

DERBYSHIRE COUNTY COUNCIL

CABINET REPORT

14 March 2017

Report of the Strategic Director for Adult Care

VOLUNTARY COMMUNITY MENTAL HEALTH SUPPORT SERVICE REVIEW

ADULT SOCIAL CARE

1. Purpose of the Report

To seek Cabinet approval for proposed changes following the review of the Voluntary Community Mental Health Support Service (VCMHSS) and the resultant decision of Southern Derbyshire and Erewash Clinical Commissioning Groups (CCGs) to de-commission the service. This will involve working with partners in the CCGs to ensure alternative provision is made available for clients when grant funding ends on 31 March 2017.

2. Information and Analysis

2.1 Background

In March 2016 Cabinet agreed to extend grant funding to March 2017 for the VCMHSS to enable a review of this service and engagement with clients. The service is jointly funded by Southern Derbyshire, Erewash CCGs and Derbyshire County Council and the contract is held by Hardwick CCG.

The VCMHSS is provided by the British Red Cross and delivers support for people with moderate Dementia and Mental Health needs in Amber Valley and Erewash. It is a low level preventative service and the majority of service users are not eligible for Adult Care support. The service provides four fortnightly social inclusion groups, two in Amber Valley and two in Erewash. The groups offer a range of activities, speakers on relevant topics and provide an opportunity for peer support. Support at these groups is intended to be short term; 1-2 months, but many clients have attended the groups for a much longer period.

2.2 Proposed Changes and Rationale

Both the *Derbyshire Joint Dementia Strategy 2014-19* and the *Joint Vision and Strategic Direction of Travel for Adult Mental Health 2014-19* highlight a commitment to review and recommission support services to ensure equity of provision. Derbyshire County Council and the NHS CCGs must evidence value for money. The proposed changes aim to reduce duplication of support and provide clearer pathways to support across the county.

As part of reviewing this service Health and Adult Care Commissioners have looked at the monitoring information provided for this service and other similar services that are available in the same area. The service provided is very similar to that offered by the countywide Dementia Support Service and the Mental Health Recovery and Peer Support Service. These services provide ongoing social inclusion groups and need to expand within the Amber Valley and Erewash areas.

It is therefore proposed that the Dementia Support Service should take over the delivery of the VCMHSS groups as 80% of clients have dementia / memory issues. Those clients with functional mental health needs will be supported to attend the Mental Health Recovery and Peer Support Service groups or other alternative provision. This will ensure that people with dementia and mental ill health who live in Amber Valley and Erewash will have access to broadly the same level of service provision.

The VCMHSS groups currently only operate in Amber Valley and Erewash; meaning that in other areas of the county people do not have access to the same type of support. The key rationale for de-commissioning the service is therefore to remove this historical inequity and provide a consistent countywide service offer. The VCMHSS service was intrinsically linked to another British Red Cross Service, the 'Dementia Respite Support Service' for which funding has been included in the tender for Carers Support. The VCMHSS only offers short term support, whereas the Dementia Support Service groups are ongoing.

2.3 Engagement and Equality Impact Assessment

In December 2016 two engagement events were held in Amber Valley and Erewash for clients, carers, staff and volunteers who access / support the VCMHSS. Commissioners used the engagement sessions as an opportunity to discuss the current service provided and proposed changes when the grant funding ends in March 2017. A questionnaire asking for the views of those who access / support the service was also distributed to those unable to make the events. The feedback was analysed and presented under the key themes (see Appendix A).

An Equality Impact Assessment has been completed using the feedback gathered at the engagement events and information submitted by the provider (see Appendix B). This highlighted the need for a clear transition plan to ensure that all

service users receive support to adjust to the changes and access appropriate groups according to their need. Around 80% of service users have dementia / memory issues and would be able to access support from the Dementia Support Service. The remaining 20% who have functional mental health needs would be offered support to access the Mental Health Recovery and Peer Support Service, Mental Health Enablement or other groups in the community. Derbyshire Mental Health Forum has also offered to support service users in transition.

