



# **Consultation on Proposal for the Redistribution of Resources from Day Assessment Unit to Memory Services in Harrow**

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**Independent review of public consultation**

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**March 2014**

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## Proposal for Redistribution of Resources from Day Assessment Unit to Memory Services in Harrow

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## **1. Introduction and Context**

CNWL has responsibility for the statutory mental health services for older people across Harrow. The services for older people include an inpatient service, a community mental health team (CMHT), a day assessment unit, an intermediate care service and a limited clinic-based memory service. Services are commissioned by Harrow Clinical Commissioning Group (Harrow CCG) and CNWL works collaboratively with Harrow Council.

This report describes the consultation for the redistribution of resources from Day Assessment Unit to Memory Services for Older People in Harrow.

## **2. Background**

In partnership with Commissioners, Statutory and Voluntary Agencies, the Trust's OPHA service line proposes to develop clinically-appropriate, recovery-focussed models of care in the community for older people in Harrow using specialist staff within community mental health services and newly developed memory services. This would be in line with local need in Harrow.

The development of a dementia pathway for Harrow is a key priority for the Trust and Commissioners throughout 2014/15. Work has begun to develop an effective pathway that will deliver high quality outcomes for the older population in Harrow. Key to the development of this pathway is the provision of a memory service to support the recovery-focussed model, and enable the patient and the clinician to work together on individual recovery goals which focus on community living.

Within the context of the above, the Day Assessment Unit in Harrow is considered to be an outdated model of service requiring modernisation. CNWL and Commissioners see this proposal as an opportunity to align current community mental health services in Harrow and develop new memory services to deliver the best outcomes for older people in the borough.

## **3. The Proposal**

To redistribute the resources of the Day Assessment Unit to Memory Services in Harrow.

### **(a) The Day Assessment Unit Model in Harrow is Outdated**

The role of the Day Assessment Unit (DAU) in Harrow is to undertake mental health assessment and monitoring of the individual's needs. A plan of care is subsequently put in place, which is reviewed regularly. Currently, the Harrow Day Assessment Unit is staffed by mental health nurses, occupational therapists and support staff. There are also sessions provided by medical staff and psychologists. The service runs a therapeutic group programme to support people in maintaining good mental health and independence in the community. In addition to patients attending the DAU, the service carries out some limited outreach work but is mainly unit-based. The unit is open five days a week, with current patients attending one or two half day sessions a week.

For Harrow, modern community mental health services for older people are providing personalised, recovery-focussed care and treatment in the local community; to patients in their own homes and in primary care settings alongside the voluntary sector and the local borough council. Flexibility is achieved through offering service users and carers greater choice and control over their health services in order to meet their changing needs.

(b) Provision of Memory Assessment Services in Harrow

Within Harrow, there is a limited specialist service for assessment and screening of early diagnosis and support to people who may have or go on to develop dementia. Currently there is limited capacity within the specialist memory assessment service, and the demographic challenges of an increasingly ageing population has resulted in demand for this type of service far exceeding current service provision.

These two factors have led to increased waiting times for memory assessment and diagnosis, which peaked at six months in 2013. There were also a high number of complaints from patients and carers due to the stress of having to wait such a long time to receive a diagnosis. CNWL acknowledged that this standard of service was unacceptable and proposed to shift funds from the Harrow Day Assessment Unit in order to develop a comprehensive Memory Assessment Service in Harrow. This should enable the Trust to meet the required standards for diagnosis, treatment and support for dementia set by the Department of Health NICE guidance and, in particular, the local Dementia Strategy in Harrow which is driven collaboratively across the borough by both statutory and non-statutory organisations.

The proposal to shift funds from the Harrow Day Assessment Unit to a comprehensive Harrow Memory Assessment Service is critical to this development and will meet the following standards:

- ☒ Ensure the commissioning and delivery of services within OPHA are most appropriate for the population in Harrow.
- ☒ The needs of clients accessing services are delivered by the most appropriately trained staff, in the most appropriate care setting.
- ☒ To deliver an early diagnosis and appropriate post-diagnostic interventions such as medication and cognitive stimulation therapy.
- ☒ Reduction in unscheduled hospital admissions and long-term care due to effective support in the community.
- ☒ To provide post-diagnostic counselling.
- ☒ To advise the person with dementia and their carer on financial benefits and housing.
- ☒ To assess and advise on assistive technology.
- ☒ To provide a single point of access to memory services, ensuring a whole systems approach is taken.
- ☒ Provide peer support for the person diagnosed with dementia and their carers through user and carer groups.
- ☒ This model has been demonstrated as effective across our other CNWL OPHA services and is a fundamental aspect of our modernisation agenda.

