



Our Ref: PW/TLR/FOI/0525/1280

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

22nd May 2025

Sent by email

Telephone: 0300 123 1461

Dear

FOI/0525/1280

Your request for information under the Freedom of Information Act 2000

Thank you for your request for information received on the 7th May 2025 via our colleagues in our mental health team. We can confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website.

Request for a copy of the full Beth Johnson Foundation Report on which the decision was made to discontinue our funding.

Please find attached the following documents:

- Enc 1. First Quality Impact Assessment carried out (QIA)
- Enc 1a. Further Quality Impact Assessment (QIA)
- Enc 2. Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)
- Main Beth Johnson Foundation Report

The above documents have been redacted under Section 40(2) where third party information is detailed and as set out under UK GDPR.

For copies of the Asist specifications you should submit your request to Stoke-on-Trent City Council; foi@stoke.gov.uk and Staffordshire County Council; accessinformation@staffordshire.gov.uk as they are data controllers of this information.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance

Encs.

Grant Review Report for The Beth Johnson Foundation

Dementia Advocacy Service

September 2024



Executive summary

The dementia advocacy service is to assist and support older people with dementia and memory impairment to communicate, exercise and defend their rights and to fully participate in the many decisions affecting their lives including preventing outcomes that patients do not want. The service provides specialist advocacy support to people with dementia at key times of transition or change to protect and exercise their rights, secure entitlements and promote their wellbeing by improving their quality of life.

- Fully qualified advocates can support individuals living with dementia to achieve the following outcomes:
- Exercise their rights to make choices
- Play a full part in decisions and to contribute to consultation about issues affecting their lives
- Achieve desired outcomes and prevent where possible outcomes they do not want
- Protect and exercise their rights and secure their entitlements
- Promote their wellbeing and improve their quality of life

Access to the service is via a number of routes including, self-referral, health professionals, social care staff, family care providers, care homes, memory support service and voluntary sector.

The responsibility for advocacy services lies with Local Authorities.

Current Position

The Beth Johnson Foundation (BJF) have provided an advocacy service supporting those with dementia for many years in Stoke-on-Trent and North Staffordshire. The original Grant Agreement was made in 2018 by North Staffordshire and Stoke on Trent CCG. At that time the three locality CCG's in Staffordshire operated independently. Currently, approx.100 people with dementia are supported each year, ensuring that their voice is heard in decision-making about their care and support.

The service is funded by the ICB through an annual Grant Agreement to the value of £80,800 (in 2023/24) and has not undergone a review in recent years. A Grant Agreement, as opposed to a contract, is provision of financial support which does not require the provider to work to a service specification.

This service is provided in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities (Staffordshire County Council and Stoke-on-Trent City Council) which makes the current provision inequitable as there are more services provided in the north of the County than the south. By withdrawing funding for the BJF Grant Agreement, the ICB will make the provision equal across the County. These Statutory Advocacy Services are both provided by Asist. This will not change the level of service provided currently.

[Advocacy | ASIST Advocacy Services In Staffordshire | Stoke-on-Trent, England](#)

The current Dementia Advocacy service provided by BJF is a provision mainly used by older patients to ensure their view is known and heard when decisions are being made about their care. Statutory advocacy services are available but due to the nature of dementia it is sometimes difficult for the patient to express their views and it takes time and a number of meetings to understand what the patient's views are. The statutory services sometimes refer through to BJF for specialist support in difficult cases. However, the newly commissioned services with Asist have undergone specialist training in order to be able to provide a higher level of support to Dementia patients as the Independent Mental Capacity Advocate (IMCA) falls under the remit of the Statutory Advocate. The training offer can be viewed via the following link - [SCIE Commissioning Independent Advocacy](#)

Beth Johnson Dementia Advocacy Service Referrals

North Staffordshire

01/4/23-31/3/24	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Total Number of Referrals Received	3	2	4	9	3	2	7	6	4	5	5	2	52
Number of total referrals agreed for 'caseload' support	3	2	3	9	3	2	7	6	4	5	5	2	51

01/4/24-31/8/24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Total Number of Referrals Received	4	5	4	2	3								18
Number of total referrals agreed for 'caseload' support	4	5	3	2	3								17

Stoke-on-Trent

Stoke-on-Trent	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Total Number of Referrals Received	6	3	6	7	5	3	6	4	4	7	5	6	62
Number of total referrals agreed for 'caseload' support	2	1	5	6	5	3	5	4	4	7	5	6	53

Stoke-on-Trent	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Total Number of Referrals Received	6	7	8	8	5								34
Number of total referrals agreed for 'caseload' support	5	5	5	7	3								25

At the end of 2023, as part of the ICB's line by line review of contracts it was identified that ICB's have no statutory responsibility to fund/provide advocacy services which should be the responsibility of Local Authorities. Therefore, it was proposed that the current grant to BJF be withdrawn. It was also noted that the ICB does not fund advocacy in the South of the County. The ICB does however and will continue to work with the Local Authorities for assurance that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., learning disabilities or autism.

The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.

City of Stoke-on-Trent Council Head of Commissioning, Adults All Age Commissioning, Adult Social Care, Health Integration and Wellbeing has confirmed their position has not changed since being consulted 2023. (*email received 26/09/2024*).

Staffordshire County Council have advised it is a similar picture as the original impact assessment completed by the ICB in 2023, however the children's advocacy provider is Change Grow Live (CGL) and Assist is used for IMHA / IMCA, they are also the adults advocacy provider. (*email received 03/10/2024*)

Due to the small numbers in activity, it was not anticipated that the Local Authorities will require additional resource. The services provided across the County by Asist are already equipped and trained to provide advocacy services to people with Dementia.

There was a plan that the change would be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.

However, after completion of a Quality impact Assessment and a recommendation of the decommission of the grant contribution, The Beth Johnson Foundation responded with a letter to ask for the continuation of service. This was agreed by ICB Executives, and the grant was extended until March 2025. This extension was confirmed in an email by the MH Portfolio.

Stage 2 QIA 2023: See attached document

Stage 2 EHIIRA 2023: See attached document

[Redacted]

[Redacted]

Response to BJF letter to [Redacted] 15th September 2023

The QIA panel were asked to note the formal letter from the Beth Johnson Foundation (BJF). The CEO of BJF was directed by the Executive Board to write to the ICB in order to convey their concerns regarding the indication that funding will cease. The ICB recognised and responded to the points raised by the BJF. A summary of the concerns and the responses from the ICB are below:

BJF was not invited or included in any discussions or consultation around where Dementia Advocacy sits within the ICB systems and funding streams.

The clinical priority leads of the ICB led the determination of the content of portfolios based on population needs and policy guidance. Dementia is not included as part of the mental health investment standard this is nationally determined.

The Dementia Advocacy project incorporates specialised skills to empower disenfranchised older people with dementia to establish their needs, wants and wishes and to find their voice. This service is in its 25th year and has for many years received national recognition for its contribution to this field of advocacy. Whilst there are excellent local support services for people living with dementia and their families, we specifically and uniquely offer dementia advocacy. Therefore, all other local dementia and advocacy focused organisations refer their older clients to us because they do not provide specialist dementia focused advocacy.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond.

- The commissioned Statutory Advocacy provider ensures that each member of its Staff who provides face-to-face (or via other appropriate virtual means) support to Individuals has received appropriate training in the following fields (without limitation):

- Ethical Practice: inclusive approach to Individuals, honesty, provision of legal, ethical and accountable practice, openness to scrutiny by peers, commitment to the principles of empowerment and an adherence to confidentiality;
- Knowledge: rights in health and social care, knowledge of health and social care policy and legislation, human rights legislation, disability rights and how to access information and advice;
- Advocacy Process: empowerment, self-awareness, being led by Individuals, open and honest appreciation of others, resolution of problems at the earliest opportunity, understanding of boundaries, maintenance of appropriate relationships with Individuals and staff and effective networking;
- Skills: interpersonal skills with ability to engage with people, communication skills including working with people of differing abilities to communicate, listening and negotiating, mediation, conflict resolution and creative problem solving;
- Attitude: tenacity, patience, reliability, desire to problem solve and willingness to learn.

We believe that any reduction or deletion of funding for this vital service will result in a vacuum of service provision for people living with dementia and will unfortunatly disruption of existing and future services. As CEO, I genuinely do not know where future clients will be referred to in our absence.

Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification/pathway and that there will be an increase in activity.

The need for advocacy for older people living with dementia is reflected in the Living Well with Dementia in Stoke-on-Trent - Joint Dementia Strategy 2020-24 as local community members highlighted the need for readily available information and support, an appropriately skilled workforce to support people with dementia and for people living with dementia and carers to be engaged in shaping and developing services. Advocacy underpins access to information and this specialised support including through our Dementia Advocacy Peer Support group.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia.

The impact of withdrawing funding for this project on the people who use our service with dementia will be significant. The Living Well with Dementia strategy projects indicates "that the number of people living with dementia in Stoke-on-Trent will have increased from 3011 in 2020 to 4128 in 2035 – an increase of over one third (37%)." During 2020 our Dementia Advocacy Project provided direct advocacy support for 10% of the dementia population in Stoke-on-Trent as per our resources and in line with our contractual agreement. The increasing trend of people living with dementia indicates the need for increasing parallel services and not a reduction or the withdrawal of vital advocacy support. Furthermore, the withdrawal of this funding from BJJ will significantly impact continuing care since dementia advocacy support often involves staff working alongside people with dementia to help them to have a voice and a choice in hospital and other care settings. This often proactive advocacy support helps to reduce the escalation of healthcare needs and the resulting costly health care that would otherwise be required.

We understand the valuable role of advocacy for all patients that require this. Local Authorities have a duty to involve Individuals in decisions made about them and their care and support. This means enabling Individuals to understand how they can be involved in the care and support processes, how they can contribute and take part and, in some cases, how they can lead or direct the process. The purpose of Independent Advocacy is to assist and involve Individuals to be active partners in the key care and support processes of assessment, care and support planning, and review including safeguarding procedures.

The impact on BJJ of withdrawing funding for this project will be huge: We will lose three staff members who deliver our dementia advocacy service, Volunteers associated with this project will be no longer required, We currently have a Lottery funded project (under the Generous Leadership Fund), where we collaborated with Father Hudson's Care and Methodist Housing, We have just completed the end of year one of a three year funded project entitled 'Even Better Together'. The explicit role of BJJ in this project is to provide training to all three organisations

(staff and volunteers) around understanding dementia advocacy as support. Should we lose the dementia advocacy funding, we will also lose our role in this project since we will have no credibility as our Team at the BJF will have been made redundant.

Potentially, the whole Lottery funded project (under the Generous Leadership Fund), will be under threat, and I will have to talk to our partners and the Lottery regional representative [REDACTED] to establish how we move forward after March. The project involves a part time worker who will lose her current job, too.

We understand the impact of the withdrawal of funding on people's employment. When making decision around the withdrawal of any funding we follow a process to assess impact. The ICB endeavours to provide a significant notice period to all provider to give sufficient time and opportunity to enable alternative options to be pursued and mitigations put in place.

A number of meetings have been held with BJF discussing the withdrawal of funding prior to the letter being received in 2023. A meeting was held between [REDACTED] (ICB) and [REDACTED] (BJF) on Thursday 7 September 2023; and another between [REDACTED] (ICB) and [REDACTED] (BJF) on Friday 15 September 2023 and February 1st 2024. [REDACTED] and [REDACTED] met with [REDACTED] and her team on Tuesday 24th September 2024.

Report

A review of the services has been completed to ensure accountability, enhance transparency, and enable informed decision-making, ultimately contributing to overall efficiency and improved performance of the provision ensuring the offer is meeting the needs of our local population. The financial position has also been considered to ensure the funding is being appropriately and suitably utilised.