Transport provision was the main issue raised during the engagement. Although the contract for this service did not include transport provision, this has been subsidised by British Red Cross and current service users pay a contribution towards this. Making Space do not provide transport for any other groups in the county, therefore it would be inequitable to continue with this arrangement. However, as part of the transition plan, Commissioners would ensure that all providers work together to support service users to make privately funded arrangements for transport to the groups. The service users will be supported to apply for Attendance Allowance to help cover the costs of transport where possible. Those presenting the most need can also be referred for a Social Care Assessment and if eligible, they can choose to use some of their personal budget to cover the cost of transport.

If Cabinet approval is provided for the proposals put forward, a Preparatory and Transition plan will be required to ensure all clients are supported to access a service appropriate to their needs. The volunteers would be invited to transfer to Making Space and continue supporting the groups where possible. The groups would continue to be delivered at the same venues for at least the first 3 months to help minimise disruption and ensure a familiar environment for clients. The Adult Care Prevention and Personalisation teams in Amber Valley and Erewash have identified that very few of clients who attend the groups are currently clients of Adult Care. As part of the transition arrangements, any clients who attend the groups who it is felt would benefit from an Adult Social Care assessment would be referred to Call Derbyshire.

3 Financial Considerations

The annual grant funding for the VCMHSS is:

Organisation	Funding
NHS Erewash CCG	6,482
NHS Southern Derbyshire CCG	18,176
Derbyshire County Council	12,642
Total Grant Funding	37,300

Southern Derbyshire and Erewash Clinical Commissioning Groups have taken these proposals through their own governance processes for approval. If these proposals are agreed, this will lead to a saving of £37,300 across all funding parties.

4 Human Resources Considerations

Although no County Council employees are affected, it is understood that there are two part-time staff currently employed by the British Red Cross who would be affected by these proposals.

Whilst this is a matter for the Providers it is considered that TUPE would not be applicable. The British Red Cross have advised that these proposals may result in the post holders being made redundant.

5 Legal Considerations

An Equality Analysis was undertaken to assess the impact of the proposals on the protected characteristic groups. The Equality Analysis includes an assessment of the response to the engagement which has been carried out. This confirms the impact on the protected groups together with recommendations for mitigation (see Appendix B). Elected Members are asked to give careful consideration to the contents of the Equality Analysis and in particular the potential detriments.

The intention to cease grant funding for this service was set out in the Cabinet report of 15 March 2016. The British Red Cross has been served three months' notice by Hardwick Clinical Commissioning Group (the contract holder) to cease funding for the VCMHSS service on 31 March 2017.

6 Social Value Considerations

Social Value is embedded within all newly commissioned service arrangements. Providers of services offer added social value activities that are undertaken in addition to the core service offer. This includes delivering Dementia Friends information sessions in the local community, supporting the Derbyshire Dementia Action Alliance, attendance at community events and working with local partner services to increase the number of service users supported. Interventions undertaken by the services including supporting family life, connecting people with welfare support and housing advice will promote community inclusion, resilience and build social capital.

7 Other Considerations

In preparing this report the relevance of the following factors has been considered: equal opportunities, human resources, prevention of crime and disorder, environmental, health and property considerations.

8 Background Papers

Joint Derbyshire Dementia Strategy 2014-19

Joint Vision and Strategic Direction of Travel for Adult Mental Health 2014-19

Cabinet Report 15 March 2016 - Extension of Grant Funding in 2016-17 Adult Care Service Statutory Priorities

9 Key decision

No

10 Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

11 Officer's Recommendation

That Cabinet approval is given to support the outcome of the review of the Voluntary Community Mental Health Support Service (VCMHSS) and the resultant decision of Southern Derbyshire and Erewash CCGs to cease grant funding and de-commission the service. This will involve working with partners in the CCGs to ensure alternative provision is made available for clients when grant funding ends on 31 March 2017.

**Joy Hollister
Strategic Director – Adult Care
County Hall
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Appendix A

Voluntary Community Mental Health Support Service

Engagement Sessions - Thematic Report

In December 2016, 2 engagement events were held at Lacemaker Court in Long Eaton, Erewash and Florence Shipley Centre in Heanor, Amber Valley. Service users, carers, volunteers and staff who access / support the VCMHSS groups were invited. Commissioners used the engagement session as an opportunity to discuss the current service and proposed changes when the grant funding ends in March 2017. A questionnaire asking for the views of those who access / support the service was also distributed to those unable to make the events. 18 questionnaires were received back (16 from service users and 2 from staff / volunteers).

