

Report to Dudley and Walsall Joint Scrutiny Panel – 11 December 2007

Summary of the Dudley / Walsall Mental Health Partnership Consultation Process

1. Introduction

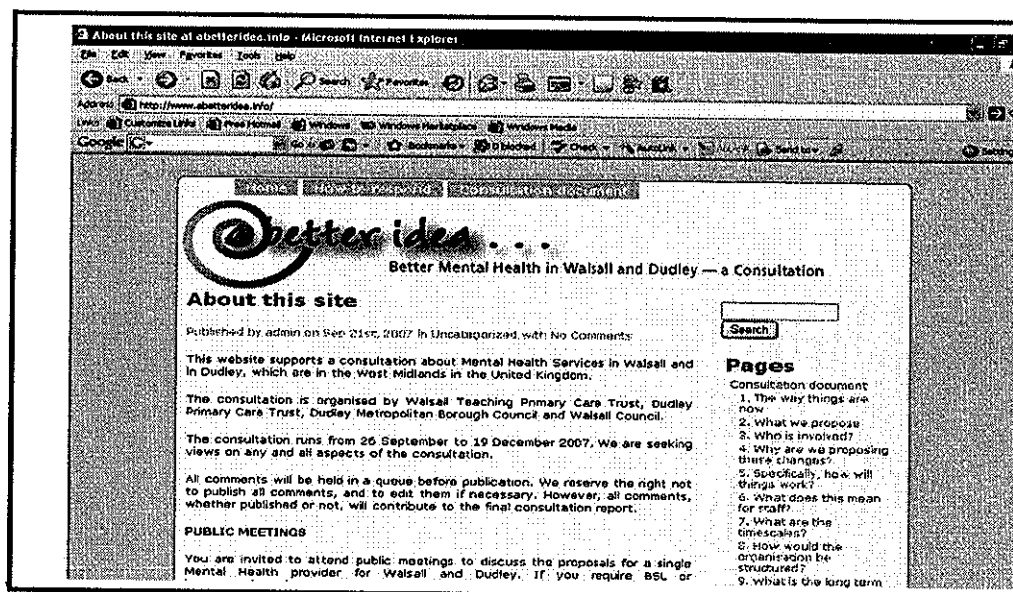
Following the launch of the Department of Health guidance on managing NHS service and organisational reconfiguration published earlier this year, a business case outlining the proposals to form a Dudley & Walsall Mental Health Partnership NHS Trust was approved by the West Midlands Strategic Health Authority in September 2007. The consultation plan and document formed part of the business case and were highlighted as good practice.

The formal consultation period commenced on 26th September and will run until 19th December 2007 - 12 weeks in total.

2. Consultation and Engagement

The consultation and communications plan which was implemented is attached as appendix 1. A summary of the consultation activity follows:

- 2.1 Media launch of the consultation was held on 26th September 2007. Senior representatives from Walsall tPCT, Dudley PCT and both Walsall and Dudley Local Authorities were present. Some examples of the press coverage generated are attached as appendix 2.
- 2.2 A website has been developed and launched (www.abetteridea.info). This interactive site allows users to post their responses and queries and receive an almost immediate response – both queries and responses appear on the site for other users to read. A link to the site has been added to the intranets and internets of both PCTs and Local Authorities. The site has received 513 'hits' (figures at 3/12/07).



- 2.3 Write and Return' consultation document and covering letter were developed, describing a range of options for stakeholders to express their views. Over 2000 hard copies of the document have been distributed and it has been e-mailed to over 800 stakeholders. The covering letter invites groups and teams to discuss the proposals as part of their usual meeting agendas and to invite the Project Director to their meetings to answer queries. The cover letter and document are attached as appendix 3.
- 2.4 Public meetings were held, one meeting in each borough. A presentation was given about the proposals, followed at each meeting by a lively and open discussion about the plans and mental health services in general. The notes from the meetings in Dudley and Walsall are attached as appendices 4 and 5 respectively.
- 2.5 Consultation documents and posters have been displayed in GP practices and surgeries to encourage awareness and reply.
- 2.6 Regular staff briefings have been circulated, accompanied by a programme of 'staff surgery' sessions where staff members have had the opportunity to raise queries about the proposals and any consequent effects on their employment. Response 'posting boxes' were placed in a number of sites to encourage staff to complete and return their responses. The Staff Side representatives of all four organisations have been closely involved in the consultation process.
- 2.7 The proposals have been discussed extensively within key forums including both boroughs' Partnership Boards (Mental Health Local Implementation Teams), PPI Forums, Provider Boards and PCT Trust Boards. The Project Director has attended a number of meetings of community, voluntary, service user and carer groups to discuss the proposals. A Service User and Carer reference group has been set up to inform the development of the new Trust.

3. Responses

A variety of methods of responses have been invited:

- Write comments onto the consultation document and return it by freepost.
- E-mailing the Project Director.
- Leaving a comment on the website (option to remain anonymous).
- Contacting the PALS service of either PCT.

A summary of the responses is attached as appendix 6.

Dudley & Walsall Mental Health Partnership Trust
Communication/ Consultation Strategy

Introduction

This strategy sets out to describe:

1. The consultation process for the proposals to create a Mental Health Trust covering the boroughs of Walsall and Dudley.
2. The ongoing communication, engagement of staff and stakeholders throughout all stages of the development. The implementation of the new organisation.

For this process to be successful there is a need to gain engagement from a broad spectrum of partners, stakeholders and the public to ensure that their views and input are central to the development of the new Trust. This strategy will outline how this will be achieved taking into account, and working within the Section 11 framework for consultation.

Key messages

As this strategy outlines, there are many different audiences which need to be engaged in this process and messages will need to be tailored and delivered differently to each. However to ensure a consistent approach, all engagement will follow the core messages as listed below:

Wholeheartedly mental health- A single mental health organisation will be wholeheartedly focussed on mental health with all staff putting the service use at the centre of what they do. This means that all its priorities will be mental health priorities; service users and professionals will not be competing for attention with other services.

Big enough to deliver what people need- Currently Walsall & Dudley mental health services are not big enough in their own right to exist as stand-alone services, nor to provide the full range of specialist services which are needed. This is why people are sometimes placed in specialist care in other parts of the country. A single organisation would be big enough to provide many of these services that we need for the two areas for patients closer to home. A bigger service can have bigger influence and be a more effective champion for mental health services.

Reconfiguration, not a service change- The formation of the Partnership Trust is an organisational change. It is not a change to front-line services, though of course we expect that the change will enable better services to develop over time. A single organisation will simply have more power to deliver services that the commissioning PCTs and Local Authorities want for patients and carers in Dudley and Walsall. It will be a change by design rather than by default, thus helping to ensure that the management of mental health services is locally focused and not managed at a distance.

Timescales- This process will be relatively efficient once the relevant approvals are received. A great deal of joint working already takes place e.g. the Mental Health

Directors for Walsall & Dudley are members of each other's Provider Committees. The aim is to launch the new organisation by April 2008.

Ability to build on local service and partnership- by working together the organisations can build on the strength of each others' services and staff learn from each other and take the best of both organisations forward.

