

**SPECIFICATION FOR THE PROVISION OF ADVOCACY SERVICES**

**Part B**

**JUNE 2017**

**GLOSSARY OF TERMS**

|  |  |
| --- | --- |
| **Advance Decision** | Means a decision to refuse specified treatment made in advance by a person who has capacity to do so. The decision will then apply at a future time. There are specific rules apply to advance decisions. |
| **Independent Advocacy Service** | Means the broad provision of Advocacy under the terms of this agreement. |
| **Advocacy Hub**  **and/or The Hub** | Means the service commissioned by Hartlepool Borough Council to co-ordinate advocacy provision. |
| **Agreement** | Means the Conditions (Part A), Specification(s) (Part B) and all Schedules appended thereto. |
| **Care Manager** | Means the person acting on behalf of the Council who will be responsible for monitoring and reviewing the Care/Support for the Relevant Person; |
| **Contracts Officer** | Means the representative of the Council who will liaise with the Provider on all contractual matters. |
| **The Council** | Shall mean Hartlepool Borough Council |
| **Deprivation of Liberty Safeguards (DoLS)** | Means the restrictions authorised by the Supervisory Body that may infringe on the Relevant Person’s liberty. |
| **Donee of Lasting Power of Attorney** | Means the person appointed under a lasting power of attorney who has the legal right to make decisions. |
| **Independent Mental Capacity Advocate (IMCA)** | Means the person who provides support and representation for a person who lacks capacity. |
| **Independent Mental Health Advocate (IMH)** | Means the person who provides support and representation for a person who lacks capacity. |
| **The Provider** | Means XXXX For the avoidance of doubt the Provider may be an organisation or an individual. |
| **Care/Support Provider** | Means the organisation, agency or individual who provides care, support and/or intervention to the Service User. |

1. **Introduction**

***Why Do People Need Advocacy?***

***In society some people are much more likely than others to be ignored or treated badly, either because of other people's prejudices or their vulnerability or both. Some people have to rely on services to perform everyday tasks other people take for granted; some people lack supportive family or friends; for some people their family is part of the problem.***

***(Action4Advocacy)***

**2. Service Values and Principles**

2.1 The Council has adopted a set of values to characterise all contact with service users, carers and the public at large. These values are:

**privacy** the right of individuals to be left alone or undisturbed and free from intrusion or public attention to their affairs;

**dignity** recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and personal needs and treating them with respect;

**independence** opportunities to act and think without reference to any other person including a willingness to incur a degree of calculated risk;

**choice** opportunities to select independently from a range of options;

**rights** maintenance of all entitlements associated with citizenship;

**fulfilment** realisation of personal aspirations and abilities in all aspects of daily life

2.2 The principles by which social care services are provided are that:

* everyone has equal rights, entitlements and access to services;
* everyone has access to information, advocacy and assessment reflecting individual needs;
* service users and carers are fully involved in planning their support;
* services reflect differing lifestyles, minimise dependency and develop individual potential and, where possible, are offered within the community;
* standards of service continue to be raised;
* all statutory and non-statutory organisations work together in the development and delivery of services;
* the views of service users, carers and representative organisations are incorporated in the planning process.

1.1 This service specification details what is required of the Service Provider. It highlights the general principles that underpin the service, the service delivery and outcome requirements and the standards that form an integral part of the contractual arrangements between the Commissioners and Service Provider.

1.2 The Mental Capacity Act 2005 provided a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. It made it clear who can make decisions in which situations and how they can go about this. It enabled people to plan ahead for a time when they may lose capacity.

1.3 The Act clarified the legal basis of actions and decisions taken on behalf of people who lack capacity. It aimed to fundamentally support the independence and autonomy of people who lack capacity, as well as provide protection for those that need it.

