

Practice guidelines for independent health complaints advocacy services



Introduction and background

This document has been developed by the Local Government Association (LGA), local authority commissioners and providers of independent health complaints advocacy. We have voluntarily come together to develop national practice guidance with which to benchmark local specifications for provision of independent health complaints advocacy services.

Collectively providers and commissioners have a responsibility to ensure that local health complaints advocacy services are accessible, responsive, of high quality and effective in resolving complaints at the most locally appropriate level and at the earliest opportunity.

This document builds on 'Independent Complaints Advocacy: Standards to support the commissioning delivery and monitoring of the service' published by Healthwatch England in February 2015. While that document set out minimum standards, this practice guidance provides a practical tool for local providers and commissioners to use

in order to agree local service specifications, which are based on desired outcomes for the people who use the service.

The Health and Social Care Act 2012 requires all local authorities with adult social care responsibilities to “make such arrangements as it considers appropriate for the provision of independent advocacy in relation to its area” in the provision of assistance for individuals making or intending to make an NHS complaint. This covers all NHS services, including:

- NHS trusts, including NHS foundation trusts
- primary health care services provided for the NHS by GPs, dentists, opticians and community pharmacies
- clinical commissioning groups
- private health care organisations if the treatment has been paid for by the NHS
- all other health services commissioned by the NHS.

An effective complaints process is essential, not only in putting things right for individuals when health services have fallen short but also in identifying strategic issues and driving improvements across the system. Over the past decade there have been several well publicised cases of system-wide failure in quality, safety and transparency. The Francis Inquiry into serious system failures in Mid-Staffordshire Foundation Trust in 2013, the Clwyd-Hart Review of NHS Complaints in 2014 and the Government’s own response *Hard Truths* (2014) to these inquiries all highlight the need for consistency and high quality health complaints services. We have a collective responsibility to help ensure that the failings of the complaints system experienced in Mid-Staffs never happens again.

Independent health complaints advocacy is a vital component of the local complaints system. It supports people who, for a wide range of reasons, find it difficult to navigate the complaints system themselves. Independent advocacy helps people to speak up, supports a person to express their

views, have these taken seriously and achieve personal outcomes. This practice guidance builds on previous documents produced by the LGA, the Department of Health (DH) and Healthwatch England to provide a practical resource that commissioners can use in developing their service specifications and providers can use to ensure that their services are consistent with good practice and to focus on the outcomes they want to achieve. It is intended to simplify and improve existing service specifications for independent health complaints advocacy services, rather than add an additional level of complexity.

We strongly advise that local providers and commissioners use this resource as a starting point for shaping their own services in order to enable benchmarking against other advocacy services. The guidance is not mandatory: it is up to local commissioners and providers to work together and with local people to determine ‘what good looks like’ and the measures that they will use to assure themselves that independent advocacy services are locally appropriate and performing effectively. We are mindful of the fact that providers vary greatly in their size and complexity: some are national organisations providing services in a large number of local areas; others are small community-based organisations operating in just one local authority area.

This practice guidance should be applicable, whatever the size of provider organisation. It is also important to recognise the challenging financial context for local authorities and provider organisations. There is a clear need for levels of funding to be proportionate to the expectations of the services. We also strongly advise that providers and commissioners use this practice guidance to frame discussions with local service users on their expectations of local independent complaints advocacy services to co-produce a service that is accessible and responsive, professional, independent and effective in supporting them to resolve their complaints and seek redress.

This document focuses on independent health complaints advocacy because local authorities have a statutory duty to commission this. However, providers and commissioners may also consider the framework below in developing service specifications for other advocacy services.

Above all, the service specifications in this guidance look at the service from the perspective of those who need the service. We have focussed on how the individual should experience the service, what ‘good looks like’ to them, the outcomes they can expect and the measures that providers and commissioners can use to monitor the effectiveness of the service.

Identity of the service

Discussion with people using services, health professionals, local authorities and advocacy providers, have indicated it would be helpful for the service to have a consistent name, regardless of location. This may assist in ensuring that the service is well known and accessible, and may reduce the potential for confusion. Adoption of a common identity in all areas aligns well with our collective commitment to have a consistent service in all areas, while recognising the needs for the delivery of local services to be shaped by local need.