Audiences

Audience	Description
Carers	Carers of service users in Mental Health and Learning Disabilities in Walsall and Dudley
Mental Health service users	Mental Health service users in the Walsall and Dudley
Stakeholder groups	Voluntary sector and other allied stakeholder groups, including Local Strategic Partnerships
Dudley MBC	Dudley Metropolitan Borough Council (Members, Scrutiny Committee, Senior Officers)
Walsall Council	Walsall's Local Authority (Members, Scrutiny Committee, Senior Officers)
Prospective Councillors	To be approached via the leaders of their political groups on the two councils.
Public	Population of Walsall and Dudley (including the newspapers, radio and TV which serve them)
Affected Staff	Mental health and learning disabilities staff in local authorities and NHS who are affected by proposed changes to configuration.
GPs	General Practitioners in the Black Country
MPs	Members of parliament in Walsall and Dudley
NHS Boards	Boards of Primary Care Trusts in Walsall and Dudley
Other NHS Organisations	Consultation document will be sent to partnering/other relevant organisations
WM SHA	West Midlands Strategic Health Authority
Trade Union Rep/ Staff Side Leads	All staff-side leads and trade union representatives will be kept informed and consulted with throughout the process.
Department of Health	The Department of Health

Communication Mechanisms/ Delivery

All communication and engagement activities will be overseen and driven by a Communications and Engagement Sub-Group of the Partnership Project Board. The Communications and Engagement Group will consist of the leads for communications and PPI from the four partner organisations and will be chaired by the Head of Communications at Dudley PCT.

In order to reach all of the audiences mentioned above and to communicate the core messages effectively we will need to utilise all available communication channels, targeting and adapting the delivery of the message to each audience.

Since this is a Section 11 Consultation, the core delivery mechanism will be the Consultation document, and other approaches will support this.

All of the delivery methods will take into account the accessibility issue. They will, where requested and applicable, be available in other community languages or by mediated interpreting, and in formats accessible for those with visual impairments. These will be available on demand and tailored to user request.

Branding- Branding can help organisations manage their image and reputation on a consistent basis and project a more recognisable, positive and unified image to its target audience.

At this stage, I would suggest an image that portrays the key drivers for change and partnership with a strap line to reflect this. If you simply adopt a brand colour scheme and strap line at this early stage of organisational development it can then be expanded on easily once the organisation is operational with Visions and Values etc.

The organisation needs to adopt an individual image so that people can see that it is a separate organisation and they can develop some form of ownership with the service.

Statement of intent- provide generally and in particular to staff who feel disappointed with the decision taken at the end of the last consultation not to become a partnership trust with Sandwell. They had been engaged with that process throughout and to give them reassurance that it will 'happen' and that everyone is in agreement about the proposals, it is necessary to go one step further to instil confidence in them.

All four Leading Officers have now signed a Statement of Intent describing the aim of this process this has been communicated to staff and stakeholders.

Consultation leaflet- A plain English consultation document will be produced and distributed to public places across the borough. It will include detail of the options for consultation and will provide supporting evidence/ benefits of one organisation. The document will include a freepost return form for easy response to the consultation and will also sign-post to other methods of feedback. This full document will be supported by a summary document and an easy-read version suitable for people with learning difficulties. The easy-read version will be translated into appropriate community languages and will be available to download from the web.

Stakeholder/ Partner letters- Copies of the consultation document will be sent to stakeholder groups and key individuals accompanied by a personalised introductory

letter. This letter will ask the community groups to invite a member of the project team to give a presentation to a meeting of the group. These letters will be followed up by a monthly stakeholder brief throughout the process updating people on the progress of the project.

Media Handling/Press releases- Proactive/ planned press releases are as follows:

- An initial press release to announce the consultation
- Press releases highlighting public meetings and events
- A press release giving the results/ responses to the consultation
- A press release detailing SoS decision for 'Go Live'

The media will also receive the monthly Stakeholder Brief.

Reactive press will be covered by the communications team in Dudley in liaison with the relevant Chief Executives and communication leads.

Consultation events- Stakeholder and user group events will be organised by the relevant communication and PPI leads. In previous consultations, we have put on specific events for consultation with varying degrees of success/ attendance in order to maximise the involvement of staff, service users and other stakeholders.

At least one public meeting will be held in both Dudley and Walsall.

A core set of PowerPoint and display materials will be provided centrally to the presenter. Public events will be advertised in the local media.

FAQs will be prepared.

MP briefings- we will be distributing regular briefings to the MPs in Dudley and Walsall to ensure MPs will have been satisfied that the prospective changes are in the best interests of their constituents

OSC presentations- To ensure that each OSC individually has provided assurance that it is satisfied with the consultation process and the results. The aim is to present the proposals to the committee before, during and after the consultation period and to include their responses in the consultation write up. It is possible that the two OSCs will want to form a joint Overview and Scrutiny Committee for the duration of the consultation and this needs to be explored urgently.

Website- this project requires a website to communicate the organisation's role and objectives and to support the consultation period. However, this site would have longevity as it could be adapted once live to be the organisation's public facing site.

An accessible, internet version of all the consultation documents will be provided, with the facility to discuss or feedback directly online. All the information on the Internet will also be accessible via the four organisations' intranets.

Although not all of the above audiences will have web access it is a common method of communication and will be an option for those stakeholders wishing to be engaged in this way.

The website will comprise of about 12 pages and incorporate an e-mail response form. An embedded mpeg video file is included in the specification for future use.

The structure of the site will follow traditional lines with a home page providing outline information on the location of further information, thus allowing the user to locate the required page in no more than two clicks.

Downloadable documentation will be provided in PDF format which is widely accessible and facilitates printing if required.

Included within the price is one year's content updating which includes all amendments and additions to existing page content in the site. It does not include amendments to the structure of the site or addition functionality - these enhancements would be subject to further development charges.

Analysis of Responses – To ensure impartiality it will be necessary to have the analysis of all responses undertaken independently. It is proposed that all written and electronic responses (including Freepost responses) are forwarded to an independent analyst. In addition a member of the PPI and Communications team from each organisation will attend each meeting in their catchment area to take a note of all issues raised. These issues will be passed to the independent analyst and will help form the final document and recommendations.

Specific Staff Communication/ Consultation

The key focus for the communication strategy is to:

- i) ensure all staff receive and understand clear and consistent messages about processes
- ii) ensure staff are integral to and can influence the process
- iii) allay staff concerns as much as possible

A selection of communication styles and methods is recommended to cater for the variety of individual preferences.

As the mental health configuration changes in the Black Country have been talked about for some time, there may be some staff scepticism to consultation. To reassure staff of the intention of the boards the initial statement will be released followed by consistent information to them throughout the process.

It can reasonably be assumed that staff will have concerns around the proposals, such as fear of a 'take-over' by the Health Trust/Local Authority, fear of change, job loss, pay cuts, reduced conditions of service, etc. The tone and style of all the communications is intended to address some of these concerns as well as be accessible and readable to all staff.

One area of concern could be the interpretation by Local Authority staff of a 'take over' by Health. The communications will be written in a style that clearly shows that there is no bias from either Local Authority or Health.

If the consultation results in the formation of a new organisation, a degree of cultural change will be required. Experience with the recent formation of PCTs shows that in many this process of cultural change begins only after the formal organisational commencement date. It is therefore vital that the communication continues into the new organisation to aid this transition. The establishment of core values early on in the organisation's establishment will aid this process.

