Appendix 1: Example IMCA service specification

Introduction

The service specification is a revision of the example produced by the DH in 2006. It reflects the experience of commissioning and providing the IMCA service and the extension of the IMCA role because of the DoLS. The rationale for the suggested changes is discussed in the *Issues to consider when reviewing contracts* section above.

Sections marked in [square brackets] may vary according to local factors.

Timing

The service will commence from [1 April 2011] and will be of [five] years duration. Subject to satisfactory performance it may be extended by agreement of both parties for a further period of [two] years.

Purpose of the service

The purpose is to provide an IMCA service to people covered by the MCA 2005. There are five distinct parts of this service [commissioners will need to take a view as to whether the last three of these are included in the contract].

1. Providing IMCAs

- When instructed, provide IMCAs to undertake the roles set out in the MCA and associated regulations.
- The IMCA service must be available to all service users who may be eligible. This includes people with learning disabilities, dementia, mental health needs and acquired brain injury.
- Instruction will be made by local authority or health staff as authorised in the MCA [subject to any local policy]. Instructions must be made in writing. The IMCA service will verify that the instruction was made by an authorised person and that the appropriate IMCA service has been instructed. Once these have been established the IMCA service will be provided.
- If the IMCA service has concerns about whether an individual is eligible for the IMCA service for any other reason (e.g. the person having someone appropriate to consult) these may be raised at any time with the person making the instruction. A decision to withdraw an instruction sits with the instructor and not the IMCA service.

- Where instruction is withdrawn, the IMCA will cease representing the individual unless they have concerns about an aspect of the decision-making process. For example, if instruction is withdrawn because the person has been assessed as having capacity to make the decision the IMCA was originally instructed for, an IMCA might continue working with the person if they are challenging that assessment of capacity.
- If instruction is withdrawn, the IMCA's statutory rights of, for example, access to relevant records and meeting the person in private no longer apply.
- IMCA written reports will be provided to the instructor for all instructions made. This will include instructions where the instruction was withdrawn or the person died.
- The IMCA will provide written confirmation to the instructor when they have ended their work with all individuals.

2. Information service

- To provide an information service about the IMCA role and the requirements of IMCA instruction for people contacting the service regarding service users who may be eligible for an IMCA. Contact may be made by email, phone or post.
- Information about the IMCA service will be available on a website maintained by the IMCA provider.

3. Awareness and training

- To provide IMCA awareness and training sessions to the NHS and social care staff who may come into contact with people who are eligible for the IMCA service.
- Decisions about where this work is targeted will be made in consultation with the local authority and health trusts.

4. Supporting the local integration of the MCA into policy and practice

- The IMCA service will be a key partner in supporting the local integration of the MCA into practice. This would include contributing to [the local implementation network, the safeguarding board] and both identifying and supporting local policy and practice issues.

5. Providing additional advocacy services

- Where there is capacity, additional individual advocacy will be provided.

- This service should be available in the following circumstances [ ].

IMCA instructions covered in this service specification

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

Where the person is staying may change to a different local authority after the instruction of an IMCA and before decisions are made. For example:

- A person who has an IMCA instructed for an SMT decision may be admitted into hospital before final decisions have been made about their treatment.
- A person who has an IMCA instructed for a safeguarding adults decision may be moved temporarily during the investigation process.
- A person who has an IMCA instructed for an accommodation decision may need to move into temporary accommodation.

Where this occurs the originally instructed IMCA service should continue to support and represent the person unless the IMCA service where the person is newly resident is instructed. The decision to involve a different IMCA service sits with the instructor, and should be made after discussion with the original IMCA service. In many cases it would be desirable for the original IMCA service to continue to work with the person. In others, particularly where the person has moved a significant distance away, where it is unlikely they will return to the area of the original local authority, or where the IMCA has had limited contact with the person before the move, it will be more appropriate for another IMCA service to be instructed.

Availability of service

- The IMCA service should be available during office hours [9.30–5.00 Monday–Thursday, 9.30–4.30 Friday], except public holidays.
- IMCAs will be available during these times, and by arrangement outside of these times to meet the needs of the service.
- An answer-machine service should be available outside these hours to facilitate contact with the service.
- Arrangements need to be in place to ensure continuity of service, for example, during annual leave and staff sickness.

Service principles

The IMCA service must provide high-quality non-instructed advocacy for people with a variety of communication needs.

The service provided must be appropriate to people's needs, including their disability, race, culture, religion, sexuality, age and gender. The service must also recognise that individuals' needs can change over time and respond accordingly.

The IMCA service must work in partnership with other agencies: statutory, independent and voluntary. This will include hospital discharge staff, doctors, nurses, social workers, care managers and managers of care homes. It must assist staff and service managers who are likely to refer their patients, and service users, to understand the role of the IMCA and know how and when to access the service.

