

**Report to**

Cabinet 4 April 2006

Scrutiny Board 4 – 15<sup>th</sup> March 2006

**Report of**

**Chief Executive and**

**Director of Community Services**

**Title**

Future Joint Working between City Council and Local Health Services including response to consultation on a Mental Health Trust.

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### **1 Purpose of the Report**

This report seeks approval for the direction of partnerships between Health Services in the City and the Local Authority. It includes options to establish a joint post as Director of Public Health across the Primary Care Trust and the City Council, a joint post as Service Head of Mental Health Services between the new proposed Mental Health Trust and the City Council and to establish a Project Management Team to consider the possible options open to the City Council and the Primary Care Trust in Coventry for future arrangements for joint working in the City.

The report also contains in Appendix A a response to the consultation on a proposal to establish a Mental Health Trust across Coventry and Warwickshire.

### **2 Recommendations**

The Cabinet are asked to recommend the City Council:-

- 2.1 To approve the establishment of joint post with the Coventry Primary Care Trust of a Director of Public Health and to give authority to the Chief Executive to work on the creation of such a post and report back on the implications.
- 2.2 To approve the establishment of a joint post between the City Council and the new proposed single Specialist Mental Health, Learning Disability and Substance Misuse NHS Trust for Coventry and Warwickshire and to give authority to the Director of Community Services to work on the creation of such a post.
- 2.3 To approve the attached document (Appendix A) as the Council's response to the consultation on the creation of a single Specialist Mental Health, Learning Disability and Substance Misuse NHS Trust for Coventry and Warwickshire. On 15<sup>th</sup> March Scrutiny Board 4 (Health) considered and supported the response but were keen to emphasise the importance of Older People with Mental Health being appropriately supported in the

community. Appendix has been amended accordingly. The Coventry and Warwickshire project board which oversees the work in setting up this Trust has received some feedback regarding the title of the proposed new Trust. A proposal is that it is called 'The Coventry and Warwickshire Specialist Partnership Trust' has been made and Members may wish to comment.

- 2.4 To give authority to the Director of Community Services and the Interim Director of Children, Learning and Young People to establish a Project Management Team with the Coventry Primary Care Trust to establish options for future joint working across the two organisations in the City.
- 2.5 To require the Director of Community Services to report back to Cabinet within 9 months on the Options available and to recommend the way forward in the City.

### **3 Information/Background**

- 3.1 Residents of the City who come into contact with both health and social care services often comment that they would like to see the services more joined up and more connected to each other. The most common comment is that people would like to only have to tell "their story" once and that this information could trigger the required interventions and services.
- 3.2 Professionals working within the health and social care settings can see the total inter-dependence that each professional has on the other. So that the services that determine who needs medical or therapeutic interventions and how they might recover from those interventions are closely connected to community based delivery of social care.
- 3.3 On January 30<sup>th</sup> 2006 the Government published a white paper "Our health, our care, our say: a new direction for community services". The paper makes further requirements for social care (in both adults and children's settings) and health services to work more closely together and its policy for health services is for the Primary Care Services to more clearly distinguish between the way in which it plans and commissions services to meet people's health needs and the range of provision for which it may have responsibility.
- 3.4 In Coventry the City Council and the Primary Care Trust (PCT), have over the last 5 years sought stronger ways in which they can work in partnership with each other. This has mostly been achieved through the establishment of Partnership Boards, which bring together all key stakeholders around key client groups (Older People, Children, Mental Health, Learning Disability and Adults with Physical Disability). We have also established joint services in Community Mental Health and the Joint Equipment Store as well as co-located services e.g. the community team for adults with Learning Disabilities.
- 3.5 The Cabinet has already accepted the principle of establishing a Children's Trust. Work now needs to be undertaken between the Council and the PCT on how these arrangements will be carried out, the mechanisms and protocols for managing risk (particularly financial risks) and the detailed workings of such a Trust.
- 3.6 In addition there is now an opportunity to consider if the relationships between the two organisations serving adults in the City also need to be brought closer together to more clearly jointly commission and plan for services to meet the health and social care needs of local people and to find better ways together of delivering those same services in partnership with both the private and voluntary sector.
- 3.7 There is a view that in bringing services together we may be able to use resources better (to avoid duplication of effort on both organisations), to have a stronger set of skills in both

commissioning and procurement (bringing expertise from both organisations) and to better use the skills and people within the existing and future workforces where we currently are often competing with each other for the same people.