**4. Aims of the Modernisation Project**

The key aims of the modernisation project are to:

- ☒ Develop a modern and progressive mental health service to the residents of Harrow.
- ☒ Emphasise the promotion of wellbeing, recovery, independence, and promoting social exclusion
- ☒ Provide appropriate services for older people in the community.
- ☒ Increase capacity of the current memory services.
- ☒ Improve the current care pathways from referral to diagnosis and treatment for people with dementia.
- ☒ Shift settings of care through closure of the Harrow Day Assessment Unit to community provision, i.e. Harrow Memory Service.

- § Ensure Memory Services are delivered in least restrictive settings of care in particular in community and primary care settings
- § Enhance patient satisfaction.
- § Release financial resources where appropriate to support delivery of an effective memory assessment service.
- § Offer value for money.
- § Provide a timely and quality memory assessment service to Harrow residents.

## 5. Current Cohort of Patients in the Day Assessment Unit

With the above in mind, CNWL Older People and Healthy Ageing service line undertook a review of the current cohort of 17 day hospital patients to look in detail at their care and support needs within the proposed model. It can be demonstrated that this shift in resources can be achieved. Day Assessment Unit care will be provided in the community through the CMHT and the new Specialist Memory Service and there will be minimum impact on Social Services.

OPHA staff have been able to develop robust care and support plans for current service users. Staff are already working more closely with their CMHT and memory service colleagues providing a link-working role for patients at both the entry point and particularly the point of discharge from the Day Assessment Unit. This has enabled the ongoing support of patients from the DAU and prevented any re-admissions to DAU. Patient numbers in the DAU have subsequently dropped from 23 in November 2013 to 17 with no readmissions.

## 6. About the Consultation

Guidance on the level of consultation to be undertaken is available from the Department of Health – [“Real involvement: working with people to improve services \(October 2008\)”](#). This sets out the duty to involve patients, carers and other stakeholders required by the NHS Act 2006 as amended by the **Local Government and Public Involvement in Health Act 2007)**



In particular:

- § s242, part 1(B) – Highlights that CNWL must make arrangements, in respect of health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:
  - (a) the planning of the provision of those services

- (b) the development and consideration of proposals for changes in the way those services are provided
- (c) decisions to be made by affecting the operation of those services.

§ s244 – Requires CNWL to consult the relevant local authority overview and scrutiny committees (OSCs) on any proposals for a substantial variation in the provision of services.

A formal public consultation was undertaken from 1 November 2013 to 31 January 2014, seeking the views of local people and organisations about the plans.

During the consultation period, views could be expressed at two public meetings, there were two drop-in sessions and comments could be e-mailed (through a dedicated email address) or written comments could be made to CNWL.

The public consultation involved a range of activities to obtain views on the proposals, which are set out in this report. It aimed to reach as many service users and residents as possible within Harrow, either directly or through groups.

## **7. Equality Impact Assessments**

The Equality Act 2010 places a duty on all public bodies to ensure that equalities issues are considered when decisions are taken regarding changes to services. NHS organisations have a duty under this legislation to:

- § Assess the impact of proposed service changes on identified groups likely to suffer health inequalities and/or barriers to equality of opportunities.
- § Ensure the effective involvement of these or other groups less likely to participate.

We understand an initial Equalities Impact Assessment (EIA) on the proposed service change was carried out in 2011 by the OPHA service and revisited as a benchmark for this consultation – a further ‘progress’ report will be presented at a later date.

The public sector quality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people’s needs. The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Both CNWL and Harrow CCG have their own equalities policies or strategies which address equalities issues.

As announced in March 2014, CNWL came first in the [Stonewall Healthcare Equality Index](#), which showcases the most gay-friendly healthcare organisations in England.

