Grampian Independent Advocacy Plan

Co-ordinator:
Director of Corporate Communications and Board Secretary

Reviewer:
Patient Focus and Public Involvement Committee

Approver:
Patient Focus and Public Involvement Committee.

Signature

Identifier:

Review date:
This plan will be reviewed at least every three years by the Patient Focus and Public Involvement Committee.

Implementation date:
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Introduction

The context
The expectations placed on Local Authorities and NHS Boards for ensuring the provision of independent advocacy are set out in the document, “Independent Advocacy – A Guide for Commissioners”. This states that Local Authorities and NHS Boards are expected to:

- Have a senior named person who takes a lead role on advocacy across all client groups.
- Pool their expenditure on independent advocacy to create a single joint budget at local authority (or other suitable) level.
- Commit this joint budget at least three years ahead.
- Set up advocacy planning teams, which involve a diverse group of stakeholders, and work with them to develop a three year plan for advocacy.
- Provide long-term core funding for advocacy projects following independent evaluation.
- Invest in local capacity to provide advocacy and encourage innovative approaches.

The Grampian planning process, which began in 2002, set out to meet these requirements. Relevant legislation includes the 2003 Mental Health Act and the requirements of various Grampian strategies that include access to advocacy e.g. Grampian Health Plan, Grampian Health and Care Framework, Carers Information Strategy.

This reviewed plan, produced by the Grampian Independent Advocacy Group (GIAG), presents an opportunity to refresh the previous plan, within the planning processes and describes the strategy, objectives and action plan for Grampian until 2013. In reviewing the plan GIAG made reference to the various plans and guidelines related to the provision of advocacy services described in Appendix 1.

In consultation with local advocacy service providers, NHS colleagues, local authorities and service users the following are deemed to be in need of increased/access to provision of advocacy services. These are

- People with learning disabilities
- People with a physical disability
- People with a substance misuse problem
- People with a mental health issue

For each of these areas there may be cross-over, for example people with mental health and physical disability issues, as well as cross-over with areas of unmet need.
Areas of unmet need, not addressed in the previous plan, are

- Older people, including people with dementia
- Carers
- Children
- People in private care homes
- Prisoners
1. Definitions

Advocacy

Advocacy enables people to make informed choices about, and to remain in control of, their own care. It helps people to have access to information they need, to understand the options available to them and to make their views and wishes known.

Advocacy can be delivered in a number of ways. This document describes the plan for independent advocacy in NHS Grampian. This is different from other forms of advocacy (such as citizen advocacy and collective (or group) advocacy) although the independent advocacy groups in Grampian do manage a number of collective advocacy projects. For the sake of completeness and comparison the definition for each of these forms of advocacy is given below.

Independent advocacy

Independent advocacy is provided by organisations whose sole or main function is advocacy. It recognises that there may be times in the life of an individual when they need or want someone to advocate for them who has no other roles in their lives.

Such advocates generally support individuals in dealing with a specific issue or problem and work with them until that issue is resolved. They avoid giving advice and aim to support people to represent their own interests where possible and very much as a preference to acting on their behalf.

There are many recognised support structures and dedicated professionals operating within care services (such as doctors, nurses, social workers, health councils) and all may be seen as providing advocacy, advice and support aimed at ensuring that individuals receive the highest level of service.

These groups and individuals are, however, not seen as providing independent advocacy. Independence is the unique aspect that independent advocacy organisations (IAOs) bring to the care system, which enables them in turn to safeguard and empower individuals. Independent advocates will not be influenced by either the perceived or actual influences and pressures faced by those who are connected to service provision, or the need to operate within the confines of “professional” views.

In addition the Scottish Health Council exists “to promote Patient Focus and Public Involvement in the NHS in Scotland by ensuring that NHS Boards listen and take account of people’s views. We want to see an NHS which has a patient-centred approach to care, based on an understanding of patients’ needs, life circumstances and experiences; and which ensures that patients, carers and the public are able to influence the planning and delivery of NHS services.”
**Collective (or group) advocacy**

Collective advocacy is where a group of people with similar experiences meet to put forward shared views. It offers a shared voice rather than singling out individuals. It can, however, present a range of views.

Advocates might also help groups with common interests work together (or collectively) on issues, which either affect them all or specific individuals (group or collective advocacy). Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern. Members of a collective advocacy group set their own agenda. Groups campaign for change and seek to lead and influence the change process.

Collective advocacy groups organise around a distinct identity or issue but need effective links to wider networks.