- 3.8 The Primary Care Trust is also being required to put a stronger emphasis on its primary role as a commissioner of services. To this end it needs to create a clearer split between its role as a commissioner and where it is the direct provider of a service. It is clear that the former function must be carried out with the Local Authority. It is possible that we should also look to bring together our assessment and provider functions that serve the local communities.

#### Joint Project Team

- 3.9 The Project Management Team would be established across the PCT/City Council. It would be overseen by a Senior Manager working for one of the organisations but reporting to the Chief Executives (or Director of Children Learning and Young People or the Director of Community Services in the Council) in both organisations. A post of Project Manager would be established for a one year contract to undertake the work required, which includes:
- Recommend the scope of joint primary health and community commissioning and its interface with acute sector commissioning.
  - Recommend the financing arrangements that will be necessary to implement any proposals including the budgets that may need to be pooled.
  - Recommend the protocols and risk management approach to delivering joint services or joint commissioning.
  - Recommend the governance and management arrangements that will need to be in place to support the delivery of joint services or joint commissioning.
  - Recommend the nature of any staff employment matters arising out of any proposed changes and make agreements with the relevant Trade Unions.
  - Recommend any sites at which staff may be co-located in order to carry out these tasks.
  - Make provision for consultation with key stakeholders on the outcome of any proposals that both the PCt and the City Council support.
  - Make provision for consultation and discussion with staff in both organisations as to how the services might better work together.
  - Work with the legal teams in both organisations to ensure compliance with Section 10 of the Children Act or Section 31 of the National Health Act in any pooled arrangements.
  - Recommend lead agency responsibilities or new governance arrangements (Children's / Care Trusts) as appropriate to hold responsibility for these functions.
  - Recommend the arrangements for the capture of performance, finance and activity data that need to support the governance and the regulatory bodies to which the PCt and the City council are accountable.

#### Joint Director of Public Health

- 3.10 The Director of Public Health (Dr Keith Williams) indicated that he would be resigning from his appointment with the Primary Care Trust at the end of March 2007. Dr Williams has made a significant contribution to public health in Coventry and has started the process of increasing life expectancy for all citizens in the City. There is much in common between the Primary Care Trust's ambition to improve health outcomes in the City and those similar aspirations shared by the City Council. Both key partners are committed to working with the "Health of Coventry" theme group of the Coventry Partnership. The City Council has allocated some resources within City Services to enable the Council to play an active part

in health promotion. These services include the Health Development Unit (involving health promotion, local health development, health nutrition and hygiene officers) and the Secondary Smoking Officer. The Council supports about 20 people undertaking this activity, which it either funds itself or funds through various grant agreements. However before any arrangements about the post can be finalised there are key operational arrangements which need to be worked on in terms of the agreed focus of the joint director and how he/she would work within the management boards of the two organisations and in relation to staff.