The service will meet all statutory standards that might apply to it at any given time and will be able to evidence this, including in written policy statements. This includes standards relating to independence, Criminal Records Bureau checks and training.

The IMCA provider will:

- Be independent of the local authorities and health services with its own constitution, and its complaints procedure.
- Recruit, manage and supervise IMCAs.
- Provide monitoring reports for the local authority [quarterly].
- Input data for all cases into the DH IMCA database.
- Meet periodically [quarterly] with commissioners and local authority/NHS representatives as part of the IMCA steering to i) report and discuss general progress; ii) feed back issues on the provision of IMCA locally; iii) discuss any service issues.
- Provide information to the local authority about any complaints received about the IMCA service.
- Comply with data protection requirements.

Requirements for who can undertake the IMCA roles

Before undertaking any IMCA roles the service provider must ensure that each IMCA:

- Is a person of integrity and good character. This should be evidenced by two written references, including, where applicable, a reference relating to the IMCA's last period of employment, which involved work with children or vulnerable adults, of not less than three months' duration. Where a person has previously worked in a position which involved contact with children or vulnerable adults, written verification should be obtained of the reason why he/she ceased to work in that position unless it is not reasonably practicable to obtain such verification.

- Has an enhanced criminal record certificate issued pursuant to section 113B of the Police Act 1997. This should be sought a minimum of every [three] years for existing IMCAs.
- Has attended training to undertake the role. This is either the four-day IMCA training originally provided by Action for Advocacy or all of the training/taught components of unit 305 of the national advocacy qualification available through City & Guilds.
- Has successfully completed the assessment of unit 305 within [one year] of working as an IMCA or by [1 April 2011] – whichever is the latest.

The IMCA provider may seek an extension for completing the qualification for an individual IMCA because of maternity leave, long-term sickness or other similar absences. This needs to be discussed with and agreed with the commissioning authority before the IMCA continues to provide the service after the deadlines above.

IMCA DoLS roles

Before undertaking any of the IMCA DoLS roles (39A, 39C, 39D) the following additional requirement must be met for each IMCA:

- The IMCA must have acted as an IMCA for at least three months or worked on at least three cases.
- The IMCA has attended training to undertake this role. This is either the two-day IMCA DoLS training originally provided by A4A or all of the training/taught components of unit 310 of the national advocacy qualification.
- The IMCA has successfully completed the assessment of unit 310 within [one year] of undertaking the DoLS IMCA roles or by [1st April 2011] – whichever is the latest.

The IMCA provider may seek an extension for completing the qualification for an individual IMCA because of maternity leave, long-term sickness or other similar absences. An extension may also be requested here if the IMCA has not had an adequate case load to demonstrate their competencies for the unit 310 qualification. Potential extensions need to be discussed with and agreed with the commissioning authority before the IMCA continues to undertake IMCA DoLS roles after the deadline above.

Where IMCAs are undertaking case work before successfully completing the assessment for either unit 305 or 310, they must be supervised by an IMCA who has completed the relevant units. In these situations the name of the supervisor should be recorded on any IMCA reports produced.

Continued professional development

The IMCA provider will ensure that each IMCA has the opportunity to attend appropriate further training opportunities. This may include, but should not be limited to, work towards the certificate or diploma in independent advocacy, and

participation in the regional IMCA networks. The minimum requirement is [14 hours] per year.

Records and monitoring

During the term of the agreement the local authority will require from the provider on a [quarterly] basis the following information for contract monitoring purposes. This is broken down into the five parts of the service as identified above [the last three being options for the commissioner]. In addition [annual] information must be provided about the staffing of the service.

1. Providing Independent Mental Capacity Advocates
An authorised instruction is defined here as the IMCA provider receiving an instruction form that is completed by an authorised person. In checking whether the person is authorised to make the instruction the IMCA provider is required to ensure that the reason for the instruction falls within the scope of the MCA.

Authorised instructions could include instructions which need to be forwarded to another IMCA provider because of the location of the person/decision.

Number of authorised IMCA instructions broken down by:

- Decision type/IMCA role – i.e. accommodation, SMT, safeguarding adult, care review, 39A, 39C, 39D.
- Age, gender, ethnicity and mental impairment (using DH categories).
- Time spent on each instruction split between direct advocacy and travel time. The advocacy time should include time spent gaining support and supervision in relation to the specific instruction. The supervisor's time should also be included here.
- Outcome of instruction: concluded, withdrawn or not concluded, broken down by reason (i.e. withdrawn as person has either capacity or someone appropriate to consult, client died, out of area, other).
- Numbers of formal challenges made by IMCA using complaints procedures or resulting in legal action.
- Records of any complaints or compliments made regarding the service.

2. Information service

- Number of contacts regarding potential IMCA instructions made, broken down by email, phone or post.
- Time spent responding to contacts
- Records of any complaints or compliments regarding the information service.

