

PR → John Kelly
gen 21

Copy to PCC CEs c.c. BK+ET
1. Pl. see attached for info
2. Pl. D/O Neil Stubbs if you wish to attend the June or July events
(We've bought into this support system from CMHSD for a year, so pl. feel free to use it.)

Portsmouth HealthCare NHS Trust

MEMORANDUM

From: Neil Stubbs

Ref: NS/HS



To: District Implementation Team Members
3. file M.H. Strategy. *Pruden.*

cc:

Date: 02 May 2000

Re: District Implementation Team Members

Please find attached some notes of the Change Network held on 12 April 2000. The theme was one of "Inter-agency/Partnership Working" and you may feel the discussion would be worth having locally. Also attached is a record of the common threads of local Implementation plans as reflected by those on the Network. As members of the Network we have purchased some places on the Annual Congress - to be agreed at the next DIT.

Please note future dates listed in paragraph 1 of the notes, action points and flyer for 13 June 2000.

Thank you.

Code A

Neil Stubbs
Divisional General Manager Havant/Petersfield





Institute for applied health & social policy

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Mr Neil Stubbs
Divisional Manager
Portsmouth Health Care NHS Trust
Havant Civic Offices
Civic Centre
Havant
PO9 2AR

20 April 2000

Dear Neil

Change Network for Mental Health Organisations Notes from the Network Event, 12 April 2000

Please find attached notes and action points from the meeting on 12th April. Please note that there will be no Network Event in June. The next meeting will take place when we get together for the **Annual Congress on 6-7 July**. There will be a further three Network Events on 20th September, November and January.

In September we will review the progress of sites and how the different approaches adopted have worked. May I remind you that all Change Network sites are invited to the next Partnership in Mental Health Network meeting on 13th June 2000, I have attached flyer for your information.

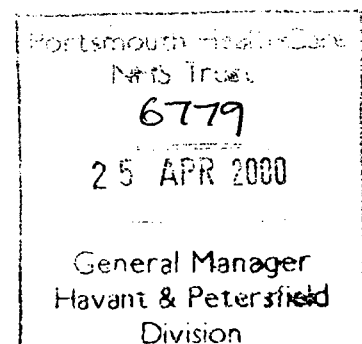
Please call me on **Code A** if you would like to discuss this further.

Thanks for your help and I look forward to seeing you at the Congress.

Yours sincerely

Code A

Alix Crawford
Project Manager



Change Network Event

12th April 2000

NOTES AND ACTION POINTS

Action points

- All Change Network Sites are invited to attend the CMHSD Partnership in Action Network day on 13th June (flyer enclosed)
- CMHSD Annual Congress, 6-7 July 2000, Shrigley Hall, Cheshire. All Change Network Sites are invited to bring your Local Implementation Team along to the Annual Congress. Fees for Change Network Members will be at a reduced rate.
- The date of the next Network meeting is 20th September 2000.

Notes from the Meeting

Introduction

Code A introduced the themes for the day, which included; exploring partnership relationships and cultural differences between partner agencies; comparing what sites have said they will do in their Local Implementation Plan to achieve the objectives they have set out.

Reflecting on our partners – agency groups

Key points made during the agency group discussions:

What health Trusts mostly admire about Social Services

Saying No

Health service staff felt that mental health within social care was more clearly defined. Within the bounds of eligibility criteria, social services staff were able to 'say no' to requests for social care.

Observation

Health services staff find it hard to say no, as it rejects the caring NHS culture. Social services response to this was that they were unable to say no to society and felt 'like a dustbin'.

tend to stay in a job for 2-3 years and then move on, and their behaviour in their current job has half an eye on their next.

Social services managers usually have to have professional credibility with staff they manage. Generally speaking social services managers have a greater commitment to long-term local solutions. There are significant salary differences between health and social services at middle management level in favour of health staff.

Professional organisations

Health service staff are professionally accountable to their professional bodies, whereas social services staff are not. Some health related professional bodies have political influence and lobbying strength.

