



Report to

Cabinet Scrutiny Co-ordination Committee

Report of Director of Community Services

Title

Foundation Trust Consultation

1 Purpose of the Report

1.1 The purpose of this report is to consider a response to the consultation (please see appendix 1, attached) undertaken by Coventry & Warwickshire Partnership Trust (CWPT) on its seeking of foundation status, in a bid to become a Foundation Trust in early 2009.

2 Recommendations

2.1 That Cabinet & Scrutiny consider the issues raised in section 4 and authorise the Acting Director of Community Services to submit a response on the authority's behalf, taking into account those issues, the views expressed by Cabinet on June 17th 2008 & Scrutiny Coordination Committee on June 18th 2008.

3 Information/Background

- 3.1 Coventry & Warwickshire Partnership Trust, which provides NHS adult and child & adolescent mental health, learning disability and substance misuse services to the population of Coventry and Warwickshire, is seeking to become a foundation trust (FT), in line with government policy that all NHS provider organisations become an FT by 2010 or become part of a larger FT.
- 3.2 It should be noted that if the CWPT application for FT status is successful, they will be the first such organisation to achieve foundation status within the local health economy, although University Hospitals Coventry & Warwickshire previously consulted on an unsuccessful attempt in 2006. Other local NHS Trusts, such as George Eliot Hospital NHS Trust, South Warwickshire Hospitals NHS Trust, and West Midlands Ambulance Service NHS Trust, are at differing stages with their FT applications.
- 3.3 As CWPT's application constitutes a "substantial variation" within the context of the National Health Service Act 2006, the Trust is required to undertake a public consultation, and as part of this has sought the views of SB4 (the Council's health overview and scrutiny

June 17th 2008 June 18th 2008 committee) and of the Director of Community services within the Council. The Trust presented its proposals to SB4 earlier in 2008, but the committee did not make a formal response at that time.

3.4 Due to the timing of this request in relation to the start of the municipal year, and the closing date of the consultation (June 23rd 2008), the proposed response is being presented for consideration to Cabinet and Scrutiny Co-ordination Committee, as SB4 is not due to meet until June 25th, after the formal consultation period closes.

4 Proposal and Other Option(s) to be Considered

- 4.1 The principal implication of this application is that if CWPT becomes an FT, it will be accorded a range of freedoms not enjoyed by existing, non-foundation trusts. The implications of this include:
 - Accountability to Monitor (the FT regulator) rather than the Secretary of State for Health
 - The recruitment of members from the local population (expected to be approximately 8000 individuals) and the consequent ability to base decisions on the mandate expressed by their membership, including the election of a Board of Governors
 - Potential conflict with the traditional roles of PCTs and the Strategic Health Authority in overseeing and shaping the provision of health services within Coventry
 - Potential strengthening of patient and public involvement through membership, governors and local appointment of Non Executive Directors (NEDs)
 - Potential strengthening of links with local authorities and increased involvement with nominated governor from Coventry City Council.
 - A degree of additional formality will be accorded to the commissioning and service provision agreements that exist between the Trust and the Council, as a more formal contracting basis of working is required by Monitor.
- 4.2 The creation of a Foundation Trust has the potential to improve local involvement in and ownership of health services within the local health and social care economy. It is possible that such an arrangement will also present a degree of potential tension with the mandate of locally elected politicians to local authorities.
- 4.3 It is important to note that as we consider that the provision of safe and effective health and social care services to our population is of paramount importance, it is not believed that any aspect of the proposed move to become an FT will see that compromised.
- 4.4 On this basis, it is advised that a letter of response to the consultation process advises the Trust of the Council's support for some areas, and concerns in others, and the proposed response is written accordingly. It should be noted that although the application is subject to approval from Monitor, the likely outcome of the Trust's application, having progressed this far, is considered to be that the Trust will achieve foundation status in early 2009.

5 Other specific implications

	Implications (See below)	No Implications
Best Value		\checkmark
Children and Young People	\checkmark	
Comparable Benchmark Data		\checkmark

	Implications (See below)	No Implications
Climate Change & Sustainable Development		\checkmark
Corporate Parenting		\checkmark
Coventry Community Plan		✓
Crime and Disorder		\checkmark
Equal Opportunities		\checkmark
Finance		✓
Health and Safety		\checkmark
Human Resources		\checkmark
Human Rights Act		✓
Impact on Partner Organisations	\checkmark	
Information and Communications Technology		\checkmark
Legal Implications		\checkmark
Neighbourhood Management		✓
Property Implications		\checkmark
Race Equality Scheme		✓
Risk Management		✓
Trade Union Consultation		✓
Voluntary Sector – The Coventry Compact		~

- 5.1 Children & Young People
- 5.1.1 CWPT is a significant service provider for Children and Young People, in particular, Child & Adolescent Mental Health Services (CAMHS). Foundation status will support further improvement and modernisation of these services within the framework of existing CAMHS strategies.
- 5.2 Impact on partner organisations
- 5.2.1 Although the application for foundation status by the Trust is in line with government policy, we have sought the views of partner organisations, including Coventry PCT & UHCW to assist in the composition of a response, as the implications for them as NHS partners may be greater than for the Council.

6 Monitoring

6.1 No further monitoring of this matter is required, although the CWPT will be required to attend SB4 to update the Council on progress with their application for foundation status. A formal review involving partner organisations from the local health economy, at the anniversary of the Trust's achievement of foundation status (should it be successful) may be considered appropriate by SB4.

7 Timescale and expected outcomes

7.1 It is intended that this response is submitted to the Coventry & Warwickshire Partnership Trust by June 23rd 2008, in line with the close of the consultation process.

	Yes	Νο
Key Decision		\checkmark
Scrutiny Consideration (if yes, which Scrutiny meeting and date)	Scrutiny Co-ordination Committee June 18 th 2008	
Council Consideration (if yes, date of Council meeting)		✓

List of background papers	
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Description of paper	Location
Description of paper	
Have your say and make a difference – Coventry & Warwickshire Partnership Trust - Foundation Trust Consultation Document	CC1 - SS138







Have **YOU Say** & make a **difference**

Our bid to become a Foundation Trust and improve the learning disability, mental health and substance misuse services we provide

Public consultation document 31 March to 23 June 2008



Working together to make a difference

Have your say and make a difference

This consultation document is about Coventry and Warwickshire Partnership NHS Trust's bid for Foundation Trust status.

