

DERBYSHIRE COUNTY COUNCIL

CABINET

20 September 2016

Report of the Strategic Director for Adult Care

**MENTAL HEALTH DAY OPPORTUNITIES AND SOCIAL INCLUSION
SERVICES**

ADULT CARE

1. Purpose of the Report

To seek Cabinet approval for the Council to procure services for mental health day opportunities and social inclusion from 1 April 2017 for a period of two years, with annual options for the Council to extend for up to three further periods of twelve months.

2. Information and Analysis

2.1 Context

The strategic themes within the 'Joint Vision and Strategic Direction of Travel for Adult Mental Health 2014-19' were developed by Adult Care, Public Health and Hardwick Clinical Commissioning Group (CCG) (on behalf of all CCG's) in response to key national and local policy drivers and local consultation and engagement. The six themes are:

- Personalisation
- Promotion, prevention and early intervention
- Enablement and recovery
- Social inclusion, fair access and equity
- Keeping people safe from avoidable harm
- Integration

The Strategic Direction of Travel for Adult Mental Health 2014-19 highlights a commitment for Derbyshire County Council and the four CCG's to review day opportunities and social inclusion services to ensure equitable access across the County to personalised support which promotes recovery from mental illness and enables access to opportunities for employment, education and volunteering. The strategy also recommends the development of peer-support

and self-help opportunities, to enable people with mental ill health to support each other and promote their recovery.

The review also sits within the context of the wider Voluntary Community Services (VCS) funding review, in response to the reduced levels of funding from Central Government and the reduced resources available explicitly to both the Council and NHS bodies. On 15 March 2016, Cabinet approved to continue grant funded payments for existing service provision in relation to mental health for up to a 12 month period from 1 April 2016 to 31 March 2017. Cabinet also approved the review of these services and for commissioning proposals to be developed, to ensure that any future service delivery meets statutory requirements, as identified in the Care Act 2014 and Adult Care's identified service priorities.

The objectives of the joint health and social care review of mental health day opportunities and social inclusion were to:

- understand what is working well with current service provision and identify areas for improvement, to ensure that any future provision is in alignment with the themes and objectives of the Joint Vision and Strategic Direction of Travel for Adult Mental Health 2014-19 and meets Adult Care's responsibilities under the Care Act 2014.
- consider how to extend the geographical reach of current provision to cover areas of unmet need and to ensure an equitable offer of support for people with mental ill health across Derbyshire
- consider the implications of the proposed cuts to the voluntary and community sector, on people with mental ill health who benefit from currently provided day opportunities services
- consider the most efficient and effective way to re-provide these services in the future with a reduced financial envelope

Derbyshire County Council Adult Care and the four CCGs currently jointly fund four voluntary sector providers to operate five mental health day opportunities and social inclusion services in five localities (four grant-funded and one commissioned service), at a total annual cost of £720,764 per annum with Adult Care's current contribution being £384,695 (see Fig.2, pg13). All of these funding agreements come to an end on the 31 March 2017. There are other voluntary sector providers in Derbyshire, providing similar services, which do not receive any such funding from the County Council or the CCGs. They were also consulted during the review.

2.2 Summary of current provision

Rethink, The Croft, Amber Valley

This is a commissioned service with the final extension to the existing contract due to end on the 31 March 2017. There are on average, 75 registered

service users aged from 18+ to over 75 with a slightly higher number of female service users (57%) than males (43%). The service operates a recovery model where service users are encouraged to identify and agree their support needs, goals and aspirations through a personal support plan, which is reviewed on a regular basis and seeks to provide support on an individual's journey of recovery and to maximise independence and social inclusion.

The service offers a variety of sessional activities ranging from drop-in sessions; recovery and self-management education, arts and cultural programmes, educational courses, physical activity courses and a range of peer support groups. These are delivered within the centre, but also reach out into the community and there are strong partnership links with community adult education, welfare rights, Citizens Advice and other VCS services. Many of the service users become active volunteers, initially within the service, before being enabled to move on to other volunteering, education or employment opportunities within the community.

The service accepts referrals from health and social care professionals and works in close partnership with locality social care and community mental health teams. As part of the commissioned contract, the service collects and provides quarterly data as part of the contract monitoring process, to demonstrate how they are achieving the required outcomes detailed within the Service specification.

Rethink, Chesterfield

This service covers Chesterfield and North East Derbyshire and is jointly grant funded by Adult Care and North Derbyshire CCG (NDCCG). The service has on average between 52 and 62 registered service users aged between 18 and 74, with the majority (73%) aged between 35-59.

Service users are encouraged to complete a personal support plan and can take part in a variety of arts and cultural activities; peer support groups; drop-in sessions; help to access education and employment, physical health programmes and also benefit from supported signposting to other agencies and community activities.

The service has, on average, 15 volunteers of which nine are service users. The service has strong partnership links with local adult social care teams, community mental health teams, VCS services, Chesterfield College and Chesterfield Football Club.

Bank House, Swadlincote (South Derbyshire Mental Health Association)

This service meets the needs of people living in South Derbyshire (89%) but due to its geographical proximity, also has attendees who are not registered

with a Derbyshire GP and reside in Staffordshire, Leicestershire or Derby (17% or 24 people). The majority of service users have mental ill health, but some also have co-morbid conditions including physical disability; learning disability; sensory disability and substance misuse problems. There are on average 145 service users registered with the service, but average attendance is lower than this (monthly average of 62 people), as some registered clients are not actively using the service. The age range of people attending the service is almost evenly spread between the ages of 18 to 75, with the majority aged under 64. A higher number of males (56%) use the service than females (43%).

The service predominantly provides a drop-in centre, physical activity programmes; low level support; arts workshops and volunteering opportunities.

Derbyshire Federation for Mental Health

This service covers North Dales and High Peak, but is also utilised by a small number of people from Amber Valley and Chesterfield (7%). Travel and transport is a particular issue for the majority of service users due to the rural nature of the locality. There are 121 registered serviced users aged between 18 to 75+, with the majority (57%) aged between 35 and 64, 55% are female and the majority of attendees (93%) use the service once a week.