14 people attended the event in Erewash on 8th December (6 service users, 3 carers 3 staff / volunteers and 2 professionals from the local CMHT).

11 people attended the event in Amber Valley on 14th December (3 service users, 1 carer and 3 staff / volunteers and 5 professionals from the local Community Mental Health Team).

The feedback has been analysed and presented under the key recurring themes. This is summarised below with responses against each of the themes.

Theme 1: Familiarity of Place and People

Comment / Concern	Response
Will the groups be delivered at the same venues?	The Commissioners recognise the importance of familiarity and routine for people that access the groups. The intention is for people who attend the groups currently to continue to be supported by Making Space (where they have dementia or suspected dementia). The volunteers will be invited to transfer to Making Space and continue to provide the service further minimising any uncertainty or disruption. We have proposed that the groups continue to be delivered at the same venues but by the provider of the Dementia Support Service – Making Space. The groups would then become part of a network of ongoing Dementia support groups across Derbyshire ensuring equity of provision. The intention is
How will the proposed changes affect staff? Familiar faces are important.	
Will ongoing, long term support be available?	
People with Dementia want routine	
Volunteers are very important for this service	
"I feel like a normal person when attending the groups, staff are warm and friendly"	

	to minimise the period of uncertainty and change to service users. Making Space would work with British Red Cross (BRC) to ensure a smooth transition.
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Theme 2: Respite valued / welcome

Comment / Concern	Response
Carers get 2 hours respite when their relatives attend the groups – this is important and valued time	The aim of the engagement events was to provide information about the proposed changes and identify any concerns. The importance of time off for carers has been highlighted. People with Dementia would continue to be able to attend groups without their carer supporting. Commissioners want to ensure that carers can access appropriate support – this includes carer specific support offered by other commissioned providers. Making Space provide regular groups across the county including some specifically for Carers. We have proposed that Making Space will provide the groups fortnightly as part of the early transition period. Making Space staff will offer advice to carers and signposting for a carer's assessment where relevant.
Regularity of groups is important, more regular would be better.	
"Respite and occasionally being able to attend my husband's groups is important".	
Carers given advice and support by the BRC staff – will Making Space offer this?	

Theme 3: Diversity of Activities

Comment / Concern	Response
More variety of activities needed	Future developments and improvements to the groups will be considered by Making Space after consulting with service users and carers. Group sessions would vary according to what works well, what other organisations provide in a locality and speakers who can provide information on relevant topics. The groups will continue to focus on providing an open environment to encourage peer support and sharing of experiences. CMHT and other community staff would continue to be welcome to attend the groups and introduce new service users.
Exercise classes could be run at the groups	
A range of speakers on different topics is important for carers too	
Close links with local CMHT teams have been established	
Service users help choose activities at the current groups	

Theme 4: Transport

Comment / Concern	Response
Many people felt that providing transport enabled more people to attend the groups	Although the initial specification for this service did not include transport provision, this has been co-ordinated and subsidised by BRC. Many people have indicated they would be willing to pay for this to continue.
The majority of people said they would be willing to pay for transport	

	Commissioners will discuss with BRC and Making Space the need to consider arranging transport for current service users as part of the transition plan. Making Space do not subsidise transport for any other groups in the county and so equitable provision is required and parameters will need to be set. Making Space staff can refer clients for a Social Care Assessment and if eligible they can choose to use their personal budget to cover the cost of transport.
Familiarity with drivers and travelling short distances is important – 30 mins max	
Transport provided could be arranged better – often taxis rather than bus.	
There was a comment that people receive Attendance Allowance to pay for transport	

