Appendix 2

Future Partnership Governance Arrangements for Adult Health and Social Care in Harrow

Analysis of Responses to Consultation

Introduction

The Consultation was conducted over a period of 9 weeks from 19 January to 20 March. The consultation was sent to members of the partnership boards, voluntary organisations, and statutory partners. The documents were published on the web with the option to complete an online survey. The consultation document was an agenda item on meetings of individual partnership boards and in addition two public meetings were held.

Responses to the consultation, which are summarised below, were received as follows:

- 32 people representing a range of organisations attended two public meetings
- 6 people attended a special meeting of the Older People's Reference Group
- 10 written responses
- 1 written response summarising an individual response as well as views collected at a meeting of the Mental Health Partnership Board, a Mental Health Carers Drop-In Group, a Harrow Rethink meeting and a meeting of a Harrow Carers Task Group
- 5 people completed the online survey

Key Findings

1. There is broad support for the proposals about the high level structure set out in the consultation document although a number of specific points were raised:
    - The Adult Health and Well-Being Board should be re-titled Adult Health and Well-Being Partnership with one view expressed that this should be simply the Adult Well-being Partnership.
    - The term 'Adults' Trust' implied a legal status and therefore Joint Commissioning Board was preferred.
    - Terms of reference would be critical to ensure clarity of the role of each of these groups and ensure that the Adult Health and Well-being Partnership was not marginalised or becomes merely a 'talking shop'.

2. There is a body of support for moving away from the existing structure of partnership boards to one which reflects the way that people lead their lives. However this is not universal and the Learning Disability Partnership Board (as well as some

other individuals) felt very strongly that this runs counter to Government policy set out in Valuing People Now. Another view supports the principle of moving in this direction but suggests that existing arrangements are not yet mature enough to enable this to happen.

3. There is strong support for the involvement of service users and carers in the governance structures as well as recruitment and project design and that this should be seen as good practice and the norm. The point is made that such involvement will require investment of time, people and resources to ensure that individuals can be adequately supported to fully participate.

4. Partnership Boards are seen to be crucial to monitoring performance and holding statutory bodies to account. Again the user and carer experience is central to this and link to the comments made above.

5. There are mixed views about the model adopted by the Learning Disability Partnership Board of a user being appointed as co-chair. The key point from respondents is that all users and carers need to be supported effectively to participate fully in the process and that investment will be needed to empower users and carers in these roles.

6. There is mixed support for partnership boards being chaired by senior officers from other organisations or directorates of the Council. It is felt that this would bring a degree of independence and external challenge but without detailed knowledge or understanding of the subject area this might limit their effectiveness.

7. There is strong support for developing and applying a user and carer involvement strategy across the Council and other statutory organisations. It is clear that users and carers will need to play a lead role in this and it is suggested that the Council and NHS Harrow may not be the most appropriate bodies to lead this work.

8. There are mixed views about how the LINk should relate to the governance structures for the partnership. As an important independent voice of the experience of users and carers it is critical that there should be some engagement and it may be that the LINk is best placed to comment on the structure of any relationship.

9. There is acknowledgement of a need to ensure that relationships between the different elements of the Harrow Strategic Partnership and the range of reference groups are effective. The Adult Health and Well-Being Board will need to consider how best this can be achieved in agreeing it membership.

Summary of Responses to Consultation questions

Question 1 *Is there merit in moving away from existing arrangements that arguably see users and carers being engaged in a way that is determined more by partnership structures than the way they lead their lives?*	
Consultation Response	**Comment**
There is a need for both to be supported, main boards & individual sub groups & their activities. There needs to be a channel of communication from top to bottom and bottom to top	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
Personalisation will significantly influence the future commissioning and structure of services. A forum/partnership group should be established to share learning across client groups.	This is an important point and will need to be taken forward by the Adult Health and Well-being Partnership
Harrow should move toward following the Social Model of Disability which takes little notice of people's diagnosis and impairment and concentrates instead on the importance of meeting access needs. If partnership groups were based on issues which are common problems for many people using social care such as transport, employment, health etc they would have a very different focus and more chance of outcomes. It would also be easier to keep the involvement of important partners in this way.	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
Mixed impairment groups would support Harrow's drive for jargon free communication as jargon associated with one group will not be familiar to others. Communication may need work and resourcing as meeting notes would need to be prepared for more than one audience.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how users and carers can be fully supported to participate including issues of accessibility
The arrangement does not cover support groups likes ours and others that were at the meeting e.g. wheelchair users. They do not have a recognisable box to be ticked or linked to and it is important that our voice is heard.	This has been noted and Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how a wide range of views can be heard
The disbanding of the Learning Disability Partnership Board (LDPB) would not be in line with 'Valuing People Now'. Both 'Valuing People' documents have reflected	This has been recognised in the Cabinet report and further work on this will need to be