The service predominantly provides a wellbeing hub (one in Darley Dale and one in Buxton); arts and cultural activities including a gardening project; life skills; telephone support; 1:1 support and opportunities for peer support. The service has 21 members of staff (11.4 FTE) and eight volunteers who support the running of the centre.

The service has strong partnership links with local social care and community mental health teams and with other voluntary sector organisations. The service has recently established collaborative working links with the Grapevine Centre in Buxton, who provide a mental health drop in, peer support and social activities, but do not receive grant funding from Adult Care or CCG's.

Erewash Mental Health Association

The service has 84 registered service users aged between 18 to 75+ with the majority of service users being male (65%) and aged between 35-64.

The service employs six members of staff (5 FTE's) and has six volunteers. The service predominantly provides drop-in, peer support opportunities, volunteering opportunities and smoking cessation support.

Erewash CCG commissioners have been working closely with the service over the past 12 months, to improve outcomes for individuals using the service and by encouraging the use of personalised support planning and to improve the service's partnership working with local community mental health teams and social care.

2.3 Findings of the review

An engagement exercise led by the Adult Care commissioning team and Hardwick CCG commissioners (the lead commissioning CCG for adult mental health in Derbyshire) was undertaken between September and November 2015. This included:

- an initial meeting with current providers outlining the scope of the review
- five focus groups with current service receivers using the five different services
- one focus group with people with mental ill health who do not currently access any existing services
- a survey targeted at anyone with mental ill health in Derbyshire
- a further workshop with both currently funded and non-funded providers to present and discuss the findings from the engagement process and gain their views on potential new ways of working

The engagement exercise involved 65 current service users in focus groups with a further 102 current service users choosing to contribute their views via the survey. This represents involvement from approximately 35% of people who are currently using services. Additionally, a focus group with non service users gathered the views of eight people, to understand why they chose not to use current service provision and what potential changes to the current offer would encourage them to do so.

The focus group discussions and the survey encouraged people to talk about what they liked about the current service and what improvements they would like to see in the future; how the current service benefitted their overall wellbeing and the types of activities they were involved in; the duration and frequency of attendance and any particular barriers to accessing the service.

Monitoring information gathered during the review and more recently for the Equalities Impact Analysis indicate that around 476 individuals are registered with currently funded services in Derbyshire, with 51% using the service once a week, 30% three or more times a week, 17% once or twice a month and the remaining 2% using the service once or twice per year. There was limited evidence of delivery of positive outcomes in some current grant funded provision to support people into employment, education, volunteering, and other community activities outside of the service. This was more likely to occur for those using the commissioned service provided by Rethink at The Croft,

Ripley, where each individual has a personal support plan clearly outlining the goals they wish to achieve and through using person centred approaches support people towards their recovery.

Grant funded providers and their clients report that the areas where they are having the most impact are in promoting social inclusion and good physical health. Some services are also meeting the needs of other client groups, particularly those with a learning disability and one service in South Derbyshire works with a wide range of client groups.

There was a consistent and clear message from existing service users that having a space to go to socialise with like-minded people, that is safe, warm and free of charge, is fundamental to maintaining their mental wellbeing and that this reduces their need to access statutory services. This is seen as a key element of service provision going forward and needs to be developed further to provide more opportunities for people to access this type of peer support across a wider range of venues and local communities.

A small but not insignificant number of focus group attendees also offered up ideas and expressed an interest in setting up self-help groups. The survey also confirmed that around a third of current service receivers felt that being involved in designing and running their own services is important to their wellbeing and that more could be done to improve opportunities to do this. At present there is no formalised and consistent offer of support to help people establish such peer-support, self-help and common interest groups.

The review also considered current initiatives which could be built upon or linked into which include the Erewash Innovation Project; Bolsover Local Area Coordination; DORA self-help network in the north of the County and the BME Links Project which provides mental health champions and peer support in the north of the County.

There is evidence of increasing pressures on IAPT services, which provide psychological therapies for common mental health disorders, with some providers having long waiting lists. Community mental health teams are also working at full capacity, with waiting lists in some neighbourhoods and GP surgeries are also experiencing a lot of demand in relation to patients with mental ill health. There is also evidence that many people are getting stuck in mental health services and need help to overcome and resolve social problems that impact on their wellbeing, individual resilience and recovery.

The review concluded that mental health day opportunities and social inclusion services are fundamental for prevention, helping people to manage and maintain their mental ill health, reducing social isolation and contributing to reducing costs and demand elsewhere in the mental health system. The findings from the review and the views of service users and providers have

informed the development of commissioning proposals, which build on the positive aspects of current service provision and aim to increase the reach of current services to address current gaps in service and unmet need; provide improved opportunities for personal support planning to promote recovery; increase opportunities for social inclusion and peer support and deliver improved outcomes for people using the service.

2.2 Proposal

If this proposal is agreed, mental health day opportunities and social inclusion services will be commissioned by the Council's Adult Care department with joint funding from CCG's, to provide a wide range of support for people with mental ill health to improve and maintain their mental health and overall sense of wellbeing; improve outcomes and support people with mental ill health to lead a fulfilling life and reduce or delay eligible support needs and demands on mental health services.

These proposals could lead to a change in provider which means that the current building based services may close. This position has been explained to and understood by the consultees.

