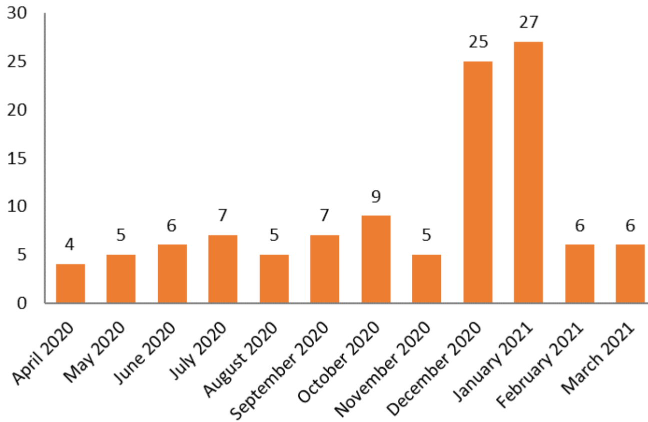
Referrals for advocacy under The Care Act continued to be lower than we expected. This has been particularly noticeable with regard to Safeguarding referrals where a decrease in referrals has not necessarily been matched by a corresponding rise in Safeguarding referrals under the MCA. We believe that one reason for this may be that, due to pandemic related restrictions, professionals (including advocates) were visiting care homes less frequently and were therefore not highlighting concerns to the degree they might otherwise.

As part of our remit to increase understanding of advocacy we ran a remote session for Adult Social Care teams looking at Advocacy under The Care Act. This was well attended but it is too early to judge whether this has had the desired impact of increasing the appropriateness of referrals or understanding of the advocate's role within the various processes.

Our capacity to meet demand was sufficient throughout the year due to our investment in Care Act Advocacy training for several advocates. We continue to Develop the 'multi skilled' or 'Universal' advocacy model whereby advocates are able to 'change hats' should the needs of the service user require it. At present we have two advocate sable to operate under either the Care Act or IMCA as required. Several others are able to operate as DoLS IMCA and also under the Care Act should that be required.

General





"I want to say a huge thanks to the advocate for taking the time to listen to me and for trying and do something to help my Mum. …..I felt so much better after talking things over with someone who just listened to me and took me seriously."

General advocacy refers to advocacy available for vulnerable people to ensure that their voices are heard and rights respected in a variety of situations which fall outside of any statutory right to advocacy. A high proportion of Service users within this stream of the advocacy service have Learning Disabilities, Autism or Mental health support needs. A formal diagnosis is not required however as our primary aim is to promote the voices of vulnerable residents of Kirklees.

Service Delivery

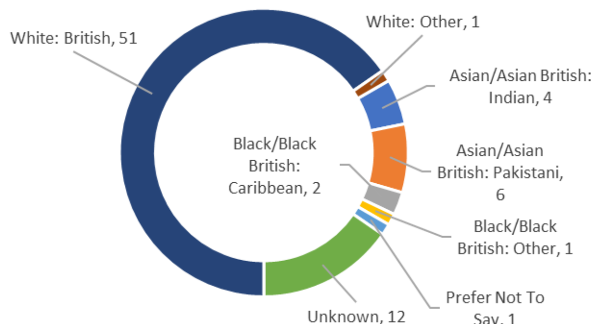
Of the 25 referrals for general advocacy in December 2020, 6 of them related to covid vaccination. Again in January, 16 of the 27 referrals related to covid vaccination. There were 3 sources of these referrals; 13 from Advocates (ASK 4 Advocacy), 7 from Care Home staff and 2 from Priory Hospital (Dewsbury).

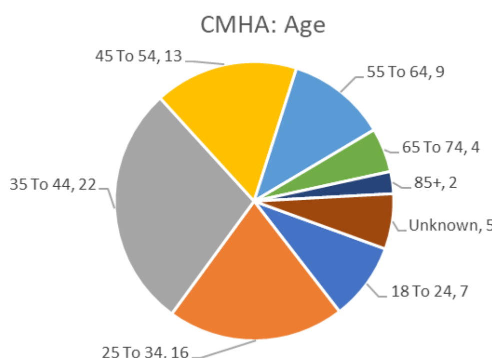
Because the remit of General Advocacy is broad some confusion exists among professionals as to what does, and does not fall within this advocacy stream. Without a statutory framework the role can seem ill defined.

We have delivered an awareness raising session focused upon non-statutory advocacy for Adult Social Care teams. This was well attended and stimulated considerable interest. We do however receive a significant number of referrals where a support, rather than advocacy need has been identified.