#### Service Head –Mental Health Services

- 3.11 The attached response (Appendix A) explains the development of joint mental health services in the City. The Director of Community Services has been working with the Chief Executives of the Coventry Primary Care Trust to gain common agreement on the shape and organisation of any proposed Mental Health Trust. The Director has been concerned that a new Mental Health Trust would focus its energies and efforts on developing excellent acute services (which are needed) but that this may be at the expense of the equally important community based services. Over recent years the Coventry PCT as the provider of Mental Health Services has made many improvements, which need to be sustained. In taking these developments forward the Director of Community Services is aware that the importance of getting the right housing support and employment opportunities for people recovering from mental ill health is as important as their health and social care. Therefore there must be strong links created between any new Trust and the City Council.
- 3.12 Under the Mental Health Act 1983 the responsibility for the Approved Social Work Services (those social workers who have the power to assess people to consider their compulsory admission to hospital) rests with the Local Authority and with the previous post of Director of Social Services. The Director of Community Services now holds these responsibilities. The Coventry Primary Care Trust within our joint service agreement manages the current service. There is a Fieldwork Manager, who reports to the Head of Adults' Services but is located within the joint service structure, who has oversight of this service. The Director of Community Services is proposing that through the creation of a joint service head post – Director of Mental Health (Coventry) reporting to him, he is able to carry out his statutory duty.
- 3.13 Under the new arrangements, if a Mental Health Trust (Coventry and Warwickshire) is created, the commissioning of the services delivered by that Trust would be undertaken by the Coventry Primary Care Trust in collaboration with the City Council. This is the clearest way in which the City Council will be able to influence the way in which the new Trust is organised to deliver services to the people of Coventry. If in addition there is a direct reporting line for the local service head this will add to the way in which the City Council will be able to influence and affect local services.
- 3.14 One determination (contained in the response at Appendix A) that the Director of Community Services would ask the Council to affirm is that community based services for adults with learning disabilities should not be included within the proposed Mental Health Trust. It is unclear at the point of writing this report on the position that Warwickshire Council will take on this matter though they are aware of the views of officers in Coventry. Our position is supported by the Local Primary Care Trust.
- 3.15 **Serious Risks**  
The Management Board of the City Council overall support the direction of building stronger partnerships with the local health community. There are however serious concerns regarding the financial risks within the current total health economy for Coventry and

Warwickshire. There is evidence that a combination of growing cost pressures from new contracts, increasing drug prices, the mechanisms in operation for payment by results, the costs of the new hospital, the viability of the smaller local hospitals and the pressure to deliver high performance on government targets could put enormous financial strain on the Primary Care Trusts budgets which might make it difficult for them to commit resources to working in partnership with the Local Authority. The Coventry Primary Care Trust have been very open with the City Council about these pressures and how they might be managed but there are risks that the pressures on their budgets could put pressures on the City Council's budgets which might make joint agreements on funding hard to secure. The Director of Community Services will be very mindful of these issues in any future proposals that are brought forward to the City Council.

#### 4 Proposal and Other Option(s) to be considered

- 4.1 The Chief Executive will need to explore with the Primary Care Trust the details of any such arrangements of a Joint Appointment of a Director of Public Health. These will include the nature of any reporting and governance arrangements. The nature of any pooled budgets. The services that are currently managed by the City Council and by the Primary Care Trust that would need to sit within any new arrangement. Any proposals will be subject to normal consultation with the Coventry Partnership (as key stakeholders) as well as with staff and their Trade Union representatives. This report is seeking the approval of Cabinet for the Chief Executive to enter into these discussions and to delegate authority to the Chief Executive to establish a joint post if that is the outcome of discussions and consultation.
- 4.2 The Director of Community Services is seeking delegated authority to establish the post of Service Head (called Director in the PCT) of Mental Health Services for Coventry as part of the proposed Mental Health Trust.
- 4.3 The Director of Community Services is also seeking delegated authority to establish a Project Management Team to develop option appraisal to recommend to Members ways in which the commissioning and delivery of health and social care can be better co-ordinated or jointly delivered within the City.

#### 5 Other specific implications

	<b>Implications (See below)</b>	<b>No Implications</b>
Neighbourhood Management	☆	
Best Value	☆	
Children and Young People	☆	
Comparable Benchmark Data		☆
Corporate Parenting		☆
Coventry Community Plan	☆	
Crime and Disorder		☆
Equal Opportunities	☆	
Finance	☆	
Health and Safety		☆
Human Resources	☆	

	<b>Implications (See below)</b>	<b>No Implications</b>
Human Rights Act		☆
Impact on Partner Organisations	☆	
Information and Communications Technology	☆	
Legal Implications	☆	
Property Implications	☆	
Race Equality Scheme		☆
Risk Management	☆	
Sustainable Development		☆
Trade Union Consultation	☆	
Voluntary Sector – The Coventry Compact	☆	

#### 5.1 Neighbourhood Management

One of the key objectives for any joint services between the Council and the PCT is to ensure that the organisation of services supports the new neighbourhood structure that the Community Partnership and the City Council are working to develop. The organisation of the delivery of social care and primary care will be driven by a number of factors but most significantly will be linking GP practices and other Primary health settings where locality based commissioning may be developing with a neighbourhood structure that most key partners will have adopted.

