

Derbyshire County Council

Equality Analysis



Department	Adult Care
Service Area	Mental Health
Changes or proposals	Day Opportunity and Social Inclusion Services
Chair of Analysis Team	Sue Whetton
Date of Analysis	August 2016
Version	V0.5

1 Prioritising what is being analysed

a Description of current service arrangements

Current services are provided in five localities (five dedicated buildings) by four providers. There are currently gaps in service provision across the County, particularly in NE Derbyshire, Bolsover and the South Dales, with current provision mainly focussed in urban areas. Some of the current services are under-utilised due to being building based. There are transport issues for many in High Peak and North Dales in terms of accessing current service provision.

The commissioned service provided by Rethink in Amber Valley currently delivers a recovery focussed model and can evidence a wide range of outcomes achieved for a number of clients who move through the service and on to other opportunities within the community. In some of the other services, links into community groups are limited. There are elements of recovery focussed service delivery in two of the grant funded services in Chesterfield and Derbyshire Dales but otherwise there are limited opportunities for people in Erewash and South Derbyshire to move towards enablement and recovery and many become reliant on the service.

Most of the current service provision provides opportunities for physical activity and volunteering and to attend arts and cultural activities and provides a safe space for people to meet like-minded people for peer support.

Three of the current services have good links with health and social care but two do not have close working relationships. One service in Erewash receives very few referrals from the local CMHT due to the current service model not meeting the needs of potential clients.

b Details of proposals or changes



Proposed mental
health community sup

The proposed new service model aims to improve support for more people with mental ill health to recover and to have more control over their daily lives. This will involve a move away from a solely building based service and the provision of opportunities for more people to access support in community buildings in their local area. This will include targeted support for people who are at the start of their recovery journey or for those who are very unwell and who may need more intensive professional support. There will also be increased opportunities for people to get together with their peers for mutual support, self-help and social activities.

A large proportion of the proposed future service provision will remain unchanged in terms of content, however, where there are deficits and gaps in some current provision, the procurement exercise will seek to improve and build on – i.e. adding telephone support offer to extend reach to those who choose not to attend but still need some support; all

service users will have a support plan and able to attend recovery education, increased reach of and choice of peer support groups; low-level housing related support; employment support (for those who choose it); opportunities to become a peer supporter with training and supervision and more opportunities for people to start up their own self-help and activities groups.

Previous use of the term 'Day Services' is in many ways misleading as this implies a day- time service based in one building. It should refer to services that provide opportunities for social inclusion, access to recovery education and self-help, cultural and leisure activities, skills development and daily support and the new model emphasises this. Potential providers, alongside service users, will be required to make suggestions for what the new service(s) should be called. There will also be more opportunities for service users to be involved in how things are run.

c Rationale for proposed changes

The Vision and Strategic Direction of Travel for Adult Mental Health 2014-19 highlights a commitment to review and recommission social inclusion and day opportunity services for people with mental ill health. This also forms part of the new mental health pathway development which includes urgent and crisis care and enablement and recovery and recognises the importance of early intervention in preventing the escalation of mental health problems. Commissioners recognise that current services need to integrate with the emerging mental health pathway and can be better utilised by people who are awaiting other mental health services and to ensure more timely discharge from specialist services.

The Care Act 2014 also places a duty on Local Authorities to ensure peoples wellbeing is at the centre of all it does with more emphasis on outcomes and helping people to stay independent and to connect to their local community. Additionally, the development of Social Capital is a key strategic objective for DCC and its strategic partners focussing on moving people away from a dependency on statutory services towards building community and personal resilience with a focus on self-management.

This review also forms part of wider VCS grant funding review with grant funding for the current services ceasing at 31st March 2017. Whilst budget savings need to be achieved for both DCC and CCG's, supporting people with mental ill health is considered a strategic priority and Cabinet approved a review and asked for further proposals about how services would be recommissioned to be brought back to Cabinet for approval

2 The team carrying out the analysis

Name	Area of expertise/ role
Sue Whetton	Commissioning Manager, Adult Care – Mental Health
Kate Burley	Service Improvement Manager, Erewash CCG
Owen Jones	Senior Commissioning Officer, Hardwick CCG
David Allen	Project Officer, Adult Care
Iseult Cocking	Group Manager, Strategy and Commissioning, Adult Care