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**2. Current provision**


Currently independent advocacy service is provided by a single advocacy organisation in Aberdeen City and by another for Aberdeenshire and Moray.

In 2010 the 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. It is attached in full as Section 6 of this report.

This report was approved by the Patient Focus and Public Involvement (PFPI) Committee of NHS Grampian in November 2010.

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**3. The case for increasing advocacy**

**Background statistics and supporting data**

There are three local authorities covering the Grampian area; Aberdeen City Council with 209,260 residents, Aberdeenshire Council with 239,160 residents, and Moray Council with 84,950 residents.

GIAG 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.

- **People with mental health issues**
  The Mental Health (Care and Treatment) (Scotland) Act 2003 informs us that additional advocacy services will be required. There is also an identified area of unmet need. 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 10,468 people across Grampian. Some of these people will experience significant difficulty in making their needs known and will require access to advocacy services.

- **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 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%). Statistics from Aberdeen City show that 1.527 of people over 65 suffer from dementia. Assuming the same holds true for Aberdeenshire and Moray, the figure for Grampian is c.8000. It is at this significant time of life change that older people will require increasing access to advocacy services.

- **People with learning disabilities**
  Studies show that 3 to 4 people per 1000 have profound or multiple disabilities, with 20 people per 1000 having mild or moderate disabilities. The study figure of 4 per 1000 having profound or multiple learning disabilities translates into 21,000 people across Grampian, although it is recognised that many of these people will not require advocacy support.

- **People with a substance misuse problem**
  In the NHS/ISD document *Estimating the National and Local Prevalence of Problem Drug Use in Scotland (2009-2010)*, ‘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”.

  Although in comparing 2009/10 to 2006 it cannot be said conclusively that actual prevalence has increased, we can be reasonably sure that actual problem drug use has not declined since 2006. The potential increase
(particularly that applying to Aberdeen City area) should be viewed in the broad context of the SIAA report *More for Less (2011)*

The report however estimates that there are 4900 Problem Drug Users within Grampian. The highest prevalence of problem drug use is within Aberdeen City (3,200), followed by Aberdeenshire (1,400) and Moray (370).

The population of problem drug users appears to be getting older and is higher in males (those aged 25-34 in particular). It can also be clearly seen that whilst the prevalence of problem drug misuse is lower in the rural as opposed to the non-rural areas, problem drug misuse is occurring in both rural and non-rural areas.

Prevalence rates for problematic drinking are much harder to estimate. Alcohol consumption is regularly under-reported thus making problematic drinking more ‘hidden’.

Scottish Health Survey data indicates that, since 1998, the proportion of both men and women aged 16-74 agreeing with at least 2 problem drinking indicators has increased. For men it has increased from 12% in 1998 to 15% in 2009, while the proportion of women agreeing with at least 2 indicators has doubled from 5% in 1998 to 10% in 2009.

Health harms from alcohol misuse are more pronounced for those living within most deprived areas, for example, the alcohol-related death rate in Scotland among the most deprived members of society is six times higher than among the most affluent, with this pattern consistent for both men and women.

*Consultation and identified gaps in service*

It was agreed that the following special groups were at most need and were most vulnerable and that this should form a platform to increase overall capacity of independent advocacy in Grampian.

- People with learning disabilities
- People with a physical disability
- People with a substance misuse problem

Areas of unmet need, not addressed in the previous plan, are

- Older people, including people with dementia
- Carers
- Children
- People in private care homes
- Prisoners
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:

- The independent evaluation by the Advocacy Safeguards Agency of the services provided by Advocacy Service Aberdeen.
- Anecdotal evidence based on feedback from clients.
- Process changes brought about by the real benefits of involving advocates.
- The impact on volunteers in terms of skills development and connecting with the community.
- The impact on service providers who undergo direct advocacy training or awareness raising sessions.

We also 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 outcomes as defined in the Advocacy 2000 guidelines are:

**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.

**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.
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.

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.

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. By September 2010, this had increased to approximately 90,900 or 15.3% of the population of Grampian (assuming the total population of Grampian to be 594,788 i.e. the 2001 Census figure, plus the recent migrant workers and their families)

To overcome the language barrier, NHS Grampian has funded the Grampian Racial Equality Council (GREC) to recruit and train a further 105 “face to face” interpreters, bringing our current pool of interpreters up to 140. In 2009/10, NHS Grampian spent £39,000 on providing “face to face” interpreters for non-English speaking patients when health care was provided.

