

Adult Social Care Policies and Procedures

INDEPENDENT MENTAL CAPACITY AND MENTAL HEALTH ADVOCACY

OTHER THAN CARE ACT INDEPENDENT ADVOCACY – PLEASE SEE [SEPARATE CARE ACT INDEPENDENT ADVOCACY POLICY](#)

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INDEPENDENT MENTAL CAPACITY AND MENTAL HEALTH ADVOCACY

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POLICY VERSION CONTROL

POLICY NAME	Independent Mental Capacity and Mental Health Advocacy		
Document Description	This document provides information on the county council's duties in relation to the provision of Independent Advocacy under the Mental Capacity Act 2005 and Mental Health Act 1983 (as amended by the 2007 Act) and to assist them in carrying out these duties. A further policy document regarding provision of Independent Care Act Advocacy is also available.		
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0.2	7 October 2016	Kieran Curran	Added information on new advocacy services.
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0.3	22 November 2016	Legal	Various comments on Section 3.
0.4	February 2017	Various	Various minor changes.

1. POLICY STATEMENT

Independent Mental Capacity Advocate (IMCA)

The right to an Independent Mental Capacity Advocate (IMCA) was introduced by the Mental Capacity Act (MCA) 2005.

Local authorities are responsible for commissioning independent mental capacity advocacy services in England. The county council has a duty to make sure that Independent Mental Capacity Advocates are available to represent people who lack capacity to make specific decisions. Staff will need to know when an independent mental capacity advocate needs to be involved.

Independent advocacy under the Mental Capacity Act has similarities with the independent advocacy duty introduced by the Care Act 2014 and regulations have been designed to enable independent advocates to carry out both roles. However, the duty to provide [Independent Advocacy under the Care Act](#) is broader and applies in a wider set of circumstances

Many of the people who qualify for advocacy under the Care Act will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act. This is to enable the person to receive seamless advocacy and not to have to repeat their story to different advocates. Under whichever legislation the advocate providing support is acting, they should meet the appropriate requirements for an advocate under that legislation.

The county council works with its statutory, voluntary and private sector partners to provide an independent advocacy service.

Independent Mental Health Advocacy (IMHA)

Independent Mental Health Advocate (IMHAs) services were introduced to safeguard the rights of people detained under the Mental Health Act 1983 (MHA) as amended by the 2007 Act. IMHAs aim to enable qualifying users to participate in decisions about their care and treatment. An IMHA is a statutory advocate, granted specific roles and responsibilities under the Mental Health Act. Their role is to assist qualifying patients to understand the legal provisions to which they are subject under the Act and the rights and safeguards to which they are entitled. They also assist qualifying users to exercise their rights by supporting participation in decision making.

People are eligible to use Independent Mental Health Advocacy services in England if they are:

- detained under the Mental Health Act 1983 (excluding people detained under certain short-term sections)
- conditionally discharged restricted patients

- subject to guardianship
- subject to Community Treatment Orders (CTOs).

Under the Mental Health Act 1983 certain people, known as 'qualifying patients', are entitled to help and support from an IMHA. Section 117 of the MHA places a duty on the NHS and local authorities to provide aftercare and this will usually involve a joint assessment (often under the Care Programme Approach) including an assessment of the person's care and support needs, a care and support or support plan and subsequent review (which may reach a decision that a person is no longer in need of aftercare). Those people who do not retain a right to an IMHA, whose care and support needs are being assessed, planned or reviewed should be considered for an advocate under the Care Act, if they have substantial difficulty in being involved and if there is no appropriate person to support their involvement. (Please refer to our policy on [Care Act Independent Advocacy](#)).

Safeguarding

The county council must arrange, where necessary, for an Independent Advocate to support and represent an adult who is the subject of a Safeguarding Enquiry or a Safeguarding Adult Review. Where an Independent Advocate has already been arranged under section 67 of the Care Act or under the MCA 2005 then, unless inappropriate, the same advocate should be used wherever possible.