3. Existing information and consultation based feedback

Sources of data and reason for using

Source	Reason for using
<ol style="list-style-type: none"> 1. Current operating model analysis (Dec 2015) 2. Engagement feedback from 70 current service users through focus groups and 102 responses to wider survey(Nov 2015) 3. Monitoring data from 5 Providers 4. Provider events x 2 (Aug / Nov 2015) 5. State of Mental Health in Derbyshire – Strategic Needs Analysis 6. Current CMHT position (i.e. active cases, case load, referrals, waiting lists) 7. Updated demographic data of 476 current service users, 8. Feedback from 5 consultation events and an online survey (July – August 2016) 9. IAPT (Improving Access to Psychological Therapies) data reflecting numbers of people accessing IAPT, waiting times, recovery rates. 	<p>Gives position statement of current service user profiles and level of service use, analysis of operating models etc.</p> <p>Service user views on what is working well, not working well and areas for development</p> <p>Detailing number of new referrals and move through service; outcomes delivered</p> <p>Details current prevalence data by locality and data on access to services and health inequalities</p> <p>Evidence of waiting time data (variance across the county) and differences in DHcFT (Mental Health Trust) internal and external waits.</p> <p>Reflects current utilisation of services and service user views on the proposed model</p> <p>Indicates how long people are waiting for therapy and potentially deteriorating where day services could be providing support in the interim</p>

4 Known impact on different protected characteristic groups and any mitigation

Statutory

<p><i>Protected Group</i></p> <p>Age including children and families, older people</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>No age group should be adversely affected as all will still be able to access support – either targeted or via peer support and self-help groups. Younger people should benefit as the new service model will seek to deliver more age appropriate support and activities for 18-24 year olds and will support people through transition to adult mental health services. The current services are under-utilised by younger people (6.5% of current users are 18-24). Those of working age will benefit from tailored employment support / support to access vocational opportunities / volunteering opportunities and from recovery education designed to help people better self-manage their mental health condition. There will also be help and support with welfare benefits and housing related issues. 12% of current service users who responded to completing equality information are over 65. There are a number of older people using current service provision and there is no intention to specify an upper age limit for access to the new service, so this age group should still be able to continue to access support for their mental health. The new service(s) will exclude those who are frail elderly, have personal care needs and those who have dementia (excluding early-onset) as other more appropriate services are in place for these client groups where CQQ registration is required.</p> <p>If there are any clients for whom the new services may no longer be appropriate, they will receive help to be linked into alternative offers of support. This would include using vSPA to find people the right options. vSPA data shows that for older people with mental health issues and advancing dementia, many are opting for befriending support, luncheon clubs, self- help and accessing mainstream community groups.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p>

	<p>The move from a single building based service model to community based venues may be a deterring factor for some people who have become used to attending one place for a number of years. There may also be some travel/transport issues although by reaching out into more local communities and a broader range of community venues to address current gaps in service provision, this is expected to improve choice and accessibility for most people. Some people may lose their current arrangements for the opportunity of a cheap, hot meal, however, public money should no longer be subsidising this and providers will be encouraged to find alternative ways of delivering and funding this, for example through access to Super Kitchens and activity sessions like 'cooking on a budget'.</p> <p>Feedback from current service users 'Older members may find the change difficult',</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>For those who may find it difficult to access support in new or different venues then providers will be encouraged to provide buddies, peer supporters or have volunteers to accompany people and assist them into settling in to new activities/venues/opportunities. A variety of venues, activity choices, interest groups will be on offer in the new service model. Some of the activities will include things like healthy eating; cooking on a budget etc. Walking groups can end at cafes where people can still enjoy a hot meal in social company. Clear signposting to public health initiatives and Super Kitchens could also serve to mitigate against any adverse impact. Derbyshire County Council Public Health are continuing to develop Super Kitchens and are looking for groups and communities to take these forward. For the proposed new service, this could mitigate against the loss of a hot meal being provided by the service as it relies on volunteers within services to prepare healthy food, which is then available for people to purchase at a low cost.</p>