#### 5.2 Best Value

Both the City Council and the PCT will be looking to make efficiency gains out of combining current management and operational responsibilities. It is expected that some efficiencies will be achieved through the joint management of activities that are currently separately managed.

#### 5.3 Children and Young People

The aim of the project will be to work on the issues which impact on joint working between the Council and the PCT. Our current joint working operates within 3 main areas – Social Care (Adults); Children's Services and Public Health. The scope of the project will focus on the first two areas whilst discussions will take place between Senior Managers on the Public Health Directorate. Within that the way in which the City Council and the PCT serve the children and young people in the City will be critical to the success of the Project.

#### 5.4 Coventry Community Plan

The Coventry Partnership and the community plan, which arises from the Partnership, is a critical framework within which joint work and joint commissioning will take place. One of the main focus of developing joint working arrangements will be how any new arrangements will contribute to the key goals and targets set within the Local Area Agreement and the Community Plan.

Any proposed changes to the post of Director of Public Health need to with the Health of Coventry theme group of the Partnership. The City Council and the PCT are in a strong place to take any proposal forward as we already are jointly committed to the Reducing Health Inequalities in the Coventry Plan.

#### 5.5 Equal Opportunities

The principles of Equal Opportunities must be sustained in any project plan and in the future shape of joint services. Both the PCT and the City Council are committed to the principles behind equality of opportunity for both staff and in service delivery.

#### 5.6 Finance

The costs of the Project Management will be met between the City Council and the Primary Care Trust. These will either be met through seconded existing staff to the project or employing someone on a one year fixed contract to undertake the Project Management Tasks required. The estimated costs to the City Council will be in the region of £35,000. This figure could rise up to £70,000 if the only way of obtaining someone for this length of project is from a specialist agency. This will have to be met from the Social Care Services Budgets for 2006-07.

There would need to be agreement between the City Council and the PCT on any financial contribution that the City Council may be asked to find if the Director of Public Health were to be a joint appointment. This is likely to be up to a maximum of £50,000 including any on-costs. It is expected that this would need to be met from within existing resources and this will be examined in detail in the report back referred to in paragraph 2.5.

There would also need to be agreement between the City Council and the new Mental health Trust on any financial contribution that the City Council may be asked to find if the Director of Mental Health were to be a joint appointment. This too is likely to be up to a maximum of £50,000 including costs, with the expectation of being met within existing resources. Again, details will be examined and reported back.

#### 5.7 Human Resources

The current practice between the City Council and the Coventry PCT is that for joint appointments one of the organisations employs the person on their terms and conditions and then second staff accordingly into the appropriate service area. We have a number of people on either PCT or City Council Contracts occupying joint posts. This practice will continue until we made further progress on protocols for joint working. It would be expected that both the Director of Public Health and the Director (Service Head) for Mental Health will be employees of the health services but seconded as appropriate to work within the Local Authority.

The human resource implications of any wider changes to the working arrangements of staff will be significant. It will be important that both the PCT and the City Council come to agreement on new ways in which we can protect the current interests of staff whilst offering them new opportunities of working which will enhance their status and their job satisfactions. A Joint Trade Union Forum between the PCT and the Council Trade Unions has already been established and that Forum will have an important part to play in agreeing a way forward.

The City Council and the PCT now have a number of experiences where we have made joint appointments to posts within either organisation.

#### 5.8 Impact on Partner Organisations

Partner Organisations will need to be confident that any future arrangements sustain the positive relationships that they have with either the PCT and / or the City Council. The Partnership Boards where stakeholders meet to debate the future shape of services will play a critical part in this process.

