

AGENDA MANAGEMENT SHEET

Name of Committee Council

Date of Committee 11 April 2006

Report Title NHS Consultations:

Mental Health, Learning Disability and
Substance Misuse Trust;

Summary This report provides a proposed response to this consultation and builds upon recent Council, Executive and Scrutiny discussions and decisions.

For further information please contact: Graeme Betts
Strategic Director of Adult,
Health and Community
Services

Tel: 01926 412198

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers Report and minutes of Council 21 February 2006

Report and Minutes of Council 14 March 2006.

Cabinet 8 December 2006

NHS consultation document.

CONSULTATION ALREADY UNDERTAKEN: Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Group Leaders and Deputies, Health O&S Spokes (Cllrs Roodhouse, Forwood and Haywood)
- Cabinet Member Councillor Bob Stevens, Councillor Colin Hayfield
- Chief Executive
- Legal

- Finance
- Other Chief Officers David Carter, Strategic Director of Performance and Development
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Council - 11 April 2006.

NHS Consultation

**Report of the Strategic Director of Adult, Health and
Community Services**

Recommendation

That the Council considers and approves the response (as contained in the Appendix of this report) to the formal consultation on the setting up of a single specialist NHS Mental Health, Learning Disability and Substance Misuse NHS Trust for Coventry and Warwickshire specialist NHS Provider Trust to serve Coventry and Warwickshire as set out in the consultation document "Big enough to count, small enough to care".

1.0 Background

The report to Council on 21 February 2006 referred to forthcoming consultations on Mental Health, Learning Disability and Substance Misuse Trust and to other NHS consultations. On 14 March 2006, the Council received presentations on and considered these matters further. In addition, the Health Overview and Scrutiny examined the consultation proposal at its meeting on 22 March 2006.

**2.0 Proposal for a Mental Health, Learning Disability and
Substance Misuse Trust**

2.1 The proposal is to have one Mental Health, Learning Disability and Substance Misuse Trust for Coventry and Warwickshire. This would take management of these services away from the PCTs whose role would become one of commissioning services. The proposal is set out in the consultation document '*Big enough to count, small enough to care.*' Section 3 of the document identifies the proposal as the preferred option and section 4 outlines the arguments for this option. A copy of the consultation document is available in the Group Rooms and on request from Member Services.

- 2.2 The Council is a statutory consultee. Members will wish to consider the:
- Impact of proposed changes on the delivery of effective NHS services to Warwickshire residents; and,
 - Impact of any proposed organisational reconfiguration upon the Council's responsibilities for the provision of child and social care services to local people.
- 2.3 As a representative body and as a commissioner of care services, the Council's first concern has to be how best to ensure a strong focus on securing more relevant, responsive and resourced services that better meet the needs, hopes and concerns of patients, users and carers within Warwickshire. The framework document at Appendix A seeks to ensure this.
- 2.4 It is suggested that Council support should be conditional upon an acceptance by the proposers that Warwickshire health and social care commissioners would have final responsibility for determining the eventual pattern of care services to be commissioned through this NHS Trust for the people of Warwickshire.
- 2.5 It needs to be recognised that at this time, the consultation has raised many questions concerning service roles and models, service specifications and management arrangements. These issues must be subject to detailed negotiation involving Warwickshire County Council's commissioners and commissioners in the new PCT since it is established.
- 2.6. Given the Trust will cover Coventry and Warwickshire, it is not acceptable for proposals for Coventry or proposals for Warwickshire to be agreed without discussion between all parties. In order to best serve people across Warwickshire and Coventry it is essential that all parties discuss the issues concerning models of care and management arrangements to ensure the best possible delivery of services to meet the diverse needs in this patch.
- 2.7. Finally, it needs to be explicit that lending formal support for an NHS Trust at this time would not commit the Council to support the further move to Foundation NHS Trust status. This step would be considered on its own merits, following discussion and consultation, at the appropriate time. In the interim, discussion with health partners can take place on how a Foundation Trust might impact on local accountability, services and the enhanced choice and control for users within a social model of disability, individualised budgets and direct payments where the lead role falls to the Council.

Graeme Betts
Strategic Director of Adult,
Health and Community
Services
Shire Hall
Warwick

3 April 2006

**PROPOSED COVENTRY & WARWICKSHIRE NHS PROVIDER TRUST
Mental Health, Learning Disability and Substance Misuse Trust**

A PROPOSED RESPONSE FRAMEWORK - MARCH 2006

1. Introduction

1.1 ***“Big enough to count, small enough to care”***, is a public consultation on a proposed single specialist mental health, learning disability and substance misuse NHS Trust for Coventry and Warwickshire. Consultation commenced on 3 February 2006 and ends on 28 April 2006. If supported and approved, the intention is for the new NHS Trust to come into being from the summer of 2006. The consultation proposal flows directly from government policy:

- Separation of PCT commissioning and provider functions
- Securing quality provision and practice through larger specialist provider trusts
- Expectations that all NHS Trusts will move to Foundation Trust status.