<p>Protected Group</p> <p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>95% of people currently using services have mental ill health, 15% have reported a co-morbid physical disability, 12% have a co-morbid learning disability and 4.4% a co-morbid sensory impairment. The proposed model is for people whose primary need is mental health including people on the autistic spectrum and those with a learning disability.</p> <p>The new service model will provide a much improved offer for people with mental ill health with clear partnership working links with primary care, IAPT services, social care, specialist mental health care and other voluntary sector services. There will also be a focus on improving physical health for those with long term enduring mental health conditions who currently experience a life expectancy gap of 20 years. There will be targeted support for people to ensure access to recovery education ranging from understanding a diagnosis to coping mechanisms and how to improve self-management and resilience.</p> <p>A very small number of people with dementia may be using one of the current services in South Derbyshire. If these clients are in the early stages of dementia and without personal care needs, they should be able to continue to use the new services.</p> <p>Current provision is not systematically joined to the wider health and social care system and the re-procurement will remedy this, ensuring that the new service model forms part of the new mental health pathway and focusses on enablement and recovery as well as support to maintain mental health and emotional wellbeing. Clear links with partner agencies will ensure two way dialogue and the ability to make urgent referrals to mental health professionals where a service user may be seen to need urgent intervention.</p> <p>For service receivers choosing to widen their choice of activities, there may be some transport issues for those carers who give lifts to the service user. The cared for person may no longer be able to spend all day, every day at a particular centre but should experience improved outcomes from the enablement and recovery model and improved wellbeing which will in turn</p>
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	benefit carers and relatives. The fact that the new service model will also be able to reach a far greater number of people means that potential service users and their carers will benefit from the proposals.
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>For those people with a physical disability, some of the current buildings limit access. By extending activities into the wider community, there will be a requirement that accessible buildings are used.</p> <p>For those people with a learning disability and not a mental health issue, they will be supported into alternative sources of appropriate support, although it is anticipated that this number will be very low as most people accessing current service provision with a learning disability also have a mental health issue.</p> <p>The proposed new model may mean that for those with mobility issues, there may be some transport issues as people may need to travel to different venues and may need to make different journeys. However, for current service users in Chesterfield, the offer will be much improved as the current building is not completely accessible.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>For the small number of clients with dementia, there are currently plans to re-provide day opportunities for this client group. If these clients no longer fit the criteria for the new service, alternative arrangements will be made for these individuals to continue to receive support from elsewhere.</p> <p>A period of transition will be built into the procurement timeline to ensure that anyone whose service may cease under the new model is supported to find other suitable alternatives.</p>

	<p>Enablement teams (Adult Care) and Providers will work with all individuals who are affected by the changes and need help with any transition arrangements. This will ensure that people are offered suitable alternatives or are assisted to settle into new service provision.</p> <p>Some existing providers may choose to tender for the new service, therefore the adverse impact may not come about if those providers are successful in the tender process.</p>
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<p><i>Protected Group</i></p> <p>Gender (Sex) including men and women, boys and girls</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>There are a higher number of males (57%) using the five current services, so males are likely to be more affected than females through changes to service. However, the impact is likely to be minimal as there will be a wider choice of peer support and activities for most people and more local to where people live.</p> <p>The new service model will also include personal support planning for individuals which should result in improved overall wellbeing and outcomes for all.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>There is a small minority of current service users with long term dependant social relationships and for whom any change to long established routines are likely to be disruptive and difficult to accept. We expect that these relationships will still be able to be maintained within the new service.</p>

	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Enablement teams (Adult Care) and Providers will work with individuals who are adversely affected by the changes to help with any transition arrangements and to ensure that people are offered suitable alternatives or are assisted to settle into new service provision.</p> <p>New providers will need to evidence that they need to consider gender specific groups if service receivers identify a need for this. Peer support groups can also be small and gender specific.</p>
<p>Protected Group</p> <p>Gender reassignment – including impact, if any, on transgender people</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The data has shown that a very small number of transgender people use the current service provision. The new service specification will clearly state that the service should be accessible and provide appropriate support for all protected characteristic groups</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>The new service specification will include open access to all protected characteristic groups and this will be monitored through regular contract monitoring. The peer support element of the new service may be more appealing for transgender people and there will be increased opportunities for set up of small specific interest groups within the new service model</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>New providers will need to evidence that they need to consider gender specific groups if service receivers identify a need for this. Peer support groups can also be small and gender specific and could meet at venues appropriate to the transgender community.</p>