We will also ensure that all communication goes out with key contact information detailed so that staff are aware of where to go for further information.

Outlined below are some specific communication mechanisms aimed at ensuring staff involvement throughout the process:

Staff Communication Updates- Regular updates will be provided to all health and social care staff across the 2 boroughs. These have already started and copies can be found in Appendix 1).

Road show style consultation events- taking the consultation to the staff rather than them having to make an effort to be involved. This will mean that staff road show events will be held at venues and times to suit staff working thus making it as easy as possible for them to attend and give an opinion. These question and answer sessions will give staff an opportunity to hear first-hand progress reports from the lead officer. It is proposed that trade union representatives are invited to this forum and time is allowed after the management presentation and question and answer session for the trade unions to receive feedback without management presence. At these sessions questions can be asked directly or put in a 'question' box so are dealt with anonymously.

Walkabouts- we will ensure that walkabouts are conducted in both admin and clinical areas ensuring that all staff (including night staff) will be involved in the process.

Team Briefs- to supplement the electronic briefings we will start a team brief which can easily be printed and discussed at team meetings or handed out to team members detailing the projects progress.

In order to ensure a variety of mechanisms for staff feedback, each newsletter will have a "reply" slip where staff can note any particular issues or concerns. These can either be responded to individually or in the newsletter, depending on the issue raised.

JCC agenda - To ensure that trade union colleagues are also kept fully informed. Progress reports on communication should be recommended to partners for inclusion on their joint consultative committees.

Organisational support

As this reconfiguration is spread across the four organisations it is vital that support from all parties is available to make the communication as successful as it can be. The commitment of all four organisations to resourcing the Communications and Engagement Group will be vital.

The lead for the implementation of this strategy will be taken by the Project Director in conjunction with the Head of Communications for Dudley PCT. However support will be required from the other communication leads for the following,

- Distribution of materials
- Cascading information to staff service users and stakeholders and encourage responses to the consultation

Evaluation

As with all projects the communications responses will be fluid and not set in stone, responsiveness to the chosen communication channels will be monitored throughout, and measured via things such as hits on website, responses to consultation and then the strategy will be trimmed or expanded based on these responses.

LB/MI JULY 2007

have your say over merger

People still have time to have their say on the planned mental health service merger between Dudley and Walsall. A three month consultation on the scheme is currently being carried out by Dudley and Walsall Primary Care trusts and members of the public have until December 19 to comment.

Richard Carter, Assistant Director of Adult, Community and Housing Services for Dudley Council, said: "This consultation process is an ideal opportunity for the public to comment on the proposed new mental health and social care organisation that will serve the boroughs of Dudley and Walsall."

"We are seeking views from as many people as possible."

Rachel Harris, Chairman of Dudley Primary Care Trust, said: "A larger mental health organisation will enable the development of a wider range of services locally and will attract the very best quality staff."

Consultation documents are available online at www.abetteridea.info

29/11 efs

In spotlight at meeting

Members of the public across the Dudley borough are being invited to give their views on the planned mental health service merger with Walsall at a special meeting to be held this week.

A three-month consultation on the scheme is currently being carried out by Dudley and Walsall Primary Care Trusts and bosses hope to hear from residents at the gathering this Wednesday.

The event will take place at the Savoy Centre in Northfield Road, Netherton, between 6pm and 7pm.

Richard Carter, assistant director of adult, community and housing services for Dudley Council, said: "This consultation process is an ideal opportunity for the public to comment on the proposed new mental health and social care organisation that will serve the boroughs of Dudley and Walsall."

"We are seeking views from as many people as possible, because we believe that this will help to ensure the best standard of care for our service users."

Rachel Harris, Chairman of Dudley Primary Care Trust, said: "A larger mental health organisation will enable the development of a wider range of services locally and will attract the very best quality staff."

"We are looking forward to hearing the views of service users, carers, staff and other stakeholders to make plans for the new organisation."

Consultation documents are available online at www.abetteridea.info or by writing to 'A Better Idea' at Jubilee House, Blorwich Lane, Walsall WS2 7JL.

Health merger plans scrutinised by public

People in Dudley are being asked for their opinions on a merger of mental health services with those in Walsall.

A three-month consultation on the matter has been launched by primary care trusts in the two boroughs.

The scheme, in conjunction with both borough councils, is aimed at getting suggestions and advice from service users, carers, members of the public, staff and other partners.

Mark Cooke, Dudley Primary Care Trust chief executive, said: "A larger mental health organisation will enable the development of a much wider range of services locally and will also attract the very best quality staff." Consultation documents are available at www.abetteridea.info.

Mental health comes under the spotlight

The future of mental health care in Dudley and Walsall will be under the spotlight during a three-month consultation aimed at improving the service.

Dudley and Walsall Primary Care Trusts have joined forces to organize the consultation, which is called A Better Idea, and are encouraging patients, carers, staff and members of the public to share their ideas on how to improve the service. Mark Cooke, chief executive of Dudley

Primary Care Trust, said: "A larger mental health organisation will enable the development of a wider range of services locally and will attract the very best quality staff."

"We are looking forward to working closely with service users, carers, staff and other stakeholders to make plans for the new organisation."

For a copy of the consultation document go to www.abetteridea.info

17/10



'A Better Idea' - Consultation Office
Walsall Teaching Primary Care Trust
Jubilee House
Bloxwich Lane
Walsall
WS2 7JL
tel: 01922 619944
e-mail: marsha.ingram@abetteridea.info

26th September 2007

Dear Colleague,

Public Consultation on a Proposal to Establish a Mental Health NHS Trust for Walsall and Dudley

I am delighted to enclose the consultation document 'A Better Idea – Better Mental Health Services for Walsall and Dudley'.

Mental Health Services in the two boroughs are currently provided by Walsall and Dudley Primary Care Trusts (PCTs) in partnership with the respective Local Authorities. This consultation document outlines our proposals to bring these services together to create a single NHS provider of mental health services across the two boroughs. We believe that the establishment of an organisation which is larger and focuses *solely* on mental health issues will bring significant benefits for our communities.

The opinions of all of our stakeholders and partners are extremely important in shaping the future of mental health services across Walsall and Dudley and we are really keen to hear your views and ideas about these proposals. There are a number of ways to feed back your comments:

- Via e-mail to the Project Director on marsha.ingram@abetteridea.info.
- You can ring one of our Patient Advice and Liaison (PALS) representatives in Walsall on 01922 618 358 or Dudley on 0800 073 0517 and we will write down what you tell us over the phone.
- You can post comments on our website www.abetteridea.info.
- You can fill in your comments in the space provided on the consultation document and post back to

FREEPOST RRLU-CSTS-ERUZ ,
Walsall NHS
Jubilee House
Bloxwich Lane
Walsall WS2 7JL

We will be arranging public meetings to give people the opportunity to hear more about the proposals and to feed back their comments and views. Information about these forthcoming meetings will be posted on our website www.abetteridea.info.

However, we know that people may not wish to attend additional meetings and therefore, we are really keen for stakeholders to discuss these proposals as part of their normal meeting arrangements. We would be delighted to come along to your regular team or group meetings to discuss the proposals and ensure that your views are fed back as part of the consultation process. Please do not hesitate in contacting me to arrange a discussion.

