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## **Annex 4**

# York Advocacy Reporting Information

Annual Reporting Periods  
April 2014 to March 2015



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### **York Advocacy Service Provision**

York Advocacy delivered two strands of advocacy within the City of York boundary between 2014 and 2015 and then from 1st April 2015 a new strand was added with the implementation of Care Act Advocacy.

Whilst the services are delivered by York Mind as advocacy works with people with a wide variety of needs the services are delivered via York Advocacy which has its own bespoke branding, literature and website.

The purpose of this report is to highlight the demand, advocacy issues and themes across the two main services in the period 2014-2015.

#### **Generic Advocacy**

The generic contract provides advocacy support for people aged 18 and over who are resident in the City of York and who have an additional need for which advocacy support is required. For example, mental ill-health, learning disabilities, sensory and physical impairments and disabilities.

Enquiry areas include housing, access to services, child protection processes, complaints and health and social care provision.

The generic contract has been commissioned by the City of York Council (CoYC) Adults, Children's and Education Services since 1<sup>st</sup> April 2013.

#### **NHS Complaints Advocacy**

The NHS service provides advocacy for residents of York who have an additional need which presents a barrier to accessing the NHS complaints procedure. For example, mental ill-health, learning disabilities, sensory and physical impairments and disabilities.

The NHS Complaints contract has been commissioned by CoYC, Communities, Culture and Public Realm Services since 1st April 2013.

#### **Care Act Advocacy**

Care Act Advocacy which is statutory advocacy under the Care Act 2014 is delivered in partnership by the Care Act Advocacy Partnership York (CAAPY) which includes York Advocacy (lead partner), Older Citizens Advocacy York (OCAAY), Cloverleaf, Age UK York and York Carers Centre.



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The Care Act Advocacy contract was commissioned by CoYC, Adults, Children's and Education Services as a 12 month pilot project from 1st April 2015 to 31st March 2016.

### Annual Reporting Periods 2014-2015

#### NHS Complaints Advocacy Service

Activity	Total Number
Cases carried over from previous reporting periods	18
New cases opened	92
One-off enquiries	56
Cases closed	97
Cases remaining open at period end	13

In the previous annual reporting period 2013-2014, **70** customers in total accessed the service. In the reporting year 2014-2015 **110** customers accessed the NHS service an increase of 57%.

#### Capacity

In **October 2014** a waiting list was put in place for the remainder of the reporting period. The need for a waiting list occurred as a result of increased demand for complaints advocacy, delays in complaints being progressed and resolved by external NHS services and increasingly complex complaint issues. As cases remained open for longer period's capacity was reached within the service.

Whilst a waiting list is in place at the first point of contact a comprehensive information pack was provided so complainants could follow the complaints process themselves with the information provided as a guide. This prevented delays for complainants commencing the complaints process. Complainants also had the option to speak to an advocate for specialist information and guidance for example: how to compose a complaint letter and access to medical records.

When a waiting list is in place referrals are dealt with as a one-off enquiry initially and the complainant placed on the waiting list if requested.

#### Self-Advocacy

Of the 1-2-1 cases **61%** of customers reported on case closure that they felt enabled / more confident to act independently in future. **12%** felt that they would be unable to do this alone usually due to the status of their health or other mitigating factors. **12%**



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disengaged with the service and **15%** decided to not follow through with their complaint.

### **Issues**

Issues which impacted on the NHS advocacy service and complainants involved external complaints process handling in particular within Leeds York Partnership Foundation Trust (LYPFT) and to a lesser degree York Hospital Trust. These issues were highlighted at the time of occurrence through individual cases.

The service has supported some clients whose NHS Complaint has stemmed over 12 months.

There have been significant delays identified, in how services process complaints and respond to them in a timely manner. In some cases investigations of complaints have gone on for several months due to errors being made and paperwork lost.

Another significant issue has been investigation staff moving positions in their service; resulting in another investigator having to pick up the complaint and starting the process again.