For these reasons, we are recommending that providers and commissioners consider adopting a common term – Independent Health Complaints Advocacy. The name can be used together with local or organisational names to preserve and reinforce existing identities (for example ‘Ourborough Independent Health Complaints Advocacy or Ourborough Voice Independent Health Complaints Advocacy Service’).

Core characteristics of independent health complaints advocacy

As a minimum, the core characteristics of an effective service are:

1. Known, accessible and responsive

- 1.1 Clear communication strategy, based on specific characteristics of the community.
- 1.2 Proactive engagement of all sections of the community – in particular seldom heard groups – and removing barriers to access.
- 1.3 Focused on empowerment and the promotion of self-advocacy, wherever appropriate.
- 1.4 Part of and knowledgeable about the local landscape for complaints, information and signposting.

2. Professional

- 2.1 Clear purpose and description of service.
- 2.2 All staff, including volunteers, are appropriately trained, supported and managed to recognised professional standards.

- 2.3 Staff understand the policy framework and statutory responsibilities for confidentiality, safeguarding and consent, and information management in line with current guidance from DH.
- 2.4 All staff are accountable, with a clear and accessible complaints procedure.
- 2.5 Clear standards for timeliness and responsiveness.
- 2.6 Clear understanding of best use of resources.

3. Independent

- 3.1 Commissioning and funding arrangements do not compromise provision of independent advocacy to clients.
- 3.2 Clear process for identifying, registering and addressing conflicts of interest.
- 3.3 Demonstrable commitment to the principles of the Advocacy Charter (<http://www.advocacyproject.org.uk/advocacy/what-is-advocacy/the-advocacy-charter/>) or local equivalent.

4. Makes a difference

- 4.1 Measure and report on outcomes from a client and system perspective and can demonstrate what difference the service has made.
- 4.2 Proactively seeks and acts on client feedback.
- 4.3 Identifies systemic issues and trends and takes action to promote systemic change.
- 4.4 There are robust systems to share information with local and national organisations involved in complaints and service improvement.

Putting key components of independent health complaints advocacy into practice

Service specification		How do individuals experience this?	Outcome if successful	Measure
1. Known, accessible and responsive				
1.1	Clear communication strategy	I know about support the service offers and how to access it	People know about the service and find it easy to use if they need it	Clear communications strategy developed, implemented and subject to regular review using a range of media and networks
1.2	Proactive engagement strategy with all sections of the community	I feel that services are appropriate and adaptable to my particular needs	Evidence of increasing uptake reflective of local demographics (including 'seldom heard' groups) and positive client feedback	<ul style="list-style-type: none"> • Evidence that people given support reflect local demographic diversity, in particular 'seldom heard' groups • Evidence of regular, effective and systematic feedback on service effectiveness and satisfaction • Evidence of assessing clients' advocacy support needs eg language, mobility, literacy and mental health
1.3	Focused on empowerment and the promotion of self-advocacy, wherever appropriate	I can access the level of support I need, and gain skills, information and confidence to address complaints myself	Increasing use of self-advocacy tools and positive client feedback	<ul style="list-style-type: none"> • Evidence of increasing use of self-advocacy resources • Client satisfaction surveys
1.4	Good understanding of local landscape, good relationships with the health and social care system and able to respond to changing needs	I was supported to access other services that could help me	Evidence of working with other stakeholders to signpost and refer appropriately	<ul style="list-style-type: none"> • Up to date data on complaints by organisations and topic and trends in complaints • Evidence of sharing information with other organisations, including local Healthwatch, voluntary and community sector, health commissioners and providers
2. Professional				
2.1	Clear purpose and description of service	I understand what the service can and cannot do for me	Reduction in proportion of inappropriate referrals and increase in appropriate referrals	<ul style="list-style-type: none"> • Evidence of clear purpose and description of service available to all staff and clients • Evidence that above is regularly reviewed and updated as necessary