Theme 5: Transition Arrangements

Comment / Concern	Response
We need to know more about the new Provider and arrangements for the groups	Commissioners would establish a clear transition plan. Making Space staff would attend all groups alongside BRC prior to taking over. Staff would not transfer across to the new Providers as the services and staff roles are not the same. All volunteers would be invited to continue their roles with the new providers. We propose that the groups will continue to be delivered at the same venues with as little disruption as possible. Any service users or carers who did not wish to continue attending would be offered alternative support options. All service users and carers who access the service would be offered support to identify the most appropriate local support – Dementia support service and carer's information and advice. For those with a mental health need, the Mental Health Recovery and Peer Support Service or Mental Health Enablement service can be accessed.
Will staff from the BRC have the opportunity to move across to the new Provider?	
There was an understanding that equity of provision across the county is important	
Some concerns were expressed that the groups will be watered down	
Will the groups still be open to those with mental health needs and carers?	

Derbyshire County Council



Equality Analysis

Department	Adult Care
Service Area	Mental Health and Dementia
Changes or proposals	Proposal to de-commission the Voluntary Community Mental Health Support Service (VCMHSS) when grant funding ends in March 2017.
Chair of Analysis Team	Phil Wall
Date of Analysis	January 2017
Version	V.3

1 Prioritising what is being analysed

a Description of current service arrangements

The British Red Cross (BRC) Voluntary Community Mental Health Support Service (VCMHSS) provides service users with phased support within the Erewash and Amber Valley areas. Service users will have been diagnosed or suspected to have some form of mental health disorder or moderate dementia. The support is through one of the four social inclusion groups that are run in the area fortnightly on Monday and Friday afternoons. Run by staff and supported by volunteers they provide a

regular opportunity for the service users to interact in a social setting.

Aims and objectives of service

The service is a low level, preventative support service that aims to provide support for service users who have been identified with a mental health condition or moderate dementia. Support is short term (1-2 months) and aimed at providing an assessment with the potential service user (and their carer if applicable). Support is then tailored to the needs of the individual and could involve fortnightly attendance at the BRC social groups. Attendance at the social groups is very much a trial experience to see how well the service user copes with social interaction and how they engage in social activity and to then look at other options for them. For service users who cannot cope with the social groups, a one to one programme is established aimed at helping the service user (and their carer) understand the options for support on a longer term basis. The service is delivered primarily by British Red Cross (BRC) volunteers (currently 14) who have been trained to work with service users with potentially challenging behaviours. Activities range from art and craft work to reminiscing and simple games and exercises.

Groups currently operate in Ilkeston, Long Eaton, Belper and Alfreton. There are 22-24 group sessions per quarter (each area has a group each fortnight).

b Details of proposals or changes

Following the review of the British Red Cross Service, there is a clear overlap in provision with the Making Space Dementia Support Service (DSS). The proposal is for Making Space to continue to support the service users who currently access the British Red Cross groups (where they have dementia or are awaiting diagnosis for dementia). According to the information provided by the BRC, this is around 80% of current service users. Currently there are few DSS groups particularly in Erewash and part of the plan would be for the DSS is to increase the groups in this area. By continuing to support the current service users of BRC, it is anticipated that Making Space will consider minimising the disruption to them and will address issues such as venues and transport. The Commissioners recognise the importance of familiarity and routine for people that access the groups

For those with Dementia: The County wide Dementia Support Service (DSS) has recently been re-procured and is now provided by the national charity Making Space. This service provides trained dementia advisors across all areas of Derbyshire who will offer support to people going through the diagnostic process at Memory Assessment Service (MAS) clinics and beyond. The service provides a long term contact to help people with dementia and their carers to access appropriate and timely support. The Dementia Support Service offers one to one information and advice over the phone and via home visits. The service also delivers a range of ongoing social groups for people with dementia and their carers, including activity sessions, carer support groups and musical memories.

For those with functional mental ill health: From 1st April some users of the British Red Cross social inclusion groups will be able to access the new Mental Health Recovery and Peer Support Service. Some users may be accessing group provision through Derbyshire Healthcare Foundation Trust's Lifestyle matters or have access to other community groups in the voluntary sector. From 1st April or possibly earlier, DCC's Mental Health Enablement Team would be able to work with people currently attending the groups to help them to find alternative activities. This service focuses on enabling people with mental ill health to develop new skills and be more involved in their local communities.

c Rationale for proposed changes

Both the *Derbyshire Joint Dementia Strategy 2014-19* and the *Vision and Strategic Direction of Travel for Adult Mental Health 2014-19* highlight a commitment to review and recommission support services for people with Dementia and for people with mental ill health to ensure equity of provision.

