

APPENDIX A: Prevention and Early Support Consultation Report

Responses to a consultation on the outcomes of a review of prevention and early support services for adults

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Appendices

Appendix A 1: Consultation Document

Appendix A 2: Consultation Document (easy read)

1. Context

- 1.1 On 10 November 2016, Adults and Safeguarding Committee received a report presenting how the council is meeting its Care Act 2014 (the Act) duties and delivering activities in line with national policy with an offer that has expanded since in the introduction of the Act.
- 1.2 The Council has worked through its commissioning plans to expand the range of effective prevention and early support services available in Barnet, in line with its duties under the Care Act 2014.
- 1.3 Within the resources available the Council is improving its offer to become more targeted and evidence based. To meet the Corporate Plan objectives of Fairness, Responsibility and Opportunity and achieve the Council commissioning requirements prevention and early support should:
- Address the known triggers for increased dependence on adult social care provision (i.e. have a strong evidence base)
 - Allow residents and their carers to be proactive in the care and support
 - Provide good value for money both by investing in what works and making sure that services are used
 - Be easy to access and able to provide to all those who may need the service
 - Be responsive to changing population needs.
- 1.4 The current prevention and early support offer includes:
- Transformational programmes including Care Space, strengths based practice and an enablement model of mental health support
 - Improved support for carers (including young carers)
 - A focus on employment for adults with disabilities
 - A focus on the right home, accommodation support and hospital discharge services to avoid admission to residential care
 - Appropriate, accessible and effective information and advice
 - An active ageing programme consisting of a neighbourhood model of day services and locality development programmes harnessing community and volunteer capacity
 - Joined up health and social care pathways for stroke and dementia.
- 1.5 Following a review of the prevention and early support offer, Adults and Safeguarding Committee, on the 10 November 2016, agreed to the proposed changes to commissioned services subject to the outcome of a consultation with current services users, their families and other stakeholders.

Table 1: The table below presents the proposals agreed by Adults and Safeguarding Committee:

Contractor Name / Parent Company	Service Name	Contract End Date	Annual value	Recommendation
Review found that the following services are delivering services which are addressing key triggers and therefore contributing effectively as prevention and early support services				
Alzheimer's Society	Dementia community services	31/03/2019	£143,748	No change
Age UK Barnet	Home From Hospital	31/03/2019	£37,800	No change
Middlesex Association for the Blind	Sensory Impairment	31/03/2018	£26,834	No change
The Stroke Association	Stroke Support	31/03/2017	£104,970	No change
Review found that the following services provide a specific service but it is appropriate for the services to be provided by alternative funding				
Barnet Bereavement Service	Community Counselling	31/03/2017	£3,001	Alternative funding identified.
Barnet Depression Alliance	Depression Support Group	31/03/2017	£454	Alternative funding identified.
Review showed that the following service had a lower than anticipated level of use and alternative delivery has been identified				
Inclusion Barnet	Peer support planning and brokerage	30/09/2017	£146,523	Lower than anticipated level of use. Service can be provided by Social Workers. Do not renew once current contract ends in September 2017 efficiency of £73,261.5
Review found that the following services are not evidenced to be the most efficient or effective way of delivering early support				
Barnet Asian Women's Association	Mental Health Project	31/03/2017	£29,656	Do not recommit provision. Transition funding has been made available to support clients to access alternative provision (such as Wellbeing Hub).
Chinese Mental Health Association	Floating Support	31/03/2017	£46,894	Do not recommit provision. Transition funding has been made available to support clients to access alternative provision.

Community Focus	Community arts project (adults)	31/03/2017	£47,300	Do not re-commission provision. Currently funded through a corporate grant to subsidise courses – prices for courses will increase for clients and if they cannot afford this clients will be supported to access alternative provision (such as Barnet Mencap).
Outreach Barnet (Genesis)	Generic Floating Support Mental Health Floating Support	31/06/2017	£743,661	Do not extend. Re-commission (specialist mental health and generic floating support) with efficiency of £143,000
The review found that the following services are addressing key triggers and where contracts can be refined and efficiencies taken with no impact on delivery (agreed by providers)				
Age UK Barnet	Neighbourhood Services (inc Handy person, Strength and Balance)	31/03/2018	£602,000	Efficiency of £30,000 from 01.04.2017 No impact on service users.
Barnet Mencap	Bright Futures	30/09/2017	£363,000	Efficiency of £15k from 01.04.2017