We are the local provider of mental health, substance misuse and learning disability services, as well as specialist services provided to people from outside the area.

This consultation document is about our plans to apply to become a Foundation Trust. We explain what being a Foundation Trust means and how it would give us greater freedom and independence to respond to local needs in new and innovative ways. We also explain how local people could become more directly involved in the running of the Trust by becoming members of the Foundation Trust or offering themselves for election as governors.

To receive more copies of this document, or if you would like it translated into another language, into large print, easy read, braille or audio please call: 024 7696 7906

Or write to:

CWPT Membership Office, Caludon Centre FREEPOST RRKX-CZKR-RBUX, Coventry CV2 2TE

FRENCH

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ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀਆਂ ਹੋਰ ਕਾਪੀਆਂ ਲੈਣੀਆਂ ਚਾਹੁੰਦੇ ਹੋਵੋ ਜਾਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਲਿਖਿਆ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋਵੋ ਜਾਂ ਇਸ ਵਿਚ ਦਿੱਤੀ ਜਾਣਕਾਰੀ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਛਪੀ ਹੋਈ, ਸੌਖ਼ੀ ਪੜ੍ਹੀ ਜਾ ਸਕਣ ਵਾਲੀ ਜਾਂ ਟੇਪ ਉੱਤੇ ਰਿਕਾਰਡ ਕੀਤੀ ਹੋਈ ਲੈਣੀ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਚਿੱਠੀ ਲਿਖੋ। We would very much like to hear from you about these ideas. In particular, we would welcome your views on how, as a Foundation Trust within the NHS, we could best work together with service users, carers, communities and our partner organisations to improve our services.

There is a feedback form on page 23 for you to complete and return to us. Please have your say. Your views will make a difference.

> Front cover photo: Balloon launch at Woodleigh Beeches eating disorder unit, Warwick

www.covwarkpt.nhs.uk/makeadifference



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Achieving our vision for the future



Karamjit Singh

"Through even closer involvement of service users, their views will make a difference."

Sandy Taylor

Asked about his vision for the future, Trust chairman Karamjit Singh does not hesitate for a second. "We need to be a user-focused organisation," he insists. "And for that to happen, we need a debate, internally and externally, about the way our services are provided to the people of Coventry and Warwickshire."

Will achieving Foundation Trust status help? "It creates the framework that enables us to have the debate in a more meaningful way," says Karamjit. "Through the even closer involvement of service users in the running of the organisation, their views will make a difference."

As he points out, this may not necessarily always lead to solutions where the Trust itself is delivering new services. In some instances, the

voluntary sector may be a more appropriate provider.

"Becoming a Foundation Trust will present us with opportunities and challenges," he says. "If we work alongside our users, carers and communities to

address them, I am confident we shall see improvements in the quality, quantity and responsiveness of mental health and learning disability services."

He adds: "It's vital that our values as an organisation should be based on putting the needs of service users at the centre of everything we do.

"Our philosophy, as a Foundation Trust, should be to develop local services for local needs, invest in the potential of our staff, and work to ensure that everyone in our community has the chance to lead a normal life with whatever type or level of support they require."

Trust chief executive Sandy Taylor wholeheartedly endorses the Trust's drive to become a more inclusive organisation. He says: "Our aim is to achieve high standards of care by being open and transparent and by being willing to absorb new ideas about doing things better."

He stresses that moving to Foundation Trust status is not something to be done

"Our aim is to achieve high standards of care by being open and transparent and by being willing to absorb new ideas about doing things better." for its own sake but because it will give Coventry and Warwickshire's mental health and learning disability services the freedom they need to become both more flexible and more easily accessible.

Sandy also believes a new Foundation Trust must be seen to be leading from the front in combating the stigma that may, even in the 21st century, still be associated with mental illness and learning disability.

"Such attitudes are not only ill-informed and outmoded," he says. "They are completely unacceptable. Our Foundation status will be closely associated with a vigorous anti-stigma campaign so that we play our part in changing these attitudes."



Being clear about what we stand for

Since we came into being in October 2006, we have been developing a clear set of values that underpin everything we do, together with some key aims for the future.

These values would be at the heart of our approach as a Foundation Trust, particularly the strong emphasis we place on putting individuals at the centre of our work and on being a user and carer-centred organisation. In your response to this consultation document, we would welcome your views on our declared values and aims. Do you think they represent a good basis on which to move forward? Please see our questionnaire on page 23.

Our vision:

To be a high quality, publicly accountable organisation enhancing the well-being and quality of life of the communities we serve.

Our values:

Putting people first: We place the individual at the centre of everything we do.
Listening and responsive: We want local people to have a greater say in what we do.
Working towards social inclusion: We believe everyone should be able to lead a normal life.
Investing in our staff: We help our staff to update and extend their knowledge and skills.
Building on our strengths: We are open to ideas and ready to change to do things better.
Specialist services: We develop more and better specialist services to meet national needs.

Local needs, local services: We believe in local services to meet local needs.

Our aims:

Be user and carer centred by valuing them as experts, using their knowledge and offering choice.
Provide comprehensive local services that are based on local needs and meet standards.
Be an exemplary organisation by using our resources effectively and working in partnership.
Provide safe, supportive services by creating an evidence-based learning culture.
Be a specialist provider of choice nationally by delivering best practice.

Our services -

and how, as a Foundation Trust, we could improve them



"We want to provide more care and support to service users in the their own homes and at locations close to their own homes." *Colin Merker* Roisin Fallon-Williams



What are likely to be the biggest changes in the way mental health and learning disability services are provided in the future? That's a 64,000 dollar question that Colin Merker, director of adult mental health and substance misuse services, is keen to answer.

"We need to make sure that everyone in Coventry and Warwickshire has equal access to high quality mental health services that are delivered when, where and how people need them to be delivered," he says. That's true now and it will be just as true when we become a Foundation Trust."

How will it make a difference?

So does Foundation Trust status really matter? "Yes, it does," he argues, "because our ability to be flexible in the way we do things will be greatly enhanced. It also opens the door to much closer and more meaningful collaboration with the local communities we serve."

That said, how exactly might services be improved?