1.4 The aim of the Independent Advocacy Framework is to provide a range of accountable, accessible and independent general and specialist Advocacy Services for Service Users who live in the Hartlepool area. A Service Provider working under the terms of this agreement will:

* provide high quality Advocacy to Service Users with a variety of communication needs.
* have clearly stated aims and objectives and provide information on the scope and limitations of the role.
* be structurally independent of the Council with its own constitution, code of practice and complaints procedure and seek to be as free from conflict of interest as possible both in design and operation.
* ensure that the wishes and interests of the Service Users they Advocate for direct their work. Advocates should be non-judgmental and respectful of Service Users’ needs, views and experience.
* assist in seeking resolutions that maintain the best interests of Service Users.
* support self-advocacy and empowerment through its work. Wherever possible Service Users should have a say in the level of involvement and style of Advocacy support they want.
* support other statutory, voluntary and independent agencies. This will include Care Co-ordinators, hospital staff, doctors, nurses, social care managers and social care staff.
* provide Advocacy awareness training sessions to assist staff and service managers who are likely to refer Service Users and to assist them to understand the role of the Advocate and how the Service can be accessed.
* have awareness and understanding of local inter-agency adult safeguarding procedures.
* conclude issues with written reports within defined timescales.
* assist in seeking resolutions that maintain the best interests of Service Users.

1.5 Service Objectives:

i) To provide support to Service Users.

ii) To help Service Users exercise their rights.

iii) To support Service Users to ensure they can participate in the decisions made about their life.

1.6 Structure of the Service Specification

1.7 The remainder of this specification is laid out as follows:

* Independent Mental Capacity Advocacy (IMCA) requirements
* Independent Mental Health Advocacy (IMHA) requirements
* General Advocacy requirements
* From Section 12 onwards, the requirements are applicable to each of the elements of the Service aforementioned

**2. Access to Services**

2.1 Access to the service will be managed by the Advocacy Hub once the Hub provider is operational which will accept all referrals confirm eligibility and allocate the most appropriate Providers to act on behalf of Service Users.  Until this is in place referrals will be managed by the Commissioned Services Team.

2.2 The Service Provider will provide the service across the geographical boundary of Hartlepool Borough Council.

2.3 Manage access to Advocacy Services by accepting all referrals, confirming eligibility and allocating the most appropriate Providers to act on behalf of Service Users.

1. **Referral Process**

3.1 Referrals for Service Users that meet eligibility criteria will be allocated to the Service Provider by the Advocacy Hub. If the service is suitable for the person referred, the service will make contact within seven working days. If the service is not suitable for the Service User, the Service Provider will issue notification to the Advocacy Hub explaining this, the Hub may then signpost to alternative suitable services as appropriate.

3.2 All referrals for IMCA services will be made through the Advocacy Hub on the agreed referral forms (Appendix D, C & E) for the service to confirm eligibility and allocate the most appropriate Providers to act on behalf of Service Users

* 1. From receipt of the referral, the Service Provider will respond to the Hub within 48 hours

3.4 From receipt of the referral, the Service Provider will gather information within 2 working days and will visit the Service User within 7 working days.

3.5 The relevant provided service will provide a service to all individuals staying at the time of instruction within the local authority, regardless of the Service User's ordinary residence/funding authority. Staying includes temporarily living within the local authority and being an inpatient of a hospital in the area.

1. **IMCA**

4.1 The Provider will provide instructed advocacy to Individuals who are covered by the Mental Capacity Act 2005 by:

4.1.1 Representing the interests of Individuals in accordance with the Mental Capacity Act 2005 Code of Practice.

4.1.2 Assisting in seeking resolutions that maintain the best interests of Individuals.

4.1.3 Seeking to conclude issues with written reports back to the Instructor within appropriate timescales (For IMCA instruction under DOLS written reports within 7 days of the date on the Urgent Authorisation and 21 days for standard applications).

**5. Service Requirements**

5.1 Upon receipt of an authorised instruction, the Provider will provide the service to adults at risk who lack capacity and who have no one else to support them other than a paid professional in the following specific situations:

5.1.1 When an NHS body is proposing to provide serious medical treatment.

5.1.2 When an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home.

5.1.3 The Individual will stay in hospital longer than 28 days, or

5.1.4 They will stay in the care home for more than eight weeks.

5.1.5 Care reviews, where no-one else is available to be consulted.

5.1.6 Adult protection cases.

5.2 The Service will be provided in accordance with The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006 and any subsequent amendments.

5.3 The Service will be provided in accordance with the Mental Capacity Act 2005 Code of Practice (April 2007).

5.4 The Provider will keep appropriate records for monitoring by the Department of Health.

5.5 The Provider will work with other statutory, independent and voluntary agencies to assist them to understand the role of IMCA and how and when to access the Service.