If you require any further copies of the consultation document, either visit the website and print some off or e-mail me and I will ensure that they are posted to you. Similarly, please feel free to contact me if you would prefer to receive this information in another format or language.

I will keep you informed off the consultation progress and look forward to receiving your views on this proposal.

Best wishes

Marsha Ingram
Project Director



**Better Mental Health Services
for Walsall and Dudley –
a Consultation Document**

What to do with this document

We have published this consultation paper so that you can give us your views on it. The consultation is running from 26 September to 19 December 2007. Any views you pass back to us during this period will have an influence on the final decisions we make.

The easiest way to let us know what you think is to simply write it on the document and send the whole thing back to us.

Just fold the back cover over so that the FREEPOST address is showing, fold it into three, and seal the top down the ends. You can then pop in the post, and no stamp is necessary.

You can email Marsha Ingram, Project Director on marsha.ingram@abell-idea.info with your views.

You can ring one of our Patient Advice and Liaison (PALS) representatives in Walsall on 01922 618 358 or Dudley on 0800 073 0517 and we will write down what you tell us over the phone.

You can post comments on our website www.abell-idea.info.

You can also send us a letter free of charge, by writing FREEPOST RRUJ-CST5-ERUJ above the address:

Walsall NHS
Jubilee House
Blowich Lane
Walsall WS2 7JL

If you are writing your comments on this document and posting it back to us, you can put your contact details here.

You can also leave it anonymous if you prefer

Name

Address

Post code

Email

I am responding for myself

I am responding on behalf of a group or organisation

Name of group:

1. The way things are now

At the moment, there are four different organisations which provide mental health services in Walsall and Dudley. These are Dudley Primary Care Trust, Walsall Teaching Primary Care Trust and Walsall and Dudley Local Authorities' Directorates of Adult Social Care. Each of these organisations manage mental health services alongside other kinds of services and, although these organisations are quite large, the mental health part of their work is small compared to other mental health organisations elsewhere in the country.

Government policy is encouraging Primary Care Trusts (PCTs) to focus on commissioning services (that is, assessing what services are needed by their population and purchasing them from other organisations) rather than providing them directly. Neither Dudley nor Walsall mental health services are large enough to be "stand alone" independent organisations. We are confident that by developing this partnership, we will be able to remain close to our local communities in each borough whilst, at the same time, reap the benefits of being part of a larger, mental-health focused organisation.

2. What we propose

We think it makes sense to create a mental health organisation for Dudley and Walsall which is entirely focused on mental health, generating a whole range of benefits for our service users, their carers and our staff. This is why we are proposing to create a single NHS Mental Health Trust for Dudley and Walsall, which would manage mental health services in the two boroughs.

The services which would be delivered by the new Trust would include:

- All community and inpatient mental health services for adults of working age and Older People.
- All existing NHS-provided Child and Adolescent Mental Health Services (CAMHS).
- Substance Misuse services.
- The medical component of Learning Disability services.
- Psychology services for people with mental health problems.
- Mental Health Social Care services which are managed by the PCTs on behalf of the Local Authorities via either formal or informal partnership agreements.

In the future it would mean that services would be provided by an organisation which is solely focused on mental health, holds expertise and shares best practice, and has the potential to develop more specialist care in the Black Country, meaning that fewer patients would have to travel elsewhere for certain types of treatment. To begin with, this would not mean any changes to services. These proposals are not about moving or closing locally-based mental health services - one of our primary motives is to make peoples' access to services easier, not more difficult.

3. Who is involved?

The partners involved in this consultation are Walsall Teaching PCT, Dudley PCT and Walsall and Dudley Local Authorities' Directorates of Adult Social Care. We also work very closely with our partners in the community and voluntary sector. NHS West Midlands (the "Strategic Health Authority") oversees the consultation process, to make sure that it is fair, and the Secretary of State for Health will make the final decision based on consideration of your responses to our proposals.

The most important partners, though, are the patients and carers in the two boroughs.



What are the main comments quickly and neatly? Just use the yellow comments for the simple spaces and send the whole document back to us



4. Why are we proposing these changes?

There are a number of reasons why we are proposing to bring services together in this way:

- We want to create an organisation which is solely focused on mental health issues and whose only priorities will be about improving mental health services.
- A Trust covering Dudley and Walsall will be large enough to use resources more effectively but will still be 'small enough' to retain and develop local links and partnerships.
- We will be able to increase the involvement and influence of service users and carers and further develop links with local, regional and national networks and organisations.
- Walsall and Dudley services have developed strengths in different areas. In developing a partnership, we can share expertise, knowledge and learning to ensure that all our services are of the very highest standard.
- Being a larger, specialist Trust, we will be able to offer greater opportunities for training, career development and research, enabling us to attract the highest quality staff.
- We will be able to apply to become a Foundation Trust in line with other NHS organisations and develop greater freedom and autonomy. Neither Dudley nor Walsall services are large enough to become a Foundation Trust independently.
- Elsewhere in the region, other NHS Mental Health Service provider organisations are tending to become larger and getting ready to become Foundation Trusts, if they haven't already done so. If we don't develop a Walsall/Dudley partnership, we are concerned that our services may be 'acquired' by another Trust and that our ability to influence and shape services by local involvement may be lost.

5. Specifically, how will things work?

Most services will stay the same, which means that Dudley patients will continue to receive treatment in the community or at centres in Dudley, and Walsall patients will receive their treatment in Walsall.

Some specialised services are currently provided at some distance from Walsall or Dudley and some patients currently have to travel outside of the boroughs to access these services. We will not be able to bring all of these services close to home immediately, but it will be our aim to bring more of them into the two boroughs as time goes on.

There are some more specialised services which we provide to a small extent in both boroughs, but where we could provide a better service if we combined our resources. These might include eating disorder services and some therapies.

Important:

Do you think you or someone you know will be particularly affected by some of these changes? If so, please take the time to let us know what you think. Also, are there other services which we should think about providing differently?

Want to make comments quickly and easily? Just write your comments in the empty space and send the whole document back to us.

6. What does this mean for staff?

Creating a new Mental Health Trust is about reorganising things so that they make more sense and work better. It is not a plan to cut costs or reduce staff numbers. Having one organisation may mean a smaller top-level management team, but we are not expecting there to be a major impact on jobs for front-line staff.

Staff who currently work for the NHS would be employed by the new Mental Health Trust, and they would transfer from their current organisations by a system known as TUPE (Transfer of Undertakings, Protection of Employment). In summary, the TUPE system ensures that people's terms and conditions of employment are protected when their employment is transferred to another organisation.

Dudley Metropolitan Borough Council and Walsall Council will consult with social care staff about the most appropriate mechanism for them to work within the new organisation.

One of the most important benefits of a new Mental Health Trust would be that a larger organisation would offer better career opportunities to staff, and be a more attractive organisation for recruiting new staff. There may also be opportunities for career development which currently do not exist in the current set-up.

7. What are the timescales?

We believe the best time for a new mental health organisation to begin would be 1 April 2008. In order for that to happen, we would expect the Secretary of State would make a decision about whether or not to approve the new organisation as soon as possible after the end of the consultation period on 19 December 2007.

If we receive approval to go ahead, then we would first focus on getting the new Trust Board in place so that the organisation would be 'up and running' as soon as possible. The NHS Appointments Commission would appoint a Chair and non-Executive Directors and we would recruit a Chief Executive and other Board members. We would expect to have a full Board in place by 1st April 2008.