Health Complaints

Under The Health and Social Care Act 2012, the NHS Complaints Advocacy Service replaced the Independent Complaints Advocacy Service (ICAS), which provided support to people wishing to make a complaint about the NHS. The service aims to provide support to people who want to make a complaint about the NHS, and need some support to do this. The county council's commissioned advocacy provider will also support people to make a health or social care complaint.

The geography and population of Lancashire is diverse and our Adult Social Care Policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The county council will follow the Mental Health and Mental Capacity Acts and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our independent advocacy decisions, the council's complaints procedures will be made available.

The county council will make all reasonable adjustments to ensure that all disabled people have equal access to its independent advocacy service in line with the Equality Act 2010.

2. KEY DEFINITIONS AND PRINCIPLES APPLICABLE TO THIS POLICY

Legal Context

The 2005 Mental Capacity Act (and associated Regulations – see Related Documents on p. 16) describes the criteria for assessing a lack of capacity and the situations in which an IMCA must or may be provided.

The Act's Deprivation of Liberty Safeguards (DoLS) protect those who may lack the capacity to consent to arrangements for their treatment or care in a hospital or care home and where levels of restriction or restraint used in delivering that care are so extensive as to deprive the person of their liberty. The relevant person and their representative have the right to be represented by an IMCA as part of the MCA DoLS process.

The purpose of the IMCA Service is to help particularly vulnerable people who lack the capacity to make specific important decisions and lack family or friends to represent their best interests; it was created as a safeguard for decision making for particularly vulnerable people. The duty in the Act is targeted at those who have no one to support and/or represent them and for those decisions which have the most far-reaching consequences for the individual. The Act is intended to be enabling and supportive of people who lack capacity. Within this framework the IMCA's role is to support and represent a person in decisions being made by others on their behalf.

Definitions

Within this document, the following definitions apply:

Commissioner	The Local Authority in partnership with NHS organisations.
Decision-makers	The decision-maker is the person who is proposing to take an action in relation to the care or treatment of an adult who lacks capacity, or who is contemplating making a decision on behalf of that person.
Managing Authority	The person or body with management responsibility for the hospital or care home in which a person is, or may become deprived of their liberty.
Management Committee	The management committee of the organisation contracted to provide the IMCA service.
Non-directed advocacy	Acting as advocate when the individual concerned is not capable of choosing or

	appointing an advocate for themselves, and will need assistance to have their preferences and choices heard.
Personal reference number	The unique number allocated to a service user by either health or social care agencies.
Provider	The organisation providing the IMCA service.
Relevant Person	A person who is, or may become, deprived of their liberty in a hospital or care home.
Relevant Person's Representative	A person, independent of the relevant hospital or care home, appointed to maintain contact with the relevant person and to represent and support the relevant Safeguards.
Service user	Recipient of health or social care services.
Standard authorisation	This is the formal agreement to deprive a relevant person of their liberty in the relevant hospital or care home, given by the Supervisory Body after completion of the statutory assessment process.
Un-befriended	Having no friend or family member able and/or willing to represent the service user's best interests or preferences.
Urgent authorisation	This is an authorisation given by a Managing Authority for a maximum of a further seven days by a Supervisory Body. It gives the Managing Authority lawful authority to deprive a person of their liberty in a hospital or care home while the standard deprivation of liberty authorisation process is undertaken.

Abbreviations

ADASS	Association of Directors of Adult Social Services
DBS	Disclosure and Barring Service

DNAR/AND	Do not attempt resuscitation/Allow a natural death
DoLS	Deprivation of Liberty Safeguards
LCC	Lancashire County Council
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
LA	Local Authority
MCA	Mental Capacity Act 2005
MHA	Mental Health Act 1983 as amended by the Mental Health Act 2007
SCIE	Social Care Institute for Excellence

Who is responsible for providing advocacy services?