The proposed changes aim to reduce duplication of support and currently the VCMHSS is a duplication of Dementia Support Service offer and the Recovery and Peer Support Service.

There is a focus on providing clearer pathways to support across the county.

In light of budgetary pressures and reduced funding from central government, both Derbyshire County Council and the NHS

CCGs need to find significant efficiency savings.

There is an increased focus on evidencing value-for-money, promoting personalisation, positive outcomes for individuals, development of social capital & ensuring equity of access across the County as set out in the Joint Dementia and Mental Health Strategies.

The BRC groups are restricted to Amber Valley and Erewash and people in other areas of the county do not have access to the same type of support.

The VCMHSS service was intrinsically linked to another British Red Cross Service 'The Dementia Respite Support Service' of which the funding has been included in the tender for Carers Support.

The VCMHSS only offers short term support whereas the Dementia Support Service and Recovery and Peer Support service groups are ongoing.

2 The team carrying out the analysis

Name	Area of expertise / role
Phil Wall	Project Manager, Adult Care Commissioning, Derbyshire County Council
Kate Burley	Service Improvement Manager, Erewash CCG
Tina Brown	Senior Commissioning Manager, Southern Derbyshire CCG
Louise Dodson	Senior Commissioning Officer, Hardwick CCG
David Allen	Project Officer, Adult Care Commissioning, Derbyshire County Council

3. Existing information and consultation based feedback

Sources of data and reason for using	<i>Reason for using</i>
Source	
<i>Summary Report for the Derbyshire and Derby Dementia Support Consultation</i>	Evidence base for the type of support that people with Dementia and their carers want to see in all areas of Derbyshire.
<i>British Red Cross Quarterly Monitoring Reports</i>	Service monitoring information which gives an idea of service delivery, outcomes achieved and outputs.
<i>Equality Impact Assessment Questionnaire for Service receivers ((Jan 17)</i>	To ensure that commissioners have up to date equalities information on those affected by the proposed changes.
<i>Engagement Events (Dec 16) and subsequent thematic report (Jan 17)</i>	To engage with service users, carers, staff and volunteers on the proposed changes as an opportunity to hear their views. The thematic report offered a summary of those views and a response.
<i>Questionnaire to service receivers/carers/staff and volunteers (Dec 16)</i>	To capture the views of those who were unable to attend engagement events on the proposed changes.
<i>Equalities impact assessment baseline</i>	Up to date information of current service users to explore impact of any changes to service.

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>98 people over 65 and 3 people under 65 currently use the service. No age group should be adversely affected as all would be able to access alternative sources of support. Those with dementia would be able to access the Dementia Support Service groups and those with functional mental health issues would be able to access targeted support (if suitable) or peer support groups via the Mental Health Recovery and Peer Support Service.</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>Although the initial specification for this service did not include transport provision, this has been offered, co-ordinated and subsidised by BRC without the agreement of the Commissioners. Many people have indicated they would be willing to pay for this to continue. Commissioners have discussed with BRC and Making Space the need to consider arranging transport for current service users as part of the transition plan. However Making Space do not subsidise transport for any other groups delivered elsewhere in the county and so equity of provision is required and some parameters will need to be set. Making Space staff can refer clients for a Social Care Assessment and if eligible they can choose to use their personal budget to cover the cost of transport.</p> <p>The Commissioners recognise the importance of familiarity and routine for people that access the groups. The intention is for people who attend the groups currently to continue to be supported by Making Space (if they have dementia or suspected dementia).</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>Links with other community groups and services which are age appropriate i.e. luncheon clubs, faith groups, befriending (There is a pro-active befriending/ re-friending service in each area so there is one each in Erewash, South Dales and South Derbyshire plus one in Amber Valley) and support through the Voluntary Single Point of Access (vSPA) where appropriate.</p> <p>In Erewash, through the Mental Health Innovation Project, people with a mental health issue can be referred to vSPA and if they require a buddy or befriender to support them to access a social group, this can be arranged through Erewash CVS. There are 64 Mental Health Champions across 34 groups and services in Erewash of which three quarters of champions have also completed dementia friends training, creating a range of opportunities in the community for people to access. A large proportion of people accessing support in this way are people with dementia. vSPA data shows that for older people with mental health issues and dementia, many are opting for befriending support, luncheon clubs, self- help and accessing mainstream community groups.</p> <p>Across Amber Valley and Erewash, there is short term engagement via home from hospital services that can be seen to be linked to befriending.</p> <p>As Transport will no longer be provided, BRC and Making Space staff would need to work with current clients in the months preceding the change to support them with private transport arrangements. It may be possible to refer some clients for a Social Care Assessment and if eligible clients could use their personal budget to cover transport. Support can also be provided with welfare benefits applications for Attendance Allowance which could also support with funding transport.</p>
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<i>Protected Group</i>	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?
Disabled people	All clients currently accessing the service have mental ill health (101 people have mental health