that people with a learning disability are not listened to by statutory bodies. How can this be improved without the existence of the LDPB. Experience of broadening the membership of the Employment Steering Group to include a range of disabilities has shown that the needs and voice of people with learning disabilities were not being heard nor was there an understanding of employment issues faced by people with learning disabilities.	led by the Adult Health and Well-being Partnership
We are sympathetic to the argument that social planning should follow individuals as they pass through different life stages rather than to categorise and label by area of disability or illness. However we do not feel that the partnership arrangements are yet mature enough to make this shift. Nor does the way in which government operates in planning for services facilitate this approach.	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
Yes, but it has not been made clear how the new arrangements will differ from the old, nor how users and carers will be engaged in way which is determined by the way in which they lead their lives. This is a meaningless phrase unless it is attached to a new process which we can all agree is user friendly or new bodies which are easier to reach and interact with.	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
Services that users receive and their effectiveness should be the starting point.	Noted
There need to be both – the existing partnership board structure and cross-cutting themed groups.	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
A number of groups felt that their members did not fit into the existing structure of partnership boards, and that umbrella organisations in Harrow were not necessarily responsive to their views.	This has been recognised in the Cabinet report and further work on this will need to be led by the Adult Health and Well-being Partnership
The composition of partnership boards should be looked at. The restructure and potential merger of the partnership boards should not be wholly shaped on costs of facilitation. While there may be a need for a rethink regarding the number of partnership boards some groups need their access and complex needs to taken into account. A generic disability partnership board was not seen as an option.	The terms of reference for the Adult Health and Well-being Partnership and Adult Joint Commissioning Board reflect this and further work on this will need to be led by the Adult Health and Well-being Partnership
The proposal appears to risk excluding users and carers from contributing at a strategic level, as it suggests that e.g. people with a Learning Disability might be	This has been recognised in the Cabinet report. Service Users and Carers will be

better placed to contribute to 'planning around themed subjects', rather than on a Partnership Board. Carers and users often provide the 'memory' of the organisation and are well-placed to learn from what has been tried previously; to identify what worked well, and what changes would improve services. It is essential that carers and users retain involvement at the strategic planning (i.e. Partnership Board and LIT), level, and are also able to continue to contribute to the more detailed planning of 'themed subjects' (in local groups such as the CPA Implementation Group and Clinical Governance Groups).	central to the new arrangements for partnership governance.

Online Survey Responses	
Yes	3
No	1
Don't Know	1

Question 2
Has the practice of involving service users in specific activities such as the recruitment and selection of council staff, as with the Neighbourhood Resource Centre project manager recruitment and the design of the Centres themselves been successful and, if so, how can it best be extended?

Consultation Response	Comment
This is a service user question but from a carer's point of view, it must be positive for users to participate fully regarding the care, resources and facilities they consider useful in aiding their recovery and those they consider are not.	Noted
Commissioners' connections with service users at the 'grassroots' should be strengthened through face to face consultation or targeted surveys which are brought back to partnership boards for consideration and action.	Service Users and Carers will be central to the new arrangements for partnership governance
User representation on recruitment and selection panels and induction of staff should be accepted good practice	Noted
The main premise is that service users have so much more awareness of how services are run so it is difficult to see how this can be a disadvantage. However it would be a failure if the same group of people are involved in everything and do not move on.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to develop strategies to involve a broad range of service users and carers which

	avoids this situation developing
Service user involvement needs to bring about serious change, it should not just be about making a point.	Noted
People with a learning disability have particular needs to enable them to take part in and make informed decisions such as accessible information and time to digest information before making decisions.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how users and carers can be fully supported to participate including issues of accessibility
As a general principle we support the involvement of users in staff appointments and project design. However this can be meaningless and damaging is users are not properly involved and supported to take an equal role with professional staff.	This is a key principle which the Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider in developing user and carer involvement
Trust, training and information are the key to developing users and carer involvement.	Noted
Users and carers need to be supported to be involved	Noted
Time and contribution of members to the partnership boards needs to be valued and be seem to have an influence. Action taken as a result of partnership board needs to be fed back to members of the board.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how they feedback
I am sure that both service users and carers would be able to provide a useful input into how physical buildings could be re-designed and might work better (eg the new mental health wards at NPH).	Noted