Less time in hospital, more support in the community

"Importantly, we want to provide more care and support to service users in their own homes and at locations as close as possible to their homes," says Colin. "By doing this, we'll reduce the need for individuals to spend time in hospital, which can and does have a significantly disruptive effect on their lives.

"This means we want to spend a higher proportion of our available funds on strengthening community services. Currently, they account for about 90% of all the contacts we make with our users, but only about 40% of our expenditure. We need to make more effective use of our resources and to shift more of the expenditure into this absolutely key area. If we reduce current levels of dependence on our in-patient services, we can achieve this goal."

Working together to boost individuals' chances of recovery

What other priorities does the Trust have? "We want to strengthen our links with social services, housing, education and training organisations, leisure services and voluntary organisations," says Colin, "so that by working together we can deliver a full range of support to individuals, help them to become more independent and, in this way, boost their chances of recovery."

He adds: "We support the recovery model of care, which is about giving people with mental health problems the opportunity to fulfil their own potential."

The same broad challenges apply to services for people with a learning disability and those for children and adolescents with mental health problems. Roisin Fallon-Williams, the Trust's director with responsibilities for

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these services, says: "We know we need to focus on the needs of the individual, ensuring that everyone has access to the right services at

the right time. We also need to focus on their physical health needs, just as any other service user would expect us to."

She adds: "For people with a learning disability, it's also important that they should have access to the same range of mental health services as the rest of the population."

Harnessing the skills of the voluntary sector

Will the Trust's own services be able to deliver improvements on their own? "No, they won't," Colin readily acknowledges.

"That's why our partnerships with others are absolutely vital. In particular, we want to help the voluntary sector in Coventry and Warwickshire to develop its skills and capacity for providing longterm support for service users in the community. We also need the active involvement and support of local employers, colleges and training establishments."

Roisin agrees. She says: "Our work with charities and other organisations like local authorities is crucial in giving individuals choice and helping them to live as independently as possible."

Breaking down the barriers whilst meeting diverse needs

As Colin points out, there is also the challenge of ensuring that, no matter where they live, people in Coventry and Warwickshire have

access to the same level and quality of care. This, he accepts, is very much still 'work in progress'. "We're not yet able to say that



people have equal ease of access to services across the whole area," he says. "But now that the management of services across the city and the north and south of the county is within a single organisation, it's taken away the artificial barriers and is enabling us

to spread our available clinical expertise more evenly across the entire area.

"For example, by pooling the resources of previously separate,

locality-based crisis resolution teams, it is possible now to provide enhanced out of hours support to service users throughout Coventry and Warwickshire. Our assertive outreach teams are also benefiting from the combined expertise and experience that is now available."

That's all very well and good, but isn't there a risk that the very specific needs of completely different localities could get blurred within a more uniform service?



"No," insists Colin, "because we're well aware of the need to tailor services, and the fact that what is best for inner city Coventry isn't necessarily the same for Atherstone or Southam.

"Our aim, therefore, is to have the best of both worlds. We target services to meet local needs whilst ensuring that there is equity in terms of access to specialist expertise when it's needed. In this way, we are harnessing all the talents available within our organisation so that no one is missing out."

Identifying and embracing best practice - for the benefit of all our service users

The need for greater equity is aptly illustrated by the current differences between localities in the availability of some of the most specialised services the Trust provides.

> For example, Coventry offers community-based assessment and treatment of mild to moderate eating disorders. Complex cases have to be referred out of the area.

By contrast, South services treat the

Warwickshire's services treat the most complex cases but do not offer a community-based service for those with mild to moderate needs. The solution, says Colin, is to work out how best to take what is done well in one area and make sure that this good practice is available in all localities.

"We need the active involvement and support of local employers, colleges and training establishments." Our service users, carers and communities -

and how, as a Foundation Trust, we would involve them more closely in our work



"We need to listen to users and carers about what works well. They can help us to design services that best meet local needs." *Chris Halek*

Being a user and carer centred organisation is one of the Trust's key strategic aims. Will achieving Foundation status make achieving that aim any easier? Nursing director Chris Halek thinks it will.

"Whether we're a Foundation Trust or not, it's what we should be striving for," she said. "But as a Foundation Trust, I believe we'll be organised in a way that enables us to engage more effectively with service users and carers.

"We need to listen to them about what works well and what doesn't work well. From their direct personal experiences, they can help us to design services that will best meet local needs."

What about a role for service users and

carers in shaping priorities? To what extent would that be possible in the future?

"Individuals from both groups will be able to become FT members and put themselves up for election to the council of governors," she said. "However, they won't be 'pigeon-holed' as users or carers. The council places to which they seek election will be those earmarked for members of the public."

June's perspective as a mental health carer

June Cooley, who works as a mental health carers' support and development worker in Coventry, thinks carers want better and more consistent information.

"They need to know what they can do at home to help the recovery of their loved one," she says. "And they need to know how they should respond to defuse situations if things get a bit tense, and where they can turn for help and advice, especially in a crisis."

She adds: "Being a carer is a unique experience. Living with someone who has experienced mental health problems gives you a special insight into what it is really like. Inevitably, mental illness affects everyone in the household.

"But unless you have the necessary information and support, being a carer can feel very lonely at times."

We need stronger contacts and more investment in communications training

June hopes that Foundation status will bring with it a commitment to



strengthening contacts between carers and the professionals who provide services.

She would also like to see investment in communications

training for staff, so that issues are explained as clearly as possible. This, she believes, would help to ensure that carers can play a full and positive role.

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Gillian's priorities as a learning disability carer

Gillian Smith chairs Warwickshire Carers' Forum for family carers of people with a learning disability. She stresses their wealth of knowledge and calls for real carer involvement in a future Foundation Trust. "We don't want talk shops that can't get things done," she adds.

One of her key concerns is that there should be parity of services

across the whole of the Trust's area. "There shouldn't be any post code lotteries," she says. "Everyone should have equal access to the help and support they need."

Gillian and her fellow carers would also like to see greater awareness among NHS staff of the special needs of people with a learning disability, especially when they are being treated for acute health problems. Staff training - ideally with carer involvement - is therefore important, says Gillian.

Other priorities include more flexible appointments and provision of more appropriate support to people with a learning disability who are receiving medical treatment.

What service users want to see

Real choice about the options open to them is what a lot of service users want to see, according to Michelle Woodall from Coventry-based AIMHS (Actively Influencing Mental Health Services).