Table 2: The following services are still in review:

Contractor Name / Parent Company	Service Name	Contract End Date	Annual value	Comments
Barnet Citizens Advice Bureau	Specialist Information and Advice and Advocacy services	30/06/2020	£273,794	Scheduled review as per contract. CCG contribution.
Barnet Citizens Advice Bureau	Community Advice	31/03/2020	£338,820	Scheduled review as per contract.
Richmond Fellowship Trust (Eclipse)	Mental Health Day Opportunities	12/01/2018	£183,461	Currently jointly commissioned with the CCG.

1.6 Consultation was carried out for the services where the proposal would have an impact on service users. Consultation was also undertaken with providers to assess the sustainability of the organisation to assess the full impact on residents. Therefore, consultation activity was carried out for the following services:

- Peer Support Planning and Brokerage (delivered by Inclusion Barnet)
- Wellbeing Services (delivered by Chinese Mental Health Association)
- Mental Health Project (delivered by Barnet Asian Women's Association)
- Community Arts Project (delivered by Community Focus)

3. Purpose

- 3.1. This report describes the responses to the consultation undertaken by Barnet Council with service users, families, carers and residents.
- 3.2. The report demonstrates Barnet Council's approach to consultation, engagement and the responses received.
- 3.3. The report aims to provide Adults and Safeguarding Committee with further information to be allow the Committee to make an informed decision with regards to adults social care prevention and early support services.

4. Consultation Activities

- 4.1 The consultation ran from the 28 November 2016 – 10 January 2017 with an online questionnaire (anonymous responses) being available during this period on the council's Engage Barnet website available to all stakeholders. A consultation document (appendix A 1) was available as well as an easy read version (appendix A 2). Alternative formats were available on request.
- 4.2 Service users and their carers and families were offered the opportunity to attend a face-to-face group discussion or 1-2-1 face-to-face or telephone conversations to provide feedback. Language interpretation was available where this was required or requested.
- 4.3 Focus group events and discussions for three of the organisations were undertaken prior to the 10 January 2017. However, due to difficulties in arranging the focus group for BAWA service users this focus group was undertaken on 11 January 2017, one day after the formal consultation had closed to allow for the service users to engage in the consultation. The responses from this focus group have been included.
- 4.4 The consultation asked the following questions about each proposal:
 - to what extent do you agree or disagree with the proposal (including the proposed alternative provision)
 - reasons why you agree or disagree with this proposal
 - what impact the proposal would have on you, your family or organisation
 - reasons for your answer.
- 4.5 The consultation and engagement activities are detailed in the tables below. Table 3 gives an overview of the consultation and engagement approach for each of the target audiences. Table 4 provides more information and details of the specific consultation activity.

Table 3: Consultation approach

Key target audiences	Methods of Communication to targeted audiences
Peer Support Planning and Brokerage (delivered by Inclusion Barnet) service users and their families	<ul style="list-style-type: none"> • Group meetings / focus groups • 1:1 phone calls • Email • Online questionnaire with the easy read/printed document available at the focus group and on request
Wellbeing Services (delivered by Chinese Mental Health Association) service users and their families	<ul style="list-style-type: none"> • Group meeting / focus group • Email • Online questionnaire with the easy read/printed document available at the focus group and on request
Mental health project (delivered by Barnet Asian Women's Association) service users and their families	<ul style="list-style-type: none"> • Focus group • Email • Online questionnaire • Printed questionnaires and posters at the organisations premises
Community Arts Project (delivered by Community Focus) service users and their families	<ul style="list-style-type: none"> • Group meetings / focus group • 1:1 meetings • Posted consultation document (including easy read) and letter • Online questionnaire
Residents (potential service users) and wider stakeholders	<ul style="list-style-type: none"> • Online questionnaire, promoted on the Engage Barnet page • Press release