Online Survey Responses	
Yes	2
No	0
Don't Know	3

<u>Question 3</u>
Should partnership boards have a service monitoring remit?

Consultation Response	Comment
Yes there needs to be a means of auditing outcome performance.	Noted
Service users should lead service monitoring through independent and regular surveys and reviews (e.g. Camden)	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will

The best people to monitor services and advise on their development are those who use them. We do not believe a generic board would have the level of expertise or understanding to do this.	need to consider how users and carers can contribute their views on the performance of services through the partnership boards. This needs to add value to other monitoring processes that involve service users and carers.
A service monitoring remit is essential to the work of a partnership board. Planning is greatly assisted by a good understanding of the strengths and shortfall of existing service provision.	
Users and carers need to be listened to about their experiences. Services need to feedback on improvements and developments in provision.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how to feedback to service users and carers on the impact of their contribution
The partnership boards should hold the Council and the PCT to account but this should not detract from the role of commissioners in contract monitoring	The views of user and carers gathered through Partnership Boards are an important source of evidence for commissioners in carrying contract monitoring
Partnership boards are often talking shops and the role originally envisaged has never been fully implemented. The accountability proposed, coupled with the role of monitoring and shaping service development are to be welcomed.	Noted
Yes - How this should be done needs more thought, and is likely to vary between Boards.	Noted

Online Survey Responses	
Yes	4
No	0
Don't Know	0
Not answered	1

<u>Question 4</u>

Is the model of a service user co-chairing the Learning and Disability Partnership Board one that can be built upon?

Consultation Response	**Comment**
Very useful to track one another no loss of focus and might lead to more user/carer influence but there needs to be a leader follower approach. The co chair follower	A range of views are reflected in these comments. The key principle of user and

<table>
<tr><td>can take over when the chair lead was not available. The follower could also be used as a meeting facilitator when both are present.</td><td rowspan="7">carer involvement in the partnership boards appears to be accepted along with the need to provide effective support to enable people to participate fully in meetings. There is recognition that service users who co-chair a partnership board need to be supported effectively by their co-chair through mentoring and coaching. The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how the model adopted by the Learning Disability Partnership Board can be extended appropriately to other boards.</td></tr>
<tr><td>The existing user representation is important to ensure that service users are at ‘the table’ with commissioners and providers. This should be more user-led by service users setting the agenda with the chair and regular agenda space for service users to raise their concerns directly to commissioners and providers.</td></tr>
<tr><td>Anecdotal comment is that this has tended to be unsuccessful although this should not mean that the principle is wrong. It shouldn’t matter whether the chair is a professional or a service user as long as this is open to all participants and the group take a shared responsibility for decision making.</td></tr>
<tr><td>It is good practice that service users co-chair partnership boards and the other co-chair has a professional responsibility for mentoring and training the co-chair. It is important that chairs act independently and not as a vehicle of the organisation they represent.</td></tr>
<tr><td>Chairing a partnership board is a complex and skilled task and anything less will limit the effectiveness of the board. Users can be empowered to develop such skills and understanding, but it won’t happen by just inviting them to sit alongside. Time and resources will be needed to make its successful.</td></tr>
<tr><td>It is too much to expect service users to have this responsibility rather than a paid professional.</td></tr>
<tr><td>In theory, this might lead to more user and carer influence on Boards. I have no experience of a service-user chairing a Partnership Board. However, assuming that the Board is run democratically, and users and carers are able to suggest items for inclusion on the agenda, and to speak at meetings, I don’t see any particular need for the chair to be a service user, or indeed, a carer.</td></tr>
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Online Survey Responses	
Yes	4
No	0
Don’t Know	0
Not answered	1

Question 5
Would there be benefit in modelling the arrangement adopted in some other parts of the country whereby senior officers from non-related directorates or departments chair the equivalent of partnership boards?