## **8. About this Report and Our Brief**

This report has been produced by Verve Communications Limited, a company which specialises in supporting consultation exercises and patient, public and stakeholder engagement by NHS organisations. [www.vervecommunications.co.uk](http://www.vervecommunications.co.uk)

Verve was commissioned to provide an independent review and analysis of the comments received in response to the consultation. The purpose of our report is to provide a summary of the consultation exercise to inform CNWL, Harrow Clinical Commissioning Group and the Local Authority Harrow Overview and Scrutiny Committee and other key stakeholders in their consideration of the proposals. It should be noted that this was primarily a desk exercise based on information provided by CNWL, although a Verve consultant attended as an independent observer at one of the public meetings. No consultation responses, correspondence, calls or complaints were sent directly to Verve, and our role was therefore to analyse only the documents provided to us as follows:

- 🔗 Attend one public meeting to ensure an independent record including transcriptions.
- 🔗 Process and analyse any consultation returns including questionnaires and qualitative feedback from the public consultation meetings.
- 🔗 Provide a draft report on the consultation response.
- 🔗 Provide a final report on the overall consultation process and present findings if required.
- 🔗 Methodology.

## 9. **Public Information and Promotion**

The main vehicle for providing information about the consultation and options was by the circulation of an eight-page consultation document “Consultation on proposal for the redistribution of resources from day assessment unit to memory services in Harrow”. **750** copies of the full consultation document were printed and circulated (see table below). CNWL also produced an Easy Read version of the document (250 copies). A leaflet/‘flyer’ was produced and initially 750 copies were circulated to interested parties (see table below) and these were made available at key locations and offices (including public libraries in the borough). 300 additional copies of the main consultation document were subsequently ordered and distributed.

The flyers highlighted the consultation period, promoted the two public meetings and provided information about where more information could be found and how copies of the document could be obtained.

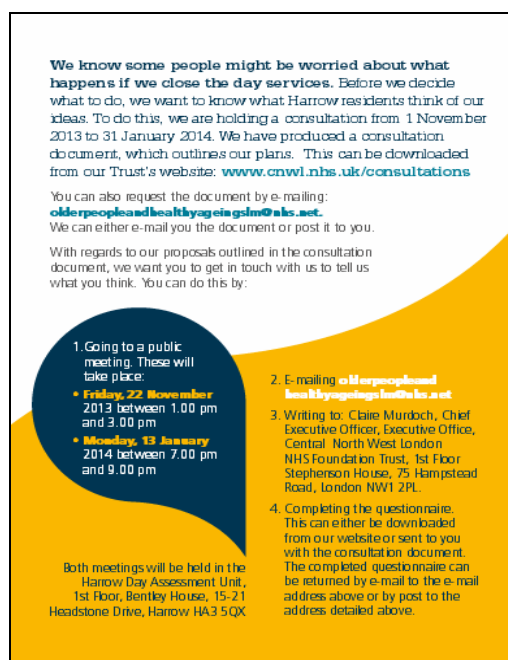
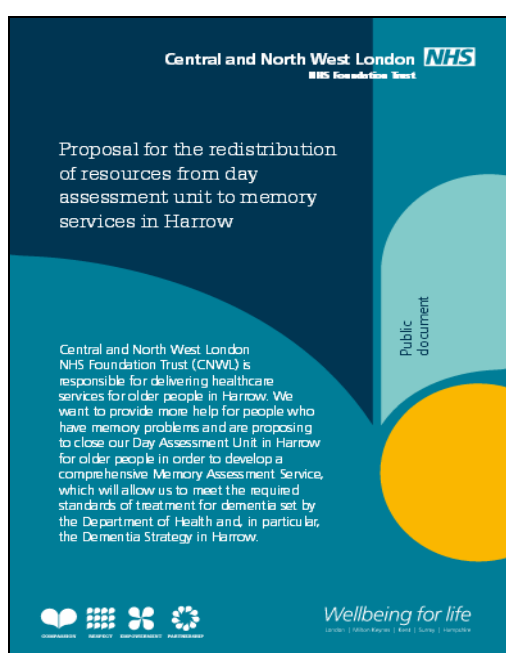
Recipient	Consultation Document	Consultation Document Easy Read Version	Flyer
Sue Whiting, Head of Commissioning (Mental Health, Learning Disabilities and Carers), NHS Harrow	5	3	5
Age UK Harrow	5	3	5
Alzheimer’s Society Harrow	5	3	5
Harrow Healthwatch	5	3	5
Byron Day Centre	5	3	5
Millmans Resource Centre	5	3	5
Templeton	5	3	5
Personalisation Team 1, London Borough of Harrow	5	3	5
Personalisation Team 2, London Borough of Harrow	5	3	5
Reablement Team, London Borough of Harrow	5	3	5
Long Term Care Management Team, London Borough of Harrow	5	3	5
Harrow Carers	5	3	5
Jewish Care	5	3	5
Sneh Care	5	3	5
Asian People’s Disability Alliance	5	3	5
Freemantle Trust	5	3	5
Harrow Association of Disabled People	5	3	5