For Independent Mental Capacity advocacy, providing advocacy services is the responsibility of the local authority in which the person is ordinarily resident. The law states, however, that councils should have local arrangements to cover service users placed "out of area" (for example, for people placed out of area temporarily or for people who move from one area to another following an assessment and care and support planning). The county council's statutory advocacy provider, Advocacy Focus, can provide an "out of area" service for Lancashire residents, dependent on current capacity, and referrers can contact them directly with any queries about this aspect of the service.

For Independent Mental Health Advocacy, responsibility for providing advocacy rests with:

- The local authority for the area in which the hospital where the individual is detained is located (for detained patients);
- The local authority for the area in which the person's responsible hospital is located (for patients subject to a community treatment order (CTO)); and
- The local authority which is acting as the guardian or, if the patient has a private guardian, by the local authority for the area in which the private guardian lives (for people subject to guardianship).

Lancashire County Council residents may be receiving treatment at facilities outside of the county council area e.g. at The Harbour, a mental health facility located in the Blackpool unitary council area. As above, responsibility for providing advocacy to detained patients at The Harbour rests with Blackpool Council. Our provider, Advocacy Focus, operates a drop-in service at **all** mental health facilities in Lancashire (i.e. the county council area and the two unitary council areas) and can

answer any queries about the services available at each facility. See pages 15 and 16 for more information on contacting our providers.

3. PROCEDURES

This section explains the circumstances in which an IMCA or IMHA must or may be provided, the process for appointing one, and the responsibilities of the service provider, the advocates and the staff of relevant statutory health and social care agencies. This procedure applies to all involved in working with people who lack capacity in relation to a particular decision and who are eligible for the support of an advocate. Eligibility is targeted at those without the support of family and friends who can assist in decision making.

INDEPENDENT MENTAL CAPACITY ADVOCATES (IMCA)

There is a statutory duty to appoint an IMCA where the decision involves any of the following:

A. Change of Accommodation: An IMCA must be instructed where a decision is proposed about a move to or a change in accommodation where the person lacks capacity to make the decision and there are no family or friends who are willing and able to support the person. **This includes moving to a care home for 8 weeks or more, or admission to hospital where admission is likely to last 28 days or more, or a move between such accommodations if it is:**

- Provided or arranged by the NHS
- Provided under Section 18 of the Care Act which consolidates provision under Section 21 or 39 of the former National Assistance Act 1948.
- Part of the after-care services provided under Section 117 of the Mental Health Act 1983.

This may be a move for the first time from the community or hospital into residential accommodation, or where a change of accommodation is being considered. It may be as a result of changing care needs or a change in the current provision. People living in a service due to close may require an IMCA to be instructed for accommodation decisions. IMCAs should also be instructed where a person may remain living in accommodation which is deregistering as a care home.

If the placement is initially estimated to be for less than the 8-week/28-day threshold period, but later needs to be extended, an IMCA should be appointed as soon as this becomes clear. IMCAs should be instructed in advance of hospital discharge in order that they have time to make their recommendation and the discharge is not delayed unnecessarily. Decision-makers should not wait until the person has been assessed as ready for discharge. It is good practice for people who may be eligible for an IMCA to be identified upon admission.

If the placement or move is urgent, an IMCA need not be instructed, but the decision-maker must involve an IMCA as soon as possible after making an emergency decision if the person is likely to stay in hospital longer than 28 days, or longer than 8 weeks in other accommodation.

An IMCA may be required to represent a person when they are discharged from hospital. This includes when the accommodation is made under Section 117 (aftercare arrangements – see our policy on Section 117 for more information), if there is no requirement for the person to live in the proposed accommodation – i.e. the person, if they had capacity, would be able to exercise a choice. An IMCA should be instructed if it is proposed that a person will remain in hospital for more than 28 days as an informal patient under the MHA including after being discharged from a section of the MHA 1983.