Table 4: Consultation activity with service users and their families and carers

Stakeholders	Method	Number	Date
Service users, carers, organisations and wider stakeholders	Online questionnaire	129*	28.11.2016-10.01.2017
Peer Support Planning and Brokerage (delivered by Inclusion Barnet)			
Service users	Email: to promote online questionnaire and invite to focus group	80	29.11.2016
Service users and carers	Focus group	10	06.12.2016
Service users and carers	Focus group	6	16.12.2016
Service users	Telephone 1-2-1	17 called, 12 spoken to and responses recorded*	30.11.2016–06.01.2017
Wellbeing Services (delivered by Chinese Mental Health Association)			
Service users	Invite sent via email / letter where email was not available to all service users by CMHA	300	December 2016
Service users	Focus group	34	12.12.2016
Mental health project (delivered by Barnet Asian Women's Association)			
Service users	Focus group	14	10.01.2017

Service users	Focus group	8	11.01.2017
Community Arts Project (delivered by Community Focus)			
Service users	1-2-1 face-to-face discussions	5*	06.12.2016
Service users	Letter: including easy read consultation document, questionnaire and invite to focus group	90	09.12.2016
Carers and employees	Focus group	3 carers	09.01.2017
Service users	1-2-1 face-to-face discussions	2*	09.01.2017

*Please note that individual discussion (face-to-face and telephone) responses were recorded through the online questionnaire.

4.6 The council, through its commissioning and delivery teams, were in regular contact with the organisations throughout the consultation period.

5. Respondents

5.1 In total 204 responses were received throughout the duration of the consultation.

5.2 Questionnaire respondents

5.2.1 A total of 129 individuals (residents or people representing organisations) took part in the questionnaire (including seven easy read questionnaires returned by post). This achieved sample size is based on the total number of respondents to the questionnaire as a whole, and not the number of respondents to individual questions. The results presented are based on “valid responses” only, i.e. all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question depending on the extent of non-response¹.

5.2.2 Overall, out of the 39 people who provided the information the responses came from:

- 46% were current service users
- 8% were potential service users
- 8% were carers of current service users
- 3% were carers of potential service users
- 26% were other local residents
- 3% out of borough residents
- 8% represented a voluntary/community organisation
- 0% represented a public sector body.

¹ Please note that all numbers have been rounded to the nearest whole number

5.2.3 From the 66 people who provided the information:

- 11% were full time employed
- 26% were part time employed
- 5% were self-employed
- 0% were on a Government supported training programme
- 0% were in full-time education
- 5% were unemployed and available for work
- 8% sick or disabled people
- 38% retired
- 9% were looking after the home.

5.2.4 From the 64 who provided the information about residency:

- 36% owned with a mortgage or loan
- 30% owned outright
- 2% other ownership
- 16% rented from the council
- 9% rented from a housing association or another registered social landlord
- 3% rented from a private landlord
- 0% other rented or living rent free
- 0% part rent / part mortgage (shared ownership_
- 5% did not know.

5.2.5 From the 69 people who provided age information:

- 0% were 16 – 24
- 3% were 25 – 34
- 10% were 35 – 44
- 14% were 45 – 54
- 36% were 55 – 64
- 22% were 65 – 74
- 4% were 75+
- 10% preferred not to respond.

5.2.6 From the 78 people who provided gender information:

- 64% were female
- 28% were male
- 8% preferred not to respond.

5.2.7 Of the 41 females who responded to the question regarding pregnancy and maternity leave, 98% stated they were not pregnant with 2% preferred not to say and 100% stated that they were not on maternity leave.

5.2.8 Sixty-three people gave information about gender identity, 89% said this was the same as the gender they were assigned at birth, 3% stated that their gender was not the same as the gender assigned at birth and 8% preferred not to say.

5.2.9 From the 69 people who provided information about their ethnicity:

- 52% Asian / Asian British – Chinese
- 6% were Asian/Asian British – Indian
- 1% were Black – Caribbean
- 3% were Mixed – White and Asian
- 23% were White British
- 1% were White Irish
- 6% were White Other
- 3% identified with another ethnic group
 - Black British African
 - Anglo – Persian
- 4% preferred not to say.

5.2.10 Eighty-one respondents gave information about disabilities, 36% stated that they had a disability and 54% stated that they did not with 10% preferring not to say. Of the 30 people providing information about their disability:

- 3% stated that they had a hearing impairment
- 7% stated that they had a visual impairment
- 50% stated mobility issues
- 10% stated physical co-ordination issues
- 20% stated reduced physical capacity
- 20% stated that they had a learning disability
- 17% stated that they had a mental illness
- 7% stated they had other disabilities (not listed): epilepsy and various chronic conditions
- 7% preferred not to say.