5.9 Information and Communications Technology

One aspect of the development of joint services will be the critical issues of use of IT systems (particularly data bases), who has access to what information and how respective performance, finance and activity data are captured in order to serve our respective governance and regulatory frameworks.

5.10 Legal Implications

There will be significant legal implications in creating any joint services particularly in creating pooled budgets. These issues will need to be resolved between the PCT and the City Council before any new arrangements are in place. This may stretch the existing resources that Legal and Democratic Services have to support such activity.

5.11 Property Implications

There are likely to be both some efficiency savings but also some complex negotiations on the shared use of properties (if services are to be co-located) across the City between the City Council and the PCT.

5.12 Risk Management

One of the critical aspects of the project management tasks will be to agree the protocols for managing risks across the two organisations. The management of financial risks will be particularly significant in this respect. If this cannot be resolved it is unlikely that shared services can be developed.

5.13 Trade Union Consultation

It has already been identified in the report that consultation with the Trade Unions on any proposals will be critical to their success. Staff are the most important resource that both organisations have and they must be involved in any proposals for change at all times.

5.14 Voluntary Sector – The Coventry Compact

Both the City Council and the PCT are partners in the Voluntary Sector Compact and would adhere to the agreements within the compact if any of the proposed changes impacted on the Voluntary Sector. It is likely that the outcome of joint commissioning will involve more work being procured from the very strong voluntary sector within the City.

**6 Monitoring**

6.1 The Director of Community Services will report back to Cabinet on any further proposals arising from this work.

**7 Timescale and expected outcomes**

7.1 The decision to develop joint posts for Public Health and Mental Health are likely to be resolved by the autumn of this year. Any further proposals are likely to come later in the year. There are pressures in the health community to make a divide between commissioning and provision of services by April 2007.

	<b>Yes</b>	<b>No</b>
<b>Key Decision</b>		<b>/</b>
<b>Scrutiny Consideration (If yes, which Scrutiny meeting and date)</b>	<b>Scrutiny Board 4 March 15<sup>th</sup> 2006</b>	
<b>Council Consideration (If yes, date of Council meeting)</b>	<b>Council Meeting for consultation response April 11<sup>th</sup> 2006</b>	



List of background papers – "Our health, our care, our say: a new direction for community services". Government White Paper on health and social care.

"Big enough to count, small enough to care": public consultation on a proposal to establish a single specialist Mental Health, Learning Disability and Substance Misuse NHS Trust for Coventry and Warwickshire.

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Papers open to Public Inspection

**Description of paper (as above) Location**

**Community Services Directorate Civic Centre One.**

## Appendix A

### **Response from Coventry City Council to the consultation on the proposed single specialist Mental Health, Learning Disability and Substance Misuse NHS Trust for Coventry and Warwickshire.**

#### 1. Summary of views from Coventry City Council

Coventry City Council understands and accepts that there are clear requirements within the health community to support the creation of a Mental Health Trust with a view to it achieving Foundation Status. We reluctantly accept that these requirements make the establishment of a Mental Health Trust a foregone conclusion. In the light of the Government's White Paper – "Our health, our care, our say: a new direction for community services" we do still question why a mental health service that will focus on acute services is the right organisation to create at this time? We believe that this shows an inherent contradiction in Government Policy for community health services.

In making our response there are a number of key issues for the residents of Coventry that we wish to ensure are addressed. These are:

That any new Trust maintains a commitment to work with the City Council in developing policies that promote the social inclusion of people who are recovering from mental ill health or have long term mental health problems which includes:

- Services that assist with people getting the right education, housing and employment opportunities

- That the new Trust maintains a strong involvement within the Coventry Partnership with specific involvement in the Community Safety Partnership and the Mental Health partnership Board.

- Good local community mental health services commissioned from local GPs.

- A continued emphasis on recovery programmes for those who would benefit.

- Continued close working with local mental health voluntary sector organisations.