Please note that ***if the service user at any stage objects to the move then legal advice should be sought.***

INDEPENDENT MENTAL HEALTH ADVOCATES (IMHA)

There is no duty to involve an IMCA if the person is required to stay in the accommodation under the Mental Health Act 1983, since the safeguards available under the MHA will apply and this may include the provision of an Independent Mental Health Advocate (IMHA) where the criteria are met. This includes detention in hospital under Section 2 of the Act (assessment) or Section 3 (treatment). It also includes Guardianship which specifies where a person should live.

If the proposed move is subject to a request for a standard authorisation under DoLS there is no requirement to instruct an IMCA for the accommodation decision. Instructions for IMCAs should also be considered in the following situations:

- The local authority is making or changing support arrangements which may allow a person to remain in their own home, when a move to a care home is a serious consideration.
- Moving a person to a different service on the same site. For example, a different unit within an older people's care service. This is because such a move could have a similar impact for the person as a move to a different location.

B. Safeguarding Adults (Adult protection): Councils and the NHS have powers to instruct and **must** consider an IMCA to support and represent a person who lacks capacity to consent to the proposed measures where it is alleged that: the person is being or has been abused or neglected by another person and or the person is abusing or has abused another person. There also may be cases where a "self-neglect" referral would be appropriate, for example where there is evidence that suggests a third party influence on self-neglect.

In adult safeguarding cases, access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity *who do have family and friends* are still entitled to have an IMCA to support them in safeguarding adult

procedures. The decision-maker must be satisfied that having an IMCA will benefit the person. Responsibility for deciding whether an IMCA should be instructed sits with the professional leading the safeguarding investigation. In most cases where an IMCA has been appointed for safeguarding reasons it will be necessary to involve the IMCA in subsequent safeguarding meetings.

If the person at risk lacks capacity to consent to one or more of the protective measures being considered (or interim measures put in place) the professional leading the safeguarding investigation should ensure that independent support and representation is available to the person at risk if one of the following applies:

- Where there is a serious exposure to:
 - Risk of death
 - Risk of serious physical injury or illness
 - Risk of serious deterioration in physical or mental health
 - Risk of serious emotional distress.
- Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart.
- Where there is a conflict of views between the decision-makers regarding the best interests of the person.
- Where there is a risk of financial abuse which could have a serious impact on the person-at-risk's welfare, e.g. where the loss of money would mean that they would be unable to live in their current accommodation, or pay for valued opportunities.
- Where the person without mental capacity is alleged to be the perpetrator of abuse.

An IMCA instruction for safeguarding adults is just one way the person at risk may access independent representation. Potentially, the person at risk already has an advocate or an IMCA instructed for another purpose ([see Care Act Independent Advocacy](#)). To decide whether an IMCA should be specifically instructed for safeguarding adult's issues, in addition to, or as an alternative to, other forms of independent representation, the following should be considered:

- Whether the person could benefit from advocacy support for issues other than those related to safeguarding adults. The IMCA instruction would be focused on the safeguarding measures being considered and is likely to end when decisions have been made regarding these.
- Whether the IMCA's right of access to relevant records would make a significant difference for the person.
- Whether the IMCA service or other advocacy service has good availability to support the person during the safeguarding process.
- Whether the decisions regarding safeguarding go beyond or are different to the reason for any existing IMCA instruction.

- If moving the person at risk is being considered as a protective measure there may be a requirement to instruct an IMCA for an accommodation decision if they have no one appropriate to consult.

Where both the alleged perpetrator and alleged victim of abuse could benefit from independent representation, attention should be given to avoiding or minimising a conflict of interest. The same advocate or IMCA must not be expected to represent both people.

C. Care Reviews: A responsible body can instruct and must consider an IMCA to support and represent a person who lacks capacity when:

- they have arranged accommodation for that person
- they aim to review the arrangements (as part of a care plan or otherwise)
- there are no family or friends whom it would be appropriate to consult.