Recipient	Consultation Document	Consultation Document Easy Read Version	Flyer
Loud and Clear Advocacy Service	5	3	5
DIWA Asian Women's Network / Yakeen Counselling Service	5	3	5
EACH Ethnic Alcohol Counselling Service	5	3	5
MIND in Harrow	5	3	5
Harrow Association of Somali Voluntary Organisations (HASVO)	5	3	5
Harrow African Caribbean Association	5	3	5
Afghan Association Paiwand	5	3	5
The Circle Practice, Harrow GP	5	3	5
204 Kings Road, Harrow GP	5	3	5
Simpson House Medical Centre, Harrow GP	5	3	5
The Medical Centre, Harrow GP	5	3	5
Bacon Lane Surgery, Harrow GP	5	3	5
1 Streatfield Road, Harrow GP	5	3	5
Roxbourne Medical Centre, Harrow GP	5	3	5
Pinn Medical Centre, Harrow GP	5	3	5
Honeypot Medical Centre, Harrow GP	5	3	5
196 Pinner Road, Harrow GP	5	3	5
The Northwick Surgery, Harrow GP	5	3	5
Hatch End Health Centre, Harrow GP	5	3	5
The Stanmore Medical Centre, Harrow GP	5	3	5
GP Direct, Harrow GP	5	3	5
Elliott Hall Medical Centre, Harrow GP	5	3	5
The Shaftesbury Medical Centre, Harrow GP	5	3	5
The Charlton Medical Centre, Harrow GP	5	3	5
The Ridgeway Surgery, Harrow GP	5	3	5
Belmont Health Centre, Harrow GP	5	3	5
Pinner View Medical Centre, Harrow GP	5	3	5
46 & 45c South Parade, Harrow GP	5	3	5
The Kenton Bridge Medical Centre, Harrow GP	5	3	5
Wasu Medical Centre, Harrow GP	5	3	5
The Surgery, Harrow GP	5	3	5
Headstone Road Surgery, Harrow GP	5	3	5
48 Harrow View, Harrow GP	5	3	5
St Peter's Medical Centre, Harrow GP	5	3	5
Belmont Health Centre, Harrow GP	5	3	5
The Heights, Harrow GP	5	3	5
Honeypot Lane Centre, Harrow GP	5	3	5
The Wealdstone Centre, Harrow GP	5	3	5
Northwick Park Surgery, Harrow GP	5	3	5
4 <sup>th</sup> Floor, The Heights, Harrow GP	5	3	5
Alexandra Avenue HCC, Harrow GP	5	3	5
37 Love Lane, Harrow GP	5	3	5
The Pinn Unregistered, Harrow GP	5	3	5
Brent & Harrow Safe Haven Unit, Harrow GP	5	3	5
Community Nurses Harrow CCG (included in Harrow GP section)	5	3	5
ADHD Service (included in Harrow GP section)	5	3	5

The consultation documents were also distributed to a number of libraries in the area and to the local Citizen's Advice Bureau



Gayton Library	Garden House, 5 St John's Road, HA1 2EE
Bob Lawrence Library	6-8 North Parade, Mollison Way, HA8 5QH
Hatch End Library	Uxbridge Road , HA5 4EA
Kenton Library	Kenton Lane, HA38UJ
North Harrow Library	429-433 Pinner Road, HA1 4HN
Pinner Library	Marsh Lane, HA5 5NQ
Rayner Lane Library	226 Imperial Drive, Harrow, HA2 7HJ
Roxeth Library	Northolt Road, South Harrow, HA2 8EQ
Stanmore Library	8 Stanmore Hill, Stanmore, HA7 3BQ
Wealdstone Library, The Wealdstone Centre	38-40 High Street, HA3 7AE
Harrow Citizens Advice Bureau, Adjacent to Civic Centre	Civic 5, Station Road,