Objectives

- Review the current services in place across Staffordshire and Stoke on Trent and complete a desktop review of activity, key performance metrics, patient demographics, and outcomes.
- Establish whether services meet the demand of the local population and whether there are any inequities either geographically or demographically.
- To develop recommendations and options for the provision of crisis alternatives as part of a locally agreed pathway of care

The Service

The current Dementia Advocacy service provided by BJF is a provision mainly used by older patients to ensure their view is known and heard when decisions are being made about their care.

- One to one support from a qualified paid advocate to enable the views and wishes of the client to have full consideration.
- The service is issue led although the service does not operate on a one only issue, but clients frequently have many issues.
- Advocates will have an active caseload of up to 25 cases at any one time.
- The advocate works with a client until whenever possible all the issues are resolved.

Aims and Objectives of Service

The dementia advocacy service is to assist and support older people with dementia and memory impairment to communicate, exercise and defend their rights and to fully participate in the many decisions affecting their lives. To provide specialist advocacy support to people with dementia at key times of transition of change. Fully qualified advocates can support individuals living with dementia to:

- Exercise their rights to make choices
- Play a full part in decisions and to contribute to consultation about issues affecting their lives.
- Achieve desired outcomes and prevent where possible outcomes they do not want.
- Protect and exercise their rights and secure their entitlements.
- Promote their wellbeing and improve their quality of life.

Location and Operational Model of Service Delivery

Dementia Advocacy services provided by BJB service the population in North Staffordshire and Stoke on Trent. The service is operational Monday to Friday 8am – 6pm recognising flexibility for service users.

Staffing and Staff Training

1 x CEO
1 x Operations Manager / Advocate (28 hours)
2 x PT Advocates (21 hours)

An Independent Advocacy Practice (IAP) Qualification would be required to be achieved within first year of employment. Only the Operations Manager holds this qualification. Two members of staff have received training but do not hold a certified qualification in Advocacy. Work is being completed around a training model for dementia advocacy, but this is still to be determined.

There are not any specific undergraduate degree requirements for the role, but certificates are helpful. If you are entering the role without any advocacy experience, a Level 2 Award in Independent Advocacy is a foundation that most organisations recognise.

Referral Criteria and Sources

- Criteria for the project include clients having diagnosis of dementia or having memory impairment.
- Clients are aged 50 plus.
- Referrals only accepted from Stoke and North Staffs
- Access of the service is via a number of routes including, self-referral, health professions, social care staff, family care providers, care homes, Dementia advisory service and voluntary sector.

Performance Monitoring

The Beth Johnson Foundation are required to submit the Quarterly monitoring report to the Commissioners by the 10th day following the end of the quarter. There is also a requirement to meet with the Commissioners within 3 weeks of submitting the report to discuss performance against the Service Specification.

Key activity and quality outputs include:

- Number of service users accessing the service
- Number of new referrals Number of cases closed.
- Summary of key issues
- Challenges encountered over the reporting period
- Main achievements over the reporting period
- Two case studies from each locality – North Stafford and Stoke-on-Trent

Quarter 2023 – 2024	Submission
Q1	County Dashboard SOT Dashboard
Q2	County Dashboard SOT Dashboard
Q3	County Dashboard SOT Dashboard
Q4	County Dashboard SOT Dashboard

	Apr -23	May -23	Jun -23	Jul- 23	Aug -23	Sep -23	Oct -23	Nov -23	Dec -23	Jan -24	Feb -24	Mar -24	YTD Total
Total Number of Referrals Received	6	3	6	7	5	3	6	4	4	7	5	6	62
Number of total referrals agreeded for 'caseload' support	2	1	5	6	5	3	5	4	4	7	5	6	53

Source of Incoming Referral													
													0
Health	2	1	2				1			3	1		10
Social care		1	1	2		1	3		1		1	1	11
Care homes	2		1	1	1							1	6
Family	1			1	1		1	1		2			7
Other	1	1	2	3	3	2	1	3	3	2	3	4	28
													0

Action as a result of incoming referral													
Declined	1		1	1	1		1			7	5	6	23
Brief Support		1	1										2
Ongoing Support	1	2	3	6	4	3	5	4	4				32
External referral	4		1										5

Time taken between initial referral and initial contact													
under 1 week	6	2	6	6	4	3	5	4	3	7	4	5	55
1-2 week		1		1	1		1		1		1	1	7

Time taken between initial contact and													

follow up action (where recommended)													
under 1 week	2	1	5	7	5	3	5	4	4	7	5	5	53
1-2 week													0

Total Number of referrals made to other agencies/groups/organisations	5	1	3	2	2	1	2	2	2	3	3	2	28
Number of referrals made to													0
Beth Johnson			1	1			1			1		1	5
Age UK													0
Carers Hub													0
Beat The Cold													0
North Staffs Carers													0
Approach (Day care/café/training)													0
Dementia Advisory Service			1										1
Alzheimers Society		1			2		1	1			1		6
Citizens Advice Bureau										1			1
Luncheon Clubs													0
Cross Roads													0
Saltbox	1												1
Fire Service										1			1
Revival													0
Dove													0
Social Care	2		1			1		1					5
Dept of Work and Pensions										1			1
Council Tax Office													0
Community Housing Spt Team	1												1
Assist										1			1
Occupational Therapy											1		1
NHS Memory Clinics													0
DVLA													0
Befriending Services											1		1
Telephone Befriending Svcs													0
Wellbeing Service	1											1	2
Other				1									1

Caseload Support													
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of people currently active in receiving caseload support	12	9	13	19	22	20	18	9	10	11	10	14	
Number of closed cases	8	6	2	5	2	5	3	13	3	5	6	2	60

Sessions													
Number of sessions held in core office hours Peer support group meetings.	1	1	1	1	1	1	1	1	1	1	1	1	12
Location of sessions	BJF	BJF	BJF	BJF	BJF	BJF	BJF	BJF	BJF	BJF	BJF	BJF	
Number of visits													
Direct contact with client	19	22	27	41	28	44	46	42	22	35	30	48	404
Total contacts on behalf of client	49	58	74	80	44	81	99	100	49	86	88	84	892

Age of Service Users													
50-60													0
61-70	2		1	2			1	1	2		1		10
71-80	1	2	1	2	3	3	2	2	1	6	2	3	28
81-90	3	1	4	3	2		3	1		1	2	3	23
90+													0
unknown									1				1

Ethnicity of Service Users													
White: British	2	3	6	7	3	3	5	3	4	7	5	6	54
White: Irish													0
White: European													0
White: Other													0
Mixed Heritage													0
Indian													0
Pakistani							1	1					2
Bangladeshi													0
Chinese													0
Black: Caribbean													0
Black: African													0
Other Black Background													0
Other Asian Background													0

Other Ethnic Background													0
Refused													0
unknown	4				2								6

Carers													
Number of Service Users with a carer		1		2		1			1	1			6
Number of Service Users without a carer													0
Number of Service users with any known gaps or unmet needs in their knowledge of where to access support or care needs?	3		2	2		2	2		1	2	2	1	17

Interdependence with other services/providers

BJF is an well-known organisation and part of the local community-based infrastructure of dementia services and operates in close partnership with a wide range of local agencies including General Practice, Care Homes, Social Care, other voluntary organisations, The Alzheimer’s Society and Harplands Hospital.

Feedback from Service Users

Current service users report a very positive experience of the BJF service:

“I didn’t really know what an advocate could do for me until [redacted] came to see me. I was very worried about setting up my LPA’s and couldn’t see that it would do any good for me - but she talked me through all the information in a way that made sense and I suddenly understood why it was important. She also helped me with finding the right person to set it all for me – I’d had quotes before that were hundreds of pounds so she saved me a lot of money too!”

“I’ve had such a lot of support from the people here. The family don’t accept that I have dementia, they say it’s just my age and that makes it very hard for me to talk to them. I know the people here understand.”

“It was really helpful to have you there today. [redacted] was understandably distressed at the news and it was apparent that anything I said wasn’t going in – I felt that the more times I went over things the more upset she became...But she obviously feels safe with you, when you re-iterated the information I was trying to give [redacted] it was received in an entirely different manner. The relationship you have with her is so beneficial, she trusts you implicitly and I am very aware that there are no family or friends involved. I was able to leave the visit knowing that you could help S to understand her situation and that she has someone supporting her through this very difficult time.”

“I know the family would have helped but I feel like they would have taken over a bit and tried to do it for me – they wouldn’t have had the patience to let me do it at my own pace. Your help has meant I could do it myself and I feel like I’ve really achieved something, so thank you”.

“I’m very grateful for everything the family do – they are very supportive, and I know they want what is best for me. It’s just that sometimes what they think is best and what I think is best don’t match up and it’s hard for me to tell them that. It’s a relief to know that you are here for me, on my side and that I know you think what I want really matters.”

Key findings

Commissioning of advocacy is not the responsibility of ICBs but of the Local Authorities and there is no intention that the ICB commission a replacement or equivalent service should this grant be withdrawn. A full QIA and EIA process was followed in 2023 with the recommendation to not commission for another year, however this was overruled after BJJ shared a letter of concern with the ICB.

The ICB does not commission advocacy services for the South of the County, therefore adding to the post code lottery and inequities across the system. Alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire.

There is also a Memory Support Service provided by the Alzheimer's Society which is commissioned by the ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.

Recommendations

The recommendation is to withdraw the current grant paid to BJJ to provide specialist dementia-based advocacy in Stoke-on-Trent and North Staffordshire at the end of the current contract terms – March 2025.

The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.

Due to the small numbers in activity, it is confirmed that the Advocacy services contracted by the Local Authorities will be able to absorb the activity. The services provided by Asist are already equipped and trained to provide advocacy services to all adults including people with Dementia. Mitigation against the potential negative effects of withdrawing this grant is supported by services commissioned by the Local Authority.

The ICB does recognise that this recommendation, if approved may gain media interest. The change will be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.

Another QIA and EIA will be completed if the recommendation is approved. The QIA and EIA completed in 2023 are attached for reference. The position has not moved since they were completed.

Supporting Information

The attached document 'NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England' clarifies on page 22 that ICB's are not responsible for Dementia Advocacy services and are only required to "Work with local authorities to be assured that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., as a result of learning disability or autism. To ensure advocacy is independent of services."

The attached document '[SCIE Commissioning Independent Advocacy](#)' outlines the responsibilities of Local Authorities.