Protected Group Race – including all racial groups, including impact, if any, on Gypsies and Travellers	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>93% of current users of the services are White British. There is evidence from current monitoring data that there a small number of current BME service users. There are no gypsy or traveller groups accessing current provision. The new service specification will include the need for providers to address any equalities gaps and ensure open access to all those eligible for support. This will be closely monitored through regular contract monitoring.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Existing and new service users from all groups will benefit from multiple referral routes, rapid referral, more choice of activities, more venues, more diverse types of community venues and more weekend activities. This in turn should make the service more attractive to BME groups</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Providers will be expected to make strong links with BME communities and across the county there are BME Mental Health Champions which can facilitate referrals and signposting to the new services and also provide commissioners and providers with feedback on access and experiences of the services. There will also be opportunities to set up small peer support groups to ensure culturally appropriate support for a wide range of BME groups</p>
Protected Group Religion and belief including non-belief, including religious	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Data collected from current service users indicates that 52% of people prefer not to disclose their religion or said 'none'. 41% were Christian. The development of wider peer support groups will allow for development of faith groups therefore people are more likely to gain from the</p>

minority communities, Humanists	proposals. Also social capital development could see mental health champions being trained in local churches; mosques and other religious communities of interest that could signpost people into appropriate support.
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Existing and new service users from all groups will benefit from multiple referral routes, rapid referral, more choice of activities, more venues, more diverse types of community venues and more weekend activities. This in turn should make the service more attractive to protected characteristic groups.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Future services will be expected to monitor access of groups including by religion and will be able to use this information to inform how they can link with and support various groups.</p>
<p>Protected Group</p> <p>Sexual orientation – including the impact, if any, on any lesbian, gay and bisexual people</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>27% of current users preferred not to disclose their sexual orientation, 64% regard themselves as heterosexual or straight, 1.4% gay or lesbian, 4% bisexual and 0.4% other.</p> <p>The new service specification will clearly state that the service should be accessible and suitable for all protected groups.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p>

	<p>The proposed new service will be fully inclusive. The peer support element of the new service model is likely to be more appealing to LGBT communities with increased opportunities for people to set up their own peer-support groups if they so desire.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>New providers will need to evidence that they have considered all protected characteristic groups within service delivery. This will be monitored through regular contract monitoring meetings and recommendations to ensure that this group are reached and the service is inclusive and accessible to them.</p>
<p>Protected Group</p> <p>Pregnancy and maternity – including new mothers/ parents</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Only 2.5% of current service users stated they were pregnant or have a child. The current service provision does not specifically cater for expectant or new mothers/parents. The new perinatal and post-natal pathway will ensure clear links into the newly provided service model and opportunities to develop geographically based self-help and peer support groups for expectant new mothers and parents.</p> <p>Support with parenting and clinical intervention is likely to be provided outside the main targeted service although does not exclude this protected group from accessing the new service at any point in their recovery journey.</p> <p>In the North of the county, Family Action offers support for women who are at risk of perinatal mental health issues, mainly through volunteer/peer support (in many cases for around a year) to support new mums with their mental health. The service has close links with the specialist perinatal service provided by DHcFT. One area that may need to be developed is self- help for these clients so that they can share experiences and benefit from peer-support. Commissioners</p>

	<p>are exploring options for the developing a low level perinatal support service for the south of the county.</p> <p>Homestart in South Derbyshire and Erewash offer support to families in their own homes through having a volunteer matched to them to support with practical and emotional issues.</p> <p>The new telephone support offer will be of benefit to new mums and parents who may not find it practical to attend activities, but may need some support with their mental health.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>No groups will be adversely affected.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>The new peri-natal and post-natal pathway will ensure clear links into the newly provided service model and opportunities to develop geographically based self-help and peer support groups for expectant new mothers and parents. The new telephone support offer will be of benefit to new mums and parents who may not find it practical to attend activities, but may need some support with their mental health.</p>
<p>Protected Group</p> <p>Marriage and civil partnership – also include impacts on lone parents and unmarried couples</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>65% of current service users reported being single. 10% preferred not to say. Current services are either not well utilised by lone parents or the majority of clients do not have children. There are no adverse effects expected from changes to the service provision. Unmarried, married and civil partnership couples would use the service in the same way as everyone else.</p>

	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>It is highly unlikely that any of the protected groups will be adversely affected.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>The ability for the telephone support service to reach lone parents may benefit such clients as attending groups with small children or arranging childcare may be difficult for them.</p>