5.6 The Provider may be required on occasions to provide an IMCA, for an interim period, to carry out the role of a Relevant Persons Representative. This will be at the request of either the Local Authority as per Service Specification Clause 18.

**6. Eligible Groups**

6.1 The IMCA Service will be available to any adult at risk aged 18 years and over who lacks capacity and who is covered by the Mental Capacity Act 2005 and who is unbefriended and has no-one else to represent their views, or within an Adult Safeguarding Procedure.

**7. Independent Mental Health Advocacy**

7.1 The Provider will provide instructed advocacy to Individuals who are covered by the Mental Capacity Act 2005 by:

7.1.1 Representing the interests of Individuals in accordance with the Mental Capacity Act 2005 Code of Practice.

7.1.2 Assisting in seeking resolutions that maintain the best interests of Individuals.

7.1.3 Seeking to conclude issues with written reports back to the Instructor within appropriate timescales (For IMCA instruction under DOLS written reports within 7 days of the date on the Urgent Authorisation and 21 days for standard applications).

**8. Service Requirements**

8.1 Upon receipt of an authorised instruction, the Provider will provide the service to adults at risk who lack capacity and who have no one else to support them other than a paid professional in the following specific situations:

8.1.1 When an NHS body is proposing to provide serious medical treatment.

8.1.2 When an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home.

8.1.3 The Individual will stay in hospital longer than 28 days, or

8.1.4 They will stay in the care home for more than eight weeks.

8.1.5 Care reviews, where no-one else is available to be consulted.

8.1.6 Adult protection cases.

9. The Service will be provided in accordance with The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006 and any subsequent amendments.

9.1 The Service will be provided in accordance with the Mental Capacity Act 2005 Code of Practice (April 2007).

9.2 The Provider will keep appropriate records for monitoring by the Department of Health.

9.3 The Provider will work with other statutory, independent and voluntary agencies to assist them to understand the role of IMCA and how and when to access the Service.

9.4 The Provider may be required on occasions to provide an IMCA, for an interim period, to carry out the role of a Relevant Persons Representative. This will be at the request of either the Local Authority as per Service Specification Clause 18.

**10. Eligible Groups**

10.1 The IMCA Service will be available to any adult at risk aged 18 years and over who lacks capacity and who is covered by the Mental Capacity Act 2005 and who is unbefriended and has no-one else to represent their views, or within an Adult Safeguarding Procedure.

**11. Availability of Service**

11.1 The Service will be provided free of charge to Individuals subject to the Mental Health Act within the borough of Hartlepool

11.2 The Service will operate from Monday to Friday from 9.00am to 5.00pm, however the Provider is expected to work flexibly to respond to Individual’s needs. The Service will be available 52 weeks of the year, excluding bank holidays.

11.3 However, the Service is likely to be delivered in a range of locations depending upon the needs of the Individual. This will be determined by the nature of the support required and the wishes of the Individuals using the service.

**12. General Advocacy**

12.1 Using advocacy skills the General Advocacy Service will provide practical support and direction to Individuals in order to assist them in working towards achieving the outcomes they have identified in their Advocacy Plan, specifically:

* help to safeguard the rights of Individuals
* empower Individuals to self-advocate as far as they are able
* support Individuals to get their views heard
* support Individuals in seeking resolution to issues which concern them
* use Individuals’ experiences to inform service developments where appropriate, or pass on this information to the relevant organisation for action.

**13. Service Requirements**

13.1 The Provider will ensure that the Service works on a one to one basis to empower Individuals to take control of their own life by:

13.1.1 Ascertaining the Individuals’ wishes and agreeing with the Individual a course of action.

13.1.2 Supporting Individuals so that their views are heard.

13.1.3 Empowering Individuals to put their views and feelings across when decisions are being made about their life.

13.1.4 Supporting Individuals to be involved in and influence decisions about their life.

13.1.5 Supporting Individuals to explore options and make informed choices.

13.1.6 Encouraging Individuals to speak for themselves, or if appropriate, speak on behalf of the Individual.

13.1.7 Supporting Individuals to be aware of their rights and exercise their rights.

13.1.8 Supporting Individuals though the safeguarding process.

**14.** **Eligible Groups**

14.1 The Provider will provide the Service free of charge to the following eligible groups who are resident within the borough of Hartlepool local authority area:

14.1.1 Older People aged 65 years and over.

14.1.2 People with learning disabilities aged 18 years and over.

* + 1. People with Autism Spectrum conditions aged 18 years and over

14.1.4 People with physical disabilities, including sensory impairment aged 18 years and over.

14.1.5 People with mental health needs aged 18 years and over,

14.1.6 People with substance misuse aged 18 years and over.

14.1.7 Any Adult at Risk who requires support through the safeguarding adults process.

15. The Provider will have in place a policy on exclusion from, and criteria for denying Individuals access to the Service which are approved by the Council.