"There must be real choice if all the talk about person-centred planning is to be meaningful," says Michelle. "That means looking at non-medical methods of recovery as alternatives to some of the medical models that are often relied on. For example, for some service users it may be that attendance at a crisis house is a better solution than admission to hospital."

Michelle and her colleagues from AIMHS stress the importance for service users of being able to engage with staff who empathise with them and understand their predicament.

"We think it's always useful to have service user representation in the staff recruitment process," she says.

Michelle would also like to see more and better information being made available about mental health issues and treatment options, and regular updates to ensure the information is accurate and relevant. Suggestions about possible future improvements include designating a member of the Trust's staff to run an information forum to which key professionals and service users could contribute, and putting

easy to access information displays in premises that are visited regularly by a large number of service users, such as the Caludon Centre in Coventry.

Seamless care, better links

A seamless care pathway for service users is a top priority for Heather Clelland, chief executive of the Warwickshire-based service user organisation *Voices 4 Choices*.

So she's calling for better links between the providers of mental health and substance misuse services, GPs, social care and the voluntary sector.

"The whole system should be geared up to ensuring that service users can get easy access to all the



help they need," says Heather (pictured left). "There shouldn't be any artificial barriers between the different organisations involved."

Heather also wants to see a more holistic approach to treatment and care. "The Trust should see itself as a

provider of *mental health* services, not medical services," she says. "That means making available a whole package of possible options to service users."

Heather applauds the Trust board's commitment to putting service users at the centre of everything they do. But, she stresses, the real test of this commitment is whether it is made to happen consistently across the entire organisation.

"In practice, service users want to be involved from the beginning in planning services," she says. "They don't just want to be asked after the decisions have probably already been taken. They'd also like to see greater consistency in services." Our performance and the quality of care -

and how, as a Foundation Trust, we would build on our existing strengths



"What we are looking for is a steady and consistent level of improvement that is sustainable in the long term." Tony Lunt

Why now? That's a question often posed to Tony Lunt, director of information, IT and estates, who's also taken on the responsibility of co-ordinating the Trust's bid for Foundation status.

First, he reminds everyone that Coventry and Warwickshire Partnership Trust didn't come into existence until about 18 months ago, so it wouldn't have been feasible for it to be in one of the earlier groups of NHS mental health and learning disability trusts moving in this direction.

Secondly, Tony stresses that to be eligible for consideration, NHS trusts have to demonstrate that their overall performance in service delivery and financial management is good enough for them to be able to shoulder the responsibilities that Foundation Trust status brings.

Re-investment in frontline services

"The most recent annual health checks carried out by the Healthcare Commission rated us as 'fair' in the provision of services and 'fair' for our overall efficiency and financial management," says Tony.

"At the end of 2006/07, we had met all our obligatory financial and cost improvement targets, which have already enabled us to re-invest resources in frontline services."

He adds: "We know there's still a lot to be done. But we're moving in the right direction, and with the added impetus that Foundation Trust status would give us, we're confident that we'll be able to provide better services across Coventry and Warwickshire."

But the Trust is not going for what he calls 'quick fixes'. "What we are looking for is a steady and consistent level of improvement that is sustainable over the long term," he stresses.

Recognising the risks

Aren't there risks as well as benefits from Foundation status? "Yes, there are," Tony acknowledges. "We'd have greater freedom to make our own decisions about priorities and we wouldn't be under the direct control of the Department of Health and the Strategic Health Authority.

"On the other hand, we'd have to make very sure that the services we provide are the ones that primary care trusts really want to purchase for their populations, that they are designed to meet current and future needs, and that they come up to standard in every respect."

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Accurate, reliable information for clinical and therapeutic staff

Frontline staff providing clinical and therapeutic services also need to be able to access the right information at the right time.

With this very much in mind, the Trust has spent around £1 million in IT infrastructure and software, particularly on improved networks that link one part of the service with another. "Having accurate, reliable data is crucial," says Tony.

He adds: "It puts the pressure on us as a more free-standing organisation to deliver the goods, as they say. But that's a pressure we feel we are well up for, and we think we'll be able to raise the profile of mental health and learning disability services across Coventry and Warwickshire – to the ultimate benefit of service users and their families."

Delivering services in the best possible environment "V

As Tony is responsible for maintenance of the Trust's estate – some 110 properties in all – and for information technology, you'd probably expect him to be enthusiastic about investment in both areas. in both areas over the past 18 months, with a programme to improve the facilities in which service users receive their treatment and care and where, of course, the Trust's staff are expected to deliver that care. "This is critically important," he says, "because mental health and learning disability services need to be provided in the right environment."

He points to increased expenditure

"We'd have greater freedom to make our own decisions about priorities....We'd also have to make very sure that our services come up to standard in every respect."



Our staff -

and how, as a Foundation Trust, we would develop and harness their talents



"We need to provide a positive learning environment where individuals feel motivated and supported to update their skills." *Paul Robinson*

First and foremost, we are an organisation which values its staff and the fundamental role they play in providing the best possible service to people who need our help and support.

Director of organisational development and human resources, Paul Robinson, explains: "Our Trust seeks to provide a positive environment where staff members are motivated and supported to update their skills and learn new ones.

"In this way, not only can they make a difference to the health and well-being of service users today, but they can look forward to further improving that service tomorrow."

The Trust's clinical staff are in the frontline of delivering services through inpatient facilities at such locations as the Caludon Centre in Coventry and St Michael's Hospital in Warwick.

In addition, they visit patients in their own homes and provide support through our community team structure.

Our comprehensive human resources strategy outlines four key aims:

- Supporting innovation and modernisation
- Recruiting and retaining an effective workforce
- Achieving and benefiting from a diverse workforce
- Being a 'model employer'

This will provide a firm base on which a future Foundation Trust can build. Central to that strategy is the need for lifelong learning, the sharing of good practice and the provision of timely training and education opportunities for both clinical and non-clinical staff.

Says Paul: "The Trust's human resources strategy was designed for a four-year timescale to ensure that the ultimate objective of becoming *the*

"Staff will retain the same pay structures, agreements and pension entitlements. The big difference will be the opportunity to get actively involved." employer of choice is achieved." Sounds fine, but will staff in a Foundation Trust keep existing terms and conditions? "They certainly will," says Paul. "Staff will retain the

same pay structures, agreements and pension entitlements. The big difference will be the opportunity to get actively involved."