8. How would the organisation be structured?

The new Mental Health Trust would have its own Board, Chief Executive and Senior Management Team. In this sense, it would be a fully independent organisation within the NHS, just like other NHS Trusts. Its services would be commissioned by the existing four organisations. This reflects the legal obligation of Dudley Metropolitan Borough Council, Walsall Council, Dudley Primary Care Trust and Walsall Teaching Primary Care Trust.

This 'Commissioner - Provider' relationship is relatively new in the NHS, and is worth explaining. The Provider — in our case the new Mental Health Trust — employs the staff, owns the buildings and equipment, and organises and provides the services to patients. A doctor or nurse, for example, would be working for the Provider. The Commissioner — in our case one of the Primary Care Trusts or the local authorities — is legally responsible to arrange services for people who live in their area. For this they receive a certain amount of public money, and they use this money to buy, or commission, services from the Provider.

This means that, if you were unhappy about the treatment you were receiving, you could talk first to the new Mental Health Trust. However, if you were not satisfied with their response, you could also talk to the Primary



What do you think about the current services? How do you think your comments on this survey affect the current services? How do you think your comments on this survey affect the current services?

Care Trust or Local Authority where you lived. If you thought that a service was not being provided at all, you would talk to the Primary Care Trust or Local Authority. In practice you don't need to remember any of this — if you had a query or difficulty with your services, our Patient Advice and Liaison Service (PALS) would help you to find your way. This is the case whether or not we establish a new Mental Health Trust.

Important:

Your rights as a patient will not change whether we decide to establish a new Mental Health Trust or not. However, a Mental Health Trust would be much more aware of the needs of its patients and service users and would be actively listening to what people have to say on mental health issues. As with the rest of this document, please feel free to comment on these arrangements. Your views are critical feedback for us in deciding what the priorities will be for the new organisation.

9. What is the long term future?

In the long term, we would like a new Mental Health Trust to be able to prepare to become a Foundation Trust. This would give it more freedom to organise its own affairs, and particular responsibilities to work closely with local people. Many acute hospitals — often known as 'general hospitals' — have become Foundation Trusts, and it is likely that all acute hospitals will eventually follow.

We would also like to work towards an even larger organisation, based around the principles we have outlined in this proposal, which would provide mental health services across the entire Black Country. However, other partners do not wish to work toward this at the present time.

10. What we are asking for you to comment on

Your views are absolutely crucial to us. The Secretary of State, in deciding whether to approve the new Trust, will look at your responses to these proposals to inform his decision. Furthermore, your ideas and views will be central in how we develop the new organisation. All of the responses that we receive will be shared with the Dudley and Walsall Joint Scrutiny Committee — the Local Authority panel which scrutinises health and social care developments — to help ensure transparency and independence.

We want to ask you to comment on these proposals: what are your thoughts on creating a single Mental Health Trust? You may want to take a view on the question as a whole, or you may want to comment on specific areas. Please feel free to reply to us in any way which makes sense to you.

As part of this consultation, we are also interested in your views and ideas about mental health services in general. If you have an idea for improving how we organise Mental Health Services which is not covered in this proposal, please feel free to add that to your response.

You may want to respond anonymously, in your own name, or in the name of an organisation or group of people. We will publish a summary of all the responses, and we will send copies of these to everyone who has given us contact details. However, we will not take your responses any less seriously if you choose not to give your name or contact details.

**Public meeting in Dudley
Wednesday 14th November 2007
The Savoy Centre, Netherton, Dudley
6pm- 8pm**

Panel- **Dr Iqbal**, Consultant psychiatrist and clinical director
 Sue Hunt, Director of mental health and social care
 Rachel Harris, Dudley PCT Chair
 Richard Carter, Dudley MBC Assistant Director for DACHS

Presentation delivered by Sue hunt after welcome from Rachel Harris.

Q- Question
A. Answer
C. comment
R. response

Public Questions

Q. We didn't hear until late about this meeting – how was it advertised?

A. The meeting was advertised in the following ways if people have not been able to attend we are welcoming invites to present at individual meetings,

- dates were on the website www.abetteridea.info
- invites posted out to voluntary sector orgs
- emails to all Health and Social Care staff
- follow up phone calls to organisations invited
- press release to all local media
- posters in GP practices and at Bushey Fields

C. There was a recent carers and service users meeting in Dudley and after a show of hands the majority of people voted 'yes' to the proposed partnership, mainly because we feel that the partnership will generate opportunities for new services to be brought into the area.

Q. In the consultation document, you state that there will be a stronger patient voice if the partnership goes ahead- what do you mean?

A. Caution is required as decisions about the Trust's infrastructure will be up to the new Trust Board. However, we are hoping that there will be more opportunities to engage with Service Users and Carers and mirror best practice from both areas.

Q. We see the main benefit as being mental health getting its fair share of investment. Is this correct?

A. Certainly, there are clear benefits of being separate provider and this proposed trust will be solely focused on mental health. It is anticipated that a larger Trust will be in a better position when negotiating for resources from commissioners.

Q. Was the 'Black Country 4' a better idea? Do you still hope that it will happen?

A. It has been made clear to us by the West Midlands SHA that we should work together across the Black Country to commission services, this will bring clear economies of scale. Certainly short term the option is for Dudley and Walsall and we remain committed to working closer together with other Black Country partners.

Q. Will this Black Country wide commissioning group start to look at the cost of Mental Health. Will they combine powers at a national level to reduce the price?

A. There is a lot of national work that is going on at present to reduce the price of drugs in NHS overall. Over the last 10 years, there has been a dramatic increase in the amount of generic drugs available to Mental Health this does then drive the price down as competition is then introduced. The direction is also to move towards many more talking therapies and this will have an impact on demand/ need for these drugs.

Q. What do carers and service users in Walsall think?

A. The issues being raised in Walsall are very similar to these. Would encourage collaboration between users and carers to share information and views.

Q. Will the medical component of Learning Disability services be in mental health or learning disabilities?

A. The medical component of Learning Disabilities will move into the new trust and the remaining LD services will remain with the PCTs. Re: Autism and Aspergers services, we recognise the issues around this and it is something that is being discussed at a national level. Locally we need to look at what the needs are of someone with for example aspergers and design a service to meet those needs- again this is a decision for our commissioners.

Q. We have talked at length about the benefits – are there any disadvantages to becoming a single trust?

A. There is some concern amongst staff that it is a 'take over' by the opposing Trust- this is not the case, although is a common concern during organisational change.

Q. will this new arrangement plug some of the gaps between physical and mental health or will it make it worse as they are separated by organisational barriers?

A. We need to ensure that where people have more complex health needs, that services are able to respond appropriately. It is recognised that improvements could be made in this area. There is a lot of work being done in Dudley and Walsall to address this and this work will not stop because of the partnership- it will in fact give us opportunities to share best practice in this area.

**Public meeting in Walsall
Monday 12th November 2007
The Crossing at St Pauls, Walsall, WS1 1DA
5.30pm- 7pm**

Presentation attached delivered by Paul Jennings questions answered by representatives from PCT and LA including Margret Wilcox, Marsha Ingram, Sue Hunt.

