

**Bradford District Care Patient and Public Forum
Annual Report 2004 / 2005**

Forum Name: Bradford District Care Patient and Public Involvement Forum

CPPIH Regional Centre: Yorkshire and Humberside Region

Forum Support Organisation: Health Talk Consortium

Contact Details: Forum members can be contacted through the forum support unit
Bradford Alliance on Community Care
Carlisle Business Centre
60 Carlisle Road
BD8 8BD

Telephone: 01274 481590

Fax: 01274 487595

Text :07791 286178

Email Address: admin@bacc.uk.com

Chair's Report

Over the year we have held meetings in public at various locations in the Bradford District, where the public and service users have attended, the Bradford District Care Patient and Public Involvement Forum (BDC PPIF) have been very active in the following issues:

1. The re-provision at Airedale Hospital Mental Health service
2. Prescribed Drugs
3. Translating and Interpreting services
4. Transition for young people with learning disabilities of school age moving into adults services

The forum membership for the last 12 month has change with new members joining taking the membership up to twelve, although we are under-represented in areas such as Learning Disabilities, Black and Minority Ethnic communities (BME), women, young people and carers. The Forum has been trying to recruit more members to the forum throughout the year and plan to continue to do this.

Some things the forum is working on this year are a visit to Airedale Hospital in conjunction with the Airedale Hospital PPI Forum to look at the Mental Health wards and to talk to the Modern Matron at Airedale. The forum will be having a meeting in June with Dr Simon Baugh on a range of issues. The forum is looking forward to working in partnership with the Bradford District Care Trust and other organisations like Mind in Bradford, Alzheimer Society and many others in the District.

I would encourage anyone who has an interest in health and social care to consider joining one of the forums in the Bradford District, and if you have any issues or views regarding Services provided by the Bradford District Care Trust to contact the forum as we are always pleased to hear your views.

Thank you to all who have and still are supporting the Bradford District Care Patient and Public Involvement Forum (BDC PPIF) in this important work, especially to Sandra Brown our Forum Support worker and everyone at the Forum Support Organisation at Bradford Alliance on Community Care (BACC) for all their hard work in supporting the forum throughout the year in the Bradford District.

Emmerson Walgrove
Chair

Introduction

Welcome to the second report of the Bradford District Care Public and Patient Involvement Forum (BDC PPIF), which looks at the work and activities of forum members across the Bradford District over the last twelve months.

The aim of the Bradford District Care PPIF is to monitor the services of the Bradford District Care Trust and get the views of service users, families and their carers on issues relating to Mental Health and Learning Disabilities.

It has already been identified that forum members have worked extremely hard in getting the views of service users and carers about the services they receive and working closely with the Care Trust to ensure that the service they provide meet the needs of people who use it.

Despite some changes in the overall structure of the Patient and Public Involvement in Health Structure and how forum will operate in the future, forum members have remained focussed in ensuring that access to services are improved.

Forum Members

There are currently 12 members on the forum. Unfortunately, one member resigned from the forum in 2004 and current members would like to thank this member for all the hard work he has done since joining the forum.

Forum Members are:

Emmerson Walgrove (Chair)
Michael Scargill (Deputy Chair)
John Agate (Deputy Chair)
Ethna Kilduff
Jennifer Powell
Trevor Ramsay
Malcolm Budd
Ian Fulton
Patrick Sutherland
Paul Foulton
Sikander Divan
Wayne Greenwood

Specific Forum Member have taken lead roles in the following areas

- Learning Disabilities
- Older People Mental Health
- North Bradford Primary Care PPIF
- Bradford City Primary Care PPIF
- Airedale Primary Care PPIF

- Craven & Harrogate Primary Care PPIF
- Citizenship
- Homelessness
- Refugees & Asylum Seekers
- Black & Minority Ethnic Communities
- Spiritual Care
- Future Services in Airedale

At present there is no one taking the lead role for Children & Adolescent Mental Health. However forum members are working towards getting the views of young people by making links with statutory and voluntary organisations.

Over the last twelve months forum members along with the forum development worker have made links with a number of community groups, voluntary organisations, regional organisations and health partnerships, These include:

- Survivors
- Patient & Public Involvement Development Group (Care Trust)
- Patient Advice and Liaison Service (PALS) for Mental Health & Learning Disabilities
- Bradford Speakout
- Cellar Project
- Alzheimer Society
- Sharing Voices Initiatives
- Bradford Alliance on Community Care and its networks
- Cross working with other Patient & Public Involvement Forums in the Bradford District
- Learning Disabilities Partnership Board
- Day Centres for people with Learning Disabilities and various Voluntary Organisations
- Refugee Health Forum
- Bradford District Care Trust
- MIND
- Bradford & Airedale Mental Health Advocacy Group
- Community Network
- Primary Care Trusts
- Mental Health Forum

The forum will continue to form links with organisations and groups to establish ways of working to get the views of service users, carers and their families in the planning and development of health and social care provision.

