Health Advocacy Services Redesign Consultation –

Key Findings Report

**August 2017**

Contents

[Background 2](#_Background)

[Results 2](#_Results)

[Conclusion and next steps 5](#_Conclusion_and_next)

# Background

The current contracted services for NHS Complaints Advocacy (NHSC), General Health Advocacy (GHA) and Independent Mental Health Advocacy (IMHA) comes to an end on 31st March 2018. An 8 week consultation process was undertaken to seek stakeholder views on a proposed new service model for Health Advocacy Service provision. Public Health carried out engagement with stakeholders, service users and their families and current providers in preparation for the redesign of this service. Public health consulted on three proposed changes:

**Access to Health Advocacy Services**

For the three Health Advocacy services to be delivered as one service, by one provider or a partnership of providers. A combined model might help to:

* make it easier for people to know about the services
* reduce the need for people to be seen by more than one service provider, as we know that some people need support from more than one service
* reduce the amount of times that clients have to describe their experiences to different advocates and providers
* make our services more efficient and effective
* help us to deliver better value for money for the public

**Timescales for Service**

Individuals who have a statutory right to an advocate have rights to be seen by their advocate within set timescales. We will continue to make sure that the new health advocacy service meets this requirement. However, this may mean that individuals who are referred for non-statutory provision may have more flexible waiting times.

**Partnership working with Healthwatch**

Health Advocacy Services get to know a lot about what is working well with health services, and what could be improved. Think that this collective knowledge could be better used to help improve local health services. We are proposing to create a stronger partnership between local Health Advocacy Services and local Healthwatch.

# Results

## What service users and members of the public said – key messages

The consultation responses represent the views of around 105 service users and members of the public, which were gathered via a survey, focus groups and forums. The views were as follows:

Combining three contracts into one contract:

* The majority agreed that it is a good idea to merge the three advocacy services into one and that this will result in a better service overall. Respondents felt this would reduce confusion and create a simpler referral pathway.
* However, respondent concerns related to the impact on staff workload, the perceived lack of provision in the north, the challenge of managing a potentially very large service and staff needing to have knowledge of all three service areas

Service promotion

* Some respondents suggested that professionals need more training and knowledge in order to promote the services.
* Most felt that more advertisement and awareness of the services is needed
* There was agreement about the need for professionals to have more clarity on provision, referral and eligibility.
* Suggestions on effective promotional methods included:
  + Linking with the CAVA Directory
  + Face to face meetings with health professionals and Advocates
  + More outreach work by Advocacy staff
  + Information should be provided on discharge from hospital
  + Promotional posters/leaflets in GP surgeries/other healthcare settings
  + Structured education for GPs
  + Information to be provided online

Links with Healthwatch

* Nearly all respondents agreed it would be helpful for Health Advocacy Services and Healthwatch Warwickshire to work more closely together.
* Concerns were raised amongst a few respondents around staff turnover and competing advocacy services trying to undercut each other for contracts.
* The link to Healthwatch provision needs to be clearer as some individuals think they provide advocacy.

Flexible waiting times

* 42% of respondents expressed concern that more flexible waiting times for non-statutory provision would lead to increased stress amongst non-statutory service users, which may result in people falling through the net and not receiving the help they require. These respondents felt that people in the community are often the most vulnerable and most in need.
* Of particular concern was the prospect of longer waiting times for non-statutory advocacy, specifically GHA.

## What providers said – key messages

Three organisations attended the market engagement day, with two further organisations responding to the market testing questionnaire. A meeting was held to gather the views of social work operational teams, which was attended by 7 social workers. The views were as follows:

Combining three contracts into one contract:

* Providers were in agreement with combining the three services into one integrated service, stating the following positives:
  + Seamless access for service users, continuity and integration
  + Clients will tell their story once
  + One easy point of contact
  + More efficient triage
  + Better value for money
  + One service manager to triage clients to relevant advocates
  + Opportunity for a partnership/consortium approach
* Highlighted risks included:
  + Disparate staff team
  + Careful management of transition needed
  + Practicalities around co-commissioning

Service promotion

* It was suggested that the usage of community hubs would be beneficial for drop in sessions to help promote awareness in the community
* It was felt that providers should consider ways to engage with hard to reach groups, and co-produce communications and messaging with service users to ensure effective targeting
* Most felt that advocates should attend duty meetings, MDT meetings and have conversations direct with the Senior Discharge Nurse. It was raised that the service needs to be more visible to NHS staff, with the suggestion of an engagement protocol with NHS and other services

Links with Healthwatch

* Providers were in agreement that strengthening links with Healthwatch would result in an aligned offer that does not duplicate, would enable more joint working and could ensure that emergent issues and trends were picked up on.
* However, there was concern that there could be confusion amongst clients and referrers if there is not clarity of roles between Healthwatch and advocacy

Flexible waiting times

* Providers agreed that flexible waiting times could be effectively managed through structured referral management policies and procedures based on the needs of individuals, along with the prioritisation of referrals based on individual circumstances and needs
* Providers highlighted potential risks around the flexible waiting times, with concerns that this could result in clients waiting longer to be seen and the need for a robust referral management process. Solutions to this were suggested, including the usage of a decision tool to aid correct referrals into advocacy provision, and to clarify overlap between different advocacy provision and the implementation of robust contingencies.

# Conclusion and next steps

Following collation and analysis of all responses received there was an overall general consensus from respondents who strongly agreed with the majority of the service principles. This consensus was then further reinforced through respondents’ comments providing qualitative insight which has been used to further shape and influence the proposed service model.

Warwickshire County Council, Public Health, would like to thank all those who participated in the Consultation process, whether it was through attending one of our face to face events, or through completing the questionnaire.