- Q- Question
- A. Answer
- C. comment
- R. response

Public Questions

Q. How many directors of mental health will there be in the new trust?

A. We cannot say what the exact structure of the new organisation would be however we know that there will be a Chair, Chief Executive and a small number of other director posts which are required on an NHS Board.

Q. Has Walsall got its own 'pot of money' and will they keep it in the new arrangements?

A. Yes. Money for Walsall will stay in Walsall and visa versa.

Q. you mentioned Foundation Trust status- how is this a good thing?

A. FTs have a different set of rules that they operate under which mean that they have more opportunity, independence and freedom to design and deliver services. All hospitals are now moving towards becoming FTs and what we don't want is for mental health services to again become the 'Cinderella' figure. We want to have the same opportunities as the others.

Q. What specifically will be the benefits? What new services are we going to see?

A. We cannot make decisions for the new board but I can give you some examples of the direction that we want to move towards as commissioners for example, eating disorders service.

Q. if opening these new services will they be in Dudley or Walsall- you said people would not have to travel for services to the other borough?

A. People will not have to travel for existing services- what we want is care as close to home as possible and currently people are travelling quite long distances for specialist care like eating disorders so bringing these into the area would be of more benefit.

Q. Will these proposals have any specific implications for Broadway North?

A. No - we hope to make the most of this unique facility.

Q. Connexions are particularly interested to know if these new proposals will mean teams dedicated for young people- breaking down some of the barriers they currently face?

A. You have highlighted something that we as commissioners need to consider regardless of these proposals. We recognise this as an issue and whether the response is a specific team I am not sure at this stage. With a larger workforce across the two areas we may have more scope to look at how we can make services more targeted.

Q. Do you have any plans for services for people with personality disorders?

A. The new Mental Health Act does place a new set of responsibility on us for this area so we will be looking at this for commissioners and providers anyway.

Q. There is a gap between physical and mental health how will this new proposed trust help?

A. We recognise this gap and there is a significant amount of work already being done to address it- this will continue we need to just ensure that we wait for things to change in a way that we can manage appropriately.

Clearly there are always areas we can improve and this is one of them but the new proposals will not hinder this process and patients can expect to see this area continue to improve.

APPENDIX 6

DUDLEY/WALSALL MENTAL HEALTH PARTNERSHIP CONSULTATION - SUMMARY OF RESPONSES

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
1	Mr B G	Walsall	Self	CD	<ul style="list-style-type: none"> ▪ <i>Improved out-of-hours service with 24-hr access of a social worker and RMN at least is required for crisis intervention situations to improve access for such vulnerable people.</i> ▪ <i>Better treatment/access pathways need to be established to ensure a multi-disciplinary approach (between social care and NHS) is effective and accessible.</i> ▪ <i>Once the Trust is established, an effective marketing programme must follow to ensure all stakeholders (incl. patients) are aware of what the Trust does and doesn't do and access details.</i> ▪ <i>Collaboration with 'Waldoc' needs to improve and Manor Hospital A & E – an outreach OOH service should be considered on such sites.</i> 	Will feed comments into mental health commissioning strategy.
2	Mr R C	Walsall	Self (but a PPIF member)	L	<ul style="list-style-type: none"> ▪ <i>The principle of the merger is an excellent idea. The points listed... describe succinctly the benefits that will flow from the merger.</i> ▪ <i>(Re: Non-Executives for the new Trust) It is essential that publicity for the NEDs of the new Trust is extensive AND local.</i> ▪ <i>It is axiomatic that some specialist services will be brought together in one place, and rightly so. If it is not possible to have satellite clinics in each area...then the scheduling of appointments must take into account travel problems that</i> 	We will raise this issue with the NHS Appointments Commission.

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
					<p><i>service users will face.</i></p> <ul style="list-style-type: none"> ▪ <i>Perhaps the hardest problems will be persuading the populous that the merger is for the benefit of service users, present and future.</i> ▪ Comment on the need for robust 'Appropriate Adult' arrangements when people are in custody. ▪ Comment on the importance of involving CAMHS in youth justice cases – <i>The new Trust must be proactive in ensuring that the entire community benefits from its immense expertise.</i> 	
3	Mr K P	Dudley	Self	CD	<p>Re: inclusion of psychology services - <i>There is a need for easier access to a more readily available psychology service for people with mental health problems. Medication should not be seen as the natural first step. Many of the problems users have are a direct result of medication?</i></p> <ul style="list-style-type: none"> ▪ Re: making access easier – <i>This is important for local people.</i> ▪ Re: effects on staff – <i>There needs to be an increase in CAMH trained staff doing proactive work.</i> ▪ <i>I am not averse to the idea of one mental health Trust across Walsall and Dudley, however there may be a need for a review of some services. The development / redesign of services must involve the people who will be using this services and I feel that there has been some disinvestment in CAMHS in Walsall in recent years. The impact of this has been felt sharply by tier 1 services such as the school nursing service and has disabled them from carrying out the public health role which entails a greater focus on prevention and emotional literacy and well-being. School nurses in many areas do not have adequate training to</i> 	Will feed comments into mental health commissioning strategy.
4	Mrs S A	Walsall	Self	CD	<ul style="list-style-type: none"> ▪ Re: effects on staff – <i>There needs to be an increase in CAMH trained staff doing proactive work.</i> ▪ <i>I am not averse to the idea of one mental health Trust across Walsall and Dudley, however there may be a need for a review of some services. The development / redesign of services must involve the people who will be using this services and I feel that there has been some disinvestment in CAMHS in Walsall in recent years. The impact of this has been felt sharply by tier 1 services such as the school nursing service and has disabled them from carrying out the public health role which entails a greater focus on prevention and emotional literacy and well-being. School nurses in many areas do not have adequate training to</i> 	Will feed comments into mental health commissioning strategy and community provider services.

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
5	Ms. K B	Walsall	Self	CD	<p><i>equip them to deal with very complex CAMH issues (and neither should they) ... I feel that the current proposals relating to CAMHS appear to go some way towards addressing some of the present prevailing issues. .</i></p> <ul style="list-style-type: none"> ▪ <i>Given the current climate, I personally feel that it is essential for Walsall to go ahead with the merger in order that the organisation is sustainable to allow it to function as a mental health Trust, whilst sustaining the strength of Walsall in delivering services appropriate to local need. It would cause me concern if we were to be acquired by a large organisation with different demographic needs to manage.</i> ▪ <i>I also hope that it will provide better advantages for staff re: professional development, which will in turn create a better skilled workforce.</i> 	
6	Mr B E	Dudley	Self	CD	<ul style="list-style-type: none"> ▪ <i>I think amalgamation of the two Mental Health Services is a good idea. Hopefully, there would be more resources to call on. I am a Service User and I have had a good service from the Dudley Mental Health Services.</i> ▪ <i>As long as the jobs of present mental health staff are not affected it sounds like a good idea. They work very hard and carry a lot of responsibility and the more workers there are the less stress for the present workers.</i> ▪ <i>A smaller top-level management team sounds ideal.</i> ▪ <i>I think there should be more behavioural therapists as talking problems out is better than drugs. I also think there should be more psychologists as they are very hard to get.</i> ▪ <i>Within mental health services, will there be more bed that there is with the change or will it stay the same and will the</i> 	<p>Will feed comments into mental health commissioning strategy.</p>
7	Ms N D	Walsall	Self	CD	<ul style="list-style-type: none"> ▪ <i>Within mental health services, will there be more bed that there is with the change or will it stay the same and will the</i> 	<p>Funding for each locality will stay within that area.</p>