National guidance states that it is good practice for local authorities to undertake a review within three months of a person moving to new accommodation, or where there have been other major changes to the support plan.

Reviews should relate to decisions about accommodation:

- for someone who lacks capacity to make a decision about accommodation
- that will be provided for a continuous period of more than 12 weeks and has been arranged by a local authority/NHS
- that are not the result of an obligation under the Mental Health Act 1983
- that do not relate to circumstances where sections 37 to 39 of the 1983 Act would apply.

Involvement of an IMCA should be considered at each initial care review following a change of accommodation and subsequently if there is still uncertainty within the placement. An IMCA must be involved if an IMCA was involved in the initial placement.

Where the person is to be detained or required to live in accommodation under the MHA 1983, an IMCA will not be needed since the safeguards available under the MHA will apply. This will include the provision of an IMHA where the criteria are met.

D. Deprivation of Liberty Safeguards (DoLS): DoLS provide legal protection for vulnerable people who may be deprived of their liberty within the meaning of Article 5 of the European Convention on Human Rights (ECHR) in a hospital (other than under the Mental Health Act 1983) care home or supported living environment whether placed there under public or private arrangements. The safeguards aim to ensure that those who lack capacity are not subject to overly restrictive measures in their day-to-day lives. In certain circumstances, a person who is subject to DoLS must have an IMCA instructed to support them.

How DoLS legislation may be interpreted is subject to the most recent case law. It is essential that social workers acquaint themselves through on-going training and briefings in regard to changes that have occurred as a result of most recent case law and guidance. The DoLS Code of Practice provides details of when an IMCA should be instructed. The following is a summary of the three key sections of the Act; 39A, 39C, and 39D.

Section 39A: This applies where an urgent authorisation is given or a standard authorisation is requested and there is not an existing authorisation in force. It also applies where an assessment is being undertaken to decide whether there is an unauthorised deprivation of liberty. The Managing Authority must ascertain whether there is anybody, other than people engaged in providing care or treatment in a professional capacity or for remuneration, who it would be appropriate to consult in determining what would be in the best interests of the person to whom the request for the authorisation relates. If there is not, the Managing Authority must notify the Supervisory Body, and the Supervisory Body must instruct an IMCA to represent the person.

Section 39C. This provides for the appointment of an IMCA if a representative's appointment ends and the Managing Authority are satisfied that there is nobody, other than people engaged in providing care or treatment in a professional capacity or for remuneration, who it is appropriate to consult in determining what would be in the person's best interests. Again, the Managing Authority must notify the Supervisory Body that this is the case, and the Supervisory Body must then instruct an IMCA to represent the person. The IMCA's role in this case comes to an end upon the appointment of a new representative for the person.

Section 39D. This provides for the instruction of an IMCA by the Supervisory Body where the relevant person does not have a paid relevant person's representative and:

- the person themselves or their representative requests that an IMCA is instructed, by the Supervisory Body, to help them, or
- a Supervisory Body believes that instructing an IMCA will help to ensure that the person's rights are protected.

The DoLS Code of Practice provides more details of when an IMCA should be instructed (Sec 3.22 – 3.28 and 7.34 – 7.41):

<http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>

Please also refer to SCIE guidance: <http://www.scie.org.uk/independent-mental-health-advocacy/index.asp>

E. Un-befriended: The most common reasons individuals are ineligible for an IMCA is because they are deemed to be "befriended", i.e. that there was someone who could speak up for them. This is apart from safeguarding cases where this criterion does not apply. Staff need to give due consideration to whether there are family or friends who are **willing and able** to be consulted about the proposed decision. If it is not possible, practical and appropriate to consult anyone, an IMCA should be instructed. The person who lacks capacity may have friends or family, but there may be reasons why the decision-maker feels it is not practical or appropriate to consult

with them. The following are examples where it may be appropriate to instruct an IMCA:

- The family member or friend is not willing to be consulted about the best interests decision.
- The family member or friend is too ill or frail. Ill-health or mental frailty should not preclude consultation unless this means the person is unable to communicate.
- There are reasons which make it impractical to consult with the family or friend, for example they live too far away.
- A family member or friend may refuse to be consulted.
- There is abuse by the family member or friend.