We are working to triage referrals at an early stage so that short term advocacy need is met and appropriate signposting to support services is completed should this be required and any waiting time for substantive advocacy is reduced to a minimum. Our 'Duty advocate' system also seeks to empower people through promotion of self advocacy where possible. We are developing resources to promote this.

Community Mental Health Advocacy





'Community Mental Health' advocacy is a non statutory service available for those with Mental Health issues in the community who are not subject to provisions of The Mental Health Act. A high proportion of service users are not in receipt of formal support, while others feel that they have a lower level of support than they need. The service is available for people who self identify mental health support needs as well as those who have formal diagnosis.

Service Delivery

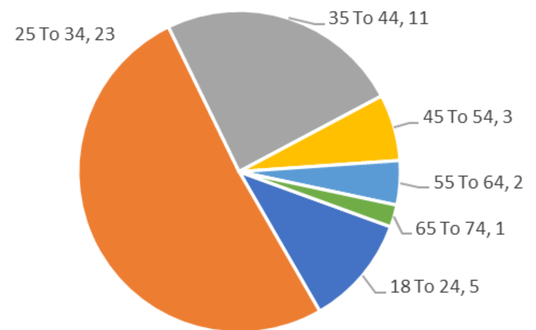
Of the 78 referrals received in the year 51 were from people who identified as 'White British', 15 identified as from BAME backgrounds and in 12 cases their background remains unknown. Although the number of 'unknowns' suggests that we need to make data collection improvements, the proportion of White British service users indicates that we may need to increase awareness among those from diverse communities.

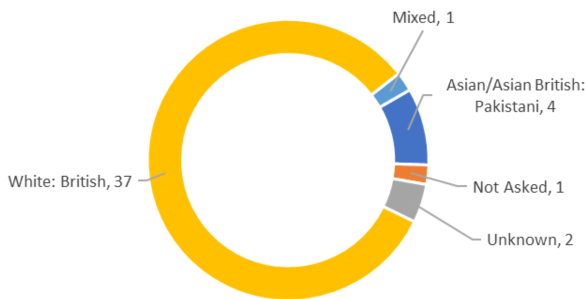
Although Advocacy in this area can present significant challenges, particularly where service user needs do not fall neatly into statutory or third sector provision we are confident that it is highly valued by those we work with. An important aspect of service development has focused upon the management of expectation, which while making overt the limitations to what we can do also provides clarity and ultimately can help both service users and professionals to engage meaningfully.

During the year we continued to highlight systemic issues and in particular have noted the difficulties some have in relation to their relationship with GP services. A reduction of tolerance, from some practices and doctors of 'argumentative' or what can be perceived as 'aggressive' behavior is leading to increased exclusion for vulnerable individuals. We continue to discuss such matters with Healthwatch with a view to finding positive ways forward.

The development of Meeting of Minds (MoMs) and the new mental health Group Advocacy Project (GAP) is beginning to increase our ability to ensure that service user voices are at the heart of the systemic initiatives we engage with. As GAP grows our aim is to increase the degree to which it is service user led and its remit informed by those with lived experience.

Parenting Advocacy





> "You have taken a weight off my shoulders, made me feel protected and now I can challenge things said in assessments as it's no longer "my word against theirs" but someone is there to listen and can help me challenge when statements are not repeated accurately."

This service is commissioned to provide advocacy support for parents with Learning Disabilities, Autism or Mental Health support needs who are involved in 'Child in Need' or 'Child Protection' processes.

Service Delivery:

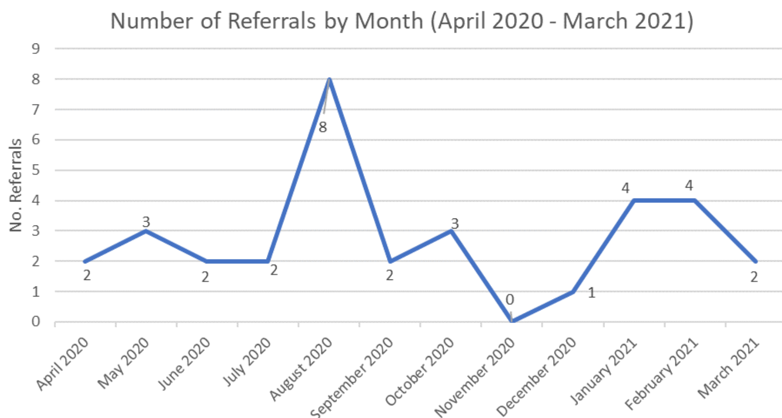
We supported 45 parents to engage with children's services where concern existed regarding the welfare of their children.