3. Awareness and training

- List of training sessions provided, including participant type, numbers, length and content of sessions.
- Participant feedback on training provided.

4. Supporting the local integration of the MCA into policy and practice

- Information about contributions to the local implementation network.
- Details of other work involved in either identifying or supporting local policy and practice issues.

5. Providing additional advocacy services

Referrals broken down by:

- Reason for referral.
- Who made the referral.
- Age, gender, ethnicity and any impairment (using DH categories in box 10 of Appendix 2).
- Time spent on each referral split between direct advocacy and travel time. The advocacy time should include time spent gaining support and supervision in relation to the referral. The supervisor's time should also be included here.
- Significant outcomes for the person.
- Numbers of formal challenges made.
- Records of any complaints or compliments made regarding the service.

Quarterly meetings will be organised to review this information and to amend and improve this specification and the IMCA provider will be expected to be a full partner in this process.

Staffing

For each IMCA:

- Name
- Units of national advocacy qualification successfully completed
- Details of continuing professional development undertaken

Management and accountability

The IMCAs will be managed by, and primarily accountable to, the advocacy organisation that recruits and employs them, thereby maintaining their independence from the local service providers.

The advocacy organisation will be accountable for the IMCA service to the commissioners. The advocacy organisation is expected to undertake regular reviews or audits of their service and to link these to their development plans. The advocacy organisation should also have a written complaints procedure, which should include a role for a person who is independent of the organisation, as either an investigator or decision-maker at an appeal stage.

The advocacy organisation will follow agreed engagement protocols [these should be added as appendices to the service specification – see example in Appendix 3]. These set out how disputes may be resolved and opportunities for the IMCA provider to raise issues in relation to IMCA instructions at a senior level within the local authority [and health trusts].

The commissioning authority will not seek to be involved in any matters of staff deployment or discipline. This includes whether a particular IMCA does or does not support and represent a specific individual.

A steering group involving the IMCA advocates and managers, representatives of the commissioners and representatives of both the health and social services providers will be organised to oversee the IMCA service. This will meet [quarterly].

An annual review of the service may be undertaken. This may be carried out by staff from the commissioning department or be commissioned externally.

The advocacy organisation should have its own internal quality assurance system, which should include standard-setting, monitoring, management and review processes, to ensure that the required service quality is maintained.

Funding

The indicative annual budget for this service is [£].

The indicative annual budget includes [£] to be set aside for any disputed case costs. This can be accessed by the IMCA provider to pay for any legal costs associated with supporting and representing individuals.

The provider will be required to provide the following information about expenditure on an [annual] basis broken down into the following categories:

1. *Direct costs of providing IMCAs to respond to instructions.* This to include case work, travel time and time spent in supervision. (The total hours of IMCAs' time should be recorded split between direct advocacy and travel time.)
2. *Administration and overheads.* To include office costs, phone, IT and travel.

3. *Management, training and supervision (the supervisor's time).*
4. *IMCA information service.* The staffing costs of responding to enquiries about accessing the IMCA service.
5. *Other activities to support the implementation of the MCA.* This could include staffing costs of any awareness-raising and training on the IMCA role, and participation in local strategic forums (for example safeguarding adults boards and MCA implementation networks).
6. Disputed legal costs. Money used to pay any legal costs incurred by the IMCA service in relation to supporting and representing individuals.

Quality indicators

These are set out for the five areas of the service specification.

1. Providing IMCAs

- Feedback from people instructing the IMCA service (see Appendix 4).
- Percentage of instructions where an IMCA report was prepared.
- Analysis of a sample of IMCA reports (see Appendix 5).
- Service user feedback (see Appendix 6).
- Details of difference made by the IMCA service broken down into: person's involvement; outcome of the decision; other aspects of care and support; practice of health and social care staff; other (see Appendix 7)
- Records of any complaints or compliments made regarding the service.
- Working towards or achieving relevant external quality marks.
- Training, qualification and supervision of IMCAs.

2. Information service

- Number of contacts responded to regarding potential IMCA instructions made, broken down by email, phone or post.
- Responses to emails and phone calls made within [two hours] during office hours. Mail responded to within [one] working day.
- Records of any complaints or compliments made regarding the service.

3. Awareness and training

- List of training sessions provided, including participant type, numbers, length and content of sessions.
- Participant feedback on training provided.

4. Supporting the local integration of the MCA into policy and practice

- Examples of work either identifying or supporting local policy and practice issues.
- Feedback from the Local Implementation Network and/or Safeguarding Board.

5. Providing additional advocacy services

Specific outcomes should be identified according to the type of advocacy service commissioned. They may include:

- service user feedback
- examples of positive outcomes for individuals which are attributable to the advocacy service
- records of any complaints or compliments made regarding the service.