**16. Referrals**

16.1 See Appendix A

**17. Advocacy Plan**

17.1 It is expected that the Provider, in consultation with the Individual, will discuss, identify and agree the outcomes to be achieved through the involvement of the General Advocacy Service and develop an Advocacy Plan based on these outcomes. The Advocacy Plan will include the following, as well as anything else deemed relevant by the Individual to Advocate.

* + - * Involvement
      * Referral source
      * Outline of issues to be addressed
      * Record of contact
      * Service to be provided
      * Expected outcomes for Individuals from the Advocacy Service
      * Actual outcomes achieved

17.2 The Provider will review the progress made against delivering the Advocacy Plan on a regular basis.

17.3 The Provider will ensure that cases are closed appropriately upon achievement of the identified outcomes

17.4 Where it is apparent that an Individual requires professional advice and/or support that the Provider cannot deliver, or where an Individual would benefit from using other health and social care services in addition to this Service, the Provider will signpost the Individual to access these services.

17.5 The Provider will have a policy and procedure in place to deal with conflicts of interest. The Provider will make the Council aware of the occurrence of these, in the event that the conflict of interest has an impact on service delivery.

**18. Contract Management**

18.1 Staff training and qualifications should include (this is not an exhaustive list):

* all general advocates must be qualified must have successfully completed Introductory Advocacy training and have a minimum of 2 plus years in providing advocacy support
* all IMHAs must be qualified in the City and Guilds Level 3 Certificate in Independent Advocacy (Independent Mental Health Advocacy)
* all IMCAs must be qualified in the City and Guilds Level 3 Diploma in Independent Mental Capacity Advocacy - Deprivation of Liberty Safeguards. New IMCA’s will not practise until they have attended this training.
* Professional Boundaries
* Safe Working Practices
* Equality, diversity and inclusion

18.2 The Provider must ensure that employed staff are:

* a person of integrity and good character
* able to act independently of any person who requests an IMHA/IMCA to visit and interview the Individual
* able to act independently of any person who is professionally concerned with an Individuals medical treatment

18.3 Staff must have a good understanding of the range of issues experienced by the Individuals being supported by the Service.

18.4 Staff must understand and comply with all relevant legislation and guidance relating to the provision of an IMHA.

18.5 Staff will understand and comply with all relevant legislation and guidance relating to the provision of an IMCA.

18.6 Staff must have a good understanding of the Mental Health Act and associated legislation.

18.7 The Provider must have policies and systems in relation to the performance management of staff which will include addressing poor performance.

**19. Safeguarding**

19.1 The Provider must have in place a policy on safeguarding adults that complies with the Teesewide Safeguarding Adults Board (TSAB|).

19.2 The Provider will have in place a safeguarding children policy compliant with the Local Safeguarding Children Board (LSCB) procedures and section 11 of the Children Act 2004.

19.4 The Provider will have a named lead for safeguarding adults at risk of abuse and children.

19.5 The Provider will have guidance that is compliant with the LSCB/TSAB procedures on managing allegations against staff.

19.6 All safeguarding policies and procedures must be communicated to staff working within the Service so that they are aware of what to do if they have a safeguarding concern. The Provider must have systems in place to review the policy and to monitor the application and effectiveness of the policy.

19.7 All staff must undergo Safeguarding Adults and Safeguarding Children’s training at the level appropriate to their role. This training will be ongoing and updated in line with the Provider’s policies.

19.8 The Provider must ensure mechanisms are in place to enable staff to effectively communicate with the Individual and their family/carer and other relevant professionals involved in the care of the Individual.

