REPORT FOR: HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE

Date of Meeting: 23 April 2014

Subject: Outcome of Public Consultation Exercise: *"Proposal for Redistribution of Resources from Day Assessment Unit to Memory Services in Harrow"*

Responsible Officer: Ms Natalie Fox, Service Director, Older People & Healthy Ageing (OPHA) Service Line, Central & North West London NHS Foundation Trust (CNWL)

Scrutiny Lead Member area: Councillor Sachin Shah, Performance Lead & Councillor Ben Wealthy, Policy Lead

Exempt: No

Enclosures: A number of appendices are embedded in the Contents page of the report

Section 1 – Summary and Recommendations

This report sets out the findings of the independent review and analysis of the comments received in response to the public consultation.

The purpose of the 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.

Recommendations:
The independent review concluded that there is little opposition in the borough to CNWL's proposal to redistribute the resources from the Day Assessment Unit to Memory Services in Harrow. Members are requested to comment on the proposals to close the Day Assessment Unit and redistribute the funding to develop a full Memory Assessment Service in Harrow.

Section 2

The development of a dementia pathway for Harrow is a key priority for CNWL NHS Foundation 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.

Background

The prevalence of dementia in over 65 year olds in Harrow was estimated as 7.7% in 2007, giving Harrow the highest prevalence of dementia of the 8 London boroughs in the North West London sector and a higher prevalence than the London average.

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.

Current situation

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.

Why a change is needed

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.

The proposal will seek to increase the current activity in the Day Assessment Unit to more people being assessed and treatment commenced within the Memory Assessment service. This also supports the national and local vision to move away from building-based Day Hospitals to provide a modern and progressive mental health service to older people in line with CNWL's vision for mental health services and local commissioning strategies for out of hospital services. The Department of Health *National Strategy for Dementia: Living Well with Dementia 2009* has set the direction for dementia services.

The proposal will 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.

Implications of the Recommendation

Resources, costs – The proposal is cost neutral – we are seeking to redistribute existing resources.

Staffing/workforce – We will undergo a change management process for existing staff in the Day Assessment Unit who will be affected by the process. This will be done in line with Trust policies.

Equalities impact – This is currently being undertaken.

Financial Implications
No financial implications. CNWL is seeking to redistribute existing resources.

Performance Issues
The proposal will enable a decrease in the current patient waiting time for the Harrow Memory Service. It will also allow us to increase the dementia diagnosis rates in Harrow to enable the CCG to comply with strategic commissioning targets.

The current waiting time in the Harrow Memory Service is 17.2 weeks from referral to assessment. With the development of a full Memory Service, we are aiming to reduce this to 3 weeks. With regard to dementia diagnosis rates, we are currently diagnosing 45% of known incidence rates in Harrow. We are expecting to reach 67% in 2014/15 in line with national commissioning targets.

This proposal will enhance and modernise delivery of mental health services for older people in Harrow.

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. CNWL and Harrow CCG 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.

We would not be able to deliver mental health services to older people in Harrow in line with our preferred model and the borough would not be congruent with its partner boroughs in this respect, if the proposals were not implemented. In addition, without a fully functioning Memory Service, Harrow will not be able to meet the target for dementia diagnosis rates.

Environmental Impact

Not applicable.

Risk Management Implications

Waiting times for memory assessment, diagnosis and treatment will continue to increase. This will result in under-diagnosis of dementia rates in Harrow.

There is supporting evidence that the current Harrow population may be at higher risk than other sectors as there is a significant number of the population with health factors that contribute to dementia. Harrow has the highest North West sector rate for coronary heart disease, stroke and transient ischemic attacks, hypertension, heart failure, asthma, diabetes, chronic kidney disease, obesity. These risks play an important role in raising the numbers of people at risk in developing figures dementia. Thus there is an ever increasing need to ensure that Harrow develop dementia services to be able to accommodate the increasing demand.

Equalities implications

Was an Equality Impact Assessment carried out?

Yes. However, this was carried out some time ago and is currently being reviewed and updated.

Corporate Priorities

Equity of opportunity for older people in Harrow – more residents will be able to be assessed and treated for memory problems at a much earlier stage than they are currently. The modernisation proposal will enable more older people to be seen in their own homes and in primary care settings.

Section 4 - Contact Details and Background Papers

Contact: Debbie O'Mahony, Business Manager, Older People & Healthy Ageing Service Line (OPHA), Central & North West London NHS Foundation Trust. Tel. 07769 974680.

Background Papers:
Representatives from CNWL OPHA attended the Health & Social Care Scrutiny Sub-committee meeting on the 7.10.13 to present our proposals to change mental health services for older people in Harrow. The slide presentation we delivered on the night is available on request.