Please also see attached NICE Guidance

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

NICE Guidance:

https://c9online.sharepoint.com/sites/ccg_com/1/@Mental%20Health/@Contract%20&%20Grants/Dementia%20Advocacy%20Service%20BJF/NICE%20Guidance%20NG227.pdf

Social Care /institute for Excellence Commissioning Guidance:

https://c9online.sharepoint.com/sites/ccg_com/1/@Mental%20Health/@Contract%20&%20Grants/Dementia%20Advocacy%20Service%20BJF/2023%20QIA/SCIE%20commissioning-independent-advocacy.pdf

NHS England's Quality Functions:

[https://c9online.sharepoint.com/sites/ccg_com/1/@Mental%20Health/@Contract%20&%20Grants/Dementia%20Advocacy%20Service%20BJF/2023%20QIA/Delivering%20Quality%20functions%20in%20ICs%20-%20update%20July%202023%20 v2 %20\(2\).pdf](https://c9online.sharepoint.com/sites/ccg_com/1/@Mental%20Health/@Contract%20&%20Grants/Dementia%20Advocacy%20Service%20BJF/2023%20QIA/Delivering%20Quality%20functions%20in%20ICs%20-%20update%20July%202023%20 v2 %20(2).pdf)

[Advocacy | ASIST Advocacy Services In Staffordshire | Stoke-on-Trent, England](#)

Quality Impact Assessment (QIA) Template

Executive Summary and QIA Details	
Title	Dementia Advocacy Service – Removal of Grant – Beth Johnson Foundation
Portfolio / Collaborative / Place	Mental Health
QIA reference number	QIA23-017
Date QIA started	June 2023
Proposed Project Start Date	01 April 2024
Portfolio Director & Role	[Redacted] Associate Director for Mental Health, Learning Disability and Autism and Children and Young People
Clinical Lead & Role	[Redacted] ICB Clinical Lead for Mental Health
Project Lead & Role	[Redacted] CYP Service Improvement Manager
Quality Lead & Role	[Redacted] Senior Quality Improvement & Assurance Manager - Nursing and Quality Directorate
QIA Author & Role	[Redacted] CYP Service Improvement Manager
Summary of reason for QIA (max 200 words)	<p>Aims and Objectives of the Service</p> <p>The dementia advocacy service is to assist and support older people with dementia and memory impairment to communicate, exercise and defend their rights and to fully participate in the many decisions affecting their lives including preventing outcomes that patients do not want. The service provides specialist advocacy support to people with dementia at key times of transition or change to protect and exercise their rights, secure entitlements and promote their wellbeing by improving their quality of life.</p> <p>Fully qualified advocates can support individuals living with dementia to achieve the following outcomes:</p> <ul style="list-style-type: none"> • Exercise their rights to make choices • Play a full part in decisions and to contribute to consultation about issues affecting their lives • Achieve desired outcomes and prevent where possible outcomes they do not want • Protect and exercise their rights and secure their entitlements • Promote their wellbeing and improve their quality of life <p>Access to the service is via a number of routes including, self-referral, health professionals, social care staff, family care providers, care homes, memory support service and voluntary sector.</p> <p>The responsibility for advocacy services lies with Local Authorities.</p> <p>Current State</p> <p>The Beth Johnson Foundation (BJF) have provided an advocacy service supporting those with dementia for many years in Stoke-on-Trent and North Staffordshire. The original Grant Agreement was made in 2018 by North Staffordshire and Stoke on Trent CCG. At that time the three locality CCG’s in Staffordshire operated independently. Currently, approx.100 people with dementia are supported each year, ensuring that their voice is heard in decision-making about their care and support. The service is funded by the ICB through an annual Grant Agreement to the value of £80,800 (in 2023/24) and has not undergone a review in recent years. A Grant Agreement, as opposed to a contract, is provision of financial support which does not require the provider to work to a service specification.</p> <p>This service is provided in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities (Staffordshire County Council and Stoke-on-Trent City Council) which makes the current provision inequitable as there are more services provided in the north of the County than the south. By withdrawing funding for the BJF Grant Agreement, the ICB will make the provision equal across the County. These Statutory Advocacy Services are both provided by Asist. This will not change the level of service provided currently.</p> <p>Advocacy ASIST Advocacy Services In Staffordshire Stoke-on-Trent, England</p> <p>In financial year 2022/23 a total of 113 referrals were made into the BJF Dementia Advocacy service. This included 47 referrals in North Staffordshire and 66 referrals in Stoke on Trent.</p>

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

The current Dementia Advocacy service provided by BJF is a provision mainly used by older patients to ensure their view is known and heard when decisions are being made about their care. Statutory advocacy services are available but due to the nature of dementia it is sometimes difficult for the patient to express their views and it takes time and a number of meetings to understand what the patient's views are. The statutory services sometimes refer through to BJF for specialist support in difficult cases. However, the newly commissioned services with Asist have undergone specialist training in order to be able to provide a higher level of support to Dementia patients as the Independent Mental Capacity Advocate (IMCA) falls under the remit of the Statutory Advocate. The training offer can be viewed via the following link - [SCIE Commissioning Independent Advocacy](#)

Rationale for Change

As part of the ICB's line by line review of contracts it has been identified that ICB's have no statutory responsibility to fund/provide advocacy services which should be the responsibility of Local Authorities. Therefore, it is proposed that the current grant to BJF be withdrawn. It should be noted that the ICB does not fund advocacy in the South of the County. The ICB does however, and will continue to work with the Local Authorities for assurance that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., learning disabilities or autism.

Proposed Future State

The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.

Due to the small numbers in activity, it is not anticipated that the Local Authorities will require additional resource. The services provided across the County by Asist are already equipped and trained to provide advocacy services to people with Dementia.

The change will be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.

Evidence

The attached document (see appendix) 'NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England' clarifies on page 22 that ICB's are not responsible for Dementia Advocacy services and are only required to "Work with local authorities to be assured that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., as a result of learning disability or autism. To ensure advocacy is independent of services."

The document '[SCIE Commissioning Independent Advocacy](#)' outlines the responsibilities of Local Authorities.

Please also see NICE Guidance [NG227](#).



Response to BJF letter to Peter Axon; 15th September 2023

The panel is asked to note the formal letter attached with this QIA from the Beth Johnson Foundation (BJF). The CEO of BJF was directed by the Executive Board to write to the ICB in order to convey their concerns regarding the indication that funding will cease. The ICB recognised and responded to the points raised by the BJF. A summary of the concerns and the responses from the ICB are below:

BJF was not invited or included in any discussions or consultation around where Dementia Advocacy sits within the ICB systems and funding streams.

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

The clinical priority leads of the ICB led the determination of the content of portfolios based on population needs and policy guidance.

Dementia is not included as part of the mental health investment standard this is nationally determined.

The Dementia Advocacy project incorporates specialised skills to empower disenfranchised older people with dementia to establish their needs, wants and wishes and to find their voice. This service is in its 25th year and has for many years received national recognition for its contribution to this field of advocacy. Whilst there are excellent local support services for people living with dementia and their families, we specifically and uniquely offer dementia advocacy. Therefore, all other local dementia and advocacy focused organisations refer their older clients to us because they do not provide specialist dementia focused advocacy.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond.

- The commissioned Statutory Advocacy provider ensures that each member of its Staff who provides face-to-face (or via other appropriate virtual means) support to Individuals has received appropriate training in the following fields (without limitation):
- Ethical Practice: inclusive approach to Individuals, honesty, provision of legal, ethical and accountable practice, openness to scrutiny by peers, commitment to the principles of empowerment and an adherence to confidentiality;
- Knowledge: rights in health and social care, knowledge of health and social care policy and legislation, human rights legislation, disability rights and how to access information and advice;
- Advocacy Process: empowerment, self-awareness, being led by Individuals, open and honest appreciation of others, resolution of problems at the earliest opportunity, understanding of boundaries, maintenance of appropriate relationships with Individuals and staff and effective networking;
- Skills: interpersonal skills with ability to engage with people, communication skills including working with people of differing abilities to communicate, listening and negotiating, mediation, conflict resolution and creative problem solving;
- Attitude: tenacity, patience, reliability, desire to problem solve and willingness to learn.

We believe that any reduction or deletion of funding for this vital service will result in a vacuum of service provision for people living with dementia and will unfortunately disruption of existing and future services. As CEO, I genuinely do not know where future clients will be referred to in our absence.

Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification/pathway and that there will be an increase in activity.

The need for advocacy for older people living with dementia is reflected in the Living Well with Dementia in Stoke-on-Trent - Joint Dementia Strategy 2020-24 as local community members highlighted the need for readily available information and support, an appropriately skilled workforce to support people with dementia and for people living with dementia and carers to be engaged in shaping and developing services. Advocacy underpins access to information and this specialised support including through our Dementia Advocacy Peer Support group.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia.

The impact of withdrawing funding for this project on the people who use our service with dementia will be significant. The Living Well with Dementia strategy projects indicates "that the number of people living with dementia in Stoke-on-Trent will have increased from 3011 in 2020 to 4128 in 2035 – an increase of over one third (37%)." During 2020 our Dementia Advocacy Project provided direct advocacy support for 10% of the dementia population in Stoke-on-Trent as per our resources and in line with our contractual agreement. The increasing trend of people living with dementia indicates the need for increasing parallel services and not a reduction or the withdrawal of vital advocacy support. Furthermore, the withdrawal of this funding from BJB will significantly impact continuing care since dementia advocacy support often involves staff working alongside people with dementia to help them

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

to have a voice and a choice in hospital and other care settings. This often proactive advocacy support helps to reduce the escalation of healthcare needs and the resulting costly health care that would otherwise be required.

We understand the valuable role of advocacy for all patients that require this. Local Authorities have a duty to involve Individuals in decisions made about them and their care and support. This means enabling Individuals to understand how they can be involved in the care and support processes, how they can contribute and take part and, in some cases, how they can lead or direct the process. The purpose of Independent Advocacy is to assist and involve Individuals to be active partners in the key care and support processes of assessment, care and support planning, and review including safeguarding procedures.

The impact on BJJ of withdrawing funding for this project will be huge: We will lose three staff members who deliver our dementia advocacy service, Volunteers associated with this project will be no longer required, We currently have a Lottery funded project (under the Generous Leadership Fund), where we collaborated with Father Hudson’s Care and Methodist Housing, We have just completed the end of year one of a three year funded project entitled ‘Even Better Together’. The explicit role of BJJ in this project is to provide training to all three organisations (staff and volunteers) around understanding dementia advocacy as support. Should we lose the dementia advocacy funding, we will also lose our role in this project since we will have no credibility as our Team at the BJJ will have been made redundant.

Potentially, the whole Lottery funded project (under the Generous Leadership Fund), will be under threat, and I will have to talk to our partners and the Lottery regional representative [redacted] to establish how we move forward after March. The project involves a part time worker who will lose her current job, too.

We understand the impact of the withdrawal of funding on people’s employment. When making decision around the withdrawal of any funding we follow a process to assess impact. The ICB endeavours to provide a significant notice period to all provider to give sufficient time and opportunity to enable alternative options to be pursued and mitigations put in place.

A number of meetings have been held with BJJ discussing the withdrawal of funding prior to the letter being received. A meeting was held between [redacted] (ICB) and [redacted] (BJJ) on Thursday 7 September; and another between [redacted] (ICB) and [redacted] (BJJ) on Friday 15 September.

- Key issues raised in QIA**
- This proposal is to withdraw the current grant paid to BJJ to provide specialist dementia-based advocacy in Stoke-on-Trent and North Staffordshire.
 - Commissioning of advocacy is not the responsibility of ICBs but of the Local Authorities.
 - There is no intention that the ICB commission a replacement or equivalent service should this grant be withdrawn.
 - Mitigation against the potential negative effects of the proposal is supported by services commissioned by the Local Authority.
 - The ICB does not commission advocacy services for the South of the County.
 - Staffordshire and Stoke on Trent ICB has received a letter from the BJJ outlining concerns and impact of withdrawing the funding.
 - The ICB recognise that there is a potential for negative media interest.

Version Control			
Version Number	Date	Author	Summary of Changes
1	27/6/23	[redacted]	Initial Draft
2	11/7/23	[redacted]	QIA transferred to updated template and comments from quality buddy incorporated
3	04/09/23	[redacted]	Amended draft
4	13/09/23	[redacted]	Submitted QIA for Gateway Control review.
5	22/09/2023	[redacted]	Amended / Response to questions from [redacted] (QIA removed from panel 28/09/2023)
6	29/09/2023	[redacted]	Amended – additions as per meeting 22/09/2023
7	03/10/2023	[redacted]	Amended – additions as per summary comments from [redacted] in response to BJJ letter to [redacted]

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSS <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

8	05/10/2023	[REDACTED]	Amended – additions as per meeting 04/10/2023
9	06/10/23	[REDACTED]	Amended – additions as per [REDACTED] comments. Resubmission to QIA panel on 18/10/23.