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Service specification		How do individuals experience this?	Outcome if successful	Measure
2.2	All staff and volunteers properly trained, managed to recognised professional standards and with relevant qualifications, including and with a quality system appropriate for the size and nature of the organisation	I am confident that the staff deliver a high quality professional service	Evidence that all staff are trained and supported appropriately, and high staff satisfaction levels Good reputation with other local agencies and providers	<ul style="list-style-type: none"> Evidence of appropriate advocacy qualification for all relevant staff Evidence of relevant training for all staff Evidence of regular and effective support and management of staff through regular 1:1, appraisals, performance objectives
2.3	All appropriate policies and procedures are in place and implemented, especially on safeguarding, confidentiality and consent and information management (ie data retention and handling)	I have been given easy to understand information about confidentiality, safeguarding and consent to share information	All policies are up to date and the service can demonstrate that it is acting lawfully	<ul style="list-style-type: none"> Evidence that policies are in place, up to date and regularly reviewed, in particular on safeguarding, confidentiality, consent and information management
2.4	Clear governance of complaints procedures of the organisation	I know how to complain and what to expect from the complaints process	Evidence that complaints were addressed and led to appropriate improvements in the service	<ul style="list-style-type: none"> Clear complaints procedure in place and regularly reviewed Individual and trend data on complaints about service and measures taken to resolve complaint
2.5	Clear and reasonable standards for timeliness and responsiveness	I am satisfied with the time the service responded to my needs	Evidence of response times related to targets within service specification	<ul style="list-style-type: none"> Evidence of response times and case duration. Trend data on response times and case duration
2.6	Commitment to deploy available resources to best effect	I received support and was advised of other services to meet all my needs	Evidence of increase in access to self-advocacy tools and evidence of appropriate signposting to other services	<ul style="list-style-type: none"> Evidence of increased use of self-advocacy tools Evidence of collaboration with community and third sector partners to ensure best use of resources

Putting key components of independent health complaints advocacy into practice

Service specification		How do individuals experience this?	Outcome if successful	Measure
3. Independent				
3.1	Statement of how organisations will demonstrate independence from providers and commissioners	I am confident that the service is independent of the NHS and will support my own expressed needs	Evidence of recognised quality system Evidence of action taken by service to highlight systemic issues with the commissioning authority	<ul style="list-style-type: none"> Evidence that provider has signed up to and implemented the Advocacy Charter Evidence that the provider has attained and retained the Advocacy Quality Performance Mark (QPM) or equivalent quality system that includes the principles of the Advocacy QPM
3.2	Clear policy and process for identifying, registering and addressing conflicts of interest	I am confident that any conflicts of interest will be addressed	Evidence that policies are implemented and acted on	<ul style="list-style-type: none"> Evidence in terms of reference of provider that conflicts of interest are identified, registered and addressed Explicit inclusion in the service specification of the importance of independence of the service
3.3	Adoption of the principles of the national Advocacy Charter	I am confident that, first and foremost, the service is here to support me	Demonstrable evidence of adherence to Advocacy Charter	<ul style="list-style-type: none"> Evidence of compliance with principles of the Advocacy Charter or local equivalent
4. Makes a difference				
4.1	Agreed performance and outcome measures and regular reporting of them	The service explained to me how my complaint could help to make changes to improve health services	Increase in user satisfaction levels	<ul style="list-style-type: none"> Evidence of regular, effective and systematic feedback on service effectiveness and satisfaction Quarterly performance data on service use, case duration, case referral and resolution Documented and published information on feedback received and changes made
4.2	Clear arrangements for seeking and acting on client feedback	I am asked for my experience of the service and I know about changes that have been made	Increase in user satisfaction levels	<ul style="list-style-type: none"> Evidence of regular, effective and systematic feedback on service effectiveness and satisfaction Quarterly performance data on service use, including downloading self-advocacy tools, case duration, case referral and resolution Documented and published information on feedback received and changes made

Putting key components of independent health complaints advocacy into practice

Service specification		How do individuals experience this?	Outcome if successful	Measure
4.3	Clear processes for raising concerns with commissioners, providers and regulators	I am aware that the service will raise issues on my behalf to make improvements in health services	Evidence that systemic issues have been raised and followed up with providers, commissioners and regulators	<ul style="list-style-type: none"> Evidence that provider raises and follows up systemic issues with providers commissioners and regulators
4.4	Robust information collection and reporting arrangements on trends and issues	I know about trends in health service complaints and what the advocacy service have done to raise this with providers commissioners and regulators	Data from advocacy service has been used to identify areas for health service improvements	<ul style="list-style-type: none"> Evidence included in annual reports of advocacy providers Quarterly performance reports with commissioners of advocacy services



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