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"With a very diverse workforce spread over so many different locations, we need to tailor our training more to the needs of individuals."

Harnessing our untapped talent to deliver ideas and innovation

As you might expect, Trust training manager Raman Gurnani stresses the importance of good training to ensure that everyone, whatever their job, can develop their skills to the full.

She says: "We start by ensuring that everyone joining the organisation participates in an induction programme lasting up to three days that gives them a strong sense of our vision, our values, our aims, how we operate, how they fit in and what is expected of them as our employees. Indeed, our goal is to ensure that, as far as possible, all new staff begin with the induction on their very first day at work."

Helping individuals to move up the skills ladder

Raman is equally passionate about identifying what each and every employee needs in order to move up the skills ladder. "We have put in place an appraisal system that enables everyone's training needs recognised and acted upon," she explains.

Training tailored to individual needs

Raman and head of staff development Chas Coleman are keen to see new and flexible approaches to training, with more emphasis on distance and internet learning.

Says Chas: "With a very diverse workforce spread over so many different locations, we need to tailor our training more to the needs of individuals."

Chas also believes that there is a lot of untapped talent across the organisation. He explains: "As a Foundation Trust, I'd like to see us harnessing that talent more fully for the benefit of our staff and our service users."

Our partners and how, as a Foundation Trust, we would work even more closely with them

"Good quality services for people with mental health problems or a learning disability depend very much on collaboration at every level." *Sandy Taylor*



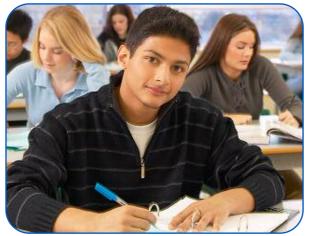
One of the key criteria for assessing the suitability of an NHS Trust's application for Foundation status is the strength of its working partnerships with relevant local organisations, and its commitment to developing even stronger relationships in the future.

This, as chief executive Sandy Taylor explains, is due recognition of the fact that good quality services for people with mental health problems or a learning disability depend very much on

collaboration at every level between the NHS, social services, housing, education, leisure services, the voluntary sector and local employers.

"We'd be kidding ourselves if we thought that we were

the only organisation that mattered," says Sandy. "We're just part of a whole network of professionals and volunteers who need to pool their talents and resources for the benefit of service users and carers."



He adds: "We are rightly proud of the partnerships that we already have. We couldn't function without them. And if we can improve and extend them in any way in the future, we have a completely

> open mind about how and where we should do it.

"As a Foundation Trust, I believe we will have greater flexibility to develop new and innovative partnerships around Coventry and Warwickshire, if only because we won't be

constrained by some of the rules and regulations that make it more difficult for NHS Trusts to enter into some kinds of joint ventures.

"Our message to organisations in the areas where we operate services is that we are ready, able and willing to listen to your ideas about doing things better together."

Operations director Colin Merker agrees. "We want to strengthen our links with other organisations," he says, "so that by working together we can deliver a full range of support to individuals, help them to become more independent and, in this way, boost their chances of recovery."

"We're rightly proud of the partnerships we already have. We couldn't function without them."

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Partnerships in action

There are many cases - far too numerous to list here - of highly effective collaboration between our Trust and partner organisations across Coventry and Warwickshire.

Rapid prescribing

For example, a *Rapid Prescribing Service* for substance misuse patients was established in Warwickshire by NHS services, the county probation service and the specialist charity Addaction. By offering early and effective help to individuals who have been arrested, the prescribing service is designed to get them out of the vicious circle of drug dependency and offending.

Making progress on employment and housing

Another partnership scheme in Coventry, called *Making Progress*, brings together our Trust with the City Council, local probation services, a housing agency and other organisations to create employment opportunities and a more stable home environment for individuals who have previously struggled with drug or alcohol dependency.

Rethink home support programme

Also in Coventry, the mental health voluntary organisation *Rethink* runs an invaluable home support programme for service users which seeks to help them identify the areas in their lives that require changes and to support them in making those changes.

Yes, we've got some good partners, but we want even more in future

A Coventry Partnership Board for Mental Health comprises representatives from the NHS, City Council, Coventry MIND, Rethink, Spectrum, AIMHS (Actively Influencing Mental Health Services) and other user and carer organisations. They meet regularly to discuss a wide range of relevant issues. A similar Partnership Board exists in Warwickshire.

Community mental health teams

In both Warwickshire and in Coventry, community-based mental health teams involve health professionals and social work staff working together to plan and deliver the best possible combination of services.



Key roles played by local authorities and the voluntary sector

Collaboration is equally important in meeting the needs of people with a learning disability, where local authorities are the lead agency. The voluntary sector also plays a key role in supporting both service users and carers.

Even more examples in our sights

The examples of partnership working mentioned here are but a fraction of the full total. As a Foundation Trust, we would hope to see an even larger number of formal and informal partnership arrangements coming to fruition.

More than just talk shops

Finally, as Gillian Smith from Warwickshire Carers' Forum says on page 8, we want all our partnerships - current and prospective - to be much more than mere talk shops.

For us, as a Foundation Trust, partnerships will be about getting things done better by making sure we've got all the relevant organisations working in unison, sharing ideas and taking joint responsibility.

Giving a greater say to local people

Proposed governance arrangements

Membership of the Foundation Trust

- Membership of the Foundation Trust (FT) will be open to anyone who lives in Coventry or Warwickshire, or who lives outside the area and has an interest in mental health, learning disability and substance misuse services.
- All Trust staff will be members unless they choose to opt out.

Council of Governors: 27 in total

- 16 governors elected from non-staff FT members.
- 5 governors elected by staff FT members.
- 1 governor nominated by Coventry City Council
- 1 governor nominated by Warwickshire County Council
- 2 governors nominated by our local Universities
- 1 governor nominated by Coventry Teaching Primary Care Trust
- 1 governor nominated by Warwickshire Primary Care Trust

Chairman and Board of Directors

 The Council of Governors appoints the chairman and non-executive members of the board. "We're aiming to get more people more involved in what we do." *simon Crews*



Foundation Trusts are run very differently from other parts of the NHS. So how does it work and what are the advantages? According to assistant chief executive Simon Crews, the answer is very straightforward.