<p>including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>needs of which around 80% of those have dementia and 20% a functional mental health condition)</p> <p>Current provision is not systematically joined to the wider mental health and dementia pathways and so the proposed changes would allow for this. This would enable more service users and carers to access further specific dementia / mental health support they are not currently aware of.</p> <p>No specific data for how many carers will be affected by the changes was submitted by the provider, however it is estimated that there are a similar number of carers to clients.</p> <p>Supporting carers is a key element of both the Dementia Support Service and the Recovery and Peer Support Service. Carers would be offered information, advice and referring on for a carers assessment if this is appropriate. There are also carer specific groups that can be accessed as part of the support services available including the newly procured Carers Information and Advice service.</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 importance of time off for carers has been highlighted. Commissioners would ensure that carers can access appropriate support including carer specific support offered by other commissioned providers. Making Space provide regular groups across the county including groups specifically for carers. Making Space have said they would commit to running the groups fortnightly as part of the initial 3 month transition period at the same venues. Carers would be welcome to attend the groups and Making Space staff can offer specific advice and signposting to other support options, including to Carers Assessments.</p> <p>Transport is not provided as part of the Dementia Support Service or Mental Health Recovery and Peer Support service. Therefore supporting clients to make private arrangements would need to be considered as part of the transition.</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>There would be a preparatory and transition plan covering 6 months (3 months before the change and after) to ensure that people are supported to find a suitable solution for them, be that attending a DSS group, MH Recovery and Peer Support Service or another option in the community.</p> <p>As Transport would no longer be provided, BRC and Making Space staff would need to work with current clients in the months preceding the change to support them with private transport arrangements. It may be possible to refer some clients for a Social Care Assessment and if eligible clients could use their personal budget to cover transport. Support can also be provided with welfare benefits applications for Attendance Allowance which could also support with funding transport.</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>68 females and 33 males are currently accessing the service therefore more females would be affected by the proposed changes. However, the impact is likely to be minimal as there would be a choice of DSS groups and service offer from the MH Recovery and Peer Support Service and other options in the community.</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 hoped that by ensuring continuity of venues and volunteer support where possible as part of any transition plan, this would reduce the impact of any change on current service users. Making Space would also be asked to attend the groups to meet with service users and carers and take a similar approach to the content and format of the groups before any changes would take place.</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>BRC and Making Space staff would work with all service users adversely impacted by the changes to help with transition arrangements including any change of group or facilitating transport arrangements. Where possible Make Space would continue to operate at the same venues used by BRC so as to minimise disruption for service users, many of whom value continuity of place and human contact. The venues and volunteers who support the groups may change over time, but this will be consistent where possible as part of any transition period.</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>No current service users identified as transgender or gender reassignment.</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 current service users identified as transgender or gender reassignment.</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>Both the DSS and the Recovery and Peer Support Service specifications include equalities and open access to all and this will be monitored through regular contract monitoring.</p>
<p>Protected Group</p> <p>Race – including all racial groups, including impact, if any, on</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>All clients identified as White British in the monitoring return. The Dementia Support Service and the Mental Health Recovery and Peer Support Service both have requirements to widen the reach of their</p>