The referrer needs to record explicitly about why family members or friends cannot be consulted. If a person who lacks capacity already has an advocate, such as a Care Act advocate, they may still be entitled to an IMCA whom would consult with their existing advocate or, where qualified, the Care Act Advocate may also act as IMCA.

F. Eligibility

The service user must be assessed as lacking capacity according to the criteria laid down in the Mental Capacity Act 2005, in relation to the specific decision being considered. The service user must lack support, in that they will have no-one who can help them communicate their wishes, or be consulted about their best interests other than those professional health or care staff who may be providing services to them.

When an IMCA would not be instructed and exceptional circumstances when an IMCA should be appointed: In the following circumstances the individual would not be eligible for the provision of an IMCA:

- Where a person who now lacks capacity in relation to a particular matter has previously expressed a wish that a named person should be consulted in matters affecting his/her interests, and that person is available and willing to be consulted;
- Where the person who lacks capacity has appointed an attorney, either under a Lasting Power of Attorney or an Enduring Power of Attorney, and the attorney continues to manage the person's affairs.
- Where the Court of Protection has appointed a Deputy, who continues to act on the person's behalf.

However, the above exclusions only apply if the attorney or deputy is "authorised to make decisions in relation to" the potential reason for IMCA instruction (section 40(1)). Where a person has no family or friends to represent them, but does have an attorney or deputy who has been appointed solely to deal with their property and affairs, they should not be denied access to an IMCA.

There may also be **rare circumstances** where family members or friends who would normally be consulted are not appropriate. The reasons for this may be: distance, a lack of contact, their own ill-health or mental frailty, an unwillingness to be consulted, or concerns about the safeguarding of the service user's best interests. An IMCA may be appointed in these circumstances. Ill-health or mental frailty should not preclude consultation unless this means the person is unable to communicate. Referrers must be explicit about why family members or friends cannot be consulted.

If an IMCA has already been appointed and the service user subsequently becomes subject to the Mental Health Act, it may be appropriate for an IMHA to be appointed in addition. The county council's arrangements with its advocacy provider – Advocacy Focus – allows for these dual roles to be undertaken by the same, fully-trained individual.

Where the person has previously appointed an independent advocate him/herself, and has indicated that s/he wishes the independent advocate to be consulted on all affairs and decisions which the person concerned lacks capacity to make, the person lacking capacity would not be entitled to an IMCA. If however that advocate is unable or unwilling to proceed in the changed circumstances, an IMCA may be appointed.

G. Referral

In any situation where a service user is known or believed to lack relevant capacity and a decision is required where an IMCA may be involved, the decision-maker should assess the individual's capacity according to the Mental Capacity Act guidance in relation to that decision.

Without instruction from an authorised person (referrer) IMCAs have no authority to carry out the role. An authorised person is a person who is 'required or enabled to instruct an IMCA' although an initial referral is acceptable from any source. Local authorities may authorise a wide range of people to instruct IMCAs and may authorise other people than their own employees to instruct IMCAs.

The staff responsible for decision-making may include hospital discharge staff, doctors, nurses, social workers, care managers, managers of care homes and domiciliary care providers.

When the decision-maker has identified the need for an IMCA, they will confirm this with their line manager and then contact the provider by telephone or internet to make the instruction.

Role and responsibilities of the referring individual and information on the county council's IMCA provider

A formal capacity assessment should be undertaken and recorded before the IMCA is instructed. However, there is not a requirement in the MCA for IMCAs to see a written assessment before they start work. It is not the role of the IMCA to assess capacity. A record will be made of the decision to appoint an IMCA and the people involved in that decision.