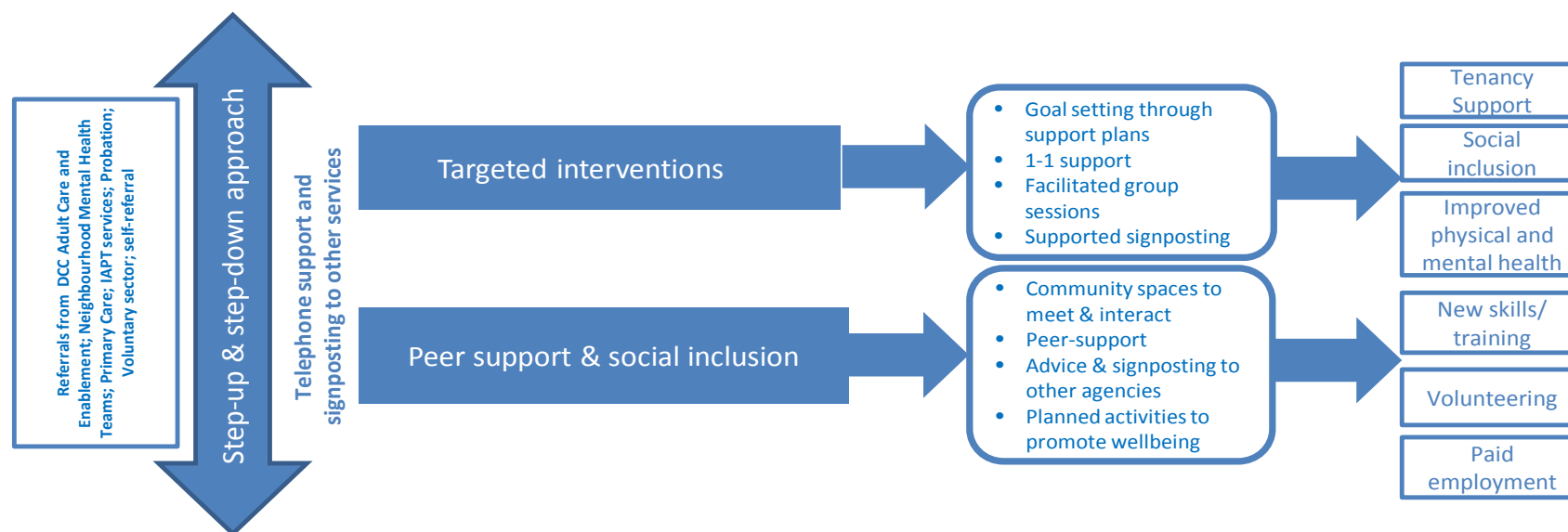
The service would also provide the next step in the pathway for people who have received the Adult Care Enablement service and referrals will be encouraged from both social care, primary and secondary care, other statutory services, the voluntary sector community and by self-referral.

The proposed model (See Fig. 1, pg. 8) will deliver:

- targeted support through one-to-one and group sessions
- self-help & peer support
- telephone support
- access to information and advice
- access to recovery education to help people understand and manage their mental health condition
- access to support in relation to housing, welfare benefits and employment
- supported signposting

Investment is to be included within the new contract to develop peer support and self-help, to ensure equitable access to local support; to promote social capital and to empower people with mental ill health to support each other in their recovery journey. This will enable staff to provide targeted support to those with higher levels of need, while continuing to provide social inclusion opportunities for more people in the most efficient and effective way. A ring-fenced development fund and dedicated development workers would ensure that everything is integrated and well supported and that there are no areas of duplication.

Fig 1: Proposed mental health community support and social inclusion model



Access to support would be via referral from professionals from a wide range of statutory agencies including Primary Care or via self-referral

People would have an initial discussion to outline their goals, following which they would be made aware of peer support groups in their community, and if appropriate, would be able to access targeted group and 1-1 support from professionals. Signposting to other services would also be on offer and people would be supported to access these if required. There will be close partnership working arrangements with Adult Care, Public Health and DHcFT Neighbourhood teams.

Targeted interventions would focus on self-management techniques, recovery education and tackling the wider determinants of people's mental ill health (for example tenancy support, physical health, raising self-esteem, and achieving meaningful occupation).

Peer support & social inclusion would focus on maintaining wellbeing and promoting opportunities for people with similar experiences to come together. This is an essential preventative intervention in itself. This would include places in communities for people to meet and social events for people to come together to interact, as well as planned activities. There will be opportunities and support for people to start up their own peer led activity and support groups in the local community.

There will be a telephone support offer including befriending and safe and well checks, to ensure there is a source of support for those who choose not to or cannot attend services to ensure there is a "no closed door" approach. There will be opportunities for volunteering and peer supporters to help in the delivery of this.

The newly commissioned service would have strong links with the Adult Care Enablement service, with enablement workers forging close working relationships with the VCS offer in their localities. Additionally, the Enablement Information and Advice team would work in partnership to provide specialist mental health welfare benefits information and advice, housing related advice and support and information workshops in relation to supporting people into employment. There would also be close partnership working with advocacy services to assist clients with issues, including access to mental health services and other issues that may be impacting on their mental wellbeing.

The new services would also forge strong partnerships with local GP surgeries and secondary care mental health services, provided by Derbyshire Healthcare Foundation Trust (DHcFT) neighbourhood teams.

Referral routes and access to support would be significantly improved, by opening up referrals to a wider range of partner agencies and to self-referral.

The frequency and length of support would depend on individual need and people will be helped to move into the peer support element of the service or onto other relevant services once goals have been achieved. The service would provide step-up and step-down opportunities between 1:1 and peer support, to reflect the fluctuating needs of people using and moving through the service.

Providers would work with individuals using a recovery focussed approach, ascertaining individual support needs and agreeing personal goals. The services would be expected to establish close links with existing social inclusion programmes, i.e., volunteering, education, sports, leisure and the arts as well as local initiatives such as the Erewash Innovation Project; Bolsover LAC and existing self-help networks.

Providers would forge strong links with public health initiatives such as healthy living schemes, smoking cessation, five ways to wellbeing, Super Kitchens etc and will make referrals accordingly.

Clients would be supported to access specialist services, including drug and alcohol services, debt advice, housing, benefits and employment support services as required.