Gypsies and Travellers	<p>services to ensure that all racial groups are able to access them.</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>All clients identified as White British within the feedback received. The Dementia Support Service and the Mental Health Recovery and Peer Support Service both have requirements to widen the reach of their services to ensure that all racial groups are able to access them.</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 Dementia Support Service and the Mental Health Recovery and Peer Support Service both have requirements to widen the reach of their services to ensure that all racial groups are able to access them.</p>
<p>Protected Group</p> <p>Religion and belief including non-belief, including religious minority communities, Humanists</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 current service provider has not been able to provide information on service user religion/belief. Supplying this information was not a requirement of the grant funding monitoring arrangements.</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 current service provider has not been able to provide information on service user religion/belief.</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 Dementia Support Service and Recovery and Peer Support Service will be expected to monitor</p>

	access of the groups including by religion so they can use the information to inform how they can link with and support various groups.
Protected Group Sexual orientation – including the impact, if any, on any lesbian, gay and bisexual people	<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 current service provider has not been able to provide information on sexual orientation of current service users. Supplying this information was not a requirement of the grant funding monitoring arrangements.</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 current service provider has not been able to provide information on sexual orientation of current service users.</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 Dementia Support Service and Recovery and Peer Support Service will be expected to monitor access of the groups including by sexual orientation to ensure the services are accessible to all.</p>

Protected Group Pregnancy and maternity – including new mothers/ parents	<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>Not applicable (no pregnant women or parents or children under 18 attend the service).</p>
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	<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>Not applicable (no pregnant women or parents or children under 18 attend the 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>Not applicable (no pregnant women or parents or children under 18 attend the service).</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>The current service provider has not been able to provide information on marriage and civil partnership of current service users.</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 service has not been able to provide information on marriage and civil partnership of current service users.</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 Dementia Support Service and Recovery and Peer Support Service will be expected to monitor access of the groups including if service users are married / in a civil partnership to ensure the services are accessible and relevant needs are considered.</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>The BRC has subsidised transport provision for this service and many service users have paid a small contribution to use this transport to access the 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>Many service users have indicated they would be willing to continue paying for transport provision, but support would be needed to co-ordinate and identify transport provision as part of the transition plan. BRC and Making Space staff would support with this. There are other groups already provided as part of the Dementia Support Service and Recovery and Peer Support service in Erewash and Amber Valley. These groups would need to be considered as part of the transition plan as they be closer to current service users homes and therefore easier to access.</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>Transport is not provided as part of the Dementia Support Service or Mental Health Recovery and Peer Support service. Therefore BRC and Making Space staff would need to work with current clients in the months preceding the change to support them with private transport arrangements. It may be possible to refer some clients for a Social Care Assessment and if eligible clients could use their personal budget to cover transport. Support can also be provided with welfare benefits applications for Attendance Allowance which could also support with funding transport. Some people may also find that by accessing Making Space Groups, the groups may be closer to where they live. The transition may also offer the opportunity to find new more suitable venues for the groups in the longer term.</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 current service provider provided information that people travelling from Rural communities was not a significant issue.</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>Co-ordinating and funding transport was a key issue identified as part of the engagement sessions undertaken. To mitigate against the impact of people no longer being able to access the groups, a key element of the transition plan would be to support current service users to confirm transport arrangements in preparation for the proposed changes in April.</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 Dementia Support Service and Mental Health Recovery and Peer Support Service would both need to consider access for people living in rural communities. A key element of the transition plan would be to support current service users to make private transport arrangements for proposed changes in April. There are other groups already provided as part of the Dementia Support Service and Recovery and Peer Support service in Erewash and Amber Valley. These groups would need to be considered as part of the transition plan as they be closer to current service users homes and therefore easier to access.</p>

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

There are 2 part time members of staff employed by BRC working for the current service. Following Legal and HR advice received TUPE will not apply for these staff as there are differences in the services and what the Dementia Support Service staff do is broader than the social inclusion groups.