From May 1 2016, referrers can direct all advocacy queries to a single point of contact and get guidance, information and support on helping clients have their voice heard. Referrers will be offered a triage service on first contact, providing information and guidance on the appropriate support available depending on the situation, and collecting all relevant client information.

If ANY specialist advocacy service (IMCA, IMHA, Care Act, complaints) is deemed necessary, the single point of contact service will then pass all relevant information to our specialist provider. All services are available across the entire Lancashire County Council area.

The number for the new single point of contact is: **033 000 222 00.**

A new website is also available to support referrers and arrange for advocacy services: www.advocacyinlancashire.org.uk

The single point of contact service is provided by:

Ncompass North West.
3 Errigal House, Avroe Crescent,
Blackpool Business Park,
Blackpool, Lancashire,
FY4 2DP
Tel: 0345 0138 208
www.ncompassnorthwest.co.uk/

Referrers should be assured that the single point of contact service exists to ensure that referrers are informed about available options, can gain insight and information into the legal context and their duties around advocacy, and that they are taking the most effective and efficient course of action.

The single point of contact service will arrange preliminary contact with the specialist IMCA service to confirm the basic arrangements and provide more detailed information. Referrers will only have to "tell their story once." It is the responsibility of the single point of contact service to contact the specialist provider who will arrange for the provision of an IMCA and get in touch with the referrer to discuss the case in more detail. The referrer will then be able to maintain contact with the IMCA throughout the process and record any problems and their resolution.

Specialist advocacy, including IMHA and IMCA, is provided in the county council area by:

Advocacy Focus
1st Floor
The Old Tannery
Eastgate
Accrington, Lancashire
BB5 6PW
Tel: 0300 323 0965

The providers will fulfil their obligations as described in the most recent contract between them and the commissioners.

Please see Appendix A for more information on the services provided by the county council's Single Point of Contact service (provided by Ncompass) and Specialist Advocacy service (provided by Advocacy Focus)

4. DOCUMENT HISTORY

RELATED DOCUMENTS	
OTHER RELATED DOCUMENTS	<ul style="list-style-type: none"> • Care Act Independent Advocacy Policy
LEGISLATION OR OTHER STATUTORY REGULATIONS	<p>Safeguarding Vulnerable Adults:</p> <p>"Practice guidance on the involvement of Independent Mental Capacity (IMCAs) in Safeguarding Adults" from the Association of Directors of Adult Social Services (ASASS) and Social Care Institute for Excellence (SCIE) provides detailed practice guidance on the involvement of IMCAs in safeguarding adult situations. Please also refer to LCC Safeguarding Policy [LINK].</p> <p>Change of Accommodation and Reviews:</p> <p>SCIE Guide 39 "Independent Mental Capacity Advocate involvement in accommodation decisions and care reviews". This practice guidance concerns the involvement of IMCAs in accommodation decisions and care reviews. It is published by the Association of Directors of Adult Social Services (ASASS) and Social Care Institute for Excellence (SCIE).</p> <p>MENTAL CAPACITY ACT:</p> <p>http://www.legislation.gov.uk/ukpga/2005/9/contents</p> <p>MENTAL CAPACITY ACT CODE OF PRACTICE:</p> <p>Chapter 4 of the MCA Code of Practice gives detailed guidance on ways of ascertaining the past and present views of people lacking capacity.</p> <p>Chapter 10 is specifically concerned with all aspects of the IMCA service.</p> <p>https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice</p>

	<p>MENTAL HEALTH ADVOCACY:</p> <p>http://www.scie.org.uk/independent-mental-health-advocacy/resources-for-staff/understanding/</p>
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5. APPENDIX A: BRIEFINGS AND FLOW CHART



Briefing on new
advocacy services in



Advocacy Services -
Flow Chart.pdf