Figures 1 & 2: Harrow OPHA Consultation Document and Consultation Flyer

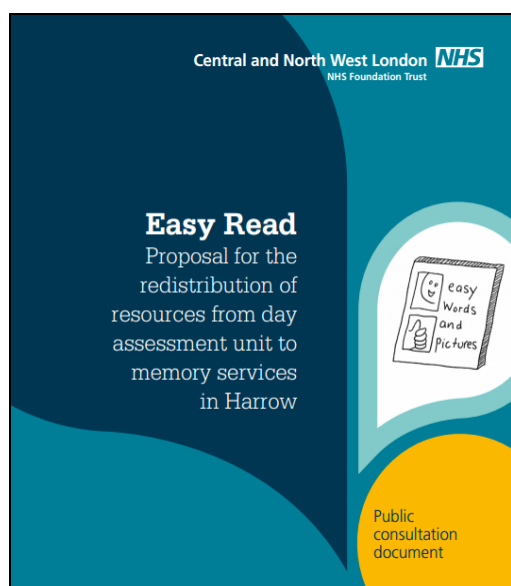


Figure 3: Easy Read version of consultation document

A dedicated section of CNWL’s website contained information about the consultation where the consultation document could be viewed and downloaded and was available in the following formats:

- [!\[\]\(467d80e979964f7f8c752fb22248b5b7\_img.jpg\) Harrow OPHA consultation document](#)
- [!\[\]\(b71552d33dbf62adf5e5199a70ee02bf\_img.jpg\) Harrow OPHA consultation flyer](#)
- [!\[\]\(03134b765d1473836ff001925b1b0550\_img.jpg\) Harrow OPHA consultation document \(easy read version\)](#)

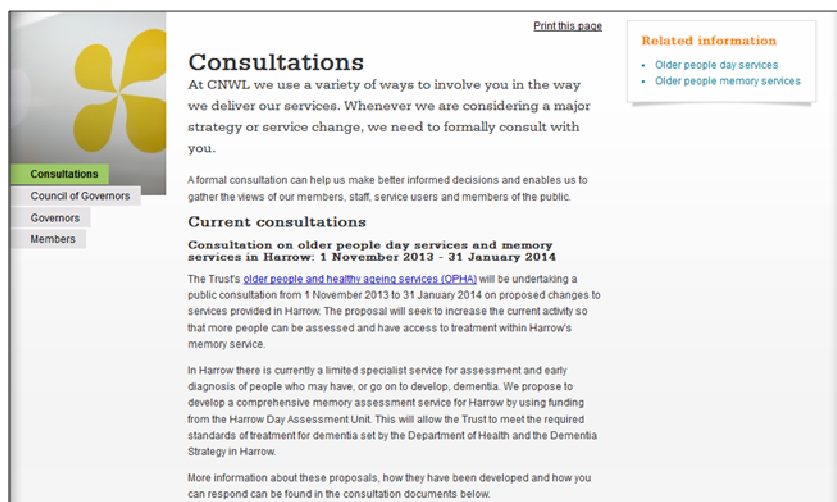


Figure 4: Screenshot of consultation on the CNWL website

Two public meetings were held at the Day Assessment Unit, Bentley House, 15-21 Headstone Drive, Harrow, Middlesex during the consultation period. An MS PowerPoint slide presentation was produced to support senior staff and clinicians in making presentations at these meetings and was made available for participants.