Meetings

The following table shows the number of meetings, development days, and training the forum members have had over 12 months.

Meetings	Number Held
Formal (Public)	5
Informal	6
Training	1
Development Days	3

Forum Members have also attended local, national and regional health events and consultations to promote the work of the forum, recruit new members and identify ways in which various government health initiatives might impact on how health and social care is delivered.

Activities 2004-05

Key areas of work the Forum has been involved with during the period of May 2004 to May 2005

- Translation and Interpreting to include different forms of communication (see lead role report)
- Airedale New Build and Re-provision (see lead role report)
- Transition of Young People to Adult Learning Disabilities Service (see lead role report)
- Prescribing and Drugs Administration
- Social Inclusion (Citizenship)
- Mental Health Bill

A detailed report has been given by forum members on their lead roles, and the six key areas of work. Individual lead reports may not necessarily be the views of all the forum members. There will be a separate report on citizenship.

Learning Disabilities

John Agate (Lead Role)

This report covers the period April 2004 to March 2005. Activities have reflected the action plan agreed by the Forum 20th May 2004. Although the Forum takes collective responsibility for both Mental Health and Learning Disability work in relation to Learning Disability has been undertaken almost exclusively by the lead member. Experience has highlighted a need for more members of the Forum to be active within Learning Disabilities. Given the primary interests of existing members this will almost certainly involve the recruitment of additional Forum members. In practical terms this should be a minimum of two.

Although Forum members were appointed early in 2004, it took sometime to establish the Forum as a functional body. Also, because of prior commitments of the Learning Disability lead member the action plan agreed in May was not programmed for implementation until the August. This report, therefore, only covers 8 months activities.

Work has been focussed in 6 main areas;

- **Meetings with a range of senior/middle managers within the Learning Disabilities Directorate**

An initial meeting with Brian Stanley (Executive Director of the LD Directorate) laid the foundation of a positive relationship between the Forum and the LD Directorate. Other senior/middle managers have been equally welcoming and have demonstrated a readiness to facilitate the work of the Forum. They have been very open in sharing what they see as the strengths and weaknesses of current services and about measures for improvement.

- **Familiarisation visits to a range of Trust Services**

Visits have been made to a number of Day Services including 3 days at Greenhill, 2 days at Northcliffe and a full day at Keighley Resource Centre. The dedication of staff was demonstrated on these visits. Staff were well motivated, and committed to developing good practice but often frustrated by the level of resources. Modernisation plans should lead to improved opportunities for users but there is currently an air of uncertainty about the future. Visits to other areas of Trust services are planned for next year.

All staff undertake an induction programme when joining the Trust. John Agate attended 3 days of the programme as a participant. There is a vibrant programme of training (NVQ level 2 in particular) within the Directorate, which contributes significantly to the motivation of staff.

Establishing links with key personnel/organisations outside the Directorate

The Partnership Board is set up by the Local Authority to ensure implementation of a national strategy for services to people with a learning disability (Valuing People) includes most key personnel/organisations within its activities. Users, carers and families seem well represented, as is the Trust. There are many areas of common interest between the Forum and the Partnership Board. John Agate is now a member of the Partnership Board.

Apart from the Partnership Board, links have been a largely opportunistic activity severely limited by time constraints. A number of contacts remain to be followed up. Contact with MENCAP has been particularly helpful. It is hoped a proposed Forum 'Registration scheme' will create a more comprehensive list of key personnel/organisations and enable more systematic links to be made.

Section 11 objectives Health and Social Care Act 2001

The Trust has established a 'Users Forum'. This meets regularly and is ably facilitated by trust staff and the PALS officer in particular. It provides the Trust with valuable ideas and feedback about its services. Meetings are usually well attended by a core group of some 40 users. The group does not claim to be, nor can it be, representative of the 1500 users of the Trusts services. The PPI Forum is usually represented at the Users Forum meetings.

The Trust has incorporated two 'user representatives' onto the Board, one for Mental Health (Trevor Ramsey) and one for Learning Disability. The learning disability representative resigned and the Trust is currently considering how to maintain representation. The PPI Forum lead member has been consulted and has advised the concept of 'representation' should be revisited and considered from a wider Section 11 perspective.

The Trust involves users, carers and families in a variety of ways in relation to the development and monitoring of its services. It is not yet clear, however, how much this has become a part of the culture of the Trust and how far it adds up to an integrated whole and is applied systematically and consistently. This is an area of further work for the PPI Forum in the year ahead.