That within the new arrangements there is a clear position of the post of Director of Mental Health Services for Coventry. This would sit alongside Service Heads in the City Council (2<sup>nd</sup> Tier) reporting to the Director of Community Services.

That the Trust can continue to deliver joint health and social care services in a way that develops the current joint multi-disciplinary teams in the City.

Coventry City Council (alongside colleagues in the Coventry PCT) are committed to an 'ordinary living' model for people with learning disabilities and wish to make it clear to the Strategic Health Authority that we would not support the movement of community services for adults with Learning Disabilities into this Trust. We do accept that there are some specialist hospital based services for adults with a learning disability where the specialist health professionals might want to be identified with a Mental Health Trust rather than remain with community provision. Our position is clear that that community based services in Coventry for adults with a Learning Disability will not be part of the Trust (though the similar services for Warwickshire may be part of this Trust).

Older People's Mental Health services have existing close links with specialist older people's services and care, and primary care teams, including support for carers of older people experiencing functional or organic mental health problems, and these links need to be maintained and strengthened. Key to promoting community based support for older people with mental

health needs are the range of alternative models of support and care, particularly for people with dementia, to enable them to live at home, or remain in their community for as long as possible which Coventry City Council is committed to continue to develop in partnership with mental health services.

The Council will want to ensure that the governance arrangements support the involvement of local people and will have some local accountability. To this end the Council has made a further condition to its support for a future Trust. That the post of Director of Mental Health Services for Coventry is established as a joint post with the City Council. This will enable the post holder to gain clear access to the Council and its resources that promote social inclusion (housing, employment, education etc) but it will also enable the Director of Community Services to carry out his statutory responsibility for the approved social work service (which is still a statutory function of the Local Authority under the Mental Health Act 1983). The implications of this change would be that the provision of Mental Health Services serving people in the City would come under the control of a new Trust Body. In considering the make-up of this body the City Council has asked that the Strategic Health Authority to consider the place that elected members may hold within a new Board.

The location of the provision of Child and Adolescent Mental Health Services (CAMHS) and of services for adults recovering from drug or alcohol abuse will need further discussion when the Trust is established. It is recognised that these services may be managed within a new Provider Trust but with the services clearly linked to the current local arrangements e.g. CAMHS workers will continue to be located within the Looked After Children's Services.

## 2. Background

The development of integrated health and social care services in Mental Health is well established in Coventry. Jointly managed Community Mental Health Teams came into being in 1994/5 and following the Health Act 1999 which introduced new flexibilities between health and local authorities the City Council agreed in February 2001 arrangements for greater integration with the then Coventry Healthcare NHS Trust. This involved:

- The creation of a Partnership Board for working age adult services
- Establishment of an Integrated Commissioning Team
- Further integration of adult mental health community teams which involved the out posting of Social Services staff and the delegation of certain local authority responsibilities to Coventry Healthcare Trust. (Community care assessments, carers assessments, complaints and enquiries from members and M.Ps)

A 3 year agreement commencing in June 2001 for integrated provision which included human resource and other policies was signed by the Strategic Director (Social Inclusion) Coventry Social Services Department and the Chief Executive of Coventry Healthcare NHS Trust. Primary Care Trusts were created in April 2002 but the agreement continued and although it has subsequently formally lapsed it has in practice continued with the agreement of staff and health and social care colleagues. It has been successful and although there can at times still be debates about roles and responsibilities integrated working has effectively become custom and practice to the extent that the next step must be to consider how even greater integration can happen particularly in relation to accountability, resource and performance management.

## 3. Current arrangements

The National Service Framework for Mental Health defines the requirements and standards for the service. A major review in 2003 made recommendations to improve in services – leading for example the development of the Crisis Resolution/Home Treatment Team, which is reducing

admissions to hospital, the extension of the Assertive Outreach Team and most recently the development of the Early Intervention Team. They are all integrated teams and although there are issues from both the health and social care perspective regarding resourcing these do represent significant developments.