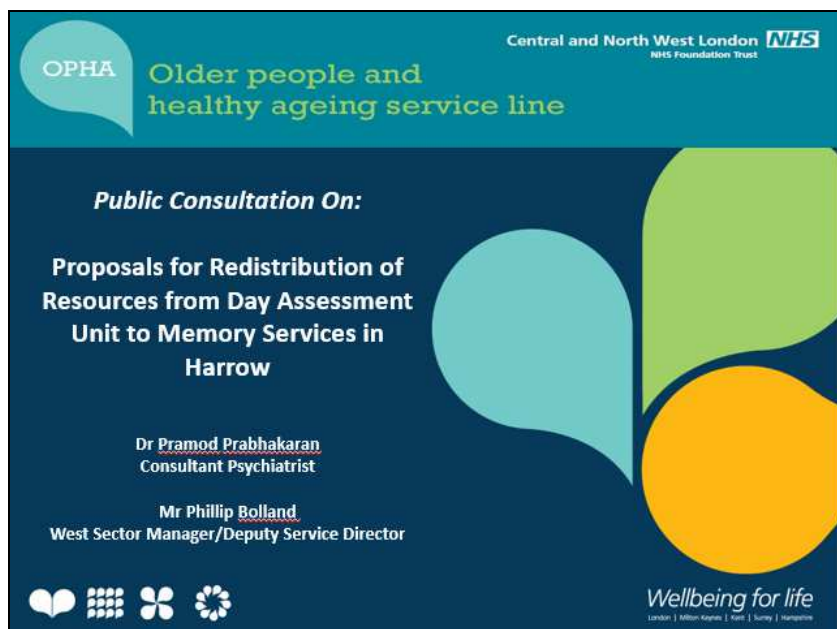


Figure 5: Slide presentation delivered at public meetings

Four ‘public information’ advertisements appeared in the Harrow Observer and the Harrow Times, both hard copy and online (see **Appendix A**) - again highlighting the consultation period, promoting the public meetings and indicating where information could be obtained:

- § **Harrow Observer** - Adverts appeared on 14th November 2013 and 9th January 2014
- § **Harrow Times** - Adverts appeared on 14th November 2013 and 9th January 2014

## 10. Gathering Information

Comments from stakeholders, service users, carers and local people, in response to the formal public consultation, were to be gathered through the following channels:

- § Two public meetings arranged specifically for the consultation.
- § A focus group with the users and carers of the Harrow Day Assessment Unit (DAU) on 18 December 2013 (a letter was circulated to service users and carers - see **Appendix B**). (Notes of the focus group are attached at **Appendix F**).
- § A presentation at Milman's Resource Centre by CNWL to staff, carers and users on 23 January 2014 at "Annie's Place" – a drop-in for people with dementia. (Notes are attached at **Appendix C**).
- § Written contributions from organisations and stakeholder groups.
- § Comments received by the CNWL from individuals via dedicated email ([olderpeopleandhealthyageingslm@nhs.net](mailto:olderpeopleandhealthyageingslm@nhs.net)) or in the post.
- § An online version of the questionnaire that the public could download, complete and return. (See **Appendix D**).
- § A notice about the consultation was e-mailed to carers in Harrow on the 6.2.14 by Allie Brice, Carer Lead Officer, Safeguarding Assurance & Quality Services Team, Community, Health & Wellbeing, Harrow Council. The notice stated that although the formal consultation period had closed, CNWL OPHA would be happy to receive any comments, queries etc. up until the end of February. The e-mailing list comprised approximately 700 carers in Harrow. (See **Appendix E**).

## 11. Public Meetings, Focus Group at the DAU and Presentation to Milman's Resource Centre

### (a) Public Meetings

Two public meetings were held at the Day Assessment Unit, Bentley House, 15-21 Headstone Drive, Harrow, Middlesex on:

- § Friday, 22 November 2013 (1.00pm to 3.00pm)
- § Monday, 13 January 2014 (7.00pm to 9.00pm)

Both meetings followed a similar format, with an opening presentation by **Dr Pramod Prabhakaran, Consultant Psychiatrist and Mr Philip Bolland, Deputy Service Director of OPHA**.

A number of senior staff and clinicians also supported the presentations and were available to answer questions from the floor, including Sue Whiting, Head of Mental Health, Harrow Clinical Commissioning Group, and a member of the Royal Pharmaceutical Society (January 13 event) who attended as a member of the public. The presenters also offered to meet with participants individually if required.