2.3 Consultation with current service users on the above proposals

As the above proposals constitute a significant change to current service provision for some service users, a consultation process about the proposed changes to services was carried out during July and August 2016. The consultation included five events in localities where current services are provided, as well as an opportunity for people to express their views through an online survey and/or in writing. Information about the consultation was included on DCC's Have Your Say web page and links to this were included on the CCG websites. The events were

attended by 60 service users and were supported by staff working in the current services. A total of ten people responded to the online survey.

Providers were asked to raise awareness of the consultation within their service and ensure each service user received a letter with regard to the consultation process and to encourage and support people to attend the events and/or to respond to the online survey. Travel expenses for service users attending the events were reimbursed on the day by Hardwick CCG. The events were held in close proximity to where current services are delivered and included presentations about the new proposals and some of the initiatives currently underway across the county. This was followed by table discussions with consultees as to what this would mean for them and to provide an opportunity for them to raise any concerns and assist in identifying possible solutions to address these concerns.

A summary of feedback is included at Appendix 1 and generated the following themes which will be used to inform the development of the service specification:

1. Fear of change
2. Need for Safe Places
3. Travel concerns
4. Access, extending services and types of support for service users
5. Telephone Support
6. Self and peer supported groups, especially new groups
7. New opportunities
8. Support for self-help groups
9. Advice - benefits, housing, access to services
10. Availability of meals
11. Signposting, reaching more people and keeping them informed
12. Involvement and sharing good practice
13. Sharing community resources
14. Helping the wider community understand and support people with MH problems
15. Funding worries
16. Transitional Arrangements

The main concerns for those consulted, was the fear of change and travel concerns. Some people using the current services experience high levels of anxiety and this could be exacerbated by changes to their usual routine. This might be in relation to them having to travel to a new building, whether on foot or by public transport; or not having the same support worker to the one they have now, particularly where it has taken time to build up a trusting relationship over time. In terms of the latter, many of the paid staff working in current service provision would have rights under TUPE and therefore there is the possibility of these relationships to continue for some people. In terms of the travel issue and making new journeys, the transitional arrangements for the new service would take this into account and support will be offered to those who need it, to overcome any individual difficulties. Careful consideration will be made to transitional arrangements to ensure

individuals currently using services are supported through any difficulties in relation to the proposed changes.

Service users also highlighted the need for help to set up, run and maintain new peer support and self-help groups. This support is a key feature within the new service specification and will be provided by mental health development workers both within the service and from mental health VCS infrastructure organisations funded by Hardwick CCG. This support will include help to find venues, promotion of the group, start-up funding and support to manage these funds (if required) and help with any policies or procedures and the collection of outcomes data. Ongoing support and networking opportunities will be provided by the mental health VCS infrastructure organisations. The same infrastructure organisations are supporting mental health awareness training across the County for people working in VCS organisations outside of mental health with the aim of increasing community capacity, reducing stigma and developing more choice for people with mental ill health to access wider community activities.

This feedback has also been used to inform the Equality Impact Analysis (See **Appendix 2**) along with up to date monitoring and demographic information collected from all providers during July 2016.

If this proposal is approved and implemented, the following benefits are expected to be realised and will be tracked through regular data collection, outcomes monitoring and contract management meetings with the provider:

- Reduced reliance on public services from people with mental ill health, by supporting people to better manage their mental health condition and empowering people to support each other in their recovery journey
- Equitable geographical offer of support across Derbyshire
- Improved support for early intervention in issues related to an individual's physical and mental health, social care, housing or welfare needs
- Development of new opportunities for self-help and peer support, both within the targeted element of the service, but also integrated into local VCS communities and initiatives and with support from voluntary sector development workers
- New opportunities for people to be involved in how services are run
- A co-produced, evidence-based service model that can be delivered within the funding resource available
- Increased opportunities for people with mental ill health to be supported into paid employment, volunteering and other vocational opportunities.
- Continued opportunities for carers of people with mental ill health to have a break from their responsibilities
- Facilitation of key partnerships that maximise the use of community resources and support the development of resilient communities

A market development event will be held at pre-tender stage to provide an opportunity for current and potential providers to hear about the proposals and the tender process, and to have time to network with each other and to share

information about current services and initiatives that the new service will be required to build upon.

It is proposed to tender a block contract for the provision of day opportunities and social inclusion services with a lead provider or consortia of providers. The service specification will reflect the requirements needed to ensure delivery of a consistent and equitable offer of targeted support throughout the County, whilst recognising the flexibilities required for the development of the self-help and peer support element of the service. Different areas of the County have different initiatives currently in place and the local development of self-help and peer support will build on the success of pilots, projects and initiatives that are already working well within the local community and be fully integrated in the wider system, e.g. Local Area Co-ordination and the Erewash Innovation project.

The service would be commissioned for an initial period of two years, with the potential for the contract to be extended by up to three further twelve month periods.

3 Legal Considerations

Proposals such as these which may change service provision require consultation with those affected, including service users, staff and carers. In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act 2014 and equalities legislation.

In so far as the Equality Act 2010 is concerned, Cabinet members are reminded that they are under a personal duty, when considering what decision to make, to have due regard to, in short, the need to protect and promote the interests of persons with protected characteristics (e.g. persons who are vulnerable on account of age, gender reassignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation).

There would need to be a minimum of three months' notice to cease funding to current grant funded services, in line with the Voluntary Sector compact. The intention to cease grant funded arrangements was made clear in the Cabinet report of 15 March 2016. However, if this procurement plan as referenced in this paper is agreed, all providers referred to in this report that are currently in receipt of a grant that is due to end on 31 March 2016, will receive further notification of the end of their grant and advice that they can bid for one of the lots to be advertised.

Procurement of the service will be undertaken in accordance with the Public Contracts Regulations 2015.

4 Financial Considerations

On 15 March 2016, Cabinet approved a continuation of current grant funded arrangements for a period of up to twelve months. If this proposal is approved,

then procurement will commence with new services anticipated to be in place by 1 April 2017.