NHS Grampian has introduced the “Language Line” telephone interpretation service, which 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 700 locations throughout NHS Grampian; this is the most comprehensive network in the Scottish NHS. Over 4,500 staff have been trained in its use. In 2010, expenditure on the “Language Line” service was £39,138. The service was used on 3,851 occasions.

GREC, as part of their Service Level Agreement with NHS Grampian, are funded to provide a specialised Advocacy Service for our local ethnic communities. This includes providing support, a Multi-Lingual Counselling Service, Case Worker Support and Legal Support through GREC and the Ethnic Minorities Law Centre.

NHS Grampian has also funded GREC to appoint fixed term Bi/Tri Lingual Health Link Workers for the Peterhead, Fraserburgh, Elgin and Aberdeen City areas. Their role is to link up non-English speaking members of four local ethnic communities with health care and other associated services. They also have an advocacy role.
This very specialised area of work is separate from the general role undertaken by the Grampian Independent Advocacy Service.
These outcomes can further be reflected in the text table below which links key responsibilities of service delivery to advocacy outcomes.

<table>
<thead>
<tr>
<th>Health/social care responsibilities</th>
<th>How advocacy can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting improvements in health</td>
<td>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.</td>
</tr>
<tr>
<td>Monitoring the quality of service and promoting high standards</td>
<td>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.</td>
</tr>
<tr>
<td>Helping people make decisions about their own care</td>
<td>Advocacy allows someone to take the time to understand an individual’s situation from an independent perspective.</td>
</tr>
<tr>
<td>Making the most effective use of resources</td>
<td>Advocacy can contribute to a better understanding of a person’s needs, and so improve the way resources are used.</td>
</tr>
<tr>
<td>Safeguarding people who receive services</td>
<td>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.</td>
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</table>
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 independent evaluation in November 2003 of Advocacy Service Aberdeen (ASA) by the Advocacy Safeguards Agency describes ASA as:

“… providing an effective one-to-one independent advocacy service for people with mental health problems and learning disabilities in Aberdeen. We found both the staff and management to be committed to what they do. They know what advocacy is about, how to deliver it, and how to make a difference for the people who use it. All the people we met who had used the service said it made a big difference for them. The service is also highly regarded by service providers who have seen it in action or heard about its work.”

The draft report also states that “overall the service should be commended for achieving a wide and effective number of outcomes from its work”.

Finally, the evaluation finds that Advocacy Service Aberdeen has made a positive contribution to individuals and the community by:

- Helping people to identify and express their choices, including accessing information in order to make these choices informed.
- Making sure people had the same rights and responsibilities as other members of society and supporting people to become full members of society.
- Supporting people to achieve their choices; giving people control over what happens to them.
- Helping people to prevent harm, abuse, injustice, inappropriate risk or crisis in their lives.
- Influencing public and service views of the people it supports.

The GIAG is confident of similar results when Advocacy NE is evaluated.

Anecdotal evidence based on feedback from clients

Client feedback is a major assessment tool used for evaluation. The following are comments received by independent evaluators and give a flavour of levels of satisfaction with the service and some of the methods employed.

- “I had been trying for eight months to get our disabled daughter into college. Even the MP could not get the college to take her ... gave me the information I needed; they supported me at a stage when I almost gave up. Our daughter is now happy in college.”
- J used the service when he was in a psychiatric hospital and in the community. J said his advocate helped him to access things and make people listen to him. He felt they helped to improve the standard of care he received and explanations from people who provide care and support of what they were doing were fuller when the advocate was present.
M used the service whilst in a psychiatric hospital. M was afraid of the staff while she was in hospital. She said “an advocate was someone who gave her a voice and made her aware of her rights, but did not tell her or advise her what to do.”

H was living in a unit providing 24 hour care for people with learning disabilities. H said “advocacy was about helping people who have fewer rights than others to speak up for themselves and put their points across.” This was how his advocate helped him in care review meetings. He sometimes got frustrated in these meetings, so the advocate helped him to learn new ways of coping.

R was not happy with the care and treatment she was receiving from her new psychiatrist. The advocate went to a meeting with R to tell the psychiatrist about this and encourage her to speak for herself. They also helped R to make contact again with her family.

S heard about advocacy through a worker at a hospital for people with learning disabilities. S said that “advocacy is about helping people to speak up for themselves.” He felt the Section he was under on the Mental Health Act did not give him enough freedom. The advocate helped him to write a letter about this to his solicitors. S also got support from his advocate while in contact with the courts and at care review meetings.