Non statutory

<p>Poorer and disadvantaged communities and groups, including people who experience financial exclusion</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Services are already heavily utilised by members of these groups. Many people with long term enduring mental health issues are unable to work or find work and are therefore often financially excluded. Finding suitable and stable housing can also be difficult for many. Access to transport can be a major issue for many people with mental ill health – this may be due to the fact that they can't drive due to the side effects of medication they are taking; the inability to afford to run a car or difficulties using public transport due to the anxiety this can provoke for some people.</p> <p>The new service model will seek to improve opportunities for people to achieve financial wellbeing through strong links with the Adult Care Enablement teams and Welfare Rights teams. This will serve to maximise income for individual clients through welfare benefit checks and raise awareness of the opportunities to try a phased approach into employment without the fear of losing benefits for those who may wish to pursue this. There will also be low level housing related support built into the service to promote early intervention and to prevent things</p>
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	<p>reaching a crisis. This will serve to mitigate against the recent Housing Related Support budget reductions.</p> <p>There is currently no provision in Hardwick CCG area with people having to travel to Chesterfield for their nearest service. Data shows that a small number are travelling from Chesterfield and Ashbourne to Darley Dale to access a service. The new service model will extend the current reach out into wider communities and the development of peer support should increase the choice of support available to people closer to home.</p> <p>The new service will make strong links into the Bolsover Local Area Coordination project to help to link people into their local communities and support them to build and pursue their personal vision for a good life.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Some current service users get a regular hot meal whilst attending their service. The centre also provides a free and warm place for people to spend time, especially important to them in the winter when some people cannot afford to heat their own homes. The move from a single building to community venues model may mean that support sessions are shorter and that people may have to move from one venue to another to their chosen activity or peer support group.</p> <p>Feedback from the consultation included:</p> <p>“activities on offer must be local and the ones we want to do. We don’t want to travel” “Provision of hot meals is important to many people at X” “Help to get used to the new journey”</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p>

	<p>Some of the activities will include things like healthy eating; cooking on a budget etc which will enable people to learn to cook healthy meals for themselves. Walking groups can end at cafes where people can still enjoy a hot meal in social company. Clear signposting to public health initiatives and super kitchens could also mitigate against any adverse impact. The proposed new services would be expected to extend their reach and offer more choice of peer support and activities. Activities would be free or cheap to the users.</p> <p>In terms of transport, where people may need support with travel plans, the use of buddies and/or Enablement workers will help people to establish new travel plans, particularly during the transition to new service provision.</p>
Rural communities	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The distance travelled by some people using Derbyshire Federation for Mental Health service came out in engagement and consultation as quite high. Some people reported catching up to 3 buses from Ashbourne to Darley Dale to attend as there is no current offer of support in their area. Some will benefit from accessing support closer to home removing transport as a barrier.</p> <p>Some existing service users may have to travel to a different venue – support could be offered to help people find alternative transport arrangements to facilitate this. Enablement teams and/or buddies could work with individuals to help them overcome any barriers to accessing support in their local community.</p> <p>Help and funding would be available to set up self-help and peer support groups where any gaps in provision are identified.</p>

	Consultation with existing service users revealed a strong preference for services to be provided locally, but some users would be prepared to travel for occasional whole day activities or events that were perceived to be special in some way.
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>A choice of support groups closer to people's homes should benefit more people due to the geographical reach being extended and more people using the service.</p> <p>The availability and cost of public transport severely constrains rural communities leading to social isolation – the telephone support service will aim to reach people who may be socially isolated and unable to access a local group. They will therefore benefit from peer support over the telephone.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</p> <p>Enablement workers and buddies could help to connect people to the community offer and the new service providers will work to ensure geographical spread and accessibility for people where a need is identified.</p>

5. Are there any *other* groups of people who may experience an adverse impact because of the proposals?

Staff working in the current service provision. Some existing providers are likely to enter into a bid for the tender for new service delivery therefore there would be the opportunity for some staff to continue to work within the new service where they meet the criteria for qualifications and experience and have rights under TUPE.

Current providers of services were involved in discussions prior to the review to shape the engagement process, during the review as part of the engagement process and through a workshop to discuss the findings of the review and the

proposed service model. A further Market Development event will be held in the run up to the tender process to encourage collaboration between current providers.

6. Impact on employees of Derbyshire County Council or prospective employees

Adult Care staff will be expected to make appropriate referrals to the service and strong partnership working arrangements will be forged with the newly developing Enablement service. The Enablement Service would be utilised to work with current service receivers to offer support in the transition period.