19.9 Where issues are identified about the quality of the service which are relevant to the Contract and which do not fit within the Safeguarding Adults Procedural Framework, the Provider will notify the Council as soon as possible, including informing of the action taken to address the issue. This includes expressions of dissatisfaction; complaints and untoward incidents, which are reported to and investigated by the Provider. Depending on the nature of the service issue and the remedial action taken by the Provider, the Council may call an exceptional meeting with the Provider or undertake a visit to the Service to assure itself that the issue has been addressed to the satisfaction of the Council and measures have been put in place by the Provider to prevent reoccurrence.

19.10 Where significant concerns are raised about the quality of the service being delivered the Council is within its right to exercise an appropriate course of action and for a period of time that is determined by the Council, which may include:

* Development and implementation of a service improvement plan against which progress is monitored and validated by the Council
* Suspension of referrals into the Service
* Termination of Contract

19.11 Quality assurance will be the subject of discussion at quarterly contract management meeting.

19.12   Throughout the duration of the contract, the contractor will also be expected to:

* Keep their arrangements up to date with changes in equality legislation.
* Supply any relevant information requested by the Council in relation to equality or their management of equality.
* Monitor the behaviour of staff, volunteers and sub-contractors to ensure they meet their obligations.
* Ensure and monitor the service is meeting the diverse needs of all service users.
* Seek, collect, monitor and actively follow up complaints in relation to Equality.

19.13 Disclose any written or verbal complaints and/or any finding of unlawful discrimination that have been made against your organisation regarding the delivery of the agreement in relation to Equality.

Appendix A

Referrals Process

* 1. Referrals will be accepted for Service Users on the agreed referral form(s) and example formats are provided (Appendices C, D &E).
  2. The Hub will screen all referrals to ensure that they are eligible for the referred Advocacy Service.
  3. The Hub will screen all eligible referrals against the standing policies of the Council.
  4. The Hub will match referrals to the most appropriate Advocacy Service Provider. Examples of the criteria used to identify the appropriate Advocacy Provider may include but is not limited to the following:
* the specific needs of the Service User in relation to the skill set of the advocate
* the preferences of the person in terms of gender
* the geographic location of the Service User
* consideration of any potential conflicts of interest that may arise
  1. Any referrals which do not meet the eligibility criteria or standing policies of the Council may be returned to the referrer for re-referral where appropriate.

1.6 Referrals for the Advocacy Service will be made through the Advocacy Hub via clearly defined routes which may include but not be limited to: Email, postal service, hand delivery.

1.7 From receipt of the allocation, the Advocacy Service provider will respond to The Hub within 48 hours of allocation to confirm acceptance of the work with the Service User or that they are unable to accept the work with the Service User.

* 1. From receipt of the allocation, the Advocacy Service provider will gather information within 2 working days and will visit the Service User within 7 working days.

1.9 Where an Advocacy Service provider is, for any reason, unable to continue to work with an allocated Service User the Hub will make an allocation to the Advocacy Service provider that is suitable to provide the required Advocacy Service.

Appendix B

Periodic Invoice Example

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period |  | | | |
| Name and location | Working Time | Total Cost of Work Hours (Number of Work Hours £00.00) | Total cost of travel | Overall Total | |
|  |  |  |  |  | |
|  |  |  |  |  | |
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Appendix C

