

# Mental Health Social Care Leadership Symposium: Workshop notes

social care  
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## Key themes of the day

### Key messages from keynote speakers include:

- David Morris: Mental health service users are amongst the most excluded and isolated; complex matrices are involved in making social inclusion 'real' alongside the ordinary arrangements which connect ordinary people with their communities in ways apparently 'invisible' to services(service providers?).
- John Dixon: The transfer of power through individual budgets, taking us to the pinnacle of empowerment, is a huge paradigm shift. Its appeal is in efficiency and savings as well as in really empowering service users in a way not hitherto possible. It transforms a professional gift relationship into a customer care one.
- Hari Sewell: Leadership can be conceptualised in three distinctive forms: visible, dispersed and systematised. All are essential, but 'systematised' allows for easier governance through accountability and assurance.

### Key themes from the morning discussion groups include:

- the challenges of leadership generally in the current context
- the need to rebuild links with the local authority and to counter the impact of delegation/disengagement/disinvestment in mental health social work post integration with health
- shift of emphasis and culture change required by staff towards attitudes and behaviours that move away from paternalism and move towards greater empowerment and more positive risk taking
- getting social work and social care on the agenda, requiring leadership from the very top to support, guide and drive change, and a strategic partnership between the right people at the right level
- the attitudes and behaviours required of social workers
- the opportunities and drivers that we can capitalise on, e.g. links with public health; directors of adult social care.

### Key themes from the afternoon discussion groups include:

- concern about the erosion of social care leadership

- need for leadership development for integrated mental health that recognises complexity – perhaps ‘both and’ approach needed; generic leadership and specialist input/programme
- professional leadership and professional expertise really valued
- leadership of all professional groups and a more collegiate approach may be of help
- using four governance strands (Hari Sewell’s presentation)
- power of commissioning with primary care trust colleagues.

**Specific actions include:**

- writing up the 14 leadership themes and links to change
- sharing balanced score cards within and across regions
- local events to promote and evaluate best practice
- building on new ways of working – mental health social work
- Section 31 to be reviewed to build in social inclusion outcomes as part of performance indicators.

**Issues raised in the large group/plenary include:**

- distinction between social care, community care and social work
- health and social care model ‘squeezing out’ other local authority and public services, e.g. housing and employment .
- distinction between champions and leaders
- not just ‘tutting’, but acting on concerns
- linking robustly with adult services and ADASS
- getting mental health on the regional CSIP agenda
- using regional and national forums for development and support
- role clarification and defining social work, GSCC and beyond – who and where is the voice of social work?

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