Sign-Off following completion of the Quality Impact Assessment on page 2 onwards

Quality Buddy Comments		
Name & Role	[REDACTED]	Senior Quality Improvement & Assurance Manager, 12.09.23 updated 05.10.23
Comments & Date	<p>Current service users report a very positive experience of the BJF service which may be lost were the service to be withdrawn.</p> <p>However, alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire and Stoke on Trent.</p> <p>There is also a Memory Support Service provided by the Alzheimer’s Society (Dementia Connect) who are commissioned by Staffordshire and Stoke on Trent ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.</p> <p>It is understood from commissioning colleagues that the Local Authority is fully aware of the possibility that there could be an increase in activity and that the commissioned provider will be able to respond to need in line with their service specification. Local Authorities have advised it is anticipated that they will not require additional resource. The attached service specifications demonstrate that the service meets the required level of need.</p> <p>The ICB needs to be assured that a process is in place to transition patients from the existing service if required and that the quality of the service will be maintained.</p> <p>It is noted that the ICB will work alongside the LA’s and will be able to support with any complaints/concerns etc.</p> <p>The ICB needs to be assured that a process is in place to ensure a smooth transition for patients from the existing service if required and how the ICB intends to work with BJF to achieve this.</p> <p>Concerns raised by the BJF have been noted and considered as part of this Quality Impact assessment.</p>	
Safeguarding Lead Comments		
Name & Role	[REDACTED]	Deputy Designated Nurse for Adult Safeguarding, 13.09.23
Comments & Date	<p>Although this is a removal of a grant which funds advocacy for a vulnerable group of people, there is inequity in access currently due to it only being in part of the footprint of the ICB. It is crucial that people with dementia have access to advocacy when important decisions about their care and treatment are being made, but the statutory duty for provision of this service lies with the local authority and not the ICB.</p> <p>There is an advocacy service which is available across the whole of Staffordshire (Asist) and which will need to be able to pick up the small number of people who were being serviced through the grant. The ICB will need to ensure in line with statutory duties that the LA is maintaining access to advocacy services for our patient population and that there is assurance that our health services have the appropriate knowledge of how to access the advocacy service and in what circumstances in line with the Mental Capacity Act and the Care Act.</p> <p>The statutory duty to provide IMCAs for any person who lacks capacity and needs important decisions made about their care and treatment or their accommodation needs, lies with the local authority – The ICB will need to be assured that the local authority is fully aware of the possibility that there could be an increase in numbers of people needing to use the advocacy service that they commission.</p>	
Portfolio Director Comments		

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Name & Role	[REDACTED] Associate Director for LDA, MH & CYP, 13.09.23
Comments & Date	<p>The Care Act 2014 is clear that local authorities have a duty to provide Advocacy provision. Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.</p> <p>Under the Care Act, the Local Authority must arrange for an Independent Advocate to be available to represent and support the person (or carer) if:</p> <ul style="list-style-type: none"> • There is no appropriate other person to support and represent them; and • They feel that the person (or carer) would experience substantial difficulty being fully involved in the Care and Support process without support. <p>Substantial difficulty applies to one or more of the following areas:</p> <ul style="list-style-type: none"> • Understanding relevant information relating to the process or function taking place; • Retaining that information; • Using or weighing up that information as part of the process of being involved; or • Communicating their views, wishes or feelings (whether by talking, using sign language or any other means). <p>It is clear therefore that the provision that has been commissioned by Staffordshire and Stoke-on-Trent Local Authorities to be compliant with their duties under the Care Act is the most suitable provision for patients and residents to access and the BJJ grant should cease to be in place.</p>

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs
<https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Quality Impact Assessment (only complete applicable boxes)						
NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = Risk**)
Safe	Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures	Positive				
		Neutral	<p>Withdrawal of the BJF service would mean that approx. 100 service users per year across North Staffs and Stoke on Trent would be referred into the Advocacy service which is provided by the LA's (Asist) rather than BJF.</p> <p>There is also a Memory Support Service provided by the Alzheimer's Society.</p> <p>This change will be communicated via the ICB comms team through all available portals eg website, social media, GP newsletter, social care engagement etc.</p> <p>The service offering will not be changed as a result of this proposal.</p>	Advocacy services are already in place through both LA's. The attached service specifications demonstrate that the services do meet the required level of need.	It will be the responsibility of the Local Authority to monitor any impacts to their commissioned services. The ICB will work with the LA for assurance that people receive their rights to statutory independent advocacy as part of the process.	

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Quality Impact Assessment (only complete applicable boxes)						
NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For <u>any negative impacts</u> provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = Risk**)
	improvements are made when problems occur.	Negative	<p>The proposal will mean that the LA's will need to take responsibility for the activity currently held by BJF. Discussions have taken place with both LA's who are happy to pick up the additional activity and recognise that the responsibility for providing Advocacy services lies with them.</p> <p>Staffordshire and Stoke on Trent ICB is not the only source of income for the BJF so they will have other sources of income to rely on going forward. BJF have, however, expressed their concern over the potential implications as a result of the withdrawal of the grant. The ICB have responded accordingly as outlined above on page 4.</p> <p>BJF have indicated in their letter that there may be a potential loss of workforce should a decision be made to withdraw funding.</p>	<p>The following documents outline that the responsibility for Advocacy lies with Local Authorities -</p> <p>SCIE Commissioning Independent Advocacy NG227</p> <p>BJF letter received 15/09/23 (see appendix)</p>	<p>The ICB have good relationships with both LA's so although the responsibility for Advocacy services lies with them and they will be monitoring the service with Asist, the ICB will be working alongside the LA's and will be able to support with any issues etc.</p>	<p>Score – 1x1=1</p> <p>The ICB will be working alongside the LA's and will be able to support with any issues etc.</p> <p>Response to BJF Letters re: workforce The ICB endeavours to provide a significant notice period to all provider to give sufficient time and opportunity to enable alternative options to be pursued and mitigations put in place.</p>

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Effective	Informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.	Positive				
		Neutral				
		Negative	The current Dementia Advocacy Service (BJF) has developed specialist knowledge and experience to support people with dementia and their families to speak up and navigate the health and social care system, understanding their options and challenging decisions where necessary.	Contract monitoring information and case studies are supplied by current provider (but this would not continue should the service be withdrawn). The ICB would work with the LA's to ensure adequate contract monitoring.	Contract monitoring information and case studies are supplied by current provider (but this would not continue should the service be withdrawn). The ICB would work with the LA's to ensure adequate contract monitoring.	<p align="center">Score - 3x1 = 3</p> <p>Alternative services already in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire and Stoke-on-Trent.</p> <p>There is also a Memory Support Service provided by the Alzheimer's Society (Dementia Connect). This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.</p>

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = Risk**)
Positive Experience	<p>Responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.</p> <p>Caring - delivered with compassion, dignity and mutual respect.</p>	Positive				
		Neutral	<p>Current service users report a very positive experience of the BJJ service which may be lost if the current funding offer were to be withdrawn.</p> <p>Alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire.</p> <p>There is also a Memory Support Service provided by the Alzheimer’s Society (Dementia Connect) which is commissioned by the ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis.</p> <p>These services are already available to all dementia patients.</p> <p>Contact has been made with and support offered to BJJ and LA’s.</p>	<p>Contract monitoring information provided by the BJJ service.</p> <p>Service specification for the Memory Support Services states it’s aims as being:</p> <p>The aim of the Memory Service is to be the main point of contact and provide appropriate emotional support, practical guidance and information to meet the needs of those with dementia as well as facilitating access to well-being interventions which promote independence and quality of life.</p>	<p>LA Contract Monitoring process.</p> <p>The ICB have good relationships with both LA’s so although the responsibility for Advocacy services lies with them and they will be monitoring the service with Asist, the ICB will be working alongside the LA’s and will be able to support with any complaints/concerns etc.</p>	
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the mitigations & risk score (Likelihood x Consequence = Risk**)
Well-Led	Driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.	Positive				
		Neutral	<p>Engagement has taken place with both Stoke on Trent LA and Staffordshire LA. Both Local Authorities are satisfied that their commissioned services are adequately qualified and resourced to accept the additional activity. The ICB will continue to work with both LA's to ensure that advocacy is available to people with protected characteristics and to incorporate the CORE20+5 approach into the service.</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>	<p>Advocacy is the responsibility of Local Authorities to commission, not ICBs. Both Staffordshire County Council and Stoke on Trent City Council commission statutory advocacy services that support the whole population within each Council area.</p> <p>Care Act 2014</p> <p>Local Authority advocacy contracts</p>	<p>Reporting will be the responsibility of Staffordshire and Stoke on Trent Local Authorities. The ICB will work closely with both LA's and offer support in the event of any complaints or issues etc.</p>	
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Sustainably Resourced	Focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.	Positive	<p>Advocacy contracts are the responsibility of Local Authorities to commission and not of the ICB. This proposal will bring the commissioning of the service in line with guidance.</p> <p>The proposal will align the advocacy services being provided across the north and south of Staffordshire and will negate any inequities.</p>	<p>Care Act 2014</p> <p>Historical commissioning decisions from 2018 when the CCG's operated as three localities, have resulted in inequities in the provision of advocacy services between the north and south of the County.</p>	<p>Reporting will be the responsibility of Staffordshire and Stoke on Trent Local Authorities. The ICB will work closely with both LA's and offer support in the event of any complaints or issues etc.</p>	
		Neutral				
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	RISK SCORE For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Equitable	Everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.	Positive	The proposal will align the advocacy services being provided across the north and south of Staffordshire and will negate any inequities.	There is no specialist dementia advocacy service commissioned by the ICB in the South of Staffordshire.		
		Neutral	The ICB does not currently commission specialist advocacy services to support other patient groups and so the continued commissioning of the dementia advocacy service represents an inequality in service provision.	There are no other commissioned advocacy services relating to patient groups in the ICB. All advocacy services are the responsibility of Local Authorities.		
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

QIA requires resubmission	Yes / No
Confirmation of Amendments by Quality Assurance and Improvement Team	
Quality Lead	
Date Confirmed	
Final Version of QIA Emailed back to QIA Author and Portfolio Director	
Date Sent	

APPENDIX 1 - Quality Buddy QIA Template Checklist

Considerations for completing the Quality Impact Assessment. Remember to use evidence where possible.

National Quality Board (NQB) Domain	Considerations
Safe	Harm to patients, Incidents, Healthcare Associated Infections (HCAIs), Safeguarding of adults and children, including children and Young People (CYP) aged 0-25 with Special Educational Needs and Disabilities (SEND), and Vulnerable adults or children. Patient Safety Incident Response Framework (PSIRF).
Effective	Evidence based practice, NICE Guidance, Consistency/continuity of care, Continuous improvement, Wider determinants of health, Health inequalities and prevention, Improve outcomes in population health and healthcare.
Positive Experience	Patient / service user experience (complaints / PALS/ Surveys etc.), Hard to reach groups, Consent and confidentiality, Informed choice and care planning, Compassionate and personalised care, Physical environment or location and accessibility, Involvement of service users, patients, and carers.
Well-Led	Clinical leadership and engagement, Learning culture and continuous improvement, Governance, Staff experience.
Sustainably Resourced	Enhance productivity and value for money. Reducing waste and inefficiencies, adding value, Performance improvements, Pathway improvement, Supporting broader social and economic development.
Equitable	Tackle inequalities in outcomes, experience, and access, reducing variation, reducing health inequalities.