IMCA Referral Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advocacy Services Referral Form – IMCA**  **June 2017** | | | | | | | | | | | | | | |
| **GUIDANCE:** | | | | | | | | | | | | | | |
| Not providing the necessary information could affect response times. Please complete the form in full.  This form is subject to review to maintain service provision and monitoring. | | | | | | | | | | | | | | |
| PLEASE RETURN THE COMPLETED FORM TO:  Hartlepool Advocacy Hub  Details TBC | | | | | | | | | | | | | | |
| **CLIENT DETAILS:** | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |
| Gender: | M | F | | O | | | DOB: | | |  | | | | |
| Permanent Address: |  | | | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | | |  | | | | |
| Current Location: |  | | | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | | |  | | | | |
| ETHNIC BACKGROUND *(Please tick box that applies)* | | | | | | | | | | | | | | |
| White British | | | | |  | | Black \ Black British (African) | | | | | | |  |
| White Irish | | | | |  | | Black \ Black British (Caribbean) | | | | | | |  |
| White (Other Background) | | | | |  | | Black \ Black British (Other Background) | | | | | | |  |
| Mixed: White \ Black African | | | | |  | | Asian \ Asian British (Bangladeshi) | | | | | | |  |
| Mixed: White \ Black Caribbean | | | | |  | | Asian \ Asian British (Indian) | | | | | | |  |
| Mixed: White \ Asian | | | | |  | | Asian \ Asian British (Pakistani) | | | | | | |  |
| Mixed: (Other Background) | | | | |  | | Asian \ Asian British (Other Background) | | | | | | |  |
| Chinese | | | | |  | | Other Ethnic Group | | | | | | |  |
| Any identified religious, cultural or spiritual needs? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Are there any relevant risks that the IMCA should be aware of? (eg: behaviour, security issues, exposure to infection). If yes please give brief details. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **REFERRAL DETAILS:** | | | | | | | | | | | | | | |
| Referrer: |  | | | | | | | | | | | | | |
| Role: |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | Fax: | | |  | | | |
| REASON FOR REFERRAL | | | | | | | | | | | | | | |
| Serious Medical Treatment | | | | | | | | | | | | YES | NO | |
| Change of Accommodation | | | | | | | | | | | | YES | NO | |
| Adult Protection | | | | | | | | | | | | YES | NO | |
| Care Review | | | | | | | | | | | | YES | NO | |
| Deprivation of Liberty - Section 39A | | | | | | | | | | | | YES | NO | |
| Deprivation of Liberty - Section 39C | | | | | | | | | | | | YES | NO | |
| Deprivation of Liberty - Section 39D | | | | | | | | | | | | YES | NO | |
| BRIEF DETAILS OF THE SITUATION THAT REQUIRES IMCA INVOLVEMENT: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | YES | | | NO | | | NOT KNOWN | | |
| **CONTACT DETAILS:** | | | | | | | | | | | | | | |
| Care Coordinator: |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | Fax: | | |  | | | |
| GP: |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | Fax: | | |  | | | |
| **DECLARATION:** | | | | | | | | | | | | | | |
| I would like the IMHA to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the client’s best interests. | | | | | | | | | | | | | | |
| SIGNATURE | | |  | | | | | | | | | | | |
| PRINT NAME | | |  | | | | | | | | | | | |
| DATE | | |  | | | | | | | | | | | |

