

# Health & Social Care Advocacy Service

**Business Plan 2020/2021:** Review of provision of Healthcare Advocacy commissioned and the feedback of intelligence.

## Context:

Local Authorities have a statutory duty under the Health and Social Care Act 2012 to commission an Independent Healthcare Complaints Advocacy Service (IHCA). There is flexibility to commission a model to suit local circumstances.

Worcestershire County Council (WCC) commission the service from Onside Advocacy (OA).

WCC commission other advocacy services associated with health and social care from OA including: Care Act; Appropriate Adult; Independent Mental Health (IMHA), and Independent Mental Capacity including DoLS (IMCA).

We are hoping to work with Healthwatch Herefordshire on this project as Herefordshire County Council have similar commissioning arrangements in place with OA.

Both the original HWW contract (April 2013 to March 2016) and the current HWW contract with Worcestershire County Council include the following clauses:

### 4. Responsibilities of the Service Provider

*4.2 Work in co-operation with the Council and Onside Independent Advocacy in delivering the aims of the Healthwatch service.*

### 5. Responsibilities of the Council

*5.1 Work in co-operation with the Service Provider and Onside Independent Advocacy in delivering the aims of the Healthwatch service.*

HWW signposts patient/public to Onside Advocacy but there is no formal referral process so that we have no knowledge of the service provided or the outcomes for the people that we refer. There is no formal referral process built into the advocacy contract as far as we are aware.

In addition there is likely to be a great deal of information from the advocacy services which would be of use if fed back into the system and would be of interest and benefit to the commissioners and providers of services. We are not aware of the extent of the information that WCC requires OA to feedback to them regarding the nature of the complaints that they are advocating for and whether that information is fed back into the health and social care system.

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### Scoping Exercise:

1. Contact WCC to request information about the contract specification.
  - a. What information is required from OA regarding the subject matter of complaints and the outcomes.
  - b. How that information is fed back into the Healthcare and social care system so that it may be used to improve services for patients.
  - c. If no system of information collection and feedback is built into the contract - should it be included in the next tender/contract?
  
2. Contact OA to inform them that we are looking for information about IHCA/IMHA/IMCA/Care Act advocacy particularly with respect to the intelligence collected from the service re complaints and whether this is fed back into the Health and Social Care System. If not then
  - a. would it be possible to set up a more formal referral process where we are informed of the outcomes of referrals?
  - b. Anonymised data is fed back to HWW so that we can coordinate the intelligence that is available and it can be fed back into the system to improve services for the public, patients and carers.
  
3. Local Healthwatch: contact other local Healthwatch(LHW) who are commissioned to provide advocacy services to find out from them
  - a. What level of service is commissioned
  - b. What level of feedback is required regarding complaints and issues and how this information is monitored and used