Quality Impact Assessment (QIA) Template

Executive Summary and QIA Details	
Title	Dementia Advocacy Service – Removal of Grant for Beth Johnson Foundation as per VCSE Contract Review report written September 2024
Portfolio / Collaborative / Place	Mental Health
QIA reference number	QIA24-037 (previous QIA23-017 G2 complete 19/10/23)
Date QIA started	23/10/2024
Proposed Project Start Date	01 April 2025
Portfolio Director & Role	██████████ – Associate Director for Mental Health, Learning Disability and Autism and Children and Young People
Clinical Lead & Role	██████████ – ICB Clinical Lead for Mental Health
Project Lead & Role	██████████ – Senior Portfolio Manager Mental Health
Quality Lead & Role	██████████ – Associate Director for Quality Assurance & Improvement
QIA Author & Role	██████████ – Senior Portfolio Manager Mental Health
Summary of reason for QIA (max 200 words)	<p>VCSE Contract Review 2024 – QIA Refresh</p> <p>The Beth Johnson Foundation (BJF) have provided an advocacy service supporting those with dementia for many years in Stoke-on-Trent and North Staffordshire. The original Grant Agreement was made in 2018 by North Staffordshire and Stoke on Trent CCG. At that time the three locality CCG's in Staffordshire operated independently. Currently, approx.100 people with dementia are supported each year, ensuring that their voice is heard in decision-making about their care and support.</p> <p>The service is funded by the ICB through an annual Grant Agreement to the value of £80,800 (in 2023/24) and has not undergone a review in recent years. A Grant Agreement, as opposed to a contract, is provision of financial support which does not require the provider to work to a service specification.</p> <p>At the end of 2023, as part of the ICB's line by line review of contracts it was identified that ICB's have no statutory responsibility to fund/provide advocacy services which should be the responsibility of Local Authorities. Therefore, it was proposed that the current grant to BJF be withdrawn. It was also noted that the ICB does not fund advocacy in the South of the County. The ICB does however and will continue to work with the Local Authorities for assurance that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., learning disabilities or autism.</p> <p>The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.</p> <p>This service is provided in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities (Staffordshire County Council and Stoke-on-Trent City Council) which makes the current provision inequitable as there are more services provided in the north of the County than the south. By withdrawing funding for the BJF Grant Agreement, the ICB will make the provision equal across the County. These Statutory Advocacy Services are both provided by Asist. This will not change the level of service provided currently.</p> <p>City of Stoke-on-Trent Council Head of Commissioning, Adults All Age Commissioning, Adult Social Care, Health Integration and Wellbeing has confirmed their position has not changed since being consulted 2023. (email received 26/09/2024).</p> <p>Staffordshire County Council have advised it is a similar picture as the original impact assessment completed by the ICB in 2023, however the children's advocacy provider is Change Grow Live (CGL) and Assist is used for IMHA / IMCA, they are also the adults advocacy provider. (email received 03/10/2024)</p> <p>Due to the small numbers in activity, it was not anticipated that the Local Authorities will require additional resource. The services provided across the County by Asist are already equipped and trained to provide advocacy services to people with Dementia.</p> <p>There was a plan that the change would be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.</p> <p>However, after completion of a Quality impact Assessment and a recommendation of the decommission of the grant contribution, The Beth Johnson Foundation responded with a letter to ask for the continuation of service. This was agreed by ICB Executives, and the grant was extended until March 2025. This extension was confirmed in an email by the MH Portfolio.</p>
<ul style="list-style-type: none"> • Aims & Objectives • Current state • Rationale for change • Proposed future state 	

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

A number of meetings have been held with BJJ discussing the withdrawal of funding prior to the letter being received in 2023. A meeting was held between ██████████ (ICB) and ██████████ (BJJ) on Thursday 7 September 2023; and another between ██████████ (ICB) and ██████████ (BJJ) on Friday 15 September 2023 and February 1st 2024. ██████████ and ██████████ met with ██████████ and her team on Tuesday 24th September 2024.

Aims and Objectives of the Service

The dementia advocacy service is to assist and support older people with dementia and memory impairment to communicate, exercise and defend their rights and to fully participate in the many decisions affecting their lives including preventing outcomes that patients do not want. The service provides specialist advocacy support to people with dementia at key times of transition or change to protect and exercise their rights, secure entitlements and promote their wellbeing by improving their quality of life.

Fully qualified advocates can support individuals living with dementia to achieve the following outcomes:

- Exercise their rights to make choices
- Play a full part in decisions and to contribute to consultation about issues affecting their lives
- Achieve desired outcomes and prevent where possible outcomes they do not want
- Protect and exercise their rights and secure their entitlements
- Promote their wellbeing and improve their quality of life

Access to the service is via a number of routes including, self-referral, health professionals, social care staff, family care providers, care homes, memory support service and voluntary sector.

The responsibility for advocacy services lies with Local Authorities.

Staffing and Staff Training

1 x CEO
1 x Operations Manager / Advocate (28 hours)
2 x PT Advocates (21 hours)

An Independent Advocacy Practice (IAP) Qualification would be required to be achieved within first year of employment. Only the Operations Manager holds this qualification. Two members of staff have received training but do not hold a certified qualification in Advocacy. Work is being completed around a training model for dementia advocacy, but this is still to be determined. An explicit requirement of the grant agreement is that the Advocates should be fully qualified. The contract states:

To provide specialist advocacy support to people with dementia at key times of transition of change.

Fully qualified advocates can support individuals living with dementia to:

- *Exercise their rights to make choices*
- *Play a full part in decisions and to contribute to consultation about issues affecting their lives.*
- *Achieve desired outcomes and prevent where possible outcomes they do not want.*
- *Protect and exercise their rights and secure their entitlements.*
- *Promote their wellbeing and improve their quality of life.*

Key findings of the VCSE Contract Review

Commissioning of advocacy is not the responsibility of ICBs but of the Local Authorities and there is no intention that the ICB commission a replacement or equivalent service should this grant be withdrawn. A full QIA and EIA process was followed in 2023 with the recommendation to not commission for another year, however this was overruled after BJJ shared a letter of concern with the ICB.

The ICB does not commission advocacy services for the South of the County, therefore adding to the post code lottery and inequities across the system. Alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire.

There is also a Memory Support Service provided by the Alzheimer's Society which is commissioned by the ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.

Recommendations of the VCSE Contract Review

The recommendation is to withdraw the current grant paid to BJJ to provide specialist dementia-based advocacy in Stoke-on-Trent and North Staffordshire at the end of the current contract terms – March 2025.

The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people

including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.

Due to the small numbers in activity, it is confirmed that the Advocacy services contracted by the Local Authorities will be able to absorb the activity. The services provided by Asist are already equipped and trained to provide advocacy services to all adults including people with Dementia. Mitigation against the potential negative effects of withdrawing this grant is supported by services commissioned by the Local Authority.

The ICB does recognise that this recommendation, if approved may gain media interest. The change will be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.

Historical information / Context

The Beth Johnson Foundation (BJF) have provided an advocacy service supporting those with dementia for many years in Stoke-on-Trent and North Staffordshire. The original Grant Agreement was made in 2018 by North Staffordshire and Stoke on Trent CCG. At that time the three locality CCG's in Staffordshire operated independently. Currently, approx. 100 people with dementia are supported each year, ensuring that their voice is heard in decision-making about their care and support. The service is funded by the ICB through an annual Grant Agreement to the value of £80,800 (in 2023/24) and has not undergone a review in recent years. A Grant Agreement, as opposed to a contract, is provision of financial support which does not require the provider to work to a service specification.

This service is provided in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities (Staffordshire County Council and Stoke-on-Trent City Council) which makes the current provision inequitable as there are more services provided in the north of the County than the south. By withdrawing funding for the BJF Grant Agreement, the ICB will make the provision equal across the County. These Statutory Advocacy Services are both provided by Asist. This will not change the level of service provided currently.

[Advocacy | ASIST Advocacy Services In Staffordshire | Stoke-on-Trent, England](#)

In financial year 2022/23 a total of 113 referrals were made into the BJF Dementia Advocacy service. This included 47 referrals in North Staffordshire and 66 referrals in Stoke on Trent.

In financial year 2023/24 a total of 114 referrals were made into the BJF Dementia Advocacy service. This included 52 referrals in North Staffordshire and 62 referrals in Stoke on Trent.

The current Dementia Advocacy service provided by BJF is a provision mainly used by older patients to ensure their view is known and heard when decisions are being made about their care. Statutory advocacy services are available but due to the nature of dementia it is sometimes difficult for the patient to express their views and it takes time and a number of meetings to understand what the patient's views are. The statutory services sometimes refer through to BJF for specialist support in difficult cases. However, the newly commissioned services with Asist have undergone specialist training in order to be able to provide a higher level of support to Dementia patients as the Independent Mental Capacity Advocate (IMCA) falls under the remit of the Statutory Advocate. The training offer can be viewed via the following link - [SCIE Commissioning Independent Advocacy](#)

Rationale for Change

As part of the ICB's line by line review of contracts it has been identified that ICB's have no statutory responsibility to fund/provide advocacy services which should be the responsibility of Local Authorities. Therefore, it is proposed that the current grant to BJF be withdrawn. It should be noted that the ICB does not fund advocacy in the South of the County. The ICB does however, and will continue to work with the Local Authorities for assurance that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., learning disabilities or autism.

Proposed Future State

The ICB does not hold responsibility for providing advocacy services for this group. Responsibility for commissioning advocacy services rests with Local Authorities and Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond. Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification and that there will be an increase in activity.

Due to the small numbers in activity, it is not anticipated that the Local Authorities will require additional resource. The services provided across the County by Asist are already equipped and trained to provide advocacy services to people with Dementia.

The change will be communicated via the ICB communications team through all available portals e.g., website, social media, GP newsletter, social care engagement etc.

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Evidence

The attached document 'NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England' clarifies on page 22 that ICB's are not responsible for Dementia Advocacy services and are only required to "Work with local authorities to be assured that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g., as a result of learning disability or autism. To ensure advocacy is independent of services."

The attached document '[SCIE Commissioning Independent Advocacy](#)' outlines the responsibilities of Local Authorities.

Please also see attached NICE Guidance [NG227](#).

Response to BJJ letter to Peter Axon; 15th September 2023

The panel is asked to note the formal letter attached with this QIA from the Beth Johnson Foundation (BJF). The CEO of BJJ was directed by the Executive Board to write to the ICB in order to convey their concerns regarding the indication that funding will cease. The ICB recognised and responded to the points raised by the BJJ. A summary of the concerns and the responses from the ICB are below:

BJJ was not invited or included in any discussions or consultation around where Dementia Advocacy sits within the ICB systems and funding streams.

The clinical priority leads of the ICB led the determination of the content of portfolios based on population needs and policy guidance. Dementia is not included as part of the mental health investment standard this is nationally determined.

The Dementia Advocacy project incorporates specialised skills to empower disenfranchised older people with dementia to establish their needs, wants and wishes and to find their voice. This service is in its 25th year and has for many years received national recognition for its contribution to this field of advocacy. Whilst there are excellent local support services for people living with dementia and their families, we specifically and uniquely offer dementia advocacy. Therefore, all other local dementia and advocacy focused organisations refer their older clients to us because they do not provide specialist dementia focused advocacy.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia. This already happens across the south of the county and the provider that both LA's use ASIST have the skill set to respond.

- The commissioned Statutory Advocacy provider ensures that each member of its Staff who provides face-to-face (or via other appropriate virtual means) support to Individuals has received appropriate training in the following fields (without limitation):
- Ethical Practice: inclusive approach to Individuals, honesty, provision of legal, ethical and accountable practice, openness to scrutiny by peers, commitment to the principles of empowerment and an adherence to confidentiality;
- Knowledge: rights in health and social care, knowledge of health and social care policy and legislation, human rights legislation, disability rights and how to access information and advice;
- Advocacy Process: empowerment, self-awareness, being led by Individuals, open and honest appreciation of others, resolution of problems at the earliest opportunity, understanding of boundaries, maintenance of appropriate relationships with Individuals and staff and effective networking;
- Skills: interpersonal skills with ability to engage with people, communication skills including working with people of differing abilities to communicate, listening and negotiating, mediation, conflict resolution and creative problem solving;
- Attitude: tenacity, patience, reliability, desire to problem solve and willingness to learn.

We believe that any reduction or deletion of funding for this vital service will result in a vacuum of service provision for people living with dementia and will unfortunately disrupt existing and future services. As CEO, I genuinely do not know where future clients will be referred to in our absence.

Discussion has taken place with both LA's who recognise that the statutory commissioned provider will be able to respond to need in line with their service specification/pathway and that there will be an increase in activity.

The need for advocacy for older people living with dementia is reflected in the Living Well with Dementia in Stoke-on-Trent - Joint Dementia Strategy 2020-24 as local community members highlighted the need for readily available information and support, an appropriately skilled workforce to support people with dementia and for people living with dementia and carers to be engaged in shaping and developing services. Advocacy underpins access to information and this specialised support including through our Dementia Advocacy Peer Support group.

Both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia.