Appendix D

IMHA Referral Form

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| **Advocacy Services Referral Form – IMHA**  **June 2017** | | | | | | | | | | | | | | | |
| **GUIDANCE:** | | | | | | | | | | | | | | | |
| **Before making a referral to the IMHA Service the referrer should:**  Discuss the referral with the patient  Give the patient the opportunity to decide whether to request IMHA support themselves  Consider referring to the IMHA Service if they think the patient may benefit from IMHA support but is unable or unlikely to request an IMHA's support themselves.  A referral should **NOT** be made to the IMHA Service where the referrer knows or strongly suspects the patient does not want the support of an IMHA. The involvement of an IMHA does not affect a patient's right to seek advice from a legal representative, nor does it affect any entitlement to legal aid. The IMHA service is not a substitute for any independent advocacy which already takes place.  Local Authority commissioners are responsible for ensuring the IMHA services are available for qualifying patients in England.  *“In general, the responsible commissioner will be determined on the basis of registration with a GP practice or, where a patient is not registered, their place of residence”.* (Independent Mental Health Advocacy Guidance for Commissioners).  **A service will be provided to qualifying patients as follows:**   * **Those registered with a permanent GP or a permanent address within the Hartlepool area.** * **If the qualifying patient is placed out of the Hartlepool area but retains their home address and permanent GP within the Hartlepool area, then the IMHA may provide an IMHA, but reserves the right not to provide the service depending on such things as distance, time and capacity.**   If the referral is a self-referral or from someone/an agency other than the mental health service provider, the IMHA can request, and will be provided with, risk information from the mental health service provider, with the permission of the patient.  All referrals will receive an appropriate response within agreed timeframes (upon receipt of a completed signed Referral Form including Risk Assessment):  Not providing the necessary information could affect response times. Please complete the form in full.  This form is subject to review to maintain service provision and monitoring. | | | | | | | | | | | | | | | |
| PLEASE RETURN THE COMPLETED FORM TO:  Hartlepool Advocacy Hub  Details TBC | | | | | | | | | | | | | | | |
| **SERVICE USER DETAILS:** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |
| Gender: | M | | F | | O | | | DOB: | | |  | | | | |
| Permanent Address: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | Telephone: | | |  | | | | |
| Current Location: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | Telephone: | | |  | | | | |
| ETHNIC BACKGROUND *(Please tick box that applies)* | | | | | | | | | | | | | | | |
| White British | | | | | |  | | Black \ Black British (African) | | | | | | |  |
| White Irish | | | | | |  | | Black \ Black British (Caribbean) | | | | | | |  |
| White (Other Background) | | | | | |  | | Black \ Black British (Other Background) | | | | | | |  |
| Mixed: White \ Black African | | | | | |  | | Asian \ Asian British (Bangladeshi) | | | | | | |  |
| Mixed: White \ Black Caribbean | | | | | |  | | Asian \ Asian British (Indian) | | | | | | |  |
| Mixed: White \ Asian | | | | | |  | | Asian \ Asian British (Pakistani) | | | | | | |  |
| Mixed: (Other Background) | | | | | |  | | Asian \ Asian British (Other Background) | | | | | | |  |
| Chinese | | | | | |  | | Other Ethnic Group | | | | | | |  |
| Any identified religious, cultural or spiritual needs? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Are there any relevant risks that the IMCA should be aware of? (eg: behaviour, security issues, exposure to infection). If yes please give brief details.If yes, please explain, including any risk assessments i.e. FACE: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **REFERRAL DETAILS:** | | | | | | | | | | | | | | | |
| IS THIS A SELF-REFERRAL? | | | | | | | | | | | | | YES | NO | |
| The IMHA service has a duty to ensure the safety of lone workers. In accordance with the data protection act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact the IMHA service. | | | | | | | | | | | | | | | |
| IF THIS IS NOT A SELF-REFERRAL PLEASE PROVIDE DETAILS BELOW: | | | | | | | | | | | | | | | |
| Referrer: |  | | | | | | | | | | | | | | |
| Role: |  | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | | Fax: | | |  | | | |
| QUALIFYING PATIENTS FOR IMHA – DETAINED PATIENTS: | | | | | | | | | | | | | | | |
| Is the person detained under the Mental Health Act? | | | | | | | | | | | | | YES | NO | |
| Is the person subject to a Community Treatment Order (CTO)? | | | | | | | | | | | | | YES | NO | |
| Is the person subject to guardianship? | | | | | | | | | | | | | YES | NO | |
| Please state which section of Mental Health Act: | | | | | | | | | | | | |  | | |
| Date Section Commenced: | | | | | | | | | | | | |  | | |
| QUALIFYING PATIENTS FOR IMHA – INFORMAL PATIENTS: | | | | | | | | | | | | | | | |
| Is the patient Informal and discussing the possibility of being given section 57 treatment? | | | | | | | | | | | | | YES | NO | |
| BRIEF DETAILS OF THE SITUATION THAT REQUIRES IMHA INVOLVEMENT: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Is this a first referral? | | | | | | | YES | | | NO | | | NOT KNOWN | | |
| **CONTACT DETAILS:** | | | | | | | | | | | | | | | |
| Care Coordinator: |  | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | | Fax: | | |  | | | |
| Current GP: |  | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | Telephone: | | |  | | | |
| Email: |  | | | | | | | | Fax: | | |  | | | |
| If the current GP is temporaryplease provide contact details of permanent GP:  *(i.e. due to hospital admission)* | | | | | | | | | | | | | | | |
| Permanent GP: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | Telephone: | |  | | | | |
| Email: | |  | | | | | | | Fax: | |  | | | | |
| Responsible Clinician: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | Telephone: | |  | | | | |
| Email: | |  | | | | | | | Fax: | |  | | | | |
| Nearest Relative: | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | Telephone: | |  | | | | |
| Email: | |  | | | | | | | Fax: | |  | | | | |
| Has the patient been informed a referral is being made to the IMHA service? | | | | | | | | | | | | | YES | NO | |
| Has the patient consented to the referral to the IMHA service? | | | | | | | | | | | | | YES | NO | |
| Does the patient have capacity to instruct an IMHA? | | | | | | | | | | | | | YES | NO | |
| If you have answered NO to any of the above questions please explain, providing details of any capacity assessment: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **DECLARATION:** | | | | | | | | | | | | | | | |
| Because of the Data Protection Act a signature is needed to say that you agree to the IMHA Service securely holding personal information (including the information on this form), on a computer and in a filing system. It is the policy of the IMHA service that all personal data will be held in accordance with the principles and requirements of Data Protection and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data relating to individuals. The IMHA service is a confidential service; you can request further information on confidentiality from the appropriate IMHA service.  I agree to that the IMHA service can securely hold, and put on computer and in a filing system, the information on this form. | | | | | | | | | | | | | | | |
| SIGNATURE | | | |  | | | | | | | | | | | |
| DATE | | | |  | | | | | | | | | | | |
| THE REFERRER (leave blank if signed by Service User) I would like the IMHA to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the Service User’s best interests. | | | | | | | | | | | | | | | |
| SIGNATURE | | | |  | | | | | | | | | | | |
| PRINT NAME | | | |  | | | | | | | | | | | |
| DATE | | | |  | | | | | | | | | | | |