4.1 Current arrangements

Adult Care currently invests £384,695 in VCS day opportunities provision for adults with mental ill health. Derbyshire CCG's currently invest £336,069. The Council holds the Rethink Chesterfield and Ripley contracts and recharge CCG's for their contribution, whilst Hardwick CCG holds the remaining contracts and recharge the Council for our contribution under S256 arrangements. The individual levels of funding are set out in Fig. 2 below.

Fig 2: Current funding arrangements						
Organisation Name	Funding model	Area covered	DCC funding	CCG funding	CCG	Total annual funding
Rethink Chesterfield	Grant funded	Chesterfield and NE Derbyshire	£75,527	£34,096	North Derbyshire	£109,623
Derbyshire Federation for Mental Health	Grant funded	Derbyshire Dales	£37,079	£122,637	North Derbyshire	£159,716
Erewash MH Association (Touchwood)	Grant funded	Erewash	£29,169	£89,326	Erewash	£118,495
South Derbyshire MH Association (Bank House)	Grant funded	South Derbyshire	£62,576	£73,204	South Derbyshire	£135,780
Total Grant funded provision			£204,351	£319,263		£523,614
Rethink Ripley	Commissioned	Amber Valley	£180,344	£16,806	South Derbyshire	£197,150
Total funding (grant-funding and commissioned)			£384,695	£336,069		£720,764

In addition to this, there are current joint grant funded arrangements in place to support the development and maintenance of self-help groups. This amounts to £0.103m, with the Council contributing £0.044m and CCG's £0.058m.

4.2 Proposed future arrangements

It is proposed to include the current grant funding (£0.103m) allocated to self-help within the tender but ring-fenced to support the development of the peer support element of the contract. SDCCG are releasing £9k (10%) of their current funding to develop self-help and peer-support as they do not currently have a separate budget in place for this purpose. This peer-support funding (£0.111m) will be closely monitored and reviewed through open-book accounting to ensure an even spread of peer support groups across the County and any surplus can be returned proportionately to the Council and CCG's at the end of each financial year.

If these proposals are agreed, then the overall joint budget for these commissioning proposals will be £0.620m, with the Council contributing £0.275m and CCG's £0.345m. This represents a saving to the Council of £0.153m and to CCG's of £0.049m.

Each CCG has taken this mental health procurement proposal through its own governance processes for funding approval.

5. Equality and Diversity 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 responses to the consultation and engagement which have been conducted. This confirms the impact on the protected groups together with recommendations for potential mitigation. See Appendix 2.

6. Social Value Considerations

Social value will be embedded within the service specification and form part of the evaluation on tenders. The service will promote support for vulnerable people to keep them well, which will reduce the demand for more costly interventions when people are in crisis situations. Interventions such as supporting family life, connecting people with welfare support and housing advice and strengthening awareness of the sources of community support, will promote social inclusion, wellbeing and resilience. Support for people to return to employment or education will serve to create social value, community resilience and community capital. The provider(s) will be expected to successfully develop and promote a range of volunteering and peer support opportunities, in local communities as part of the service model. They will also be encouraged to bring in additional revenue and capital resources into Derbyshire, by applying for grants which complement activities funded through the contract.

7. Other Considerations

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

This change will enable the Council and other funding partners, to link funding to meet the Health and Wellbeing Board and Care Act strategic priorities in a planned way and offer providers greater surety of funding and expectations. As a consequence of this change in approach, it is likely that some of the services currently funded by Grant Aid funding will no longer receive this financial support after 31 March 2017.

8. Key Decision

No

9. Call-in

Is it required that call-in be waived in respect of decisions made in this report?

No

10. Background Papers

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

11. Officer's Recommendation

That Cabinet gives approval for the Council to procure mental health day opportunities and social inclusion services from 1 April 2017 for a period of two years, with annual options for the Council to extend for up to three further periods of twelve months.

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MATLOCK

Mental Health Day Opportunity and Social Inclusion Services

Consultation events July & August 2016 - thematic feedback from consultees

Five events have been held across the county for people currently in receipt of mental health day opportunity and social inclusion services where proposed changes were explained and impacts and concerns discussed. Thanks to all service users who attended and to the current service providers who helped facilitate these events. The feedback has been analysed and presented under a number of themes and is summarised below with responses against each of the themes.

Theme 1: Fear of change	
Comment or Concern	Response
a) Some people have attended the same service for a long time- will be difficult for them	The review recognises that change of any kind for people dealing with mental ill health can be upsetting and sometimes cause distress. Our intention is to minimise this period of uncertainty and to keep service users updated about the progress of the proposed changes via their current service providers.
b) Older members may find the change difficult and worry x2	
c) Some people will find transition hard (will need help)	
d) If a new provider, then it's all new faces, new relationships	
e) Relationships are a big factor	The aim of the consultation events was to give current service users the opportunity to hear about the changes, highlight their concerns and discuss possible solutions to overcome this with commissioners. These concerns have helped to inform the Equality Impact Assessment which will be considered alongside the Cabinet report. They will also inform the development of the new service
f) Loss of building- needs clarity	
g) Being accepted- different people, making new friends can be hard	
h) Friendly face- someone you know to go along with you- buddy	
i) Worry that drug & alcohol services might be cut	
j) Time needed to develop trust	
k) This comes on top of the impact of the move from DLA to PIP – 'I am a lifelong DLA recipient' who has assessment every 2 years.	
l) Can I still have friend mum/dad come with me?	Roll out of the new services will need to have careful consideration about the transition arrangements. Individual support will be made available for people who may need help with any changes.
m) Anxiety - 'More change I have to get used to'.	
n) Loss of contact with CPN	Most people should be able to maintain relationships with others using services
o) Not being able to see the same people I do now	

p) General fear of change x5	<p>that they share now.</p> <p>Some staff working in the new service may be the same as staff working with you now.</p> <p>The step-up/step-down model is designed to help people receive professional help when they need it (r)</p>
q) Having to go with different people to a different building would not bother me, but might others	
r) Worried that I might be able to access the right level of support when I need it – if I have a crisis	
s) Will I have enough confidence?	