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
8	Mr M T	Walsall	Self	CD	<ul style="list-style-type: none"> ▪ <i>money go to Walsall clients?</i> ▪ <i>Will there be more home support teams set up to help clients stay in their homes? Will there be more joint work with all agencies in Walsall for mental and physical health like YAD as they will not work with people with mental health problems?</i> ▪ <i>Re: do you agree with our proposals? – Yes</i> ▪ <i>Is there going to be one or two Chief Executives of the Trust and is there going to be two of everything Walsall and Dudley?</i> ▪ <i>It is good that mental health will move from the tPCT to a Trust.</i> ▪ <i>Will the staff change to make things better and not go back to the old days? Will all the money for Walsall and Dudley go into one pot?</i> 	<p>No plans to increase bed numbers.</p> <p>Partnership should enable greater joint working.</p> <p>One Chief Executive for the new Trust. Commissioning of local services will remain separate.</p>
9	Mr G Tinsley	Dudley	MIND	L	<ul style="list-style-type: none"> ▪ <i>We are in favour of any changes that improve services provided for local people. We do not have a view on the way that local services are administered in principle but do have three questions about the implications this might have on future service delivery.</i> ▪ <i>Will new Trust be an opportunity to reduce investment in Mental Health services or will investment be at least maintained? Will any efficiency savings be reinvested in Mental Health?</i> ▪ <i>Are there any plans for joint commissioning between the two boroughs?</i> ▪ <i>What impact will there be on Supporting People funding, if any?</i> 	<p>No indication of plans for reduced investment from commissioners. Anticipated that the new Trust would re-invest efficient savings. No effect on SP funding.</p>
10	Ms K Kirk-	Dudley	Alzheimer's	L	Discussed at the Society's carers support meeting. Issue	

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
	Booton		Society		<p>raised:</p> <ul style="list-style-type: none"> ▪ Seek reassurance that there would be no adverse effect on funding for the Alzheimer's Society. ▪ What plans are in place for efficiency savings? ▪ Regarding future service development, would wish early onset dementia services to be prioritised. 	Proposals do not directly affect their funding. Anticipated that new Trust would wish to re-invest efficiency savings. Will feed in comments to MH commissioning strategy.
11	Mr D G	Dudley	Self	CD	<p><i>I hope that the new arrangements – which seem to be entirely sensible – will make adequate provision for service and ex-service men suffering from shell-shock.</i></p> <ul style="list-style-type: none"> ▪ Re: focus of PCTs on commissioning – Agreed. ▪ Re: creating a Mental Health Trust – Agreed. ▪ Re: making access to services easier – Agreed. ▪ Re: longer term future – Three stages suggested: <ol style="list-style-type: none"> 1. Initially should focus on provision of a combined service. Will take at least 18 months. 2. FT status applied for when confident of ability to provide good service within finances provided – another 12 months. 3. Region-wide organisation (Black Country) only if exceptional benefits to patients and carers (3-5 years). 	
12	Anon	Anon	-	CD		
13	Mr R B	Dudley	Self	CD	<p><i>I am in favour of your proposals in principle, but reserve judgement until more information.</i></p> <ul style="list-style-type: none"> ▪ Specialise services to be brought closer to patients is a good idea – saves patients time and money travelling. ▪ A single mental health Trust is a good idea. I have had no experience of treatment for mental health in either Walsall or Dudley. 	
14	Anon	Anon	-	CD		
15	Ms M	Walsall	Walsall	L	<ul style="list-style-type: none"> ▪ <i>I myself and many carers do not feel happy about the</i> 	If proposals are approved,

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
	Thorley		Carers' Centre		<p>suggestion with regard to Children's' services.</p> <ul style="list-style-type: none"> ▪ Walsall CAMHS is developing very well and I agree with Dr Carter... that Walsall should keep its own separate service and many parents feel the same way. ▪ Why can't Walsall keep its own service? ▪ It would be really nice if people were really listened to before any decisions are made. ▪ I have worked in Dudley for 8 years and am already on my 3rd Trust. Now it would appear there is a fourth change... if this merger really is a 'better idea', I wonder why it didn't take place last year or two years ago or two years before that? ▪ My fear is that we will get more managers, more meetings and another vacuous 'vision and values' statement. <p>My major concern is the suggestion that CAMHS and parts of child clinical psychology might / would be part of the new Trust. These services need to be part of a combined child health service.</p>	<p>Walsall CAMHS would still be a 'Walsall' service, just managed within a Mental Health Trust.</p>
16	Dr G S	Dudley	Self	E	<p>Children's mental health is the biggest single health need for children, being a problem for, according to ONS figures, up to 50% of children at some time. Preventative mental health work is the business of all and children with good mental health are more likely to grow into (mentally) healthy adults with stable jobs and relationships. This is thus a core paediatric concern, which is the business of us all: parents, teachers, primary care, health visitors, school health advisers and paediatricians. In turn we work with Speech and language therapists and occupational therapists, social services and the voluntary sector – this is all core work of</p>	<p>Change as a feature of public sector evolution.</p> <p>Wish for service development to remain locally-led.</p>
17	Dr P C	Walsall	Self	L	<p>Children's mental health is the biggest single health need for children, being a problem for, according to ONS figures, up to 50% of children at some time. Preventative mental health work is the business of all and children with good mental health are more likely to grow into (mentally) healthy adults with stable jobs and relationships. This is thus a core paediatric concern, which is the business of us all: parents, teachers, primary care, health visitors, school health advisers and paediatricians. In turn we work with Speech and language therapists and occupational therapists, social services and the voluntary sector – this is all core work of</p>	<p>Proposal recommends that CAMHS transfer into the proposed new Trust for clinical governance reasons.</p>

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
					<p><i>community child health services. The vast majority of child mental health care is thus carried out in the network of community child health; and child clinical psychology and child psychiatrists and other members of CAMHS teams are needed to be integral to this support network.</i></p> <p><i>For a variety of historical reasons funding for all forms of child mental health services has been poor in the West Midlands and within the available resources optimal joint working is needed to obtain best value. CAMHS teams alone can only touch at the needs of some of the most serious cases, and often become involved in children who could have been better supported by others in the community whilst other services are frequently left struggling without access to support from the CAMHS teams. The services need to work together for optimum effectiveness.</i></p> <p><i>In Wolverhampton, for instance, where the population is very similar to that of Walsall, CAMHS is already part of community child health services as it was in Walsall. (In Walsall CAMHS was moved into adult services partly to strengthen a Walsall-only Mental health service – this size factor will no longer be necessary with the new proposed mental health Trust.)</i></p> <p><i>In Walsall there is a very close working relationship with joint management of children between paediatricians and child clinical psychology and for instance a clinical psychologist forms an integral part of the team around the child in the child development service. There is close working between the CARMEN team and community paediatric nurses and doctors,</i></p>	