The impact of withdrawing funding for this project on the people who use our service with dementia will be significant. The Living Well with Dementia strategy projects indicates "that the number of people living with dementia in Stoke-on-Trent will have increased from 3011 in 2020 to 4128 in 2035 – an increase of over one third

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

(37%).” During 2020 our Dementia Advocacy Project provided direct advocacy support for 10% of the dementia population in Stoke-on-Trent as per our resources and in line with our contractual agreement. The increasing trend of people living with dementia indicates the need for increasing parallel services and not a reduction or the withdrawal of vital advocacy support. Furthermore, the withdrawal of this funding from BJJ will significantly impact continuing care since dementia advocacy support often involves staff working alongside people with dementia to help them to have a voice and a choice in hospital and other care settings. This often proactive advocacy support helps to reduce the escalation of healthcare needs and the resulting costly health care that would otherwise be required.

We understand the valuable role of advocacy for all patients that require this. Local Authorities have a duty to involve Individuals in decisions made about them and their care and support. This means enabling Individuals to understand how they can be involved in the care and support processes, how they can contribute and take part and, in some cases, how they can lead or direct the process. The purpose of Independent Advocacy is to assist and involve Individuals to be active partners in the key care and support processes of assessment, care and support planning, and review including safeguarding procedures.

The impact on BJJ of withdrawing funding for this project will be huge: We will lose three staff members who deliver our dementia advocacy service, Volunteers associated with this project will be no longer required, We currently have a Lottery funded project (under the Generous Leadership Fund), where we collaborated with Father Hudson’s Care and Methodist Housing, We have just completed the end of year one of a three year funded project entitled ‘Even Better Together’. The explicit role of BJJ in this project is to provide training to all three organisations (staff and volunteers) around understanding dementia advocacy as support. Should we lose the dementia advocacy funding, we will also lose our role in this project since we will have no credibility as our Team at the BJJ will have been made redundant.

Potentially, the whole Lottery funded project (under the Generous Leadership Fund), will be under threat, and I will have to talk to our partners and the Lottery regional representative [redacted] to establish how we move forward after March. The project involves a part time worker who will lose her current job, too.

We understand the impact of the withdrawal of funding on people’s employment. When making decision around the withdrawal of any funding we follow a process to assess impact. The ICB endeavours to provide a significant notice period to all provider to give sufficient time and opportunity to enable alternative options to be pursued and mitigations put in place.

A number of meetings have been held with BJJ discussing the withdrawal of funding prior to the letter being received. A meeting was held between [redacted] (ICB) and [redacted] (BJJ) on Thursday 7 September; and another between [redacted] (ICB) and [redacted] (BJJ) on Friday 15 September.

- Key issues raised in QIA**
- This proposal is to withdraw the current grant paid to BJJ to provide specialist dementia-based advocacy in Stoke-on-Trent and North Staffordshire.
 - Commissioning of advocacy is not the responsibility of ICBs but of the Local Authorities.
 - There is no intention that the ICB commission a replacement or equivalent service should this grant be withdrawn.
 - Mitigation against the potential negative effects of the proposal is supported by services commissioned by the Local Authority.
 - The ICB does not commission advocacy services for the South of the County.
 - **Staffordshire and Stoke on Trent have previously received a letter from the BJJ outlining concerns and impact of withdrawing the funding which was responded to.**
 - **The ICB is aware of ‘lobbying’ already happening within the system.**
 - **The ICB recognise that there is a potential for negative media interest.**

Version Control			
Version Number	Date	Author	Summary of Changes
1	27/6/23	[redacted]	Initial Draft
2	11/7/23	[redacted]	QIA transferred to updated template and comments from quality buddy incorporated
3	04/09/23	[redacted]	Amended draft
4	13/09/23	[redacted]	Submitted QIA for Gateway Control review.
5	22/09/2023	[redacted]	Amended / Response to questions from [redacted] (QIA removed from panel 28/09/2023)
6	29/09/2023	[redacted]	Amended – additions as per meeting 22/09/2023
7	03/10/2023	[redacted]	Amended – additions as per summary comments from [redacted] in response to BJJ letter to PA
8	05/10/2023	[redacted]	Amended – additions as per meeting 04/10/2023
9	06/10/23	[redacted]	Amended – additions as per [redacted] comments
9.1	19/10/23	[redacted]	See QIA23-017 v9.1 amends from QIA panel 18/10/23 (needs updating)
10	23/10/2024	[redacted]	Additional information from the VCSE review added

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Sign-Off following completion of the Quality Impact Assessment on page 2 onwards

Quality Buddy Comments	
Name & Role	██████████ Senior Quality Improvement & Assurance Manager, 12.09.23 updated 05.10.23
Comments & Date	<p>Current service users report a very positive experience of the BJJ service which may be lost were the service to be withdrawn.</p> <p>However, alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire and Stoke on Trent.</p> <p>There is also a Memory Support Service provided by the Alzheimers Society (Dementia Connect) who are commissioned by Staffordshire and Stoke on Trent ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.</p> <p>It is understood from commissioning colleagues that the Local Authority is fully aware of the possibility that there could be an increase in activity and that the commissioned provider will be able to respond to need in line with their service specification. Local Authorities have advised it is anticipated that they will not require additional resource. The attached service specifications demonstrate that the service meets the required level of need.</p> <p>The ICB needs to be assured that a process is in place to transition patients from the existing service if required and that the quality of the service will be maintained.</p> <p>It is noted that the ICB will work alongside the LA's and will be able to support with any complaints/concerns etc.</p> <p>The ICB needs to be assured that a process is in place to ensure a smooth transition for patients from the existing service if required and how the ICB intends to work with BJJ to achieve this.</p> <p>Concerns raised by the BJJ have been noted and considered as part of this Quality Impact assessment.</p>
VCSE Review Recommendation Comments	<p>██████████ Associate Director of Quality Assurance and Improvement, 24/10/24.</p> <p>The QIA has been updated to incorporate findings from the VCSE Review 2024 including discussions with BJJ and the two local authorities. Specifically, to reflect the status of staff training/qualification which has been documented within the effective domain. Both local authorities have reconfirmed that there is capacity within the statutory advocacy provision to absorb any service users based on activity levels.</p> <p>Following any formal decision, the ICB should put in place a process to ensure effective transition of service users and communication strategy.</p>
Safeguarding Lead Comments	
Name & Role	██████████ - Deputy Designated Nurse for Adult Safeguarding, 13.09.23
Comments & Date	<p>Although this is a removal of a grant which funds advocacy for a vulnerable group of people, there is inequity in access currently due to it only being in part of the footprint of the ICB. It is crucial that people with dementia have access to advocacy when important decisions about their care and treatment are being made, but the statutory duty for provision of this service lies with the local authority and not the ICB.</p> <p>There is an advocacy service which is available across the whole of Staffordshire (Asist) and which will need to be able to pick up the small number of people who were being serviced through the grant. The ICB will need to ensure in line with statutory duties that the LA is maintaining access to advocacy services for our patient population and that there is assurance that our health services have the appropriate knowledge of how to access the advocacy service and in what circumstances in line with the Mental Capacity Act and the Care Act.</p> <p>The statutory duty to provide IMCAs for any person who lacks capacity and needs important decisions made about their care and treatment or their accommodation needs, lies with the local authority – The ICB will need to be assured that the local authority is fully aware of the possibility that there could be an increase in numbers of people needing to use the advocacy service that they commission.</p>
VCSE Review Recommendation Comments	██████████ – Designated Nurse for Safeguarding Adults 24.10.24

ICB QIA Template BLANK v4 – June 2023

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Quality Impact Assessment (only complete applicable boxes)						
NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For <u>any negative impacts</u> provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Safe	Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.	Positive				
		Neutral	<p>Withdrawal of the BJJ service would mean that approx. 100 service users per year across North Staffs and Stoke on Trent would be referred into the Advocacy service which is provided by the LA's (Asist) rather than BJJ. There is also a Memory Support Service provided by the Alzheimer's Society.</p> <p>This change will be communicated via the ICB comms team through all available portals eg website, social media, GP newsletter, social care engagement etc.</p> <p>The service offering will not be changed as a result of this proposal.</p>	Advocacy services are already in place through both LA's. The attached service specifications demonstrate that the services do meet the required level of need.	It will be the responsibility of the Local Authority to monitor any impacts to their commissioned services. The ICB will work with the LA for assurance that people receive their rights to statutory independent advocacy as part of the process.	

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Quality Impact Assessment (only complete applicable boxes)							
NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts		Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For <u>any negative impacts</u> provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
		Positive	Neutral Negative				
			Negative	<p>The proposal will mean that the LA's will need to take responsibility for the activity currently held by BJF. Discussions have taken place with both LA's who are happy to pick up the additional activity and recognise that the responsibility for providing Advocacy services lies with them.</p> <p>Staffordshire and Stoke on Trent ICB is not the only source of income for the BJF so they will have other sources of income to rely on going forward. BJF have, however, expressed their concern over the potential implications as a result of the withdrawal of the grant. The ICB have responded accordingly as outlined above on page 4.</p> <p>BJF have indicated in their letter that there may be a potential loss of workforce should a decision be made to withdraw funding.</p>	<p>The following documents outline that the responsibility for Advocacy lies with Local Authorities -</p> <p>SCIE Commissioning Independent Advocacy</p> <p>NG227</p> <p>BJF letter received 15/09/23</p>	<p>The ICB have good relationships with both LA's so although the responsibility for Advocacy services lies with them and they will be monitoring the service with Asist, the ICB will be working alongside the LA's and will be able to support with any issues etc.</p>	<p>Score – 1x1=1</p> <p>The ICB will be working alongside the LA's and will be able to support with any issues etc.</p>