“Regarding my recent appeal with the DSS I must thank the Advocacy Service for their help and guidance and support during a very difficult appeal. Without assistance from the advocate the outcome of my appeal might have been very different. My situation was altogether very stressful and her help was truly invaluable.”

Process changes brought about by the real benefits of involving advocates

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”.

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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.

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.

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.

Indeed, advocates themselves can 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:

- Independent advocacy in Grampian is need and user led and is based on stakeholder involvement through direct involvement.
- Individuals, who need it, have fair and equitable access for the long term.
- Grampian has sufficient capacity to sustain services for the long term.
- The Grampian IAOs are supported.
- There is a proper balance between individual and collective advocacy.
- Independent advocacy in Grampian is evaluated and reported, with monitoring tools and service level agreements in place.
- An effective planning tool is developed to ensure that advocacy is considered by all planning groups in Grampian.
- All strategic planning documents and change projects address advocacy need.
- 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:

- 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.
- Agree actions aimed at building capacity in respect of advocacy services.
- Develop processes that ensure:
  - Involvement of service users in planning.
  - Accurate monitoring and evaluation of service provision.
  - Raised awareness amongst public sector workers and the community.

The Scottish Independent Advocacy Alliance (SIAA) has been working 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 is being 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. Once this is available it should be reflected in this plan.
5. The action plan

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 for a period of no less than three years to provide security and sustainability of the current position.

The key initiatives include,

- That the NHS Board reviews the existing leadership arrangements and confirms a single senior lead named person to lead advocacy.
- That any agreed funding should be pooled with other advocacy funding providers in the north east.
- That this funding pool be “enhanced” by any additional ring-fenced monies for the purpose of supporting advocacy.
- 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. NHS Grampian Advocacy Review 2010

This section (section 6) reflects a piece of work commissioned by NHS Grampian in 2010 to undertake an overview of advocacy provision. It has been included in the Grampian Independent Advocacy Plan 2010 – 2013.

Purpose of the report

The report aims to inform NHS Grampian Board on the level of commitment to Advocacy services within Grampian. This will also outline resource commitment relative to Local Authority Partners within Grampian as well as drawing comparisons with other Health Boards in Scotland. This information will help inform future resource decisions around Advocacy services.

Scope of Report:

1. Identify statutory requirements around Advocacy services
2. Investigate practice and expenditure elsewhere in Scotland - including identified ‘best practice’ at Edinburgh Hospitals
3. Elicit views of local stakeholders (professionals and service users)
4. Benchmark NHS Grampian investment in advocacy service against above, in order to identify gaps, priorities, cost implications
5. The review will take account of Advocacy for all patient groups across Grampian.
6. Review previous draft report findings on advocacy carried out 2004-5 by Grampian Independent Advocacy Implementation Group (GIAG)

In addition to the work carried out by GIAG, the information presented has been drawn from discussion and meetings held with local stakeholders as well as information gathered on visit The Scottish Independent Advocacy Alliance and visit to areas of identified best practice.

The report is therefore an informed impression of the situation.

Background

The issue of NHS Grampian resource is a matter of long standing dispute for a period of years. There is a perception held by Advocacy lobby groups and individuals that NHS Grampian level of funding for Advocacy are inadequate.

Advocacy is defined in the 2010 Publication Independent Advocacy: A Guide for Commissioners (http://www.siaa.org.uk/documents/guide-for-commissioners/siaa_guide_for_commissioners.pdf) as follows:
Advocacy:
• safeguards people who are vulnerable and discriminated against or whom services find difficult to serve.
• empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions.
• enables people to gain access to information, explore and understand their options, and to make their views and wishes known.
• speaks up on behalf of people who are unable to do so for themselves.

There are two main types of advocacy that are central to NHS activity—Independent Advocacy and Collective Advocacy.

Collective Advocacy has a focus on issues that affect or are common to groups of individuals – e.g. Smoking ban impact on long term in patients.

Individual Advocacy supports (often vulnerable) individuals in representing their own interests in relation to care and treatment choices.

**Guidance on Advocacy:**

The only statutory (legislative) requirement around Advocacy is that outlined in The Mental Health (Care and Treatment) (Scotland) Act 2003. This covers all people with a mental disorder (including those with learning disabilities or dementia and entitles a right of access to all types of Independent Advocacy. The requirement also applies across all age ranges.