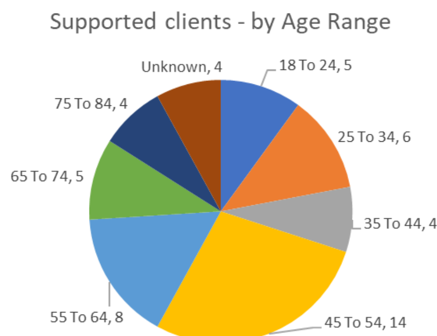
We supported some parents to have their own needs assessed to ensure they were receiving the support they needed as individuals. We also worked to ensure that parenting assessments were delivered in a person-centered way using accessible materials and appropriate language.

As with General Advocacy and Community Mental Health Advocacy we have also worked to increase awareness of, and clarity about, the advocate's role. It is an area where management of expectation from the service user and involved professionals is particularly important. Advocates have felt pressurised to attend assessments and other appointments at short notice. Some professionals have assumed that an Advocate will be involved throughout a lengthy process (possibly lasting years) or that they, or the court, will instruct the advocate regarding their level of involvement. We are clear that the advocate is instructed only by the parent and that our aim is to assist engagement and empower the individual. We cannot provide legal support and it is not our role to act as an independent witness.

We are developing a protocol which will make clear the Parent Advocate role and make clear it's value and limitations, most particularly that referral for an advocate is not a substitute for statutory responsibility to make reasonable adjustments to ensure that vulnerable parents are able to engage in such emotionally difficult processes.

NHS Health Complaints Advocacy





This service is available to any adult in Kirklees who wishes to make a complaint about an NHS, or NHS funded, service that they have received. An allocated advocate will guide them through the process, help to establish what the desired outcome of the complainant is and liaise with NHS complaint handlers to help the Service User gain a satisfactory resolution.

"I was extremely happy with the assistance provided by my advocate who collated and shared important information with me which enabled me to fulfil my role competently."

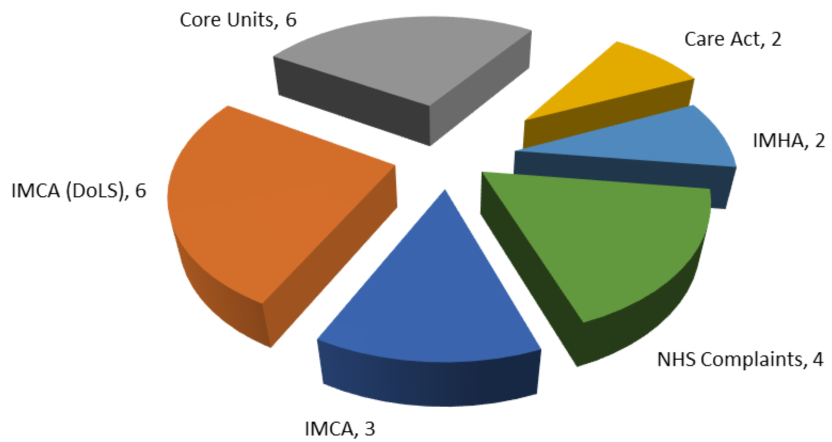
Service Delivery:

The NHS Complaints service continued to receive a steady stream of self referrals from members of the public. Over the past year many Service users have been provided with guidance and letter templates and have chosen to pursue their complaint without further assistance from an advocate. Other cases have been more protracted and have been addressed through Local Resolution Meetings or through recourse to the PHSO, prior to their suspension of new referrals.

Many complaints we have supported have related to Community Mental Health Services and there has been overlap with Community Mental Health Advocacy. Advocates have worked to help Service Users to distinguish between complaints about past treatment (NHS Complaint) and gaining access to services (Community Mental Health advocacy). There have also been complaints which related to GP practices and we have liaised with Healthwatch where patients have found themselves without a GP as a result of dispute.

We have strengthened our relationship with Healthwatch during the year have met regularly to look at systemic issues in complaint handling. Meetings which included a representative of SWYPFT have resulted in changes to written communication sent to patients who complain and a commitment to improve the complaints handling process.