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Effective	Informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.	Positive	<p>This recommendation will ensure patients are seen by a fully qualified advocate through the Local Authority offer. Being supported by a qualified advocate is crucial for navigating complex systems, whether in healthcare, legal matters, or social services.</p> <p>A clear and appropriate escalation route in healthcare has a profoundly positive impact on patient care and safety. It ensures that concerns or issues are addressed promptly, minimizing delays in treatment and enhancing overall outcomes.</p>	<p>Advocates bring expertise, knowledge, and experience that empower individuals to understand their rights and options. They help articulate needs, ensuring that voices are heard and respected. This support not only enhances the likelihood of achieving positive outcomes but also instils confidence and reduces the feeling of isolation that often accompanies challenging situations. A qualified advocate serves as a vital ally, guiding individuals through the intricacies of processes and championing their best interests.</p> <p>By providing a structured pathway for communication, healthcare professionals can quickly involve the right personnel in critical situations, fostering timely decision-making and collaboration. This clarity reduces confusion among staff and empowers them to advocate for patients effectively. Additionally, it cultivates a culture of accountability and continuous improvement, as feedback can be systematically gathered and reviewed.</p>	<p>The ICB would work with the LA's to ensure adequate contract monitoring.</p> <p>A well-defined escalation route enhances the patient experience, builds trust, and contributes to a more responsive and efficient healthcare system.</p>	
		Neutral	<p>The current Dementia Advocacy Service (BJF) has developed specialist knowledge and experience to support people with dementia and their families to speak up and navigate the health and social care system, understanding their options and challenging decisions where necessary.</p>	<p>Contract monitoring information and case studies are supplied by current provider (but this would not continue should the service be withdrawn). The ICB would work with the LA's to ensure adequate contract monitoring.</p>	<p>Contract monitoring information and case studies are supplied by current provider (but this would not continue should the service be withdrawn). The ICB would work with the LA's to ensure adequate contract monitoring.</p>	<p>Alternative services already in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire and Stoke-on-Trent.</p> <p>There is also a Memory Support Service provided by the Alzheimer's Society (Dementia Connect). This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis. These services are already available to all dementia patients.</p>
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Positive Experience	<p>Responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.</p> <p>Caring - delivered with compassion, dignity and mutual respect.</p>	Positive				
		Neutral	<p>Current service users report a very positive experience of the BJJ service which may be lost if the current funding offer were to be withdrawn.</p> <p>Alternative services in place include statutory advocacy provision which is commissioned by Local Authorities across Staffordshire.</p> <p>There is also a Memory Support Service provided by the Alzheimer's Society (Dementia Connect) which is commissioned by the ICB. This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire and Stoke on Trent to support patients following a Dementia diagnosis.</p> <p>These services are already available to all dementia patients.</p> <p>Contact has been made with and support offered to BJJ and LA's.</p>	<p>Contract monitoring information provided by the BJJ service.</p> <p>Service specification for the Memory Support Services states it's aims as being:</p> <p>The aim of the Memory Service is to be the main point of contact and provide appropriate emotional support, practical guidance and information to meet the needs of those with dementia as well as facilitating access to well-being interventions which promote independence and quality of life.</p>	<p>LA Contract Monitoring process.</p> <p>The ICB have good relationships with both LA's so although the responsibility for Advocacy services lies with them and they will be monitoring the service with Asist, the ICB will be working alongside the LA's and will be able to support with any complaints/concerns etc.</p>	
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Well-Led	Driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.	Positive				
		Neutral	Engagement has taken place with both Stoke on Trent LA and Staffordshire LA. Both Local Authorities are satisfied that their commissioned services are adequately qualified and resourced to accept the additional activity. The ICB will continue to work with both LA's to ensure that advocacy is available to people with protected characteristics and to incorporate the CORE20+5 approach into the service. [Redacted text]	Advocacy is the responsibility of Local Authorities to commission, not ICBs. Both Staffordshire County Council and Stoke on Trent City Council commission statutory advocacy services that support the whole population within each Council area. Care Act 2014 Local Authority advocacy contracts	Reporting will be the responsibility of Staffordshire and Stoke on Trent Local Authorities. The ICB will work closely with both LA's and offer support in the event of any complaints or issues etc.	
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Sustainably Resourced	Focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.	Positive	Advocacy contracts are the responsibility of Local Authorities to commission and not of the ICB. This proposal will bring the commissioning of the service in line with guidance. The proposal will align the advocacy services being provided across the north and south of Staffordshire and will negate any inequities.	Care Act 2014 Historical commissioning decisions from 2018 when the CCG's operated as three localities, have resulted in inequities in the provision of advocacy services between the north and south of the County.	Reporting will be the responsibility of Staffordshire and Stoke on Trent Local Authorities. The ICB will work closely with both LA's and offer support in the event of any complaints or issues etc.	
		Neutral				
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

NQB* Domain	Impact Considerations People working in systems deliver care that is...	Impacts Positive Neutral Negative	Describe the impacts of the proposal	Evidence and Rationale	Describe the metrics that are being monitored to evidence the impacts	For any negative impacts provide: the <u>mitigations</u> & <u>risk score</u> (Likelihood x Consequence = <u>Risk**</u>)
Equitable	Everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.	Positive	The proposal will align the advocacy services being provided across the north and south of Staffordshire and will negate any inequities.	There is no specialist dementia advocacy service commissioned by the ICB in the South of Staffordshire.		
		Neutral	The ICB does not currently commission specialist advocacy services to support other patient groups and so the continued commissioning of the dementia advocacy service represents an inequality in service provision.	There are no other commissioned advocacy services relating to patient groups in the ICB. All advocacy services are the responsibility of Local Authorities.		
		Negative				

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

**ICB Risk Management Strategy [IAN - ICB Risk Management Strategy - May 2023 \(v2.8\).pdf - Newer to Older \(sharepoint.com\)](#)

Screening Criteria

To be completed by QIA Author	
Does the QIA document any level of risk (negative quality impact) that has been introduced by the 'business decision' and not mitigated?	Yes / No
Is the 'business decision' part of a formal (NHS England) service change proposal?	Yes / No
Does the 'business decision' increase the number of steps/handoffs within a single pathway and identify the potential for an associated increased risk?	Yes / No
Has the QIA author requested a QIA Panel discussion due to the level of perceived risk or other reasons e.g., potential media interest?	Yes / No
If 'yes' to any Screening Criteria, please include brief explanation:	
This proposal is required to be presented to QIA panel as it was identified as part of the line by line reviews.	
ICB Execs have recently received a letter from BJF expressing their disappointment with the potential withdrawal of the grant funding. This letter has been responded to appropriately as outlined above.	
The ICB have acknowledged that media interest is expected and have prepared accordingly.	



If all screening criteria are recorded as '**no**' then the QIA can be signed-off without a QIA Panel (**Gateway 1**).

If a '**yes**' has been recorded in any of the screening questions, then the QIA will be considered at a QIA Panel (**Gateway 2**).



Gateway Control

To be completed by the Quality Assurance and Improvement Team	
Gateway	2
Quality Lead	[Redacted], Senior Quality Improvement and Assurance Manager
Comments and Date	[Redacted]
	[Redacted]
	[Redacted]
	[Redacted]
	[Redacted]
	09/10/23 – Resubmission to next QIA Panel (18/10/23). The QIA has been updated to include ICB responses to the BJF letter. The QIA states both LA's have commissioned compliant advocacy services in line with the Care Act which enables them to effectively manage the needs of all people including those individuals with dementia and have confirmed that the currently commissioned advocacy service can accept the additional activity.
	24/10/24 – Refreshed QIA received (red text) for extraordinary QIA panel 29/10/24.
Final Version of QIA Emailed back to QIA Author and Portfolio Director	
Date Sent	N/A

Gateway 2 ONLY – QIA Panel Feedback

To be completed by the Quality Assurance and Improvement Team	
Date of QIA Panel	18/10/23
Feedback and Actions / Amendments	<p>QIA completed at Gateway 2 with the following (draft) amendments to be included:</p> <ul style="list-style-type: none"> • Clarity and assurance of a transition plan for new referrals and existing service users to ensure safe and effective transition (note that this would be following a decision on the proposal and with engagement from BJJF, and LA's). Including communications and engagement with system partners. • Assurance that the Local Authorities have the capacity to support the additional activity. • A plan to monitor with the Local Authorities that there has been no detrimental impact to service users or quality of service provided due to the increase in activity. • Change in the QIA the 'Inequity impact' to neutral from positive. • Strengthen within the QIA the conversation and support offered by ICB to BJJF regarding the potential impacts of withdrawing grant. <p>Monitor progress via Portfolio(s) in 6 months: Mental Health, Learning Disabilities and Autism Portfolio.</p>
QIA requires resubmission	Yes - To resubmit QIA with updates. Not for resubmission to panel.
Confirmation of Amendments by Quality Assurance and Improvement Team	
Quality Lead	██████████ Senior Quality Improvement and Assurance Manager
Date Confirmed	19/10/23 - Updated QIA received and all amendments completed.
Final Version of QIA Emailed back to QIA Author and Portfolio Director	
Date Sent	19/10/23

APPENDIX 1 - Quality Buddy QIA Template Checklist

Considerations for completing the Quality Impact Assessment. Remember to use evidence where possible.

National Quality Board (NQB) Domain	Considerations
Safe	Harm to patients, Incidents, Healthcare Associated Infections (HCAIs), Safeguarding of adults and children, including children and Young People (CYP) aged 0-25 with Special Educational Needs and Disabilities (SEND), and Vulnerable adults or children. Patient Safety Incident Response Framework (PSIRF).
Effective	Evidence based practice, NICE Guidance, Consistency/continuity of care, Continuous improvement, Wider determinants of health, Health inequalities and prevention, Improve outcomes in population health and healthcare.
Positive Experience	Patient / service user experience (complaints / PALS/ Surveys etc.), Hard to reach groups, Consent and confidentiality, Informed choice and care planning, Compassionate and personalised care, Physical environment or location and accessibility, Involvement of service users, patients, and carers.
Well-Led	Clinical leadership and engagement, Learning culture and continuous improvement, Governance, Staff experience.
Sustainably Resourced	Enhance productivity and value for money. Reducing waste and inefficiencies, adding value, Performance improvements, Pathway improvement, Supporting broader social and economic development.
Equitable	Tackle inequalities in outcomes, experience, and access, reducing variation, reducing health inequalities.

*The National Quality Board (NQB, 2021) has refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSS <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf>

Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)

Stage 2 Template for Services, Policies & Functions

Title of Service / Policy / Function:

Decommissioning of the Dementia Advocacy Service

Please complete all sections of this EHIIRA template and refer to the EHIIRA Guidance document for more information.

For further support or to submit your completed Stage 2 EHIIRA document for approval, contact your Equality and Inclusion Business Partner directly or e-mail equality.inclusion@nhs.net

1. Assessment Overview

Name of organisation: Staffordshire and Stoke on Trent ICB

Assessment Lead Contact: [REDACTED]

Responsible Director/Board Member for this assessment:

[REDACTED]

Other contacts involved in undertaking this assessment:

Stoke on Trent Local Authority
Staffordshire Local Authority
Beth Johnson Foundation (BJF)

Start Date: 08/09/2023

Completed Date: 12/09/2023

Who is impacted by this service / policy / decision?	Yes	No	Indirectly / Possibly
Patients / Service Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers or Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary information of the service / policy / decision being assessed:

The Beth Johnson Foundation (BJF) have provided an advocacy service supporting those with dementia for many years in Stoke on Trent and North Staffordshire. Currently, approx.100 people with dementia are supported each year, ensuring that their voice is heard in decision-making about their care and support. The service is funded by the ICB through an annual Grant Agreement to the value of £80,800 (in 2023/24) and has not undergone a review in recent years. A Grant Agreement, as opposed to a contract, is provision of financial support which does not require the provider to work to a service specification.

There are Statutory Advocacy services in place across Staffordshire which are commissioned by Stoke on Trent City Council and Staffordshire County Council. These Statutory Advocacy Services are both provided by Asist via robust contracts and service specifications and monitored through regular reporting to both LA's.

As part of the ICB's line by line review of contracts it has been identified that ICB's have no statutory responsibility to fund/provide advocacy services which should be the responsibility of Local Authorities. Therefore, it is proposed that the current grant to BJB be withdrawn. It should be noted that the ICB does not fund advocacy for other patient groups. The ICB does however, and will continue to work with the Local Authorities for assurance that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs eg learning disabilities or autism.

In financial year 2022/23 a total of 113 referrals were made into the BJJ Dementia Advocacy service. This included 47 referrals in North Staffordshire and 66 referrals in Stoke on Trent.

As this service is available in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities, this makes the current provision inequitable as there is more service provided in the north of the County than the south. By withdrawing funding for the BJJ Grant Agreement, the ICB will make the provision equal across the County and will be able to reallocate the budget to another service where it is required.

What are the aims and objectives of the service / policy / decision being assessed?

The dementia advocacy service is to assist and support older people with dementia and memory impairment to communicate, exercise and defend their rights and to fully participate in the many decisions affecting their lives including preventing outcomes that patients do not want. The service provides specialist advocacy support to people with dementia at key times of transition or change to protect and exercise their rights, secure entitlements and promote their wellbeing by improving their quality of life.

Fully qualified advocates can support individuals living with dementia to achieve the following outcomes:

- Exercise their rights to make choices
- Play a full part in decisions and to contribute to consultation about issues affecting their lives
- Achieve desired outcomes and prevent where possible outcomes they do not want
- Protect and exercise their rights and secure their entitlements
- Promote their wellbeing and improve their quality of life

Access to the service is via a number of routes including, self-referral, health professionals, social care staff, family care providers, care homes, memory support service and voluntary sector.

Once the Beth Johnson Foundation Grant Agreement ends on 31 March 2024, all future referrals will go directly to the Local Authority commissioned services with Asist. BJJ may also wish to signpost their current patients to Asist or they may wish to continue to support the patients that are on their books at the time utilizing alternative funding.

The responsibility for advocacy services lies with Local Authorities.

If this assessment relates to a review of a currently commissioned service or an existing policy, what are the main changes proposed and what are the reasons for the review?