Consultation Response	Comment
They would be none partisan but would know little or nothing about the subject without comprehensive guidance from say the co-chair leader follower approach defined in 4 above.	A range of views are reflected in these comments. There is recognition of benefits that an independent chair would bring. The proposed membership for the Adult Health and Well-being Partnership recognises that a broad range of organisations contribute to health and well-being in Harrow. The Adult Health and Well-being Partnership and Partnership Boards are best place to determine chairing arrangements that will ensure their effectiveness.
The chair needs to be someone knowledgeable with a passion for the remit of the group but an ability to incorporate all others' views. It may be good to move away from a focus on care provision and for the chair to be someone whose own work outcomes bring a different perspective.	
We do not feel sufficient information has been provided about this. At a simple level we are not sure a surgeon could chair with total confidence a meeting of engineers. On the other hand a fresh perspective and 'man from Mars' type questions can sometime be effective.	
It would bring a fresh perspective and ensure independence from pressure groups and organisation who may pay their salary.	
Independent chair favoured but concerns about their level of expert knowledge.	
The person chairing needs to have some understanding of the focus for the partnership board. They should certainly be members but not necessarily chair.	
The attraction is that someone external is more likely to be impartial. The downside would be that they have less understanding of the subject under discussion and may be less able to ensure that all angles are addressed adequately.	

Online Survey Responses	
Yes	1
No	1
Don't Know	2
Not answered	1

Question 6 *Is there merit in a user and carer involvement strategy being adopted, and consistently applied, across Harrow Council and partner organisations including the Primary Care Trust and Mental Health Foundation Trust?*	
Consultation Response	**Comment**
Yes but more strength in depth for the users and carers would be required to support this comprehensively. Financial assistance would also help regarding parking and general support costs would be helpful.	There is support for the development of a user and carer involvement strategy. The Adult Health and Well-being Partnership will need to consider how best this can be taken forward and whether this should be led by the Council and/or NHS or through a Third Sector Body.
There is merit in this being developed and applied consistently across all partner organisations as long as it is not too unwieldy.	
Most User Led Organisations (ULOs) don't focus on having user involvement strategies. HAD, for example, includes engagement with users in the Partnership Protocol, which covers relationships with all stakeholders, rather than seeing services users as separate to its intents and work. If it would help it would be good to have one but the proposed Centre for Independent Living and the Disability Forum should lead this, not the Council or PCT.	
We would have though it an absolute given that a user and carer strategy is consistently applied across all agencies participating in Harrow's partnership arrangements. Anything less is to lessen the value of the strategy.	
This needs to be open and transparent so that it can be seen to be fair and clear about the conditions to be applied to user/carer involvement.	
Strategies do little – implementation of an action plan is the key.	
It must be made easy for users and carers to take part and feedback to other users and carers.	
This should be the first task for the adult health and well-being board. Empowerment of users and carers is critical but they need support to enable them to participate.	
A broad generic user and carer involvement strategy should be applied across Harrow Council and Partner organisations.	
There is also a need for more detailed user and carer strategies for each of the Council and Partner organisations. It is likely that each Board may need to make adjustments to suit the needs of its 'population' and that there may be a need for	

minor differences between user and carer strategies.	
It is important to recognise that many service users and carers have long-standing experience and 'memory' of services. They are well-placed to learn from what has been tried previously; to identify what worked well, and what changes would improve services. By definition, users and carers may have limited and unpredictable ability to attend meetings and should not be penalised if they unavoidably miss meetings.	Noted
There is a need for financial commitment and administrative support from the 3 main organisations (PCT, Council and CNWL) for users and carers, to enable the elections to occur and for user and carer expenses.	The Adult Health and Well-being Partnership will need to consider how users and carers can be supported to fully participate including the issues highlighted here.