### **York Hospital Trust**

Issues relating specifically to York Hospital Trust included delays when final response letters weren't sent out, complaints processed initially through individual departments as concerns and then progressed as formal complaints. Complainant's fed back that they were unsure of the role of PALs and thought they would process formal complaints.

Once a complaint had been received by York Hospital Patient Experience Team the complaints process progressed fairly smoothly and Local Resolution meetings (LRM's) were arranged within appropriate timescales.

### **Leeds and York Partnership NHS Foundation Trust**

The complaints process with LYPFT was poor overall. Issues included lengthy delays in responses to initial complaint letters, delays in investigators communicating findings and final response letters being sent out and response timescales with the advocacy service.

The advocacy manager met with Andrew Howarth, Head of Engagement and Involvement at LYPFT to highlight the issues and concerns and it was fed back that the LYPFT complaints team had high levels of sickness absence and a much



reduced complaints team. This was impacting on complaints handling and responses. It was acknowledged that the complaints service was poor.

In LYPFT there was a positive experience of complaints handling for one complainant as the investigator engaged well, communicated and updated the complainants throughout the process and arranged a number of meetings.

### **Parliamentary and Health Service Ombudsmen (PHSO)**

Issues with the PHSO have included occasions where unacceptable delays at stage one local resolution has meant cases have been progressed directly to the Parliamentary Health Service Ombudsman (PHSO). The PHSO have then refused to investigate and asked complainants to try again to resolve the complaint at stage 1 or to request a final response letter resulting in further delays. The advocacy service has had to request that the PHSO intervene in complaints to elicit a response at stage 1.

There have also been long delays, approximately 3 months in cases being allocated an investigator at the PHSO.

The above issues resulted in people starting to complain about the complaints process itself. In many cases where delays have impacted on the complaints process complainants have feedback that the process itself is not responsive and contributes to feelings of frustration and of not being listened to or complaints not being taken seriously.

### **Reports**

The advocacy service provided information requested by the Care Quality Commission (CQC) as part of their routine inspections. These included inspections of:

1. Leeds and York Partnership Foundation Trust Services (LYPFT) – September 2014
2. York Hospital Trust - March 2015

### **Future Developments**

A reduction in funding in the 2015-2016 funding period meant that the NHS service needed to reduce its capacity from 1<sup>st</sup> April 2015. In conjunction with commissioners it was agreed that there would be two access points.

1. Complainants who have a disability or impairment that prevents them from engaging in the complaints process for example mental- ill-health, learning



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disabilities, communication difficulties and sensory impairments will be provided with an advocacy caseworker.

2. Complainants who do not have an additional need or barrier will be provided with a comprehensive information pack that will support them to progress the complaint themselves. They will also be able to speak to an advocate in relation to the complaints stage they are at which will be either Stage 1 (Local Resolution) or Stage 2 (PHSO)

### Collaborative Working

In February 2015 an invitation was circulated to NHS Complaints Advocacy providers who shared a common view that fundamental change was needed to the complaints system in the NHS. York Advocacy expressed an interest in working nationally with other providers.

### Healthwatch

York Advocacy continues to link in with Healthwatch York. Healthwatch York provide a monthly issues log which is reviewed by York Advocacy's senior advocate.

Both the Healthwatch manager and advocacy manager have met to discuss complaints issues. In the future the senior advocate will meet at regular intervals with the Healthwatch manager as they are best placed to discuss actual case examples.

It was also highlighted at a contracts commissioning meeting that York Advocacy link into the Health Scrutiny Meetings.

### Generic Advocacy Service

Activity	Total Number
Cases carried over from previous reporting periods	30
New cases opened	284
Cases closed	296
Cases remaining open at period end	18

Service delivery within the general service is a short-term, issue-based advocacy approach which ensures the service remains focused on advocacy work and active issues.

