

Mental Health Social Care Leadership Symposium: Workshop notes

social care
institute for excellence



Eastern and East Midlands regions

Going back over two years, there was some paranoia that NHS mental health providers would swallow up social care. This fear may have subsided now.

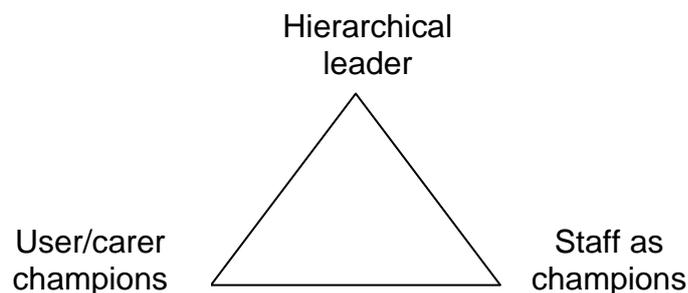
The reality is more variegated and hopeful:

- Governance of integration still needs systematising (Section 31 has facilitated this) – challenging, but good examples exist.
- Social inclusion is becoming more embedded in some mental health trusts, but is patchy. Social care has not yet been fully aligned with the social inclusion agenda in all trusts.
- Where local authorities still demonstrate ownership of mental health and understand Section 31 legal requirements, delegated social care within provider NHS trusts can prosper.
- Social care may have lost sight of primary care, prevention, etc. This problem has been compounded by limited application of Fair Access to Care eligibility criteria. New primary mental health care services may change this and offer opportunities to bring social care back into primary and preventive mental health activities.
- Some local authorities, which do not necessarily have professional social workers in director roles in social care, may not understand social work (and its new professional base) so have not ensured it prospers in mental health trusts, although good professional leadership examples are emerging.
- Integration has sometimes led to loss of focus on what is important to service users and carers, becoming too focussed on inter-professional issues and management organisations.
- The challenge now is to change staff culture to let people take risks – i.e. individual budgets and self-directed support.

Mental health social care leadership challenges – ‘moving beyond the conventional model of a leader’ – include:

- managing up – liberating social workers
- managing down – giving permission and skills
- supporting change – space, training, links to ‘the new world’
- discussing and promoting social care when others are not interested
- getting users and carers to lead on this agenda with social care leaders too
- ‘working the system’ – using social care to transform services
- clarifying who is leading the relationship with users – providers or commissioners, and what is the role of social care leaders in this

- finding the leadership to support choice, control and empowerment for service users, to make real outcomes happen through changed practice; being clear about where we need to get to, i.e. self-directed support
- ensuring the business model of foundation trusts supports social care
- engaging with wider leadership in social care through e.g., local area agreements and local strategic partnerships
- developing our own confidence in using social care and values: winning and holding 'hearts and minds'
- changing attitudes amongst staff around personalisation – a huge challenge



- ensuring creative support and development of local/practice leaders for social care throughout the service system, retaining and building the professional leadership for social work and social care
- building social care influence in and across NHS organisations
- building whole system ownership of social care within a seamless health/social care/community [wellbeing whole Delete? Meaning?].

Actions for Eastern and East Midlands regions include:

- a balanced score card: share examples from around the region/s
- a write-up of leadership qualities and case studies from our systems – within and across regions (Eastern CSIP producing a paper Spring 2007)
- events/mentoring best practice across the region
- a discussion paper on the future of mental health social work in NHS/local government: build on *New Ways of Working* for social work report regionally.

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