Theme 2: Need for Safe Places	
Comment or Concern	Response
a) Should be a place for people to come to – safe place	<p>This is echoing the messages we got in the first round of consultation which were used to develop the peer support element of the new service model. Peer support is where service users share activities and social events which they organise themselves, learn new skills and engage with friends in a safe space. These spaces could be in community venues that are accessible and more local to where people live. These activities will be supported by the new service.</p>
b) Know about other things to do and places to go where you'd feel comfortable	
c) 'We like it safe and we don't like change.'	
d) Our group is the safe place	
e) We need a safe place that's not difficult to get to	
f) Meeting places must be safe places (public libraries possibly)	

Theme 3: Travel concerns	
Comment or Concern	Response
a) Help to get used to new journey	<p>Some service users will benefit from accessing support closer to home removing transport as a barrier.</p>
b) Different mode of transport	
c) If in Ilkeston- problem- new journey- anxieties – panic attacks	
d) Use community transport more	<p>Some existing service users may have to travel to a different venue – support could be offered to help people find alternative transport or become familiar with new journeys to make this easier. Mental health professionals and providers would work with individuals to help them overcome any barriers to finding support in their local community.</p>
e) Worry about using public transport	
f) The activities on offer must be local and the ones we want to do. We don't want to travel. The more local, the better. Activity start times must fit with off-peak cheap travel.	
g) If not in same building - how will I get there?	<p>Help will be available to make new travel plans and travel buddies can provide support for people who need help, especially when the new arrangements start.</p>
h) Would be prepared to travel for half or full day activities e.g. Shipley County park	
i) May need new travel plan	
j) We would need our own mini bus if activities are scattered around	

Swadlincote.	
k) Location is important – access to bus services, car parking, drop off. Need outdoor space/garden and some privacy	
l) I might not have the confidence to travel on my own –without a support worker.	

Theme 4: Access, extending services and types of support for service users	
Comment or Concern	Response
a) Ability to move between different levels of support is good	Service users will be able to access targeted support led by appropriately qualified staff. The frequency and length of the targeted support will depend on individual need but for most will be time limited, in order to meet the needs of more people who need help. The new model is a step up and step down model so if someone has finished their period of targeted support but then needs a further period, the new model will enable this to happen.
b) There needs to be multiple referral /access routes – GP, MHP, self	
c) Potential access to services for more people	
d) Peer support could offer an additional safety net	
e) More weekend activities are good e.g. arts and crafts x3	
f) Referral must lead to rapid access to service – waiting lists could be a problem.	
g) Too many places close at weekends and during the long school holidays. Ideally there should be at least one activity offered every day	People will also have access to a range of peer support groups/activities both within the service and in the local community. The range of activities and groups will grow over time as more people become empowered to either start up new groups or go along to other groups in the community that are able to support and welcome people with mental ill health.
h) Should be built on closer contact between statutory and voluntary sector	
(i) The service organisation does not matter so long as the service is the same/better and staff are proactive with service users.	Referrals into the service will be open to GP's, health and social care professionals, other agencies such as ambulance, police, probation, local voluntary sector and by service users and carers themselves.
(j) I used to have a social worker or support worker that I could call – even at weekends, but I get nothing now.	
(k) People watching out for you- early intervention when you're unwell	
(l) Buddy would be helpful when you've been away and unwell for a while	New providers will be expected to promote the service offer widely.

Theme 5: Phone Support	
Comment or Concern	Response
a) Phone line support (came up x2, particularly between friends/peers)	The proposal to offer scheduled phone support seems to have been well received by service users and we see this as an important element of the service. This will be developed within the first year of the contract and will also offer opportunities for peer supporters and volunteers to help deliver this element of the service if they wish to be involved.
b) I like the idea of scheduled phone support x5	
c) Telephone support is alright, but it would be better sometimes if calls could be longer.	
d) It's great to have a scheduled weekly call but I need phone support on my mobile as it is more confidential and I discuss issues I don't want my partner to overhear.	

Theme 6: Self and peer supported groups, especially new groups	
Comment or Concern	Response
a) Less limited by funding restrictions if doing self- help	The proposed new service will build upon what is already working well and make improvements where things aren't working so well or where there is currently very little on offer in a local area.
b) Mental health professionals might have more time for service users	
c) Opportunity to meet with people of similar age x2	
d) The more activities the better- its therapeutic	
e) Where will the groups and service be?	The offer will vary in different localities depending on what already exists, what other organisations provide and what's already working well in a locality. It's about addressing the gaps.
f) People watching out for you- early intervention when you're unwell	
g) Can we set up a music group? (listening)	
h) Need more flexible opening times- dictated by lunchtimes	
i) Having people that understand how you're feeling	Having people that understand what you are going through is a key part of the service going forward.
j) Nice to have fitness, relaxation and gardening classes	
k) Would like to do walk leader and sports leader courses	
l) New venues must be fit for purpose	
m) Will need more service users	
n) Sounds like a more bespoke service	
o) Rethink helped me to put on an art exhibition and this has added immensely to my self-esteem and it all started from having the support at the right time and place and these proposals may be able to do the same.	

p) More service users means more activities and choice	
q) This will be good as activities need to come from local people and also need to be. We could work in different ways to now and that might suite more/different people.	
r) Having someone with you - you can trust	
s) Activities must facilitate the recovery journey	
t) Supporting each other and offering advice to others with the same problems and interests - E.g. someone knowing BSL supporting someone who is deaf	
u) Try and keep composition of groups the same x3	
v) It looks like a stepping stone to moving on	
w) Being around and meeting new people	
x) Befriending by volunteers already happens	
y) It would be good to be able to go out for a meal together and supporting each other.	