DCC staff will be required to manage the contract(s) however this will deliver improved outcomes for individuals using the new service and improved commissioning intelligence. The Commissioning Manager will also be involved in contract monitoring and development of the service in partnership with CCG commissioners. Public Health commissioners may also be involved in the development of the service.

There will be a procurement process which will be met with existing staff resources. Close contract monitoring will be required to ensure delivery of the required outcomes

7. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

<i>Gaps in data</i>	<i>Action to deal with this(if any)</i>
Time period from collecting original demographic data in 2015/16 as part of initial review and gaps within that data meant that re-collecting this information as part of consultation was important to	<i>Not applicable</i>

gain a full picture. Therefore gaps in data were addressed.	
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8 Main Conclusions and Recommendations

Conclusions

It is recognised that a small number of people from protected characteristic groups will be affected by the proposal to change current service provision. However, it is concluded that in the main, more people will benefit from the proposed changes as more people will be able to access the right support in relation to their mental health when they need it and where they need it. Additionally, more people will have access to a wider range of peer-support activities which offer a greater deal of choice and more opportunities to be involved in what is on offer and that they can access this closer to their home.

Recommendations (if any)

The service specification will be informed by the learning from this EIA process and where any mitigation has been identified, wording will be included in the specification to ensure this is reflected in new service provision. The specification will include requirements for provider(s) to have considered transitional arrangements and they will be expected to evidence how they will address these during the procurement process.

9. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
<i>What you want to achieve</i>	<i>What you intend to do</i>	<i>Responsible person or department</i>	<i>Timing of action</i>	<i>Monitoring and review arrangements</i>
Increase the utilisation of services from BME communities	Work with new provider(s) to increase reach to and provide opportunities for people from BME communities	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	Monthly development meetings for 1 st 3-6 months followed by quarterly contract monitoring meetings and quarterly reporting data
Increase opportunities for younger people with mental health issues to access services and peer support	Work with new provider(s) to increase reach to and provide opportunities for younger people to access support	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	
Ensure older people who are already receiving support in relation to their mental ill health are able to continue to access it.	Work with new provider(s) to ensure these client's needs are met appropriately.	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	
Increase service provision and peer support to provide equity of access for people across the County (excluding Derby City)	The specification will reflect a model which offers a consistent service across the county. Variance in delivery will only be reflected in peer support/self- help group offers which will reflect what service	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	

	receivers choose to set up and any existing models in local areas.			
Improve the choice of support available for more people	The specification for the new service will include - offer telephone support, one to one support for those who are assessed as needing it and peer support / self-help reflecting a wide variety of interests and activities, with links into mainstream community groups.	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	
Ensure new services are appropriate for and accessible to all protected characteristic groups	Work with new provider(s) to ensure all clients are able to access support and their needs are met appropriately.	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	
Ensure people from financially disadvantaged backgrounds are helped to maximise their income and resolve any urgent financial and housing related issues	The specification for the new service will require providers to actively support signposting to other appropriate agencies and build partnership working links with other agencies to facilitate this	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	
Link in to local schemes and initiatives and build on success	It will be a requirement of the new provider to demonstrate	Commissioners in conjunction with new provider(s)	From April 1 st 2017 and ongoing	

<p>Transition planning</p> <p>Ensure those who are at risk of losing access to current services are supported to find suitable alternatives</p> <p>Ensure that those who need support to adjust to or access the new service(s) are supported to do so</p>	<p>how they will link into local schemes and 'places' to complement and build on existing work</p> <p>Work with providers to identify individuals who may be affected and ensure that appropriate referrals are made where necessary to other sources of support and to support from current and new providers as well as Enablement teams and community mental health champions</p>	<p>Commissioners in conjunction with existing and new provider(s)</p>	<p>From February 2017 at award of contract</p>	
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10 Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

There will be regular monthly development meetings throughout the first 3-6 months of the contract between Commissioners (DCC and CCG's) and Provider(s) to ensure that the new providers are working towards implementation at the required pace and scale.

After a period where Commissioners are satisfied that the specification is being delivered, then monthly meetings will revert to quarterly contract monitoring meetings.

Monitoring of the contract will include outcomes monitoring as well as activity data to ensure that new Provider(s) can evidence the difference the new service makes to the people who use it and that the service is accessible to and being utilised by a wide range of people including those belonging to protected characteristic groups.