The Dementia Advocacy service supports patients who have a diagnosis of Dementia. The locally commissioned NHS Dementia pathway will be unaffected by this proposal as LA commissioned statutory advocacy services will still be in place and available for all patients to be referred into.

What engagement work is planned (or has already been carried out)? How will you involve people from protected characteristics, vulnerable groups, and groups that experience health inequalities to ensure that their views inform this decision-making process?

Engagement has not been carried out with service users as ICB's do not hold responsibility for commissioning a Dementia Advocacy service. A decision was made by Staffordshire and Stoke on Trent ICB to withdraw funding allocated to the Grant Agreement for the Dementia Advocacy service provided by the Beth Johnson Foundation as part of a line by line review of finances. As the advocacy service is being commissioned by Stoke on Trent LA and Staffordshire LA across the County, a decision was made to reallocate the budget to other areas rather than have a duplication in services. The

ICB Clinical Lead for Mental Health was involved in discussions.

Engagement has taken place with both Stoke on Trent LA and Staffordshire LA. Both Local Authorities are satisfied that their commissioned services are adequately qualified and resourced to accept the additional activity. The ICB will continue to work with both LA's to ensure that advocacy is available to people with protected characteristics and to incorporate the CORE20+5 approach into the service.

The change will be communicated via the ICB comms team through all available portals eg website, social media, GP newsletter, social care engagement etc.

Is this proposal likely to affect health inequalities – either positively or negatively? YES / NO

Please provide rationale for your answer below:

No. The proposal will not affect health inequalities at all. The service being withdrawn from the ICB is already available via LA commissioned providers. Currently, the ICB provide a grant to the Beth Johnson Foundation to provide a Dementia Advocacy service in North Staffordshire and Stoke on Trent. This service is in addition to the Statutory Advocacy services that are provided across the County by both Local Authorities which makes the current provision inequitable as there is more service provided in the north of the County than the south. By withdrawing funding for the BJB Grant Agreement, the ICB will make the provision equal across the County and will be able to reallocate the budget to another service where it is required.

There is also a Memory Support Service provided by the Alzheimers Society (Dementia Connect). This is a separate service to the Dementia Advocacy service with a different skill-set but is provided across Staffordshire to support patients following a Dementia diagnosis.

2. Evidence Section

What evidence have you considered to inform your decision-making within this assessment?

The more evidence you are able to provide in this section, the better informed your decision-making will be. Such evidence may include NICE guidance, clinical research, literature reviews, quality and performance data, workforce metrics, engagement findings, demographic data, community intelligence, health inequalities data (RightCare profiles, JSNA), etc.

The attached document 'NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England' clarifies on page 22 that ICB's are not responsible for Dementia Advocacy services and are only required to "Work with local authorities to be assured that people receive their rights to statutory independent advocacy and that other advocacy is available to remove barriers to access for people with additional needs e.g. as a result of learning disability or autism. To ensure advocacy is independent of services."

The attached document 'SCIE Commissioning Independent Advocacy' outlines the responsibilities of Local Authorities.

Please also see attached NICE Guidance NG227.

If this assessment relates to a policy / strategy, has an equality statement been added (or is it planned to be added) to the document? YES / NO

If you have answered 'No', please explain why not:

Not Applicable.

3. Impact Assessment

This section should record any identified and/or potential impacts on protected characteristic groups, groups experiencing health inequalities, and other groups at risk of experiencing poorer health outcomes. Both positive and negative impacts should be recorded for each of the groups defined below where applicable.

Think about any barriers to access, areas of inequity, and how different groups may be disproportionately impacted by this proposal. Conversely, think about how certain groups may benefit or see better health outcomes as a result of this proposal.

Protected Characteristics

Age Groups impacted may include young people, older people or working-age population.	Positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>	Neutral impact <input checked="" type="checkbox"/>
---	--	--	--

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Disability Groups impacted may include people with physical / learning disabilities, long term conditions, or poor mental health	Positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>	Neutral impact <input checked="" type="checkbox"/>
--	--	--	--

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Sexual Orientation Groups impacted may include gay / bisexual men, lesbian / bisexual women, or heterosexual people	Positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>	Neutral impact <input checked="" type="checkbox"/>
---	--	--	--

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Gender Reassignment This includes people proposing to undergo, who are undergoing or have undergone gender reassignment.	Positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>	Neutral impact <input checked="" type="checkbox"/>
--	--	--	--

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Sex (Gender) Groups impacted may include males or females – or specific gendered groups such as boys and girls.	Positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>	Neutral impact <input checked="" type="checkbox"/>
---	--	--	--

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

<p>Race Groups impacted may include different ethnicities, nationalities, national identities, and skin colours.</p>	<p>Positive impact</p> <p><input type="checkbox"/></p>	<p>Negative impact</p> <p><input type="checkbox"/></p>	<p>Neutral impact</p> <p><input checked="" type="checkbox"/></p>
---	---	---	---

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

<p>Religion & Belief Groups impacted can include all recognised faith groups and those who do not follow any religion or belief system</p>	<p>Positive impact</p> <p><input type="checkbox"/></p>	<p>Negative impact</p> <p><input type="checkbox"/></p>	<p>Neutral impact</p> <p><input checked="" type="checkbox"/></p>
---	---	---	---

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

<p>Pregnancy & Maternity Groups impacted may include pregnant women, people on maternity leave and those caring for a new-born / young child</p>	<p>Positive impact</p> <p><input type="checkbox"/></p>	<p>Negative impact</p> <p><input type="checkbox"/></p>	<p>Neutral impact</p> <p><input checked="" type="checkbox"/></p>
---	---	---	---

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

<p>Marriage & Civil Partnership This includes people within a formal legal partnership – same sex and opposite sex</p>	<p>Positive impact</p> <p><input type="checkbox"/></p>	<p>Negative impact</p> <p><input type="checkbox"/></p>	<p>Neutral impact</p> <p><input checked="" type="checkbox"/></p>
---	---	---	---

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Inclusion Health Groups

The services we commission should be available to all and as inclusive as possible. Your proposal should also consider any other population groups that are (or are at risk of being) socially excluded. This can include carers, people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers and many other socially excluded groups.

Think about which other inclusion health groups may be impacted by your proposal. Select from the drop-down list in each section below or manually state which other socially excluded groups you are considering. Select the table and click the blue ‘+’ symbol in the bottom right of the table to add more sections if required.

For more information about inclusion health groups, please refer to our EHIIRA Guidance document.

Carers	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Military Veterans and their families	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

People with poor literacy or health literacy	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that any protected groups will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services support all protected characteristic groups.

Core20PLUS5

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' areas of clinical focus requiring accelerated improvement.

Core20 refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD)

PLUS refers to ICS-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach.

The 5 areas of clinical focus are as follows:

- 1. Maternity** - Ensuring continuity of care for 75% of women from ethnically diverse backgrounds and from the most deprived groups.
- 2. Severe Mental Illness** - Ensuring annual health checks for 60% of those living with SMI (bringing this in line with success seen in learning disabilities)

3. **Chronic Respiratory Disease** - A clear focus on COPD driving up uptake of COVID, flu and pneumonia vaccines
4. **Early Cancer Diagnosis** - Ensuring that 75% of cases are diagnosed at Stage 1 or Stage 2 by 2028.
5. **Hypertension Case-finding** - Allow for interventions to optimise blood pressure and minimise risk of myocardial infarction and stroke.

More information about Core20PLUS5 can be found using the following link - <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

Please record any identified or potential areas of impact – both positive and negative – for the target cohorts and any relevant clinical areas defined below and consider how your proposal may be able to contribute to making improvements in these priority areas.

Core20 - Deprivation	Positive impact	Negative impact	Neutral impact
The most deprived 20% of the population as identified by the national Index of Multiple Deprivation (IMD).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that the CORE20 group will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services are commissioned to support all individuals and groups.

PLUS	Positive impact	Negative impact	Neutral impact
Any other locally determined population groups experiencing poor health outcomes – examples are listed above. Please state which groups you are considering in your response.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that any other group will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services are commissioned to support all individuals and groups.

2. Severe Mental Illness	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

It is not envisaged that any other group will be affected by this proposal as Advocacy services will still be provided across the County which are already commissioned by Stoke on Trent Local Authority and Staffordshire Local Authority. Both of these services are commissioned to support all individuals and groups.



4. Compliance with Legal Duties

Has the organisation given due regard and consideration to the following areas?

Eliminating unlawful discrimination, harassment and victimisation YES / NO

Unlawful discrimination takes place when people are treated 'less favourably' due to having a protected characteristic.

Advancing equality of opportunity between people who share a protected characteristic and those who do not. YES / NO

This means making sure that people are treated fairly and given equal access to opportunities and resources.

Fostering good relations between people who share a protected characteristic and those who do not. YES / NO

This means creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference.

The Beth Johnson Foundation have been advised of the proposed change and have expressed their disappointment in the withdrawal of the annual funding grant agreement. The ICB have explained the reasons for this as described within the summary section of this document. The ICB are confident that mitigation is in place via the Advocacy services that are already provided by both Local Authorities. The ICB have offered non-financial support to BJJ to assist them with the transition.

Are there any Human Rights concerns? YES / NO

If you have answered 'Yes', please seek advice from the Equality and Inclusion Team to discuss carrying out a specific Human Rights Assessment

Compliance with the NHS Standard Contract? YES / NO

In relation to Service Condition SC13 which includes the NHS Accessible Information Standard

Please provide a supporting narrative to support your responses to the above questions: This section must be completed

The current Dementia Advocacy service provided by BJJ is a provision mainly used by older patients to ensure their view is known and heard when decisions are being made about their care. Statutory advocacy services are available but due to the nature of dementia it is sometimes difficult for the patient to express their views and it takes time and a number of meetings to understand what the patient's views are. The generic services sometimes refer through to BJJ for specialist support in difficult cases. However, the newly commissioned services with Asist are required to undergo specialist training in order to be able to provide a higher level of support to Dementia patients as the Independent Mental Capacity Advocate (IMCA) falls under the remit of the Statutory Advocate.

The ICB has given due regard and consideration to unlawful discrimination, harassment or victimisation. The services that are currently in place with Asist and are commissioned by the Local Authorities are available to all individuals equally including those with protected characteristics.

The aim of the service is to support people with Dementia in regard to their human rights.



5. Equality Related Risk

If you have identified an area of actual or potential equality-related risk due to your proposal, please use the matrix below to work out the risk score and tick the corresponding box. If the area of risk gives a score of 9 or above, this should be escalated using the organisation’s risk management procedures.

Risk score is calculated as the likelihood of risk multiplied by the level of consequence.

For more information about how to calculate a risk score, please refer to the EHIRA Guidance document.

Likelihood of risk →	RARE = 1	UNLIKELY = 2	POSSIBLE = 3	LIKELY = 4	HIGH = 5
Level of consequence ↓					
NEGLIGIBLE = 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
MINOR = 2	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
MODERATE = 3	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
MAJOR = 4	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
CATASTROPHIC = 5	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>

Please provide a narrative to explain the risk score relating to your proposal:

6. Equality Action Plan

Please outline any actions or recommendations arising from this assessment of the proposal.

A target completion date is required for all actions and recommendations

Action Required	Lead Person	Target Date	Further Comments
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	

7. Approval

All EHIRAs should have governance oversight via formal committee. Please provide details of the arrangements for formal approval below.

Name of formal committee approving this assessment: Insert here

Date of committee meeting: DD/MM/YYYY

Name of person completing this assessment: Insert here

Below fields to be completed by E&I Team upon receiving assessment:

Date received by E&I Team for assurance check: DD/MM/YYYY

Name of E&I Team member completing assurance check: Insert here

Date of completed assurance check: DD/MM/YYYY

8. What Next?

1. Regularly review the action plan and update the EHIRA accordingly.
2. Save a finalised copy for your records and share via your governance pathways and with the E&I Team.
3. Follow any specialist advice or guidance from the E&I Team (if provided).