"Potentially, many thousands of people can register as 'members' of our Foundation Trust," he says.

"In fact, we'd like them to demonstrate their support for us by doing that right now. We've included a membership form at the back of this consultation document."

He adds: "Whether you're a service user, a carer, a volunteer, a local resident or someone who has a close interest in mental health and learning disability services, you'd be very welcome indeed."

Keeping members informed

Members would be kept closely informed about what our proposed new Foundation Trust does. Importantly, they would elect the Foundation

governors, who have a big say in what goes on and who, themselves, appoint the chairman and non-executive members of the board.

"The whole structure is designed to be as democratic as possible," says

Simon. "It means our local communities can be very much more closely involved. That, in turn, makes it easier for us to match our services to their needs. In this sense, everyone is better off as a result."

How our staff would also have a stronger voice

What about staff? Where do they fit into the new system? As Simon explains, the Trust intends to assume that all its employees will be registered automatically as members, unless for any reason they'd prefer to opt out.

"We think this sends a message to our staff that we very much value their input," he says.

Governors with real powers to scrutinise what the Trust does

How many governors would be elected, and how would they be elected?

"In total, we're proposing a total of 27 governors," says Simon. "As you can see from the details we've published on

"The whole structure is designed to be as democratic as possible. It means our local communities can be very much more closely involved."

this page, as many as 16 of them would be elected by people across Coventry and Warwickshire and five of them by our staff. In addition, a governor would be nominated by each of Coventry City Council and Warwickshire County Council, two by

local Universities, and two by Coventry and Warwickshire primary care trusts."

Adds Simon: "The Council of Governors would be there to oversee the work of the Foundation Trust board, which is responsible for managing the organisation.





"For the sake of continuity, we're proposing that members of the existing Trust Board would continue until their current term of office expires."

How members could feed in their views and ideas

Good communication, as Simon acknowledges, is critical to the smooth running of the system. "Our thousands of members must be kept in the picture," he says.

"We'll need to develop effective ways of doing this, as well as

enabling them to feed their views and ideas to us. For example, we might ask them to join a focus group looking at particular services such as learning disability, adult mental health, substance misuse or eating disorders."

And what about all the existing channels by which service users, carers and staff communicate with the Trust? "Clearly, we'd want these to continue to flourish in the future," says Simon. "But we'd also explore new and innovative ways of allowing them to become even more involved."

People aged 14 and over eligible to become FT members

If Coventry and Warwickshire Partnership Trust wins Foundation status, it is keen to encourage young people to become involved. That's why anyone aged 14 and over would be entitled to become a member. As part of this consultation, your

views are sought on whether this age is too low or too high.

The Chairman and Board of Directors of the Foundation Trust are directly accountable to the Council of Governors and through them to FT members

The 27-strong Council of Governors would appoint the Chairman and Board of the Foundation Trust and oversee their performance

Local people and organisations would elect or nominate representatives on to the proposed Foundation Trust Council

Public members of the Foundation Trust

Members from each of the following areas vote for 2 governors to represent them on the FT Council of Governors: North Warwickshire Borough Nuneaton & Bedworth Borough Rugby Borough and the rest of the UK Stratford-on-Avon District Warwick District Coventry North West Coventry North East Coventry South

Staff of the Foundation Trust

Staff from each of the following groups vote for governors to represent them on the FT Council of Governors:

Learning Disabilty and Child and Adolescent Health Services (2 governors)

Mental Health Services (2 governors)

Other parts of the Trust - for example, corporate services and facilities (1 governor)

Local authorities and primary care trusts

The following organisations each nominate a representative on the FT Council of Governors:

Coventry City Council Warwickshire County Council Coventry Teaching Primary Care Trust Warwickshire Primary Care Trust Coventry University University of Warwick

Questions and answers

If one of the advantages for Foundation Trusts (FTs) is that they have more freedom from central control, does that mean they're not part of the NHS any more?

It certainly doesn't mean that. Foundation Trusts are very much part of the NHS. The services they provide are still subject to the core principles of the NHS – care and treatment free at the point of need.

We are extremely proud of being an NHS provider of services, and that pride will continue to shape what we do after we become a Foundation Trust.

Exactly what are the so-called 'freedoms' that an FT has? Are they worth having?

The NHS has traditionally been a very centralised kind of organisation – right the way down from the Department of Health in Whitehall through strategic health authorities covering large regions of the country to the NHS Trusts that provide the care directly to patients.

In some respects, that's been a rather bureaucratic way of running a national health service. Foundation Trusts – the local bodies that run services on a day to day basis – are given greater flexibility to make their own decisions without having to report upwards all the time.

It means that their main focus of attention can be on what's good for the patients on their patch. Unlike NHS Trusts, they do not operate within quite such a rigid financial framework. For example, they don't have to break even at the end of every financial year; they can work to a longer-term financial plan; they can borrow money within limits set by the regulator; and they can retain surpluses to reinvest in service



improvements. These are very tangible benefits.

If FTs are less directly accountable to Whitehall, are they accountable to anyone?

In practice, FTs are much more accountable to the local communities they serve.

The precise arrangements are described in detail on pages 16 and 17 of this document.

As a member of the public or a member of staff, you can potentially have a greater say in how an FT is run than a conventional NHS Trust.

In addition, FTs are required to lay their annual reports and accounts before Parliament each year. So there is scrutiny of their activities by MPs. There is also an independent regulator called *Monitor*, whose job is to make sure that FTs stick to the rules and properly discharge their responsibilities. *Monitor* is directly accountable to Parliament.

If being an FT is such a good thing, why hasn't this Trust tried to become one sooner?

It's national policy that, ultimately, all NHS Trusts should become FTs.

But it's not being done everywhere overnight because the Department of Health needs to know that each individual Trust is ready to make the switch.

Bear in mind also that Coventry and Warwickshire Partnership Trust is only about 18 months old as an organisation. We were formed by the merger of separately managed services and it's only now that our organisation has been capable of being objectively assessed for possible FT status.

That's very important, because prospective FTs must be able to show from their past performance that they have what it takes to stand more on their own feet. We are confident that we can do just that.







Who finally decides whether you'll become an FT or not?

Following this public consultation, there will be a number of steps to take. Approval of our

bid for FT status must be sought at each and every stage.