Team Development



"Thank you for every-thing, even if it doesn't work, I know you got me the best shot I could have"

Advocates continued to undertake the training for the Professional Diploma in Independent Advocacy. This involves the completion of 4 'Core' and two 'Specialist' units. Specialist units are Care Act Advocacy, IMHA, IMCA and IMCA (DoLS) which includes training for the RPR role. Three staff successfully achieved the Diploma during the course of the year.

Mandatory Training:

In addition to the wide range of mandatory training provided by Touchstone that we have discussed in previous reports, this year we focused on two new areas:

Trauma informed practice. The management team undertook training in trauma informed practice and have explored the implications of the principles in team management and deliv-ering person-centred advocacy. It is envisaged that the training will be rolled out across the whole team.

Training related to health and safety and infection control was undertaken at various points during the year to help maintain safe practice and safe working environments.

"I was detained on a section and worried about missing my medical assessment with the DWP. I was too unwell and stressed to phone them on my own. My Advo-cate suggested a conference call as this would allow them to assist me with the call to DWP. The phone line was extremely busy but after several attempts, we were able to get through and my Advocate supported me to inform the DWP of my circumstances and ill health. "

Service User Involvement

There were three service user initiatives that ASK4Advocacy supported this year:

-Meeting of Minds (focusing on the needs and views of people with mental health issues).

-The Autistic Adults Reference Group (giving autistic adults who live in Kirklees a voice, particularly but not exclusively in relation to the Autism Partnership Board).

-A partnership with Headway aiming to develop local support for people with head injuries and people who have had strokes.

"My Advocate explored the options available to me and how they could be pursued. She liaised with professionals on my behalf and arranged meetings with them. This enabled me to represent my sibling's views and to arrange a placement in line with their wishes. "

Meeting of Minds

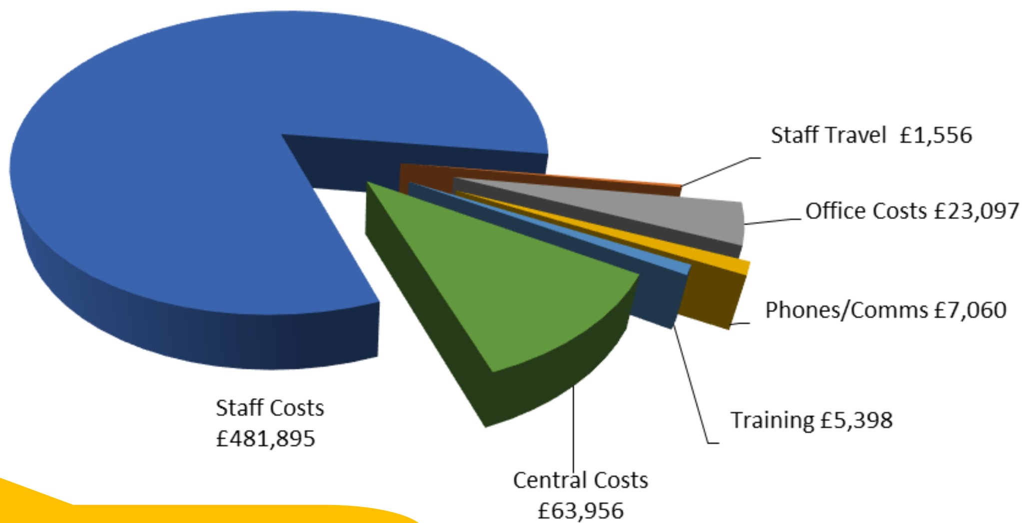
Meeting of Minds continued to meet on zoom. During the year they concentrated on establishing the group; setting up a constitution, their own bank account, technology, an on-line presence and a Google account they can use for conferences and meetings with members. They engaged in the work being done jointly with Richmond Fellowship regarding the development of Peer Support and with the Mental Health Partnership Board and the Men's Mental Health Group. They also have been involved in discussions with service users around support for people with personality disorder diagnosis and began engagement with the Mental Health Alliance. A working agreement was finalised between Touchstone and Meeting of Minds which clearly outlines levels of Touchstone support including staff support, IT resources and office space.

The new Autistic Adults Reference Group has met six times this year. The group continues to concentrate on expanding its membership, looking at ways it can support members to have a voice on the Autism Partnership Board and develop its relationship with statutory and non-statutory agencies. Tony Bacon from Kirklees Council came and spoke to the group about the Partnership Board and the Councils commitment to support them in being fully involved in service developments. It is hoped that a representative from the CCG will also be able to attend a meeting next year.