5.2.11 Sixty-four people provided information about their religion / belief:

- 11% were Buddhist
- 20% were Christian
- 1% were Hindu
- 2% were Jain
- 2% were Muslim
- 44% stated that they had not religion / belief
- 3% stated that they had another religion / belief
- 17% preferred not to say.

5.2.12 Forty-seven people gave information about their sexual orientation, 70% identified as heterosexual and 30% preferred not to say.

5.2.13 Demographic information for responses to specific service questions is included, where available, in the relevant sections below (in section 6).

5.3 Focus groups

5.3.1 Sixty-one service users engaged in focus groups. Focus groups were held for each organisation, the following number attended each focus group:

- Inclusion Barnet: 16 service users and carers across two sessions, a mixture of participants including:
 - males and females
 - people from different ethnic groups including Asian, African, Polish and Greek
 - people with learning disabilities, physical disabilities and long term conditions.
- Chinese Mental Health Association (CMHA): 34 service users who were:
 - Chinese
 - majority female
 - 45 – 50+ years old
- Barnet Asian Women's Association (BAWA):
 - Eight Asian women
 - 14 people from the Asian community all over 55.
- Community Focus:
 - Three carers; one male and two females.

5.3.2 The consultation took an open approach which takes into account the views of service users, carers, volunteers as well as trustees and employees of the organisations.

6. What you said

Overall comments

6.1 Fifty-one people responded to the question regarding the overall approach to prevention and early support with 6% agreeing with the approach and 63% disagreeing. A further 4% neither agreed nor disagreed and 27% did not know.

6.2 The following individual comments were made:

- Disagreeing with stopping funding to small organisations
- Stating that solutions should have been developed with providers
- Disagreeing agreeing with stopping funding services for vulnerable people
- Ensuring that individual needs are met in times where resources are reducing

- Ending funding to independent organisations will create higher levels of need.

Service specific responses and comments

6.3 The tables below include the comments made and issues raised during the consultation. The comments received via the questionnaire have been brought together with the comments given via focus group discussion. The demographic data provided in this section is solely from the questionnaire, demographic data from the focus groups is at 5.3. The responses are grouped into themes.

Inclusion Barnet

- 6.4 Out of the 75 respondents, 83% disagreed with the proposal and 11% agreed. 5% did not agree or disagree and 7% did not know.
- 6.5 Out of 64 respondents, 84% felt that the proposal would have a negative impact on the respondent as a service user or their family or their organisation with 5% saying there would be no change and 11% saying they did not know. Four people who do not use the service stated that they would not be affected and that people could use other services.

Table 5: Consultation feedback (focus groups, 1-2-1 discussions, online questionnaires) relating to Inclusion Barnet

Theme	Comments
Access to Council Services and Social Workers	<p>The feedback has been that access to Social Worker is a big concern – difficult to get through by telephone to the Social Worker and lack of response to e-mails.</p> <p>The perception that there is a high turnover of Social Workers so there is not the consistency of the same worker – particularly difficult for people with autism.</p> <p>Perception that Social Workers are overloaded with work.</p> <p>Perception that there is less and less staff available to undertake good support planning.</p> <p>Participants felt that the alternative of social care staff will not be effective.</p>
Quality of Social Workers	<p>There is an impression that Social Workers are only concerned with money and are under pressure to not spend.</p> <p>People stated that Social Workers do not always have the knowledge and experience of disability and do not spend the time with the person.</p> <p>The Social Workers speak too fast - particularly difficult for</p>