Theme 7 –Support for self-help groups	
Comment or Concern	Response
a) Self- help groups may need helpers in case 'something went wrong'	<p>It is recognised the support must be available for self-help groups. This will be available when groups are just starting, where there are changes in key volunteers or if the group has problems that they can't resolve themselves.</p> <p>There will be a ring-fenced small grants pot available to help with setting up new groups.</p> <p>There will also be specialist support for securing access to premises, promoting the group, finance, risk management, policy and legal issues. Self-help and peer support groups should not need to be concerned with these issues unless they wish to have greater involvement.</p>
b) Self-help is great, but it has its problems. "Making people accountable for money who not comfortable doing so will add to the stress and could cause accountability problems. Some people will not be willing to do this."	
c) Intervention and support for self-help groups might need to be quite intensive at first	
d) A central 'hub' would be good to support local self-help groups	
e) Will self helps groups have the skills to reach out and welcome new users – governance, good practice.	

f) To make self-help groups work really well there needs to be information about resources	
g) Will the new groups be sustainable?	
h) Support will be needed to help groups initiate activities and to work together even if they could be self-managing in the long run.	
i) Funding self- help activities- who?	
j) Concern about feeling vulnerable 'if someone kicks off if there is no support worker present and this may exclude some service users. The prospect of these changes is already causing anxiety. X2	

Theme 8: New Opportunities	
k) Set up interest groups/develop skills/ lead to volunteering	A key objective is to increase opportunities for you to access support and activities that you want to do and will help your recovery.
l) Opportunities to volunteer and be supported to do that	
m) This may offer an opportunity for service users to volunteer and sometimes offer peer support or become ambassadors	There will be increased opportunities for people to volunteer both within the service and in helping to run peer-support groups
n) Family members of service users could also volunteer	
o) Learn new skills that I could use at home	
p) More volunteering opportunities x4	

Theme 9: Advice, benefits, housing, access to services	
Comment or Concern	Response
a) Who will give the benefit advice? X3	People felt this was a really good part of the offer. Enablement Workers (advice and support) will link into the services and as part of the offer there will be workshops around understanding what you can and can't do as a volunteer in relation to how it impacts on any benefits you may be receiving. The new service model will seek to
b) Concern about impacts on benefit entitlement	
c) Need more CAB -support issues, day to day finance management and debt advice needed	
d) Concern and confusion about impact on housing related support – “we are now responsible for paying and it's adding to our stress”	

e) Support to complete benefits forms	<p>improve opportunities for people to achieve financial wellbeing through strong links with the Adult Care Enablement teams and DCC Welfare Rights service to maximise income for individual clients through welfare benefit checks and raising awareness of the opportunities to try volunteering and/or a phased approach into employment without the fear of losing benefits for those who may wish to pursue this.</p> <p>There will also be low level housing related support built into the service to promote early intervention and to prevent things reaching a crisis. This will serve to mitigate against the recent Housing Related Support budget reductions.</p> <p>There will be signposting to advocacy for people, where necessary to help resolve issues in their life that may be impacting on their wellbeing</p>
f) Can I volunteer without losing my benefits	
g) You might be able to get advice quickly	
h) Worries about impact of volunteering on benefit entitlement x2	

Theme 10: Availability of meals	
Comment or Concern	Response
a) Provision of (hot) meals? X4	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 mitigate against any adverse impact.

Theme 11: Information and signposting	
Comment or Concern	Response
a) Not knowing what's going on and where 'keeping in the loop'- solution through email/text message/ Facebook	We will expect future providers to be innovative and use all communication methods including social media to make sure people are kept informed about what is on offer both within the service and in the local community.
b) Messing about with opening times= confusion	
c) How do people find out about all these activities – how do we get new users? Social media, YouTube	There will be links into vSPA. All potential referrers would need to be kept up to date on the service offer.
d) Needs a multi-channel approach –	

radio, web, posters, GP surgeries	There are directories already in use in Derbyshire that could be utilised by services and service users alike
e) GP's and other health professionals need to be better informed about the option to signpost day opportunities	
f) How do I find out what's on and where to go?	
g) There should be a directory of services, activities organised by location & regularly updated – important to have choice.	
h) Could we have a tour of other projects and day activities s to see what/how they are doing	
i) Use <u>Community Directory Derbyshire</u> to help find venues and existing activities.	

Theme 12: Involvement and sharing good practice	
Comment or Concern	Response
a) Reference group? Opportunity for service receivers to give regular feedback on the new services	There will be more opportunities for service users to be involved in how things are run.
b) Good for new ideas- build on what's happening now	
c) Time/money need to be spent ensuring the message gets across – ambassadors from the vol sector?	A new mental health service receiver Engagement Service will also be commissioned shortly which will need to develop good links with the new mental health day opportunity and social inclusion services.
d) We would need a network forum for sharing good practice	
e) Could we have a tour of other projects and day activities s to see what/how they are doing	There will be opportunities for services in different localities to share good practice
f) We like the idea its service-user led – will give us more of a say in what we want to achieve	
g) Service users voice and opinions matter	

Theme 13: Sharing community resources	
Comment or Concern	Response
a) Service providers won't pool resources x2	The new proposed model will extend current reach out into wider communities, providing support closer to home and will be expected to link into what is already happening in each locality. The model will mean that the new provider is expected to use community venues.
b) Opportunity to link with other organisations such Housing Futures, Homescape	
c) Local community centres are underused at weekends	
d)	
e) Organisations will have to share resources	
f) There are a lot of community centres that could be used without costing a lot of money.	

Theme 14: Helping the wider community understand and support people with MH problems	
Comment or Concern	Response
a) Need to overcome stigma and discrimination	Mental health awareness training and development of mental health champions will help foster a wider community understanding of Mental Health and make contact with and maintain links with mainstream groups in a supportive way. This will also increase the confidence of people attending mental health services currently to branch out into other support available in their local community
b) The wider community need to be educated on how to talk to and help people with MH issues. Less emphasis of centre based service may be OK if there is greater community capacity.	
c) Better community spirit and mutual benefit	
d) It would be good to build up a 'bank' of knowledgeable supporters	
e) Mental health champions should be in all organisations.	
f) It would be good to have more links to mainstream community activities, social events, societies and hobbies etc.	

