

# Mental Health Social Care Leadership Symposium: Workshop notes



## North West, North East, Yorkshire and Humber regions

Workshop participants identified a number of common factors that had undermined confidence among social care practitioners in mental health services:

- There is a general trend towards the formation of a small number of very large NHS mental health trusts, each covering anything up to seven local authority areas. This trend has been accompanied by a shift away from locality management arrangements at an executive level within trusts as they prepare for foundation status.
- Very few trusts in the north of England have designated social care leadership roles at an executive level. Indeed, in some trusts, there is no designated social care leadership above first-line manager level. This is in marked contrast to the leadership arrangements for health care professionals, particularly nurses and doctors, where there is a requirement to have board level representation.
- Very few local authorities have put in place robust arrangements to ensure that social care practice is actively supported, or that local government priorities are implemented within mental health services.
- Where joint commissioning arrangements exist they are usually NHS led, and little mental health expertise has been retained in most local authorities.

The workshop identified three key actions that could begin to address these difficulties:  
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- Use a variety of means to build social care leadership capacity within the mental health sector, e.g. regional networks, learning sets.
- Engage with directors of adult social services to secure greater attention to the need for strong social care leadership in the mental health sector.
- Secure greater attention from CSIP to social care development within its mental health programme.

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