1.2 Prior to the issue of the consultation paper, discussions had taken place between the County Council and health partners. Cabinet decisions have been made and support:

- Development and delivery of joint commissioning of mental health and learning disability services between the Council and the three Warwickshire PCTs. [October 2005]
- Consultation on a single NHS Trust to provide mental health, learning disability and substance misuse services but with reservation of the Councils position on the detailed content of a future consultation document. [December 2005]

1.3 The principles underpinning the proposed new Trust, as set out, have been developed in partnership with Coventry City Council and the County Council. They are not a source of difficulty. At the heart of the vision for the proposed NHS Trust is a commitment to working in partnership around:

- A management structure based on transparency and accountability; and,
- Commitment to integrated service delivery; and,
- Involvement of service users and carers; and,
- Equity of access to high quality services; and,
- Leading from the front to combat stigma and discrimination; and,
- Effective internal and external communication; and,
- Education and research for service improvement; and,
- High standards of corporate governance to support front line services.

This proposed way of working should be welcomed.

2. The Response to the Consultation

2.1 The proposed NHS provider Trust will serve both Coventry and Warwickshire. The current disposition of specialist NHS resources is expected to continue. The Trust would offer “quality and highly specialist services” from within a

standards based core around which locality services would be developed and delivered close to the communities they are intended to serve.

2.2 The key task facing the Council now is how best to secure commissioning and governance arrangements that will enable this change to be taken forward in ways that maximise the potential for integrated working, quality provision, locality presence, inclusion and added value for the people of Warwickshire. It is suggested:

(1) The proposed single Trust can be supported by the Council in any response subject to an understanding that:

- Establishment does not commit the Council to detailed operational arrangements for Warwickshire: these remain to be negotiated between the Trust, the Council and the PCT ; and,
- Future jointly commissioned strategies will be used to shape service provision to ensure they are shaped by user needs in Warwickshire and not provider preferences.
- The needs, and therefore the operational arrangements, of Coventry and Warwickshire are not necessarily the same and strong social care leadership and locality management are seen as essential to delivery of responsive and relevant services for Warwickshire and a pre-requisite for continued support.
- Child and adolescent mental health services have to be developed within the framework of “Every Child Matters”; as a progression of collaborative working with the PCT under the Children Act 2004 and the development of a Warwickshire Children’s Trust.

(2) Joint commissioning with the proposed Warwickshire PCT can be used, in line with previous Council consideration, so as to ensure:

- A Joint Partnership Board with Health is created to oversee strategic commissioning [See diagram]; and,
- Effective locality management and a commitment to sustain resources with strong links between the Trust and delivery of Local Area Agreements.
- Joint commissioners retain the expertise to commission effective services and safeguard levels of investment in Warwickshire; and,
- Current service dispositions are commissioned and reviewed to ensure local responsiveness, relevance, user choice and control; and,
- Levels of current investment in NHS services in Warwickshire are protected and evolve through agreement with the County Council and its partner PCT; and,
- Current agreements within the framework of Section 31 of the Health Act 1999 would be reviewed and strengthened.

(3) Joint commissioning of services with Coventry remains highly desirable if effective commissioning of services through a specialist provider trust is to be secured. An early meeting with Coventry should be sought to consider:

- Opportunities for a joint partnership board on the strategic commissioning of these services to ensure effective commissioning arrangements are in place and local control through commissioning secured.

- How best to secure Executive Director social care and locality roles within the proposed Trust consistent with service needs of Coventry and Warwickshire without which commissioning of effective services through for the Trust would be inhibited.
 - The value of joint Health Scrutiny of the proposed NHS Trust whilst recognising the need of specific scrutiny in relation to the role of the Trust within both Coventry and Warwickshire.
- (4) Further discussion is required on the location and responsibility for health and social care community learning disability services and those for older people with mental infirmity. [See below]
- (5) The focus on and links with public health should be strengthened to maximise the Trust's contribution towards reduced health inequalities and improved social inclusion.
- (6) Substance misuse services development and delivery should be closely allied in future to work by Warwickshire councils on healthier, safer and stronger communities.
- (7) Proposed arrangements for patient, user and carer engagement should be strengthened, be more innovative and inclusive, and be consistent with the increased emphasis on user choice and control within the White Paper.
- (8) Movement to Foundation Trust Status is seen as a separate issue, to be consulted upon formally in due course and considered on its merits
- (9) Preparation for possible Foundation Trust status should not inhibit Commissioners from securing diversification of provision and enhanced patient, user and carer choice and control

3. Some Specifics for Adult Social Care

3.1 The proposed creation of the single Trust has direct implications for Council responsibilities towards adults. This suggests the need for:

- An Adult, Health and Community Directorate organisational structure to have effective and joint arrangements for strategic and operational commissioning with the Warwickshire and Coventry PCTs in this area.
- Further discussions with health partners on the joint commissioning of services for Warwickshire that cover:
 - Joint Community Mental Health Care Management Services [14-65]
 - Social care leadership and joint appointments
 - Co-location and joint management and working
 - Joint Community Learning Disability Care Management Services
 - Co-location and joint management and working
 - Consistency with the lead role of the Council under government guidance; and,
 - Within this a framework potential for staff secondment to the Council for joint teams

- Integrated Care Management Services for Older People with mental infirmity linked into commissioning and provision of comprehensive and inclusive services for older people.
 - Co-location and joint management and working
 - Scope for lead role within Council.

Diagram 1

POTENTIAL COMMISSIONING FRAMEWORK
[Includes Council Scrutiny Links]