No.	Name	Area	Representing	*Method	Content (verbatim in <i>italics</i> , rest is a summary)	Response Given
					<p><i>for children who are looked after or in need social work support.</i></p> <p><i>The Royal College of Paediatric and Child Health examined last year quality care for mental health and behavioural problems in children as part of its response to the NSF. I was part of the CAMHS working group. We defined the lead role of paediatricians (working at tiers 2 and 3), in child mental health especially in neuro-developmental conditions such as autism and ADHD which both affect over 1% of children. We also identified the core role of paediatricians in assessment, diagnosis and management of behaviour problems in children with learning disabilities and the need for close joint working with clinical psychologists and specialist learning disability CAMHS teams (where they exist). We note areas of the country which have a single point of entry to CAMHS and community paediatrics and see this level of joint working and mutual support in case management as an optimum way forward for ensuring effective coherent services.</i></p> <p><i>For all these reasons I (and also the RCPCH working group) recommend very strongly that CAMHS (and especially child clinical psychology) form an integral part of child health services and should therefore belong with them in a common service and management structure.</i></p>	
18	Ms C R	Dudley	Self	E	<p>Raised the following comments:</p> <ul style="list-style-type: none"> The new organisation will need to ensure that it integrates well with physical health services to ensure that people don't 'fall through gaps'. 	

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
19	Ms C L	Dudley	Self	E	<ul style="list-style-type: none"> ▪ What were the reservations of other Black Country partners? ▪ Regarding user involvement, what could the proposed partnership achieve that the current configuration cannot? <p><i>I would like to know how (the Sandwell Mental Health FT consultation) affects the proposals for the merger of Walsall and Dudley Mental Health, as Sandwell appear to be proposing a Black Country service. It would seem to make more sense to combine as I believe one of the original plans was? I worry about confusion and lack of communication between services if people are unsure who is providing the service.</i></p>	<p>Response as per content of consultation document.</p> <p>Confirm purpose of Sandwell FT consultation.</p> <p>Acknowledge important of engagement with the public.</p>
20	Ms L B	Walsall	Walsall 'Connections'	E	<p><i>I would like the new Partnership to be an opportunity to consider the establishment of a dedicated mental health team to work with young people in transition, particularly 16-18 yr olds. Improvements have been made in relation to increased flexibility between CAMHS and AMHS for this group. However, barriers to accessing mental health provision still exist for this group of young people.... Such teams do exist in other areas of the UK and have proved an effective way of engaging with this group.</i></p>	
21	Mr J R	Dudley	self	E	<p><i>I will say that I am not against a separate Mental Health Care Trust as mental health is always at the bottom of the pile when it comes to funding, especially for elderly people.</i></p>	
22	Anon	Walsall	-	E	<p><i>Will this mean redundancies or people applying for their jobs?</i></p>	<p>Any resultant restructuring likely to affect only management tiers of staff.</p> <p>Will raise as a priority issue with both PCTs.</p>
23	Mr J F	Walsall	Self	W	<p><i>My understanding is that 'the medical component of Learning Disability services' will not include the residential units</i></p>	

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
24	Anon	-	-	W	<i>currently managed by the Trust and that these will be remaining with the tPCT. Just wanted to flag up that the PCT will need to be aware of its continuing responsibilities for anyone detained in these units under the Mental Health Act – particularly requirements placed upon Hospital Managers.</i> <i>I am concerned that more funds and resources may be diverted from staff who actually see patients towards management and office staff and buildings. Our front line staff are over stretched as it is.</i>	Reassurance that key driver behind the proposals is to be able to improve investment in services.
25	SS	?	Self	W	<i>Can you please explain the business justification for a Walsall/Dudley Mental Health Trust when there are no geographical boundaries...? Why not consider providers that we have boundaries with?</i>	Refer to consultation document. Other neighbours pursuing other plans. We remain open to discussions about future collaboration.
26	Ms P N	Walsall	Walsall SUE	W	<i>...Walsall Service Users have a strong independent voice through our group Walsall SUE (Service User Empowerment) and a valued input to the planning and provision of services with the help of the MH SU co-ordinator. What will (the plans) mean to the running of the group? Will Walsall Service Users still have a say in their own locality or will it mean we have to join with Dudley User Groups and become one?</i>	Likely that any new Trust will remain committed to providing locally based services. However, may be some benefit in collaboration at a strategic level.
27	-	Walsall	Walsall SUE	W	<i>What will attitude of new Trust be to provision of alternative therapies? Exiting tPCT has already stated it will not support complementary therapies.</i>	Commissioning issue so will remain a decision of the PCTs.
28	Dr S S	Dudley	self	W	<i>I have nothing against Walsall but everyone knows the merger is happening because we happen to be in the same boat: being kicked out of a PCT with nowhere else to go... This is</i>	

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
29	Mr M K	?	self	W	<p><i>just another temporary change forced on us by central ideological dictat.</i></p> <p><i>Could you briefly explain what the cost implications are for setting up the new Trust? Would the new Trust require new Board, management structure etc? Would a new facility be sought to accommodate the Trust? Where would the main HQ be? Why did Wolverhampton and Sandwell opt out of this venture?</i></p>	Approx £700k cost implication. Will require a Trust Board. Current option appraisal for HQ – look at best value options, including current accommodation.
30	Anon	?	-	W	<p>Raises the following:</p> <ul style="list-style-type: none"> ▪ Recent merger of PCTs in Dudley – one driver was cost effectiveness. ▪ Set up of new Trust will incur the costs which have previously been saved. Black Country arrangement would be more cost effective. <p><i>...Please could you just clearly explain what the pros and cons of the project would be... rather than just setting up another meaningless organisation?</i></p>	Refer to Section 4 of the consultation document.
31	Mr A J	?	Self	W	<p>Raises:</p> <ul style="list-style-type: none"> ▪ Cost implications outweigh the benefits. ▪ Being pushed through without proper consultation. ▪ BME communities have not been consulted. <p><i>How will people access the service, what is the route for referrals?</i></p>	Full consultation undertaken.
32	Mr S H	?	self	W	<p>As Sandwell are out to consultation for FT, how can it be justified to use public money and resources to establish yet another mental health Trust within such a small geographical area? Would it not be more logical to await the outcome of Sandwell rather than rush forward, unless there is a compelling reason for urgency.....?</p>	Services will be accessed as currently.
33	Ms C L	Dudley	Self	W		Sandwell FT application and Dudley/Walsall plans are separate and discrete plans. We would welcome further collaboration in the future.
34	Mr P R	?	self	W		

No.	Name	Area	Representing	*Method	Content (verbatim in italics, rest is a summary)	Response Given
35	Ms J D	Dudley	Self	W	Works for voluntary counselling organisations – wants to know how they can be considered as a provider of services in Dudley.	Referred to commissioning department.
36	Ms C R	Dudley	Self	W	<i>Will staff working in one Trust be expected to go when needed to work in the other, particularly if staffing levels are short or a service is not currently available but needed?</i>	Any expectations of staff will be reasonable, as is the case currently. Service shortages in one area will not be routinely subsidised by the other.
37	Anon	?	-	W	(Re: Other Black Country providers) <i>Shouldn't we be working together to make one big organisation so that we can take advantage of all the economies of scale that would provide? Can't the PCTs retain control through service agreements rather than having to set up a new organisation?</i>	Issues addressed in consultation document.

* Method of reply

CD = Consultation Document returned

L = Letter

E = e-mail

W = posted on website