However there is an increasing focus on advocacy services in a number of other government guidance/policy documents. A sample of these are summarised in the table below:

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Source</th>
</tr>
</thead>
</table>
| Consideration must be given to supporting Adults at Risk with access to advocacy | Adults with Incapacity (Scotland) Act 2000  
Adult Support and Protection (Scotland) Act 2007 |
| Involving patients in planning and development of Health Services     | National Health Services Reform (Scotland) Act 2004 |
| Mutuality Agenda – whereby patients and public are confirmed as partners rather than recipients of care | Better Health, Better Care, 2007                  |
| Recognise and respond sensitively to needs, background and circumstances of people's lives | Partnership for Care, 2003                        |
| Building capacity of Advocacy services to help service users (substance misuse) in treatment choices | Road to Recovery, 2008                           |
| Includes a duty placed on the Patient Rights Support service to signpost on to other support services including independent advocacy. | Patient Rights (Scotland) Act 2011                |
Discussion of NHS Grampian support for Advocacy:

As in many areas of public expenditure, to a degree any (realistic) level of advocacy funding is likely to fall short of demand. It is almost impossible to disentangle historic resource transfer to fully capture how much NHS Grampian has contributed to existing Local Authority contributions. However, this is perhaps less important than the total amount spent on Advocacy by the partnership of Grampian Public Sector partners.

It should be noted that nationally there appears to have been little significant increase in advocacy provision over the past few years.

Nationally it is also noted that an increasing agenda for Advocacy has and is being identified to include groups such as, prisoners and Asylum seekers as a result of legislative changes in society and structural redesign of public sector service delivery.

The position in NHS Grampian therefore appears quite typical of the pattern across Scotland.

Expenditure on Advocacy

The Scottish Independent Advocacy Association (SIAA) has mapped the figures for all NHS and Local Authority areas. These can be found on the SIAA website [http://www.siaa.org.uk/images/stories/AdvocacyMap0910.pdf](http://www.siaa.org.uk/images/stories/AdvocacyMap0910.pdf)

<table>
<thead>
<tr>
<th>NHS GRAMPIAN ADVOCACY SPEND 09/10</th>
<th>LOCAL AUTHORITY ADVOCACY SPEND</th>
<th>POPULATION (FROM CENSUS 2001)</th>
<th>ADVOCACY SPEND PER HEAD OF POPULATION</th>
<th>TOTAL AREA SPEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>£131,111</td>
<td>£534,843</td>
<td>525,936</td>
<td>£1.27</td>
<td>£665,954</td>
</tr>
</tbody>
</table>

In addition:

- **2010/11**
  - additional £25k non-recurring to Advocacy Service Aberdeen
  - additional £25k non-recurring to Advocacy North East

- **2011/12**
  - additional £32,110 to Advocacy Service Aberdeen from Carers Information Strategy funding
  - additional £30,639 to Advocacy North East (Aberdeenshire) from Carers Information Strategy funding
  - additional £19,466 to Advocacy North East (Moray) from Carers Information Strategy funding
It is difficult to draw comparisons between Grampian expenditure and that of other areas. Some broad conclusions can be drawn as follows:

1. NHS Grampian invests less (per head of population) than other comparable Boards when looking at direct investment, however this does not take account of historical resource transfer - for example £39,000 of Aberdeenshire Council funding to Advocacy North East is effectively joint funding in respect of previous funding for advocacy at Ladysbridge Hospital, which went towards service provision throughout Aberdeenshire when the hospital closed.

2. The spend per head in Grampian is on the low side compared to other areas when taking NHS and Local Authority expenditure together.

**Best Practice:**

A series of documents have been produced by the SIAA outlining guidelines, code of practice and evaluation frameworks to support best practice – these are available from: [http://www.siaa.org.uk/documents](http://www.siaa.org.uk/documents) The recommendations include:

- Have a senior named person who takes a lead role on advocacy across all client groups.

- Pool their expenditure on independent advocacy to create a single joint budget at local authority (or other suitable) level. (Currently, in Grampian, as with all other budgets, such expenditure is aligned not pooled).

- Commit this joint budget at least three years ahead.

- Set up advocacy planning teams, which involve a diverse group of stakeholders, and work with them to develop a three-year plan for advocacy.

- Provide long-term core funding for advocacy projects following independent evaluation.

- Invest in local capacity to provide advocacy, and encourage innovative approaches.

