

Question Number	Item Number	Raised by	Question Raised	Answer
1	10	Louisa Lo (on behalf of the Wellbeing Club Core Group)	Barnet has the largest Chinese population in the UK (over 8K and an ageing population), and the Chinese Wellbeing Services (CWS) are the only service of its kind in the whole of North London currently, as most of them do not speak English, where would the Council expect them to turn to for help with their health and social care needs? Past research reports conducted in Barnet show this community is underrepresented in services and does not engage well with care professionals if left alone.	<p>The Council is committed to fair treatment and support for residents as set out in our corporate plan and strategic equalities objectives. The Council has undertaken a thorough review of the prevention services it funds, including the CMHA service. The wide range of prevention provision available in Barnet and commissioned by the Council was outlined in the report to the November adults and safeguarding committee. The council continues to fund a range of inclusive prevention and day services, which include specific services for all BAME groups including Chinese residents.</p> <p>Alternative provision for the current service users of CMHA is also outlined in table 4 of the Prevention and Early Support Review: Consultation Report contained within the published papers. The Neighbourhood model of older people's day services (delivered by The Barnet Provider Group of 15 voluntary sector groups) has not encountered language or cultural barriers. The Provider Group and its service users reflect the multi-ethnic nature of the borough. Staff and volunteers within the groups are proficient in a large number of European, middle-eastern, Asian and African languages. If required or requested by service users, the Provider Group matches volunteers to service users based on their common culture or shared language.</p> <p>The Council has made £20,000 available for this group of Chinese residents for the 2017/18 financial year to facilitate their transition to services within the Barnet Neighbourhood model to ensure Chinese residents, who may have need of the services in the future, will also be able to access these</p>

				<p>services. The council is also aware that CMHA provides other services commissioned by NHS Barnet CCG.</p>
2	10	Louisa Lo (on behalf of the Wellbeing Club Core Group)	<p>The October paper proposed an alternative service for the Chinese community after the termination of the CWS. Firstly, there isn't any other culturally and linguistically appropriate service for this community other than the CWS in Barnet. Research and experience shows a service aided with interpreters will cost more to run, putting its effectiveness aside. Secondly, the other alternative proposed in the October paper is the Wellbeing Hub. However, the Hub is a sign-posting service created by the Barnet CCG. It is a pilot project which may or may not be continued in a year's time. The pertinent point here is the Hub will need to have an appropriate Chinese service to refer Chinese people to; and for that reason, the Hub does not qualify as an alternative if the CWS is terminated.</p>	<p>The Wellbeing Hub is accessible to all residents. The service offers an Emotional Health Check (EHC) from trained Wellbeing Navigators. The EHC belongs to the individual and includes the formulation of a tailored wellbeing plan to help individuals identify their priorities and goals, and suitable services to meet their needs. Wellbeing Navigators assist with the signposting and introduction to the relevant services, working with a wide range of organisations and providers to provide support services or Wellbeing activities. Alternative provision is listed in table 4 of the Prevention and Early Support Review. The mental health and wellbeing needs of the Chinese community can be met through the Multilingual Wellbeing psycho-educational service provision within IAPT (which will continue to be delivered by CMHA) to support people from BAME communities, including the Chinese community, with needs around their mental health. Whilst the initial plan for the Wellbeing Hub is for one year, the service is a core part of the CCG's "Re-imagining mental health" strategy and both the CCG and the Council are committed to modernising mental health services. The CCG remains committed to the Re-imagining strategy, which has just been shortlisted for a national award for best practice. The Council is aware that the CMHA is working as part of the Wellbeing Hub.</p>
3	10	Louisa Lo (on behalf of the Wellbeing Club Core Group)	<p>How can the Equalities impact assessment for the removal of the CWS be considered negligible given the above 2 points.</p>	<p>The Equalities Impact assessment has been carried out thoroughly and in consideration of the Council's statutory duties. Recent reports such as the 2016 report by Dame Louise Casey into social integration indicate that inclusive services can be more effective in combatting social isolation and any perpetuating disadvantage through culture specific services. It also suggests that inclusive services which reflect</p>

				need within the diverse communities in the borough promote community cohesion and tackle disadvantage wherever it falls.
4	10	Louisa Lo (on behalf of the Wellbeing Club Core Group)	<p>The consultation process is not realistic:</p> <ul style="list-style-type: none"> • Over 80% of our members do not speak English and they are not computer literate or have access to computers. • Information provided in the documents is quite technical, ambiguous and abstract. It does not spell out what it actually means for the clients or their carers for the non renewal of the contract. • The questionnaire combined different services that were not necessarily relevant to the target consultation group. The printed version was unwieldy at 64 pages long, and therefore difficult to complete all of the relevant and necessary sections. • Unrealistic timescale provided for clients and carers to participate • Consultation was conducted during the festive period with many service users too busy to respond or away on holiday and unable to respond. 	<p>Discussions with the affected provider about the implications of the proposal, has been ongoing since the original extension of contracts (for a one year period) in March 2016. The consultation commenced following approval of the proposals at Adults and Safeguarding Committee on 10 November 2016.</p> <p>An online questionnaire was available from 28 November 2016 – 10 January 2017, with alternative formats including languages available on request. The consultation was promoted via the current service providers through a variety of means including posters and letters.</p> <p>129 people responded to the online questionnaire over the six week period. Sixty-one people were involved in focus group discussions. The majority of people engaged in the consultation were service users and carers of service users. The consultation included four services which have been involved in the Prevention and Early Support review; residents were able to skip the questions on services that they did not wish to answer questions about.</p> <p>Specific face-to-face consultation was carried out with service users on the individual services, asking questions specific to the individual services. Interpretation was made available where necessary. The consultation made available the option of a face to face meeting for any service user on request, with interpretation available where necessary.</p>

			<ul style="list-style-type: none">• We feel the consultation process should have been conducted once prior to the proposal being produced, and subsequently a follow up consultation on the proposal developed with our feedback in consideration.	
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