There are 14 volunteers supporting delivery of the groups, including help with refreshments, transportation and delivery of activities. These volunteers will be invited to continue their roles with either the Dementia Support Service or The MH Recovery and Peer Support Service.

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

Adult Care staff will be expected to make appropriate referrals to the Dementia Support Service, Recovery and Peer Support Service, Mental Health Enablement Service and Carers Service from 1st April 2017.

Commissioning Managers from Adult Care will be involved in the ongoing contract monitoring and development of these services.

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>
Religion and Belief, Sexual Orientation, Marriage and Civil Partnership	The absence of data in these categories is not predicted to have a significant impact

8 Main Conclusions and Recommendations

Conclusions

Commissioners would establish a transition plan involving all Providers to help plan for the changes and ensure minimal impact possible on service users and carers. Making Space staff would attend all groups alongside BRC staff prior to taking over. The groups would continue to be delivered at the same venues with as little disruption as possible. All volunteers will be given the opportunity to move across to the Dementia Support Service or Mental Health Recovery and Peer Support Service. Any service users or carers who do not wish to continue attending will be offered alternative support options. All service users and carers who access the service will be offered support to identify the most appropriate local support – Dementia Support Service, Mental Health Recovery and Peer Support or carer's information and advice. Representatives from the Derbyshire Mental Health Forum have also offered support with this transition.

The current service itself has highlighted 3 things that it believes its service users would think are most important to them. These are:

1. Continuity of support
2. Service local to their home
3. A safe environment.

Recommendations (if any)

Commissioners would need to work with all Providers to ensure a robust preparatory and transition plan is in place for a 6 month period (3 months before the change and 3 months after) to allow consideration for all current service users needs. Support planning would need to be particularly focused on ensuring all individual's transport arrangements are taken into account.

9. Action planning in response to the completed analysis

<i>Objective</i>	<i>Planned action</i>	<i>Who</i>	<i>When</i>	<i>How will this be monitored?</i>
<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>
Ensure all service users are supported to transition to appropriate support services	BRC and Making Space to support service users as part of the transition to access the most relevant service – Dementia Support Service, MH Recovery and Peer Support Service or MH Enablement Service	All new provider(s)	By June 2017	Monthly transition meetings
Ensure all service users are supported to make transport arrangements to ensure they can access the groups	BRC staff to identify where service users live, how far they have to travel and where new groups provided by the new Providers might be closer to where they live. Support would also be provided to identify which service users require support with Welfare Benefits or a referral for an Adult Care assessment.	BRC and new Providers	By June 2017	Monthly transition meetings

	Staff will offer service users where possible the opportunity to buddy up and share transport.			
Ensure Communications about the new arrangements	New publicity about the new arrangements for referrers	All new provider(s)	By June 2017	Monthly transition meetings
Volunteers invited to transfer to new services	All volunteers to be offered to transfer to the Dementia Support Service or MH Recovery & Peer Support service.	All new provider(s)	By April 2017	Monthly transition meetings
Groups to continue to run frequently	As part of the transition plan to support consistency, Making Space will continue to run the groups fortnightly for the first 2 months.	Making Space	1 st April – 1 st June	Transition Meetings and DSS Quarterly Monitoring Meeting

Venues to be confirmed	As part of the transition plan Making Space to continue running the groups at the same venues to ensure consistency	Making Space	By April 2017	Transition Meetings and DSS Quarterly Monitoring Meeting
Ensure new services are appropriate for and accessible to all protected characteristic groups	Work with the new provider(s) to ensure all service users are able to access support and their needs are met appropriately	Commissioners in conjunction with new provider(s)	By April 2017	Monthly transition meetings followed by quarterly contact monitoring meetings

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 monthly transition meetings between Commissioners and Providers to ensure that the new providers are working towards preparation and transition at the required pace and scale.

After this period, quarterly contract monitoring will provide a forum for monitoring the impact of changes unless it is felt further meetings are required.

Monitoring of the contract will include outcomes monitoring as well as activity data to ensure that new Providers can evidence the service is accessible to a wide range of people including those belonging to protected characteristic groups.