A total of 13 individuals attended the first public meeting on 22 November 2013. All were asked to sign an attendance sheet and to indicate the role or organisation they were attending on behalf of. The breakdown shows that the meeting was attended by:

- § Mr Philip Bolland, Deputy Service Director, CNWL

- § Dr James Warner, Clinical Director, CNWL
- § Debbie O'Mahony - Business & Service Improvement Manager, CNWL
- § Sue Whiting, Harrow Commissioner
- § x1 staff member from Harrow CMHT
- § x3 staff members from Harrow Memory Service
- § x1 staff member from West Sector Memory Services
- § x3 doctors from Harrow community services
- § x1 Administrator (the note-taker at the meeting)

A total of 9 individuals attended the second public meeting on 13 January 2013. Again, all were asked to sign an attendance sheet and to indicate the role or organisation they were attending on behalf of. The breakdown shows that the meeting was attended by:

- § Dr Shirlony Morgan, Clinical Lead, West Sector OPHA
- § Sue Whiting, Head of Mental Health, Harrow Clinical Commissioning Group
- § Dr Pramod Prabhakaran, Consultant Psychiatrist, Harrow
- § Mr Philip Bolland, Deputy Service Director
- § Debbie O'Mahony - Business & Service Improvement Manager, CNWL
- § x1 user of the DAU and his carer
- § x2 members of the public
- § Consultant from Verve Communications

The presentation included a series of slides which summarised the case for change, the rationale, information about the proposals, and the consultation process. This was followed by a Q&A session.

Notes of the questions and comments made were taken, provided to Verve and have been analysed within this report. As well as receiving local people's views, the meetings also provided an opportunity to ask questions of clinical leaders and senior staff, which enabled local people to develop a better understanding of the proposals and issues.

(b) Focus Group at the Harrow Day Assessment Unit

CNWL OPHA representatives set up a focus group for users/carers and staff of the Harrow Day Assessment Unit (DAU) to present the proposals and to answer queries, hear users' and carers' views and to respond to any concerns raised. In attendance at the Focus Group were:

- § 8 patients
- § 1 carer
- § 6 members of staff from the Harrow DAU.

The following members of senior OPHA staff attended to deliver the presentation and to answer queries:

- § Dr Pramod Prabhakaran, Consultant Psychiatrist, Harrow.
- § Katie MacQueen, Occupational Therapist, Harrow DAU.
- § Debbie O'Mahony, Business & Service Improvement Manager.

Notes of the Focus Group can be found at **Appendix F**.

(c) Drop in at Milman's Resource Centre on 23 January 2014

CNWL OPHA representatives attended "Annie's Place" – one of the drop-in sessions held at Milman's Resource Centre – on the 23 January 2014 to present their proposals and to answer queries, hear users'/carers' views and to respond to any concerns raised. In attendance from CNWL OPHA were:

- § Dr Pramod Prabhakaran, Consultant Psychiatrist, Harrow.
- § Dr Shirlony Morgan, Consultant Psychiatrist (Harrow) & West Sector Clinical Lead.
- § Katie MacQueen, Occupational Therapist, Harrow DAU.
- § Debbie O'Mahony, Business & Service Improvement Manager.

The presentation was attended by: 8 users, 2 carers and 6 staff from Milman's Resource Centre. In addition, there were 2 staff from the Harrow Reablement Team. Two other people attended for the latter part of the meeting:

- § Una Taylor, Service User Engagement Officer, Quality Assurance Team, Harrow Council.
- § Allie Brice, Carer Lead Officer, Safeguarding Assurance & Quality Services Team, Community, Health & Wellbeing, Harrow Council.

Notes of the presentation at Milman's can be found at **Appendix C**.

**12. Additional Meetings and Presentations (Pre and Post-Consultation)**

We understand that the Harrow Clinical Commissioning Group Commissioner plans to present the findings of the consultation informally at a Harrow CCG Seminar, before a formal Board meeting. At the time of writing this report there were also representatives from CNWL OPHA on the agenda of Harrow Council's Health & Social Care Scrutiny Sub-Committee meeting on the 23 April 2014. CNWL OPHA initially presented the proposals to that forum in October 2013. The members of the Sub-Committee asked CNWL to return to present the findings when the formal consultation period ended.

**13. Response**

No written responses were received and 22 people (including staff) were recorded as having attended the two public meetings. After a presentation at each meeting those attending were able to ask questions about the proposals. Some questions did not relate directly to the issues although these were responded to by the staff and clinicians in attendance.

From notes provided of the meetings by CNWL and attendance at one meeting by an independent consultant, a range of issues were raised and questions asked about the proposals. These included notes from the focus group with the users and carers of the Harrow Day Assessment Unit on 18 December 2013. Verve was also given notes from a 'drop in session' at Milman's Resource Centre. Milman's was on the consultation stakeholders' list and had been sent copies of the proposal documents.