Observation

The health culture tends to reward failure, e.g. if services are badly run more money is poured in to improve it.

Spinning

There is limited local influence and control of a centrally driven organisation such as the NHS. This results in local organisations being able to put an acceptable 'spin' on reports and plans that are submitted to NHS regional offices.

Observation

Much of what we admire or express, as admiration in our partners is actually veiled envy, which in reality can block the development of partnership relationships and is ultimately divisive.

PCGs on Social Services

There was some concern expressed by PCGs about the level of seniority of social services reps on PCG boards. If the reps are middle managers from specific disciplines are they best placed to represent the more generic social services issues?

What Health does not understand about Social Services

Nuances of political decision making in local government

The internal politics, power and control exercised by local authority members varies between authorities and may be influenced by the relationships between members and officers.

The power of executive decision making within local government cabinet or committee meetings lies with elected members, local government officers are in attendance at meetings but have no voting rights.

- 3) Reconfiguration might blow them off course and therefore there is a need to manage the reconfiguration process.

Hillingdon

The mental health reference group has set up the LIT, which includes reps from the local trusts and PCT.

Priorities for the LIT are being driven by the NSF standards. There are specific task focused groups around specific themes that reflect local priorities.

E.g. 24 hour nursed care/primary care.

Observations

Sites have adopted different approaches to implementing the NSF. Some have adopted a locality approach where others have focus groups on the standards in the NSF. Different groups have been set up to take forward the implementation including task groups, views groups, project groups, and standards groups.

Next Meeting

The next meeting of the Change Network will be at the Annual Congress on 6/7 July 2000. The next Change Network Event will be in September and we will review the progress of sites and how the different approaches adopted have worked.

We will run Network events in September, November and January.

Local Implementation Plans

Common Threads

- Building on existing local planning structures
- Using the existing Health Improvement Planning structure with PCG focused fora
- One locality is establishing a health and social care partnership board with a mental health steering group. LIT is accountable to the mental health steering group.

Local Implementation Plans

Common Threads

- Common to all sites is the reconfiguration of mental health services into single or combined mental health trusts in tandem with the establishment of PCTs.
- The approach adopted in many areas is to develop a service which is sustainable whatever the outcome of local service reconfigurations.

Local Implementation Plans

Summary of Priorities

Local priorities highlighted in LIPs

- Single sex accommodation
- Assertive outreach teams
- Clinical governance
- Secure services
- NHS Direct

Partnership in Action

Managing the integration of health and social services

Development Network

Tuesday 13th June 2000, London

Themes for the day: *Integrated Provision* – who is doing what, where?

Programme

09.45	Coffee
10.00	Welcome
10.15	Current experiences of integrated provision <ul style="list-style-type: none"> • Who is doing what where? Where are we up to?
11.00	Coffee
11.15	The Camden and Islington Experience <ul style="list-style-type: none"> • Key principles that need to be in place to make it work • Maintaining a locality focus David Stout, Director of Mental Health Services and Learning Disabilities, Camden and Islington Community NHS Trust <ul style="list-style-type: none"> • Discussion
12.30	Lunch
1.30	Other stories... <ul style="list-style-type: none"> • The Harrow approach to unified mental health services Dick van Brummen, Assistant Head of Care Management, LB Harrow and Will Evans, Director of Nursing, Quality and Mental Health, Harrow and Hillingdon Healthcare Trust • 'The Third Way?' Manchester's approach to setting up an integrated provider Bob Bamford, Mental Health Services, Manchester City Council and Andrew Butters, Director of Mental Health, Manchester Health Authority (tbc)
2.30	Discussion
3.00	Future Topics
3.30	Close

Facilitators:

Price: £65 per delegate

Dr Edward Peck, Director, Centre for Mental Health Services Development
Richard Poxton, Senior Development Manager
Alix Crawford, Project Manager
Monica Balogh, Network Co-ordinator