The National Service Framework for Older People identifies the responsibility for developing older people's mental health services closely linking with primary and community services and specialist services within adult mental health services, and under age discrimination highlights that older people should have the same access to service e.g, assertive outreach and crisis intervention services, if appropriate, which if implemented will have resource and practice implications.

The Local Authority has specific responsibilities under the Mental Health Act (1983) regarding the Approved Social Worker Role. Historically they have been posts that have been hard to fill but we are now in a positive position in that there are no current vacancies – due at least in part to salary increases as a result of Single Status and a developed career pathway. There is a Local Authority employed Fieldwork Manager who has professional responsibility for Mental Health Act work as well as broader advisory responsibilities for social care and specific responsibility for resources and performance in relation to Council.

The Local Authority has a gross budget of £6.7 million for adults and older people in the Mental Health Service. This includes a Community Care Purchasing Budget of £2.3m.

A breakdown of Local Authority staff in the Mental Health Service is as follows.

There are 44 members of staff in the Adult Community Mental Health Services Adult Mental Health Services. This figure includes Social Workers, Approved Social Workers, Carers Project staff, administrative staff, a commissioning officer and includes the Fieldwork Manger post mentioned above.

The Older People's Mental Health Services has 14 social workers [7.5 of these posts are funded by the PCT]

In addition Axholme House, which provides rehabilitation services funded from Supporting People funds has a staff group of 21, including care staff and ancillary staff.

Lamb St Day Centre for adults also employs a staff group of 15 including Day Centre officers, catering and administrative staff. [6 Day Centre Officers are funded by the PCT].

#### 4. Key Principles

In developing the proposals for a Mental Health Trust the City Council and the Coventry Primary Care Trust identified key principles that must underpin any new arrangement. They are referred to in the Consultation document and are: -

- Promoting independence.
- Focusing on local need.
- Developing specialist services.
- Valuing staff.
- Delivering quality outcomes.

From a Local Authority perspective this means that it must discharge its responsibilities for social care and social inclusion by having: -

- Robust arrangements with Coventry Primary Care Trust to commission mental health services for Coventry citizens.
- A Coventry directorate and management structure for the provision of mental health services which reflects local need and links with partnership arrangements. The proposed Trust should be represented as a stakeholder on the Coventry Mental Health Partnership Board.
- Integration between health and social care staff at all levels within a Coventry provider organisation from front line teams to board level representation.
- Underpinning formal agreements with the proposed Trust to ensure Local Authority staff are appropriately managed and professionally supported.

A fully joined up local approach throughout the whole organisation can be summarised (below) and represents not only a response to the consultation but is a positive and logical next step on the current arrangements i.e. recommending a joint Council and Health Trust appointment but also a greater accountability at the front line: -

Organisational requirement.	Role	Responsibilities	Rationale
Strategic. Executive. Senior operational.	Joint Director (Service Head) of Coventry Mental Health Service.	Operational responsibility for specialist health and social care mental health services for the City. Strategic links – LA and Health Partnership responsibilities	Single point of responsibility and accountability. Integration at highest level. Whole system oversight. Strategic & partnership links facilitates social inclusion.
Quality assurance. Governance.	Coventry City Council Community Services employed governance & professional lead. Currently the Fieldwork Manager Post.	LA Mental Health Act requirements. Quality assurance & performance management systems. Professional social care advice. Support & professional development for social care staff.	Ensures statutory requirements fulfilled. Assures social care perspective & linkages into broader adults social care. Oversight of standards and systems.
Operational management.	Trust or Local Authority employed managers for specialist community teams and their line	Managerial responsibility for front line delivery of health and social care. Day to day responsibility for health and social	Single management responsibility. Fully integrated front line health and social care services.

		managers.	care staff and resources. Performance management of the team for both health and social care Professional supervision of staff dependent on own professional background.	Recognised professional requirements.
	Practitioner	Trust or Local Authority employed mental health practitioners with specialist skills - social worker, nurse, O.T etc	Assessment, care management, planned intervention – core and specialist.	Multi disciplinary and integrated approach identifying common and specialist skills.