Theme 15: Funding worries	
Comment or Concern	Response
a) Not everyone can afford to pay- but don't mind contributing	Mental ill health is considered a strategic priority for the Council and Clinical Commissioning groups. There is still significant investment going into the service(s) which will be used as efficiently and effectively as possible to ensure a good range and quality of
b) Worry about long term funding for the service	
c) What will be lost from the current services if its spread further on same money?	

	<p>service</p> <p>Proposals for the length of the new contract are for 2 years plus the option to extend for an additional 3 years if the services are being delivered satisfactorily.</p>
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Theme 16: Transitional Arrangements	
Comment or Concern	Response
a) Concerns that existing arrangements will end April 2017 and the new activities may take some time to get going	A period of transition will be available to ensure that anyone whose service may cease is supported to find other suitable alternatives.
b) People don't like change and will have to be carefully managed during transition with no gaps.	<p>Enablement workers and staff within the current and new services will work with individuals affected by the changes to help them adapt to any new arrangements, ensure they are offered suitable alternatives and are assisted to settle into new service provision.</p> <p>Some existing providers may choose to tender for the new service, in which case service users may see little disruption if those providers are successful in the tender process.</p>

There were a number of questions raised at the five events and we felt it would be useful to share these with everyone who attended an event. The questions are listed below with answers which we hope you will find helpful.

Question and answer section	
Question	Answer
a) What is the future of current self- help groups? X2	As part of the implementation of the future service, a mapping exercise of current self- help would need to take place. This would help to address issues of gaps and duplication. The purpose is to grow self- help groups and have more of them. If you have specific interests and want to set up a group, you can have support to do so.

b) What will happen to staff of the unsuccessful organisations? X2	Some staff would have legal rights under TUPE. The purpose of this law is to protect employees if the business in which they are employed changes hands. This means that some staff are likely to be employed within the new service
c) There is too much emphasis on getting people back to work.	These services are there to support people with their mental health recovery, of which many people are of working age. People wouldn't be forced back into work but if they identify that as part of their recovery and support plan that they would like to go back to work, the service would support them to do so.
d) Concern that contracts may be let to large national suppliers/organisations that might be remote and inflexible	We will be holding a market development event before the tender for the new service(s) is advertised. This will provide an opportunity for all current local providers and potential providers to come along and find out about the new service specification and meet other providers who may be interested in collaborating with them to make a bid for the new service(s). In Derbyshire, commissioners and the Council place importance on 'social value' and although we cannot predict the outcome of the competitive tender process, whoever wins the contract would be expected to work from within Derbyshire, in local communities and with local providers
e) Will possible funding cuts mean fewer Bank House staff and reduced services?	It is not possible to predict the outcome of the procurement process. If Bank House decide to make a bid for the new service and are successful in that bid, then some of the services may remain.
f) Would Bank House close?	Existing organisations may continue if they seek alternative sources of funding, regardless of the outcome of this process

<p>g) I need someone to come with me to attend meetings – I am no good filling in forms and I tend to say silly things. I need help with my dyslexia.</p>	<p>There will be good links into advocacy services for people using the new service. Advocacy support is available now and you can self-refer into it or ask a member of staff at your current service to signpost you. There is more information on DCC website here <u>advocacy</u></p>
<p>h) Is one to one work limited to a maximum number of weeks?</p>	<p>The frequency and length of the targeted support will depend on individual need and when people have achieved the goals in their support plan. If people need a further period of professional support following this, then they will be able to step back up into the targeted support element of the support again.</p>

APPENDIX 2

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

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 31 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

<i>Name</i>	<i>Area of expertise/ role</i>
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
1. Current operating model analysis (Dec 2015)	Gives position statement of current service user profiles and level of service use, analysis of operating models etc.
2. Engagement feedback from 70 current service users through focus groups and 102 responses to wider survey(Nov 2015)	Service user views on what is working well, not working well and areas for development
3. Monitoring data from 5 Providers	Detailing number of new referrals and move through service; outcomes delivered
4. Provider events x 2 (Aug / Nov 2015)	Details current prevalence data by locality and data on access to services and health inequalities
5. State of Mental Health in Derbyshire – Strategic Needs Analysis	Evidence of waiting time data (variance across the county) and differences in DHcFT (Mental Health Trust) internal and external waits.
6. Current CMHT position (i.e. active cases, case load, referrals, waiting lists)	Reflects current utilisation of services and service user views on the proposed model
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.	Indicates how long people are waiting for therapy and potentially deteriorating where day services could be providing support in the interim

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>
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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>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><i>Protected Group</i></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. 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</p>

	<p>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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Protected Group Gender (Sex) including men and women, boys and girls	<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. New providers will need to evidence that they need to consider gender specific groups if</p>

	service receivers identify a need for this. Peer support groups can also be small and gender specific.
Protected Group Gender reassignment – including impact, if any, on transgender 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 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 minority communities, Humanists	<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 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>

	<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</p>

	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.
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>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 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</p>

	attending groups with small children or arranging childcare may be difficult for them.
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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 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>
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	<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> <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>
	<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>
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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 gain a full picture. Therefore gaps in data were addressed.	<i>Not applicable</i>

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

<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>
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 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 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 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 receivers choose to set up and any existing models in local areas.	Commissioners in conjunction with new provider(s)	From April 1 2017 and ongoing	
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 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 2017 and ongoing	
Ensure people from financially disadvantaged backgrounds are helped to	The specification for the new service will require providers to actively support signposting	Commissioners in conjunction with new provider(s)	From April 1 2017 and ongoing	

<p>maximise their income and resolve any urgent financial and housing related issues</p> <p>Link in to local schemes and initiatives and build on success</p> <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>to other appropriate agencies and build partnership working links with other agencies to facilitate this</p> <p>It will be a requirement of the new provider to demonstrate 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 new provider(s)</p> <p>Commissioners in conjunction with existing and new provider(s)</p>	<p>From April 1 2017 and ongoing</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.