We will need the support of the West Midlands Strategic Health Authority. Assuming we get that, we will need the approval in principle of the Secretary of State for Health. And we also need to

convince the independent regulator, *Monitor*, that we are ready to be granted the freedoms and responsibilities that go hand in hand with being an FT.

Are you consulting about whether you should become an FT, or about other issues?

We're not consulting about the principle of FT status, as that is part of national NHS policy. But we are consulting about the type of organisation people would expect us to be – in terms of our values, aims, priorities and methods of working. We've set out some specific questions about this on page 23 of this document. Your support for what we are trying to achieve is important.

Are there any implications for staff? Will they still be NHS employees?

Yes, all FT staff are still NHS employees, with NHS employment rights and conditions. Foundation Trusts are expected to be 'high performing' organisations in terms of their ability and willingness to develop new and innovative ways of working that embrace best practice in staff education, training and development.

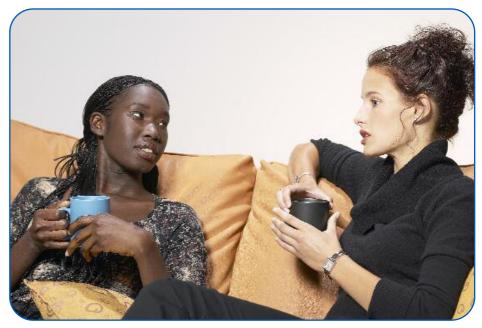


Are there any implications for organisations the Trust currently deals with? Couldn't your new-found independence make things more difficult?

As far as we are concerned, becoming an FT places an even greater obligation on us to work collaboratively with, for example, other parts of the NHS, local authorities, voluntary organisations and all the other organisations whose help we need to deliver high quality services. We'll be looking to strengthen our partnerships, not to weaken them.

It must also be remembered that our funding comes from the Primary Care Trusts that purchase services we provide to their populations. We need to work hard to make sure we are providing the services our PCTs believe are needed most. And if we think major changes to services are required in the future, we'll have not only to agree such changes with the PCTs concerned but to consult widely with all those potentially affected.

If there are any questions you think we have not answered, please contact our consultation office. For details, see page 22.



Our commitment to an anti-stigma campaign

"We all need to be accepted for who we are, including people with mental health problems" *Graham Lacey*



Stigma is an insidious thing. Based on ill-informed prejudice, it creates unnecessary barriers between people and unfairly disadvantages those who are stigmatised.

Being accepted for who we are

Expressing his deeply held views on stigma and discrimination, South Warwickshire Mental Health User Forum manager Graham Lacey says: "We all need to be accepted for who we are, including people with mental health problems, who should not be labelled and discriminated against just because they have received a diagnosis from a psychiatrist."

Graham was speaking along with many others at a recent anti-stigma conference run jointly by Coventry and Warwickshire Partnership Trust and the West Midlands Division of the Royal College of Psychiatrists.

Playing a part in local communities

Denise Stokes from *Grapevine*, which works on behalf of people with a



learning disability, said they wanted to play a full part in their local communities and did not want to be stereotyped as individuals who could not do things for themselves or could not make a contribution.

Need for greater understanding about substance misuse

Sarah Coleman from Voices 4 Choices called for greater understanding and less prejudgement about the needs of people with substance misuse problems and the challenges they face.

Changing perceptions and attitudes for good

As Trust chairman Karamjit Singh and chief executive Sandy Taylor both made clear in their remarks at the conference, the proposed Foundation Trust for Coventry and Warwickshire would play a full and active part in a major new antistigma campaign.

Their aim, they say, is to change perceptions and alter attitudes for good. Leading a concerted effort to combat stigma and discrimination would, they pledge, be one of the top priorities of the new organisation.



Good mental health vital to general health and well-being

A keynote speaker at the anti-stigma conference, held at the Trust's Caludon Centre in Coventry, was Royal College of Psychiatrists president Professor Sheila Hollins.

Highlighting the importance of good mental health to everyone's general health and well-being, Professor Hollins said it was vital to raise public awareness about mental health and the available treatments.





Moving People initiative heralds major national campaign

Also speaking at the conference was Sue Baker, director of the *Moving People* initiative, which has won £16 million of Big Lottery Fund money to mount a national anti-stigma campaign to change public attitudes and behaviour in relation to mental health.

Said Sue: "What is unique about this campaign is our target for



changing behaviour. In addressing this challenge, we will be looking at what lies behind people's current attitudes. Our aim is to

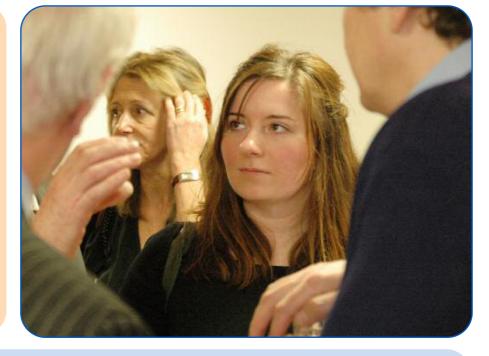
secure a 5% reduction by 2012 in cases of discrimination against individuals with mental health problems."

Moving People

The *Moving People* initiative brings together a number of major national mental health organisations, including Mind, Rethink and Mental Health Media, in a 5-year campaign to end stigma and discrimination.

Supported by both the Big Lottery Fund and Comic Relief, *Moving People* will comprise a wide range of user-led projects designed to change public attitudes and behaviour towards people with mental health problems.

Further information about the campaign and its objectives is obtainable at from its web site at www.movingpeople.org.uk



How we will be leading from the front in Coventry and Warwickshire

Our Trust will be giving full support to the *Moving People* campaign. We are keen to engage as many people and organisations as possible in local initiatives across Coventry and Warwickshire that will take forward the anti-stigma agenda.

If you would like to join us in taking up the campaign locally, we would very much like to hear from you.

If you have any ideas about ways of challenging and changing public

attitudes and behaviour towards users of mental health, substance misuse and learning disability services in your community, please let us know.

www.covwarkpt.nhs.uk/makeadifference

How you can respond

We want to hear from as many people as possible about our bid for Foundation Trust status. You can have your say in a number of different ways:

• You can complete the feedback form on page 23 and return it to: Foundation Trust Consultation, FREEPOST RRKX-CZKR-RBUX, Coventry and Warwickshire Partnership NHS Trust, Caludon Centre, Coventry CV2 2TE

• You can write a letter setting out your views and questions to the address above.