Online Survey Responses	
Yes	4
No	0
Don't Know	0
Not answered	1

<table>
<tr><td colspan="2"><u>Question 7</u>
How should the Local Involvement Network (LINk) relate to the Adult Health and Well-Being Board and partnership boards below it?</td></tr>
<tr><th>Consultation Response</th><th>Comment</th></tr>
<tr><td>It is imperative that there is some connection but it is not yet feasible for LINk members to sit on all the partnership boards therefore should be a representative on the AHWB board.</td><td rowspan="7">This should be a matter for discussion between the LINk and the Adult Health and Well-being Partnership.</td></tr>
<tr><td>At the moment the social care arrangements are divorced from the assessment needs of adult and disabled service users. Especially in the case of dementia sufferers, this arrangement is not working at all. There is little help available for carers and when carer's health suffers, respite arrangements are very difficult to organise.</td></tr>
<tr><td>There needs to be some key performance indicators cascaded down for use of networks to give some measure of performance outcomes.</td></tr>
<tr><td>Its too early for the LINk to have had any outcomes. I do know that disabled people often get fed up giving their opinions to professional and organisations and seeing little change as a result.</td></tr>
<tr><td>We believe the outcomes of the LINk’s work should know to the boards. However we don’t think we should consider a place on the board for a LINk representative.</td></tr>
<tr><td>Some members of the LINk are already on partnership boards but this should be a matter for the LINk and needs further discussion. It should be remembered that the LINk is the voice of the user and carer and should be seen to be independent of the Council and PCT</td></tr>
<tr><td>Very important that this is done. I have no opinion on the mechanism.</td></tr>
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Online Survey Responses	
Provided response	2
Not answered	3

Question 8
How should the older people and voluntary and community sector reference groups of the Harrow Strategic Partnership relate to the Adult Health and Well-Being Board and partnership boards below it?

Consultation Response	**Comment**
A representative from each group AHWB (consider time given by the voluntary and community sector to attend meetings)	The Adult Health and Well-being Partnership will need to consider how to engage more widely with reference and other groups.
Clubs and societies catering for older people could be represented	
A lot of good work is done by MIND, Harrow carers, Crossroads and in some cases there is duplication of services. Support needs are met but often too late when the situation has deteriorated. Some measure of need versus funding and development of expertise and personnel needs to be addressed.	A key role of the Adult Health and Well-being Partnership and the Adult Joint Commissioning Board is to ensure that activities are coordinated and best use made of resources
The Harrow Transition Board should be an ongoing part of the structure and should help to facilitate the creation and maintenance of links between Children's Services (CAMHS and others), and older people, etc. It is also important that personal links are made between services, possibly through an identified person between each of the interconnecting services. It is essential that these links are shown clearly on the structure chart.	Transition issues will be considered by the Adult Health and Well-being Partnership and the Adult Joint Commissioning Board
There should be a link between children, young adults, adults & retirees to ensure effective support is being monitored.	
There appears to be little communication or feedback between groups and it is not clear what groups (including the HSPB) are achieving. While minutes of some groups are circulated these can be difficult to wade through – a summary of key actions and decisions would be useful.	The Adult Health and Well-being Partnership and Adult Joint Commissioning Board will need to consider how to feedback on their achievement
The key to this will be the terms of reference for each group. While there is a possibility of overlap between the Older People's Reference Group and the Partnership Board, the OPRG does deal with issues outside the remit of the Health and Social Care Partnership Board.	Noted
Partnership boards should be easier to access by people who wish to volunteer to	The Adult Health and Well-being Partnership

become involved with information and forms available at public libraries.	will need to consider how this can be addressed
Partnership boards should be adapted and extended or amalgamated to cover all adult health and social care needs.	This point is addressed in the response to Question 1 above
There should be a place for the OPRG on the adult health and well-being board as well as on partnership boards.	Noted

Online Survey Responses	
Provided response	3
Not answered	2

<u>Other Comments</u>

Consultation Response	Comment
Combine as one the Adult Health & Well-Being Board and the Joint Commissioning Board or Adult Trust.	There is a need to separate executive decisions from consultative arrangements
The development of an integrated commissioning strategy is to be welcomed. The development of an integrated approach across sectors and the development of strategic Third Sector partners is the most likely approach to achieve the government's aim of increased Third Sector capacity to deliver high quality services.	A Third Sector Strategy is currently being developed following an Overview and Scrutiny review of the Third Sector
The Domestic Violence Steering Group should be included within the proposed governance arrangements.	This is shown within the structure
The Safeguarding Board needs to have right of access to all other parts of the structure as required to deliver objectives.	The role of Local Safeguarding Adult Board will be strengthened and situated appropriately within the HSP structure
We need to set out how the process of consultation with partnership boards is expected to work	This will be addressed by Adult Health and Well-being Partnership
There are many partnership groups set out in the consultation. It is essential to ensure that all these partnerships be reviewed to clarify their utility and functionality and whether they are 'fit for purpose'.	This will be addressed by Adult Health and Well-being Partnership
The use of the term 'Board' in the Adult Health and Well-Being Board is thought to	This is addressed in the Cabinet Report which