	<p>people with learning disabilities and people with learning disabilities feel that they are being ignored.</p> <p>There was concern that Social Workers were not able to be asset based.</p> <p>A perception that they do not understand the person.</p> <p>Perception that the support plans from Social Workers are not very good.</p> <p>The perception is that the Peer Support Planners are very enabling and offering real choice and control to the person regards their support plan and meeting needs. This was felt not to be the case with Social Workers.</p>
<p>The importance of peer support planning and brokerage</p>	<p>The service is not a duplication of the Social Work role it is a highly valued service with very good service user feedback such as the high quality, empathetic service and comments about improving quality of life and keeping people independent.</p> <p>The peer support brokers have lived experience of disability, they are good role models and have such as a positive can do attitude.</p> <p>The Peer Support Planners are inspirational to the service user and family /carer. It is perceived that this cannot be replicated by Social Workers.</p> <p>The peer support planners also provide training and support to Social Workers.</p> <p>There is a trust between the Planners and the service user as they are independent of the Council and provide impartial information.</p> <p>There would be a loss of expertise with the planner's skills, local knowledge and experience.</p> <p>They are able to build relationships with people.</p> <p>Independent peer led planning and brokerage support is highly valued by service users, highly effective at enabling people to maintain their wellbeing and independence.</p> <p>People who tend to be distrusting of the council might accept an independent broker.</p>

	<p>Without this service, respondents felt that they would be worse off stating that they would not know where to go for information and support and one respondent stated that they would be depressed.</p>
<p>General</p>	<p>Question asked as to whether the lack of referrals by Social Workers was deliberate so that the service would fail.</p> <p>Question asked about the contract between Council and the provider. The Council has not fulfilled its part of the contract by not making the referrals –by not making good use of the service. (<i>organisation comment</i>)</p> <p>Question asked as to whether there has been a proper analysis of why there has been a lack of referrals when the feedback on the service is so positive.</p> <p>Under performance against the contract has been a longstanding issue. A review was undertaken in 2015 to develop an action plan to increase referrals. Why was no action taken by ASC to increase the number of referrals or to reduce the contract value to reflect the numbers using the service. (<i>organisation comment</i>)</p> <p>An option to tender for a reduced peer support service has not been considered and there are no alternative plans in place to ensure that social care clients have appropriate support to exercise choice in their care plans. (<i>organisation comment</i>)</p> <p>One respondent felt that other organisations could provide a better service.</p>

6.6 Of the 59 people who provided information²:

- 29% were current service users of Inclusion Barnet
- 5% were potential service users
- 42% were carers of current service users
- 5% were carers of potential service users
- 10% were other local residents
- 3% out of borough residents
- 5% represented a voluntary/community organisation
- 0% represented a public sector body.

² Information from the online questionnaire

Chinese Mental Health Association (CMHA)

- 6.7 Out of the 79 respondents, 4% agreed and 13% tended to disagree with the proposal, 58% strongly disagreed with the proposal, 3% neither agreed nor disagreed and 23% did not know.
- 6.8 Out of 69 respondents, 4% felt that the proposal would have a quite negative impact on the respondent as a service user or their family or their organisation, 64% felt there would be a very negative impact, 4% said there would be no change and 28% did not know.

Table 6: Consultation feedback (focus groups, 1-2-1 discussions, online questionnaires) relating to CMHA

Theme	Comments
Impact	There will be extra work and increased pressure on social workers.
Alternative provision	<p>Service Users would not find the alternative provision (Ageing Well Provision and Age UK) culturally acceptable claiming that members would prefer to stay at home. Service users felt it was important to participate in shared cultural activities and have a place to meet with other Chinese people and people with a common background. Respondents felt that cultural activities were good for mental health and wellbeing.</p> <p>One respondent stated that the non-threatening environment provided by CMHA was good for lonely, isolated individuals.</p> <p>Respondents felt that the service provided a range of activities, helped people to get out of the house, provided an opportunity to meet people and make new friends and provided a sense of belonging. Service users felt that the service was helpful.</p> <p>Comments were made about the problems with providing time-limited interpreting services through transition. Twelve respondents stated that they speak Chinese and that language barriers make accessing services very difficult.</p> <p>One respondent said that they use another service already.</p>
General	<p>CMHA's social and wellbeing activities are well received by the Chinese community in Barnet which happens to be one of the largest Chinese communities in London.</p> <p>One respondent, who agreed with the proposal, stated that it was important to provide inclusive and holistic services.</p> <p>One respondent felt that there were other organisations that could do provide a better service.</p>

6.9 Of the 53 people who provided information³:

- 64% were current service users of CMHA
- 8% were potential service users
- 0% were carers of current service users
- 4% were carers of potential service users
- 19% were other local residents
- 2% out of borough residents
- 2% health and social care professional
- 2% represented a voluntary/community organisation
- 0% represented a public sector body.