One volunteer is working with **Headway** to establish a Dewsbury based support group for people with head injuries and those who have had a stroke. Developments have been hindered by covid restrictions, but the volunteer has spent time engaging with Headway Regional staff and other local groups.

"The advocate was brilliant! They really supported the client. "

ASK 4 Advocacy Finances 01/04/2020 — 31/03/2021



"I felt absolutely relieved and happy, I would have given up due to the waiting time were it not for my advocate."

There was no uplift in income but there were some areas of cost pressures due to inflationary pressures and covid which we were able offset with areas where savings were made.

Staffing costs increased by £21,000 on last year due to increments and nationally agreed pay rises. Central costs also increased from £46,410 last year to £63,956 this year. This was primarily due to Health and Safety expenses being met centrally and these including PPE, additional deep cleaning after covid outbreaks, screens, furniture and equipment for home working and some security upgrades.

These were offset by significant reductions in costs of staff travel nearly £10,000, and smaller savings in office, phones, and training budget areas.

The service was delivered within budget with a small surplus of £5,000.

"My advocate successfully challenged the ward by arguing that this delay in arranging for a doctor to assess me was causing me distress. The ward arranged for the duty doctor to assess me, and I was discharged. I was extremely happy to be discharged and grateful to my advocate for speaking up for me."

"The administrator at Touchstone advocacy responded to my email promptly and so I felt less anxious and was able to get an advocate to help me."

Partnership with Advonet

The ASK4Advocacy Service is delivered through a partnership with Advonet who support the service in a number of different ways.

Managerial Support: Regular partnership meetings and attendance at quarterly monitoring meetings with the commissioners

Staffing Support: An Advocacy Manager post and two of the advocate posts are Advonet appointments

Policy and Practice: The two organisations work together in developing and improving advocacy policy and service delivery

Service Development: In many areas of advocacy the legal and practice frameworks are under regular review from the government and courts through case law. Advonet and Touchstone work together to ensure advocacy practice is in line with recommended changes and up to date.

This year Advonet have focused their support around preparations for the Advocacy Quality Performance Mark Assessment (QPM) which Advonet recently re-achieved.

Working Together Better Partnership

The ASK 4 Advocacy service continued to be an active and enthusiastic member of the Working Together Better Partnership which aims to improve the experience of service users accessing third sector mental health services.

The ASK 4 Advocacy service and Touchstone have provided business support for the development of core infrastructure for the partnership. Members of the partnership have worked creatively together and with commissioners to ensure continued provision during Covid.

Thank you….

We would like to thank all those who have helped us deliver the service this year and would particularly like to mention:

- Kirklees Council and North Kirklees CCG for their continued funding and commitment to advocacy
- Tony Bacon (Mental Health Commissioning Manager) and Jan Ibbotson (Contract Manager-Mental Health) for their advice and support
- Sumayya Hanson, Donna Potter and the MCA/DoLS Team for their commitment to partnership working
- Clair Costello at Healthwatch for support addressing systemic advocacy concerns and Health Complaints
- Yvonne French and Richard Kerry at SWYPFT for supporting Independent Advocacy within their service
- Touchstone House Support Services for all their help

Targets for the New Year

2020/21 Achievements

- Completed and implemented a review of management arrangements
- Fully implemented Charity Log a bespoke advocacy database and case management system
- Developed and implemented Covid-19 service continuity plans
- Built on relationships with statutory partners ASC/DoLS Team/SWYFT community and inpatient services.
- Plans to expand the role of stakeholder feedback were limited by covid restrictions
- Developed new specialist interest groups within the staff team including learning disability, accessible materials
- Engaged in a broader range of co-production initiatives to include MOM, Head injuries, and autistic adults
- Unable to expand the roles and numbers of volunteers due to limited opportunities due to covid
- Undertook a range of online events promoting rights, equality and advocacy principles.

2021/22 Targets

- Develop flexible ways of working to ensure continued delivery of quality advocacy services through the continued and changing covid restrictions.
- Achieve the Advocacy Quality Performance Mark
- Promote appropriate referrals by providing information and advice sessions for Health and Social Care staff on the different advocacy streams and eligibility criteria
- Develop a flexible, resilient and sustainable service through continued training and development of individual advocates in achieving qualification in several advocacy streams
- Develop peer, group and self-advocacy opportunities
- Develop systemic approaches to advocacy in partnership with Healthwatch and service providers
- Prepare for changes in advocacy practices as a result of proposed planned changes in MCA (LPS) and MHA legislation and guidance

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