

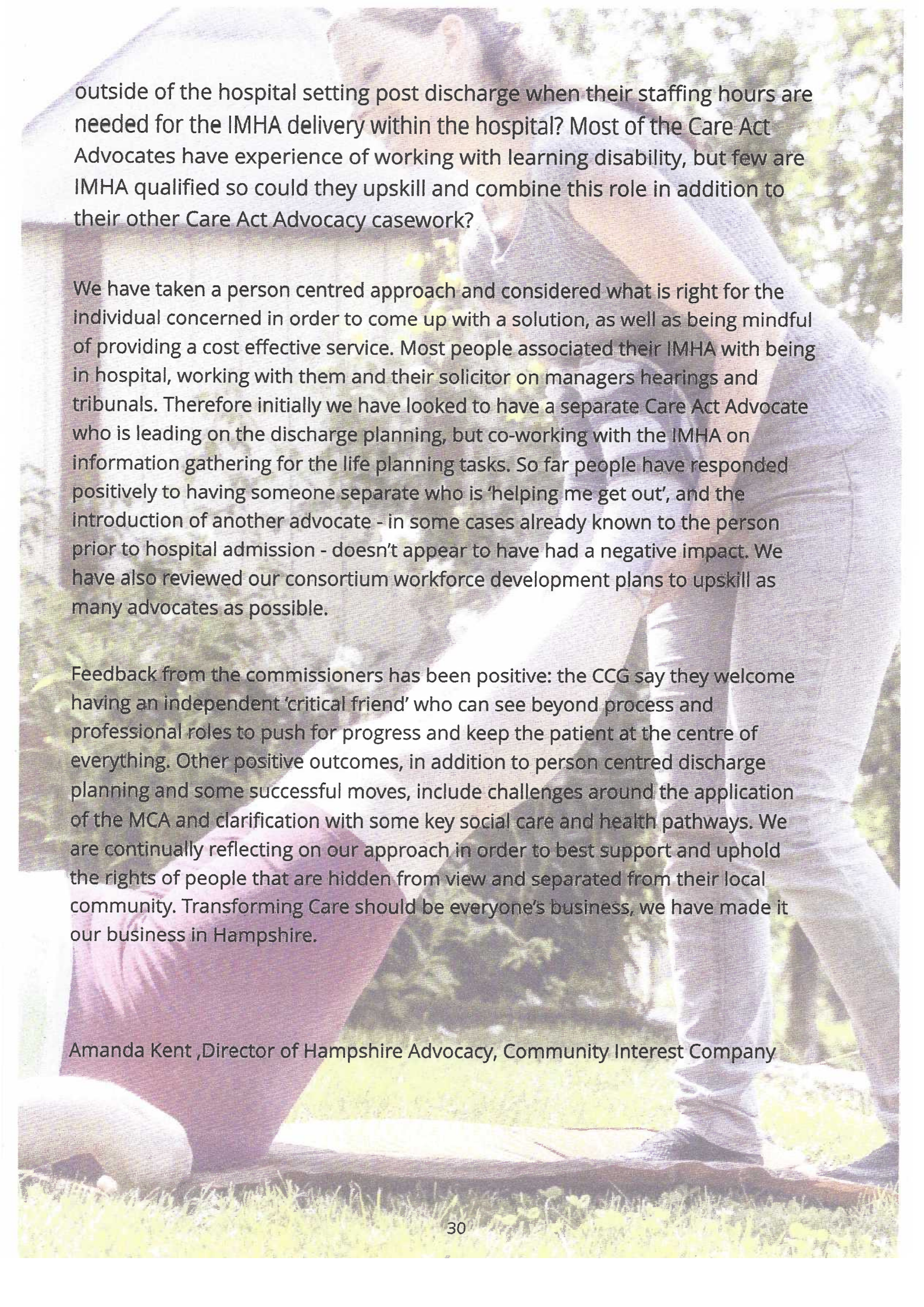
WHAT IS ADVOCACY DOING ABOUT TRANSFORMING CARE?

Last year, as a member of a Hampshire Board overseeing Personalisation workstreams, we challenged the CCGs to consider how people in the Transforming Care programme were accessing advocacy to support their discharge planning. As a result the CCG agreed to fund our involvement with their strategic case review work alongside local authority and CCG commissioners to ensure all of their patients were offered advocacy.

We quickly adopted a 'two tier' approach to mirror how the commissioners were working: an experienced advocacy CEO who had existing relationships with the learning disability commissioners was involved with the case reviews to work strategically and provide a single point of contact for advocacy, able to challenge and influence key decisions on funding, pathways and practice.

Our first task was to ensure that all patients were accessing their statutory entitlement to advocacy. The people placed in ATUs in Hampshire already had access to our IMHA service, but no-one had appeared to consider offering advocacy under the Care Act despite all patients having at least a local authority needs assessment as well as an entitlement to s117 aftercare.

Our first practice dilemma was whether to follow the Care Act guidance and have the same advocate carry out all the statutory advocacy roles with the person. We have a flexible delivery model in our advocacy consortium, but individual organisations have service delivery responsibilities in line with their specialist areas of expertise and geographical areas covered which makes this difficult but not impossible to achieve. Most of the IMHAs have the Care Act Advocacy qualification, but do they have the appropriate level of skills and experience in person centred planning and life planning with people who have complex needs? How will they be able to work with the person



outside of the hospital setting post discharge when their staffing hours are needed for the IMHA delivery within the hospital? Most of the Care Act Advocates have experience of working with learning disability, but few are IMHA qualified so could they upskill and combine this role in addition to their other Care Act Advocacy casework?

We have taken a person centred approach and considered what is right for the individual concerned in order to come up with a solution, as well as being mindful of providing a cost effective service. Most people associated their IMHA with being in hospital, working with them and their solicitor on managers hearings and tribunals. Therefore initially we have looked to have a separate Care Act Advocate who is leading on the discharge planning, but co-working with the IMHA on information gathering for the life planning tasks. So far people have responded positively to having someone separate who is 'helping me get out', and the introduction of another advocate - in some cases already known to the person prior to hospital admission - doesn't appear to have had a negative impact. We have also reviewed our consortium workforce development plans to upskill as many advocates as possible.

Feedback from the commissioners has been positive: the CCG say they welcome having an independent 'critical friend' who can see beyond process and professional roles to push for progress and keep the patient at the centre of everything. Other positive outcomes, in addition to person centred discharge planning and some successful moves, include challenges around the application of the MCA and clarification with some key social care and health pathways. We are continually reflecting on our approach in order to best support and uphold the rights of people that are hidden from view and separated from their local community. Transforming Care should be everyone's business, we have made it our business in Hampshire.

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