A.1 Needs Analysis findings

The findings incorporate evidence from demographic, prevalence and incidence data, demand for services and analysis of current provision. They take into account local and national drivers to form a number of priorities for future services. These are:

1. There will be an increase in demand for all Advocacy services based on growing population, an aging population, the impact of dementia, an increase in mental health disorders locally above the national trend.
2. There is an over-representation of Black African/Black Caribbean citizens in the IMHA service as an ethnic group.
3. Dementia is the primary need for individuals accessing the IMCA service (42%), Learning Disability then Mental Health,
4. Most non IMCA Advocacy services were for working age adults.
5. BME advocacy: Primary needs for BME advocacy service users are around hospital issues, complaints, legal issues, IMHA rights issues and IMHA treatment issues.
6. Care Management Advocacy (CMAP) provision: Referrals for the advocacy service are around care or financial assessments.
7. Ethnicity: White/UK individuals were most likely to of accessed Advocacy services but in comparison with wider demographics of Bristol – Black or Black Caribbean & Black British African Somalian individuals are over-represented in comparison to the ethnicity demographic of Bristol.
8. Age: The IMCA service typically sees a referral age of 80+, followed by 66-79yrs which would correlate with the main primary need of service users being Dementia. The IMHA service & Inpatient Advocacy has a lower age demographic of 33-45 being the most prevalent age group. Individuals receiving Care Act advocacy are typically in the 65+age group followed by 55-64yrs, which is a similar range to the Care Management Advocacy service.
9. Disability: All services reported that nearly all individuals accessing services had a disability, where this was not the case this was often because the person receiving support was a Carer.
10. The NHS plan for to increase PHBs from 50,000 to 100,000 by 2020 will also mean that the demand for disabled people to have a service that can advocate on their behalf will increase.
11. The Law Commissions review of Mental Capacity and Deprivation of Liberty concluded that "the legislation is not fit for purpose" and proposed its replacement. The Mental Capacity (Amendment) Bill [HL] 2017-19 is at second reading (December 2018). It is probable that the outcome of the amendment will result in an increase in demand for statutory advocacy services
12. HealthWatch England has called for wholesale reform of the complaints process in both NHS services and social care. A key aim of this procurement is to maintain investment in complaints advocacy, increase public awareness of this service, and listen to what the outcomes tell us in respect of service improvement. Nationally, demand for complaints advocacy has increased markedly, with the Ombudsman seeing a threefold increase in cases since 2013.
13. HealthWatch England intervened over the severity of funding reductions for HealthWatch Bristol during 18/19. An additional funding commitment was made during 18/19 by Executive Director for Neighbourhoods restoring the contract value to £160,000. This paper seeks

authorisation for that payment to be made in Qtr. 4 2018/19, and maintained at that level until a partnership contract is made (see Appendix 2).

14. To achieve the most efficient configuration and delivery of Local HealthWatch possible within our local region, the available long term investment of LRCV grant only, utilising partnerships

15. with neighbouring authorities. This is designed to eliminate demand from HealthWatch on the general fund.