• You can email your views via our website at www.covwarkpt.nhs.uk/ makeadifference

• You can fax your views to us on 02476 967890.

You may request further copies of this consultation document for others who may be interested. We can also provide a large print version if you would prefer one.

A summary version is available in Easy Read format, and information can also be made available in a range of other languages.

For further copies of any of these consultation materials, please call 02476 967906.

All responses to this consultation document must be returned by 23 June 2008. However, we will do all we can to take into account all the views we receive in this consultation.

Copies of this consultation document have already been sent to:

NHS organisations

- Coventry Teaching PCT
- Warwickshire PCT
- Dudley PCT
- Sandwell PCT
- Solihull Care Trust
- Wolverhampton PCT
- Worcestershire PCT

- Herefordshire PCT
- South Birmingham PCT
- West Midlands SHA
- West Midlands Specialised Services Commissioning Group
- Birmingham East & North PCT
- Heart of Birmingham PCT

Local authorities

- Coventry City Council
- Warwickshire County Council
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford-on-Avon District Council
- Warwick District Council
- Worcestershire County Council
- Herefordshire Council
- Birmingham City Council
- Dudley MBC
- Sandwell MBCSolihull MBC
- Wolverhampton City Council

Voluntary and community organisations

Mental health service user groups

Substance misuse service user groups

Learning disability service user groups

Carers' organisations

University of Warwick

Coventry University

Consultation timetable

This public consultation will last for 12 weeks - from 31 March 2008 to 23 June 2008.

Listening to you

We intend to do all we can to listen to all the views we receive in connection with this consultation.

We will be holding public consultation meetings at which we can explain the proposals in greater detail, answer questions and listen to your comments.

The dates, times and venues of the meetings are listed below. Further meetings will be arranged if necessary. Full details will appear in local media.

Public meetings

Tuesday, 1 April 2008 -6.30 pm to 8.00 pm Meeting Room 1 (new meeting rooms) Council House, Earl Street, Coventry, CV1 5RR

Thursday, 10 April 2008 -6.30 pm to 8.00 pm Atherstone Leisure Complex (Memorial Hall), Off Long Street, Atherstone, Warwickshire, CV9 1AX

Wednesday, 16 April 2008 -6.30 pm to 8.00 pm The Meeting Room, Bedworth Civic Hall, High St, Bedworth, CV12 8NF

Tuesday, 6 May 2008 -6.30 pm to 8.00 pm The Benn Hall, Newbold Road, Rugby, CV21 2LQ

Monday, 19 May 2008 -6.30 pm to 8.00 pm The Council Chambers, Town Hall, The Parade, Royal Leamington Spa, CV32 4AT

Thursday, 5 June 2008 -6.30 pm to 8.00 pm The Council Chambers, Town Hall, Sheep Street, Stratford upon Avon, CV37 6EF

Please send us your views

We should welcome your views on the proposals in this consultation document. In particular, we would like to hear what you think on the following specific points:

Question 1: What benefits of Founda	-	Question 5: Do you support the proposal that a future Foundation Trust should lead a local campaign to combat stigma and discrimination against people with mental health problems, substance misuse problems and learning disabilities?		
		Yes	Νο	
			to be involved in an anti- In and, if so, how?	
Question 2: Do you support the proposed membership and governor arrangements?				
Yes	No			
Question 3: Do you think the vision, values and aims outlined in this document are the right ones for a future Foundation Trust to build on?		Question 6: What other comments do you have about the ideas outlined in this consultation document?		
Yes	Νο			
Are there any othe that you would like	er key values or aims e to see included?			
service users and role in shaping the	an we make sure that carers play a significant way in which services			
are provided?		Please continue y separate sheet if r	our comments on a necessary.	
		Name: Organisation: Tel: Email:		
		details. If you do, they wi	I to give us your name and contact II be treated in confidence but will ormed about the outcome of this	

Membership application

Please register me as a member of Coventry and Warwickshire Partnership Trust, which will become an NHS Foundation Trust. I understand the Trust will let me know when my membership becomes active.	
Please use block capitals:	
Section 1: Your personal details	İ.
Title Name	ļ
Address	i.
Postcode	!
Tel: Home Mobile Email Address	ļ
How do you prefer to be contacted? (Phone Post Email Don't mind	ļ
It would be very helpful to us if you could complete sections 2 and 3. This will tell us how well our membership represents the local community.	
Section 2: About You	ļ
a. Are you male or female? () Male <a Female	ļ.
b. Date of Birth	ł
Section 3: Your ethnic group (\checkmark) Please tick the box to tell us your culture	ļ
White British Asian Mixed Mixed Chinese Black Other	ļ
Section 4: Special Requirements	ł
Do you have any special requirements that will help us to communicate with you better? If you are happy to share these details, please tell us here.	
	ł
	į
Section 5: Your Involvement	ł
We understand that everyone will want to be able to choose how they are involved in our services and that the amount of time you are available depends on your individual circumstances. Please tell us here how you wish us to involve you.	
Please tick all that apply	İ.
Be sent regular information (e.g., newsletters)ITake part in surveys and consultationIConsider becoming a GovernorIAttend meetings and discussionsIComment on our plans for servicesIReview patient and carer informationI	
If you are interested in a particular service, please say here.	ļ
Adult mental health Substance misuse (drug and alcohol) Child and adolescent mental health Eating disorders Child and adolescent mental health Child adolescent Child a	
Any other service area	į.
Section 6: Declaration	*
/ I would like to be a member of Coventry and Warwickshire Partnership NHS Foundation Trust, when authorised.	¦>
	ł
Signature Date (day/month/year) Parent/Guardian if under 14 years old	Į.
We are required to keep a public register of our members. If you do not want your name to be included on this register, please tick the box 🗅	
How did you hear about being a member of our Trust? Media coverage	
Other (please specify)	i
Your details will be held on a secure database so that we can communicate with you as a member. The information you give us will be treated confidentially and in accordance with the Data Protection Act 1998.	
To return your application, please post it back to the FREEPOST address below. You don't even need a stamp! FREEPOST RRKX-CZKR-RBUX, Foundation Trust Membership Office, Coventry and Warwickshire Partnership	

NHS Trust, Caludon Centre, Clifford Bridge Road, Coventry CV2 2TE