In the previous annual reporting period 2013-2014, **279** customers in total accessed the general advocacy service. In the reporting year 2014-2015, **314** customers accessed the service an increase of **12.5%**.



## Capacity

Due to increasing demand, complexity of cases and an increasing number of new issues being brought whilst cases were in progress, a waiting list was implemented in October 2014 and stayed in place for the remainder of the reporting period.

In conjunction with commissioners it was agreed some measures would be put in place to ensure continued parity of access to the service, to address the waiting list and support advocates to manage increasing caseloads.

It was agreed that advocates would work on the agreed presenting issues as identified by customers at their initial assessment appointment. New issues raised whilst a case was open meant customers were placed back on the waiting list once work around their initial presenting issues were completed. This enabled customers already on the waiting list to access the service.

At the point of referral customers were signposted and referred to organisations identified within their enquiry area so that there was minimal delay for them to access specialist support. Those who required further 1-2-1 advocacy support were placed on the waiting list.

## Unmet Need

Referral's for Parental Advocacy which refers to supporting parents going through child protection processes continues and is an identified gap in specialist advocacy provision in York. Due to the scale of the work required when supporting someone through child protection processes there is an impact on the work the advocate is able to undertake and these cases can reduce capacity significantly within the general service.

Measures have been put in place to manage the work undertaken in this area to ensure it doesn't impact on other service delivery streams.

## Generic Advocacy Enquiry Areas

In 2013-2014 & 2014-2015 the top 4 enquiry areas were the same in both periods:

1. Access to Services
2. Mental Health
3. Welfare Benefits
4. Housing

The number of clients accessing the service has increased by 12.5% and the number of clients with Learning Disabilities accessing the services has increased by 10%.

The table in Figure 1 highlights the type of interventions and work activity carried out in the generic advocacy service.





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**Figure 1:**

### General Advocacy Service: York Mind

Period:	01.04.14- 31.03.15	No.
<b>Customers:</b>	<b>No.</b>	<b>Issues:</b> (multiple issues possible for each client)
Previous (opened in 2013-2014)	<b>30</b>	Access Services <b>144</b>
New (opened in current reporting period)	<b>284</b>	Appeals/Tribunals 5
Total number of open cases	<b>314</b>	Care provision 29
Closed (in current reporting period)	<b>296</b>	Complaints 25
		Consumer 7
		Court Proceedings 10
		Crisis/Emotional Support 21
		Debt 7
		Education 5
		Employment 16
		Health 49
		Housing / Accommodation <b>55</b>
		Independence 13
		Legal 26
		Mental Health Issues <b>102</b>
		Neighbours 4
		Other 2
		Police 6
		Relationships 28
		Reviews / CPA / PCPs 10
		Social Support 28
		Staff Issues 11
		Social Services 31
		Welfare Benefits <b>67</b>
		<b>701</b>
<b>Types of advocacy:</b>		
Short term (0-12 weeks)	250	
Medium term (13-25 weeks)	45	
Long term (26-52+ weeks)	19	
	<b>314</b>	
<b>Source of referrals:</b>		
Care provider		
22		
Family	36	
Health	2	
Mind	25	
Other	28	
Self	181	
Social services	13	
Voluntary sector	7	
	<b>314</b>	
<b>Priority Areas</b> (more than one area can be identified)		
Leaving Hospital or Residential	7	



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Care	
Major Change in Personal Circumstances	25
Complaints, Tribunal's, Child Protection, Adult Abuse, Appeals	29
Conflict between Customer & Service Provider	30
Conflict over Continuing Care	9
Conflict with Carers	7
Obtaining Help, Services, Benefits, Information and Making Choices	258
Client New to Service	241
Client Previously Accessed Service	73
	<b>314</b>

### **Type of Work Undertaken**

(multiple work types possible for each client)

Discussion of Options	262
Letters / Phone Calls	93
Attend Meetings	77
Hearings Appeals	3