Having analysed these, they have been broken down into four broad areas:

- (a) Financial resources and changes to the NHS
- (b) Community care
- (c) Closure of the unit
- (d) Communication and information

(a) Financial resources and changes to the NHS

Issues were raised over creeping privatisation and the fact that the ‘cradle to grave’ offer of the NHS was no longer the same but participants recognised the huge increases in population meant that there was a very different challenge facing today’s NHS.

There were concerns about how the financial savings would be reinvested and whether Harrow CCG were ‘lobbying’ government hard enough to get more investment. A participant from the drop in session at Annie’s Place suggested that people living in Harrow were being penalised – as not as much funding has been put into dementia diagnosis and treatment as other London boroughs.

One participant at the second public meeting raised the difference in funding between Harrow, Brent and Hillingdon. The Harrow CCG representative explained that Harrow had an historic deficit to contend with versus Brent’s operating surplus. The intention moving forward was to offer a much more integrated service.

Dr Prabhakaran explained the Pioneer Programme (integrated care) at the DAU focus group and how pooled budgets between the NHS and the local authority would make sense.

*“We all want the same outcome – a better quality of life for older people with dementia.”*

(b) Community Care

There were concerns over how community services might cope with increased demand and also over social isolation and fragmentation of services. The CNWL response was that there would be a named care coordinator to prevent this happening and better early diagnosis of dementia wherever possible. CNWL would look at this as part of the integrated care agenda and provide more coordinated care in partnership with Social Services, with better support from multidisciplinary teams on offer.

(c) Closure of the unit

Participants at one of the meetings praised the service on offer at the unit and wanted to know how this could possibly be bettered by the new memory service.

*“If it’s not broken, leave it alone”*

OPHA reps. responded that the Memory Assessment Service and the CMHT would continue to provide the therapeutic groups currently on offer in the Day Assessment Unit. In addition, support will be delivered to people in their own homes and staff would work with individuals to identify alternative sources of support in the community which will assist people with their social functioning.

CNWL staff noted that quite a lot of work was already taking place in the community in the form of outreach work by the DAU staff. This would be replicated by the CMHT and the Memory Service.

Memory Service workers would be going into Milman’s Resource Centre and running therapeutic groups and also supporting the Centre’s staff to run groups.

However, there was also concern about loss of the communal aspect of the unit. One father and son had found the service a ‘comfort zone’ and were worried about possible isolation caused by the closure.

### *“Why not start with the hub and build out?”*

There was also concern about a possible loss of respite for carers if the DAU was closed. CNWL promised that the enhanced Memory Service would look at carers’ needs through detailed carers’ assessments. Each carer would be assigned a named memory assessment worker to work with carers to identify how respite could continue to be provided.

#### (d) Communication and Information

Participants wanted to know how they could get better access to information about services, where were the contact points and how could patients and family be educated to help spot early signs of dementia?

The representative from the Royal Pharmaceutical Society explained that their organisation would be doing more both through NHS ‘community pharmacy Call to Action’ and through offering training to their members around early detection of dementia.

#### **14. Summary**

The CNWL consultation was targeted at service users, user groups, health professionals, relevant local organisations and voluntary organisations. The consultation was also advertised in the local press and on the CNWL website to ensure interested members of the general public would also have the opportunity to comment.

From the material received, our observations from one of the two meetings and the absence of negative campaigning or adverse press coverage, there is little opposition in the borough to the proposal. However, there are clearly concerns from those people who have been directly involved with using the DAU, either currently or historically.

In our view, this report provides a fair, balanced and comprehensive independent review and analysis of the consultation exercise and the limited responses received.

### **APPENDICES**

A number of appendices have been embedded into the Appendices section on the Contents page of this report:

- Appendix A:** Press notice.
- Appendix B:** Letter to DAU users and carers re Focus Group.
- Appendix C:** Notes from drop in session at Milman’s (23 January 2014).
- Appendix D:** Questionnaire.
- Appendix E:** Word document attachment that was sent via an e-mail to Harrow Carers from Allie Brice.
- Appendix F:** Notes from DAU presentation to focus group (18 December 2013).