Appendix E

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Advocacy Referral Form**  **June 2017** | | | | | | | | | | | | |
| **GUIDANCE:** | | | | | | | | | | | | |
| Not providing the necessary information could affect response times. Please complete the form in full.  This form is subject to review to maintain service provision and monitoring. | | | | | | | | | | | | |
| PLEASE RETURN THE COMPLETED FORM TO:  Hartlepool Advocacy Hub  Details TBC | | | | | | | | | | | | |
| **SERVICE USER DETAILS:** | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | |
| **Gender:** | **M** | **F** | | **O** | | **DOB:** | |  | | | | |
| **Permanent Address:** |  | | | | | | | | | | | |
| **Postcode:** |  | | | | | **Telephone:** | |  | | | | |
| **Current Location:** |  | | | | | | | | | | | |
| **Postcode:** |  | | | | | **Telephone:** | |  | | | | |
| **ETHNIC BACKGROUND *(Please tick box that applies)*** | | | | | | | | | | | | |
| **White British** | | | | |  | **Black \ Black British (African)** | | | | | |  |
| **White Irish** | | | | |  | **Black \ Black British (Caribbean)** | | | | | |  |
| **White (Other Background)** | | | | |  | **Black \ Black British (Other Background)** | | | | | |  |
| **Mixed: White \ Black African** | | | | |  | **Asian \ Asian British (Bangladeshi)** | | | | | |  |
| **Mixed: White \ Black Caribbean** | | | | |  | **Asian \ Asian British (Indian)** | | | | | |  |
| **Mixed: White \ Asian** | | | | |  | **Asian \ Asian British (Pakistani)** | | | | | |  |
| **Mixed: (Other Background)** | | | | |  | **Asian \ Asian British (Other Background)** | | | | | |  |
| **Chinese** | | | | |  | **Other Ethnic Group** | | | | | |  |
| **Any identified religious, cultural or spiritual needs?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Are there any relevant risks that the Advocate should be aware of? (eg: behaviour, security issues, exposure to infection). If yes please give brief details.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **REFERRAL DETAILS:** | | | | | | | | | | | | |
| IS THIS A SELF-REFERRAL? | | | | | | | | | | YES | NO | |
| The Advocacy Service has a duty to ensure the safety of lone workers. In accordance with the data protection act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact the Advocacy Service. | | | | | | | | | | | | |
| IF THIS IS NOT A SELF-REFERRAL PLEASE PROVIDE DETAILS BELOW: | | | | | | | | | | | | |
| Referrer: |  | | | | | | | | | | | |
| Role: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| REASON FOR REFERRAL | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| BRIEF DETAILS OF THE SITUATION THAT REQUIRES ADVOCACY INVOLVEMENT: | | | | | | | | | | | | |
| e.g. Older People, LD, Physical Disability, Care Act… | | | | | | | | | | | | |
| ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CONTACT DETAILS:** | | | | | | | | | | | | |
| Care Coordinator: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| GP: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| Nearest Relative: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
|  | | | | | | | | | | | | |
| **DECLARATION:** | | | | | | | | | | | | |
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| SIGNATURE | | |  | | | | | | | | | |
| DATE | | |  | | | | | | | | | |
| THE REFERRER (leave blank if signed by Service User) I would like the Advocate to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the Service User’s best interests. | | | | | | | | | | | | |
| SIGNATURE | | |  | | | | | | | | | |
| PRINT NAME | | |  | | | | | | | | | |
| DATE | | |  | | | | | | | | | |