be problematic and confusing, It is suggested that the term 'partnership' is used instead.	recommends the title to be Adult Adult Health and Well-being Partnership
The importance of governance and accountability for both groups was stressed.	Noted
Although membership of the proposed boards was not specified it will be important for North West London Hospitals NHS Trust to be represented on both bodies. It is hard to see how good practice can be shared across partner organisations if one of the largest partners is not present. In addition the new regulatory requirements for health and social care require that governance arrangements are not undermined locally by excluding the acute Trust from its structures.	The Trust is included within the membership of the Adult Health and Well-being Partnership. As a provider of services it would not be appropriate for the Trust to be a member of the Adult Joint Commissioning Board
'If it ain't broke, don't fix it'. Until we are convinced that the current system is fatally flawed we remain uncertain that the proposed arrangements offer a positive change.	The reasons for making the change are set out in the Cabinet report
The consultation paper does little to explain what the basis of the change is other than to create a new joint commissioning board. We understand that this will replace the former Adult Health and Social Care Management Group and in consequence will streamline some aspects of the operation and decision making.	The reasons for making the change are set out in the Cabinet report
We welcome the apparent propose direct relationship between the Joint Commissioning Board and the Adult Safeguarding Board that does not currently appear to report to any other body, other than through the personal reporting lines of the officers involved.	The role of Local Safeguarding Adult Board will be strengthened and situated appropriately within the HSP structure
The relationship between the Adult Health and Well-Being Board and the Joint Commissioning Board needs to be explained. There is a risk of overlap and the possibility of the Officer-only Joint Commissioning Board eclipsing the work of the Adult Health and Well-being Board.	There is a need to separate executive decisions from consultative arrangements. This is clarified in the terms of reference for each body attached as appendices to the Cabinet report
It is not necessary to call the Board 'Adult Health and Well-being. This is a tautology and surely the term 'well-being' pre-supposes good health. It troubles us that this is another example of a pathological view being taken of 'old age' by tying it in so closely with health, which in this context is taken to mean the health service.	The word 'health' in the title of the board/ partnership is used in its broadest context. 'Health' is not restricted to describing the absence of illness and is used to encompass the broader public health agenda and not just health services.
The chair of boards should rotate every two years – there is a lack of continuity if	The terms of reference for both bodies

chair changes annually.	proposes that the chair alternates – the frequency for this will be determined by each body.
The Supporting People Commissioning Body should sit under the joint commissioning board – it is not a partnership board.	The structure has been amended to reflect this
Agendas and minutes for all meetings should be accessible to the public, on the internet, as well as being sent to all board members by post or email according to individual preference	This will be considered by the Adult Health and Well-being Partnership and Adult Joint Commissioning Board
Detailed proposals for carer involvement including elections were contained within one response	This information will be passed to the Adult Health and Well-being Partnership for consideration.

Organisations responding to the consultation

Age Concern	Inside Out Stoma Support Group
MIND	Choices 4 All
NHS Harrow	Harrow Drug Action Team
Aspergers Syndrome Access to Provision	Partnership with Older People
North West London Hospitals NHS Trust	Harrow Carers
Harrow Association of Disabled People	Harrow Association of Voluntary Services
Learning Disability Partnership Board	Harrow Crossroads
Special meeting of Older People's Reference Group	Harrow Independent Wheelchair Users
Rethink Harrow	Relate London NW
Harrow Drug and Alcohol Service, CNWL Foundation NHS Trust	Individual Carers
Physical and Sensory Services Team, Harrow Council	Harrow LINk
Harrow Assertive Outreach Team, CNWL Foundation NHS Trust	Harrow Samaritans