6.10 In addition, a consultation response was received from four core members of CMHA who raised the following points about the proposal:

- The question is phrased ambiguously and is not clearly defined. The outcome of the responses whether individuals agree or disagree with the proposal has not been made clear. There is no clear outcome for our members what will happen if the proposal is implemented or what will happen if we disagree with the proposal
- There is no clear outline as to the reasoning to not re-tender the service beyond the financial difficulties
- It is stated that the service is not delivering on the targets and is not providing good value for money. As representatives of the beneficiaries of the service, the core members felt that this is quite inaccurate and understood that the service has over achieved its targets and represents good value for money. Over the last couple of years, the service has grown from having a user base of around 100 to over 300 members; it has gone from biweekly to activities every week, new activities have been added in including interest groups that have listened to our desire to practice and preserve our cultural identities and diversity in the community
- Members have been provided opportunities to get involved more in the community, including the hosting of the Barnet WMHD event in 2016, and performances and participation at the ABBO Multicultural Festival and Parade
- The core members are concerned with the ability of elderly members and those with mobility issues in particular accessing the clubs was allayed with the integration of the Community Transport Service, allowing those without the means themselves to attend events and activities

6.11 Alternative provision:

- The Language Barrier is a problem for members and service users. Only the Wellbeing Service (CMHA) tailors for their specific Chinese language and cultural needs

³ Information from the online questionnaire

- The proposal for interpretation and translation was not received favourably. Most users are not comfortable with or have had a negative experience of translation and interpretation services received. Inaccuracies and misunderstanding of nuance is an issue, and in some cases the interpreter who does not speak the same dialect continued to try to provide translation
- The proposal for interpretation and translation is not a cost-effective solution
- The proposal for interpretation and translation will not maintain the same standard of service
- There are cultural issues that have been neglected. Translation and interpretation is not solely about translating verbatim, but to understand the cultural nuances and how people think in order to truly understand and convey the accurate message
- People have accessed the Wellbeing Service over a long period of time, some since the inception of the services over 10 years ago. Besides purely financial reasons, there seems to be no credible reason for the termination of the service to provide much needed support for the Chinese community. A sense of belonging and trust has been generated and the proposal to cut the service completely seems reckless and without due care
- The Wellbeing Service provides a platform for people to meet with friends and family, becoming lifelong friends in the process and access social care services. It is a place for people to meet up and exercise, particularly the elderly and the vulnerable, and be provided with support and assistance. Many of the members accessed the support for their housing needs, benefits advice, counselling and befriending services etc. at CMHA, all made possible by these connections. Without the Wellbeing Services, much of the support would have been far more difficult to access.
- Without the Wellbeing Service, there is a high risk of isolation being experienced in the community, especially in the elderly. Often, the Wellbeing Service is the only activity that members attend throughout the week and encourages them to get out of the door and experience activities in their own language and culture. Without the service, there is not a suitable place for them to go
- Family is an important part of CMHA member's lives, but family members are often too busy to be able to provide the support needed to access clubs such as at CMHA. The Wellbeing Service has been an invaluable service to help alleviate this with volunteers and staff providing service that not only helps the individual but family members, many of whom are unpaid carers
- The alternate provisions for current services do not seem credible or realistic and the proposal does not provide any detail. They do not meet the needs of the members with no in depth consideration of language, culture or comparable activities
- The consultation process does not seem to be conducted with adequate timescales

- To only allow approximately 3 months to find alternate provision whether it be from the organisation or the individual members does not seem appropriate.

Barnet Asian Women’s Association (BAWA)

- 6.12 Out of the 35 respondents, 17% agreed and 9% tended to disagree with the proposal, 17% strongly disagreed with the proposal, 6% neither agreed nor disagreed and 50% did not know.
- 6.13 Out of 30 respondents, 20% felt that the proposal would have a very negative impact and 3% said it would have a positive impact on the respondent as a service user or their family or their organisation, 7% said there would be no change and 70% did not know.