**Best Practice Visit**

A visit to Edinburgh to investigate good practice was undertaken by a small delegation from Aberdeen City and NHS Grampian representatives. In discussion with senior staff from SIAA and local stakeholders, examples of good practice were identified across the country.
In terms of national good practice, it was the opinion of SIAA that Lothian had a cohesive approach to advocacy. Following recent tendering process the service is provided by Advocard, an independent Mental Health Advocacy Organisation in both community and Hospital settings, thus providing scope for closer service integration and consistency of approach.

A great deal of credit was given to the role of the ‘Patients Council’ based at Royal Edinburgh Hospital.

On speaking to the service user group and staff who support the patient’s council it was evident that the group had made an impact upon service provision. Indeed it was evident that the partnership between NHS Lothian patients council allowed NHS Lothian to meet many of the requirements outlined above as the group had been given a wider role around health service provision.

Highland is a further area that has been identified by SIAA as demonstrating considerable commitment around Advocacy. This is reflected in the level of funding – both overall commitment from NHS Highland and partner Local Authorities and in terms of spend per head. There appears to be a wide range of providers and this is consistent with advice given on developing best practice – where ‘bespoke’ advocacy is recommended over single generic advocacy service provision.
Local services

The impression given to this author is that Local providers Advocacy service Aberdeen (covering Aberdeen City) and Advocacy North East (covering Aberdeenshire and Moray) are both perceived as ‘value for money’ service providers. This reinforces formal assessments carried out in the course of previous work by Advocacy Safeguard Association some years ago which found that: "overall the service (in Grampian) should be commended for achieving a wide and effective number of outcomes from its work."

Grampian Stakeholder Involvement and Views:

In gathering views on current Advocacy provision with Grampian – a number of meetings have been held with local stakeholders. Whilst this process is by no means scientific, it has allowed a range of views to inform this report.

- Local Advocacy Service Providers
- NHS
- Local Authority
- Service users

Identified gaps in current service:

There was a general consistency in views provided and the most consensus view of all stakeholders consulted was that advocacy services for Older People appear to be the main gap in current service provision.

Given the projected growth in Grampian’s ageing population and associated increased prevalence of dementia, it is likely to remain the key gap in service provision. As outlined above dementia patients are entitled to right of access under current (Mental Health) legislation.

Other areas identified as requiring additional advocacy support included:

- Learning Disabilities
- Physical Disabilities
- Problem substance misuse (including advocacy services with Prison in future )

This is again consistent with earlier work carried out by GIAG in 2005 and the work carried out by SIAA this year which highlighted the following gaps:

- Older People
- Learning Disability
- Physical disability
- Problem drug/alcohol use
- Carers
- Independent advocacy for children in Aberdeenshire and Moray
- People in private care homes
- Prisoners
Risks:

Lack of clarity around future funding to existing service providers in Grampian - Advocacy Services Aberdeen & Advocacy North East - is putting current service at risk. Recurring comment from service providers is that funding level is inadequate but perhaps more acutely felt was the lack of security that current funding would continue.

There is a pragmatic appreciation of the funding situation of NHS and other current public sector bodies in relation to the current financial context. Current service providers therefore seek clarity to allow future service planning to take place within their own organisations.

12. Recommendation (s):

1. That the Board reviews existing leadership arrangements and confirms a single senior lead named person to lead advocacy.

2. The Board agree that existing funding level be maintained and commit this for a period of three years to provide security and sustainability of current provision.

3. That this agreed funding should be ‘pooled’ with other Advocacy funding providers in the North East – which should also be assured for a 3 year period.

4. That this funding pool for advocacy be enhanced by any additional ring-fenced monies – provided to Local Authorities or NHS by central funding sources that is for the purpose of supporting Advocacy.

5. That funding is passed to Advocacy Service Aberdeen and Advocacy North East to manage and deliver services through a Service level agreement mechanism.
7. In conclusion

The independent advocacy service 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. National data informs us, however, that we still lag some way behind most of Scotland in terms of percentage of revenue committed to what the Scottish Government regards as the main safeguard to patient safety and choice, independent advocacy.

With the introduction of 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, the clinical team, the care worker, the relatives and family, 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 should now ensure that we commit the necessary funding required to convert good principles into sustainable advocacy services and take forward the detailed recommendation of the 2010 review of advocacy.
Appendix 1

Better health better care 2007

Adult support and protection (Scotland) Act 2007

National health services reform (Scotland) Act 2004

Partnership for Care 2003

Adults with Incapacity Act 2000


Principles and Standards for Independent Advocacy SIAA (2008)


The Road to recovery 2008


Principles and Standards for Independent Advocacy SIAA

Patients Rights (Scotland) Act 2011