Table 7: Consultation feedback (focus groups, 1-2-1 discussions, online questionnaires) relating to BAWA

Theme	Comments
Service design	<p>Three respondents felt that services should not be segregated around cultural / race issues and that services should be inclusive.</p> <p>Service users felt that the alternatives would not meet cultural and language needs therefore Asian women would become isolated. Service users were concerned that there would be no other services for them if the service ended.</p>
Impact	<p>One respondent was concerned that other organisations are not familiar with people’s needs.</p> <p>Service users stated that the service was highly valuable, safe, provides emotional and wellbeing support. Service users feel listened to and understood which they do not feel at other services.</p> <p>One service user said they would be depressed without the support.</p> <p>One service user valued the opportunities to volunteer and learn new skills.</p> <p>There will be extra work and increase pressure on social workers.</p>
Alternative provision	<p>One focus group were positive about the alternative provision and agreed with the proposal as they felt:</p> <ul style="list-style-type: none"> • the support offered by BAWA was limited and not adequate • that the service was difficult to communication and work with • that the service was not inclusive • that the service was not managed well.

- 6.14 Of the 17 people who provided information⁴:
- 0% were current service users of BAWA
 - 6% were potential service users
 - 6% were carers of current service users
 - 12% were carers of potential service users
 - 59% were other local residents
 - 6% out of borough residents
 - 12% represented a voluntary/community organisation
 - 0% represented a public sector body.

⁴ Information from the online questionnaire

Community Focus

- 6.15 Out of the 47 respondents, 6% strongly agreed with the proposal, 19% tended to disagree, 30% strongly disagreed, 2% neither agreed nor disagreed and 43% did not know.
- 6.16 Out of 32 respondents, 9% felt that the proposal would have a quite negative impact, 27% felt that the proposal would have a very negative impact and 3% said it would have a positive impact on the respondent as a service user or their family or their organisation, 3% said there would be no change and 58% did not know.

Table 8: Consultation feedback (focus groups, 1-2-1 discussions, online questionnaires) relating to Community Focus

Theme	Comments
Outcomes	<p>Clients have developed strong relationships and peer groups over their time at Community Focus.</p> <p>People look forward to the classes. The classes are welcoming.</p> <p>Service users and clients spoke about how the courses support the increase of confidence and skills.</p> <p>Community Focus is unique and an excellent organisation providing meaningful activities.</p>
Service design and transition	<p>Important to manage service change for clients. (<i>carer comment</i>)</p> <p>Three respondents said that they or others would be unable to afford the increase in price.</p> <p>Friary House is a good venue, a community asset with good transport connections. Great to have access to the park which is used for physical exercise and enjoyed by the clients.</p> <p>It is important to have regular, consistent classes.</p> <p>Organisations need to work in partnership to deliver services.</p> <p>One respondent felt that the alternatives were not clear, especially for residential care.</p>
Meeting the needs of disabled people	<p>Social Care clients attend Community Focus although this is not part of their formal care plan. If Community Focus' provision ends how will the council ensure that these needs are met? (<i>carer comment</i>)</p>

	<p>The importance of recognising clients as individuals, each case is different. Community Focus is very person-centred.</p> <p>It is important to keep to small class sizes so that individuals are appropriately supported.</p>
Communication from the council about the ending of the grant and the review	The Council has not adhered to its own disinvestment policy in its communication with providers or the timescales for decommissioning (<i>comment from the organisation</i>).
Other	One respondent felt that the organisation did a good job and a change would be unlikely to improve the service and a tendering process would divert energy and resources.

6.17 Of the 31 people who provided information⁵:

- 42% were current service users of Community Focus
- 3% were potential service users
- 19% were carers of current service users
- 10% were carers of potential service users
- 16% were other local residents
- 3% out of borough residents
- 6% represented a voluntary/community organisation
- 0% represented a public sector body.

General comments about the consultation process

The following comments were raised by service users and organisation representatives about the way the consultation was carried out:

- Some service users are not computer literate or do not have access to computers
- A comment that the documents were not accessible for people who are not literate including the online questionnaire timing out/closing
- Some carers do not have the time to engage in the questionnaires
- Some individuals felt unable to share personal experiences and opinions in a group setting
- Some individuals asked how the consultation feedback would be used and whether the comments would be responded to.

7. Response and Next Steps

7.1 The outcomes of the consultation will be reported to Adults and Safeguarding Committee on the 23 January 2017.

⁵ Information from the online questionnaire