Dealing with issues referred to the Forum

The Forum has only had one formal representation made to it in the last year. This related to problems about 'transition' and school leavers accessing Care Trust services. The Forum is currently in correspondence

with the Trust.

Anecdotal information, mainly from family carers seems to indicate an acceptance of limited resources but an expectation that access to services is on a fair and equitable basis. In the main they have a balanced view of the Trust's services, praising some and criticising others. They do not, however, feel they are kept properly informed; they feel insufficiently consulted about changes and 'listened to' and feel decision makers (the Board) are too remote.

Getting up to date with National/Regional legislation/policies/requirements/funding/contracts

Getting and keeping up to date with the context within which the Trust has to operate is a demanding task in itself. This is further complicated by the evolving context of the PPI Forums themselves.

The Forum needs to develop further its understanding of the demands, freedoms and constraints placed upon the Trust. Key to this will be National Standards and Legislation, Commissioning requirements/contracts and Quality Assurance systems.

March 2005 marks the end of the Forum's first year of operation. It has been largely a year of exploration assisted by much goodwill on the part of Trust employees, employees of other organisations and not least service users, their families and carers.

'Valuing People' is an aspirational document to which all people within Learning Disability can subscribe. Delivering it is more challenging even though the will is there. In relation to its role within Learning Disability, the Forum needs to reflect upon what it can realistically contribute within existing resources and what could be 'possible' with additional resources.

**Report on Services for Older People
With Mental Health Problems
Michael Scargill (Lead role)**

This is a short report on activities as lead for services for older people since I was given this role.

Information Sources

I have sought information from:

Alzheimer's Society. Bradford District; mainly Ruth Gallagher, its chief officer;

Age Concern, Bradford District through its Chief Executive, Keith Nathan;

Bradford District Care Trust through Stuart Fawcett, Director of Services for Older People until December, 2004 and through him, two of his senior support managers, Mick Shaw and Philip Barton-Wright;

The National Service Framework for Older People;

"Moving Forward – Older People Mental Health", the Proposed Future Delivery Model for Bradford District

From their different perspectives, Ruth and Stuart have been particularly informative about issues and problems. Additionally, Stuart and his senior colleagues have provided information on proposed changes and improvements for services, though, because of the complexity, it is hard to get a truly comprehensive picture and perhaps this will only come when much more work has been done toward implementation of the Proposed Model. At a meeting with Stuart, I was armed with questions designed to identify what progress Bradford has made against Standard 7 of the National Service Framework for Older People, the Standard, which relates specifically to mental health. In the event, such comparison was impracticable, even in a long meeting, because there was so much that Stuart, Mick and Philip wanted to explain, not only about the nature of services overall, but also about how the services had developed differently between Airedale and Bradford itself and how that affected current service strengths and weaknesses.

For the future, joint NHS and other stakeholder Project Teams have been set up for each of the Primary Care Trusts areas to implement the agreed new Model. I have tried to attach myself to the Airedale Project Team because the changes needed there are said to be evolutionary and therefore capable of implementation earlier. However this has been difficult because the lead responsibility there has altered. The changes needed in the other PCT areas are more radical and will take longer, but should follow broadly the pattern to be established in Airedale.

Issues Identified

It is to be borne in mind, of course, that the mental health needs and problems of older people vary tremendously and commissioners, the Care Trust, the Patient and Public Involvement Forum (PPIF) and others need to think in terms of a group of inter-related services with significantly different characteristics, appropriate to meeting these various needs. The old distinction between functional and organic mental health problems in older people is only one starting point and here it is important to note the acknowledgement in the National Service Framework that such distinctions are sometimes distorted by uncertain or mistaken diagnosis. Also, it is interesting that although Alzheimer's Society in Bradford have concerns about gaps in services for older people with dementia, they have equal if not greater concerns about the lack of particularly respite facilities for those younger people who suffer from dementia. Ruth Gallagher also emphasises that there are many physically active older people with dementia, whose needs are much closer to those of younger people than of older people who are less active physically.

Here are some of the main issues arising from my discussions so far:

- There seems to be widespread support for the new Model of service, though I think a cautious recognition that it is only a starting point.
- The withdrawal of necessary services from some people when they reach age 65, without appropriate replacement services. (This is being corrected, but I am not sure how long this will take in the service overall).
- The lack of respite and other facilities for younger and physically active older people with dementia.
- The need for much more training in dementia for staff of private care homes.
- Certain drugs which Alzheimer's Society believe are often effective in slowing down dementia are not always made available. There have been recent reports nationally questioning the degree of effectiveness of anti-dementia drugs and this is therefore a difficult issue both nationally and locally.
- There has been concern regarding uncertainty in thinking about service development, as to how far joint facilities and services for older people and people of adult ages under 65 are appropriate and planned, but the Trust appears to be addressing this effectively.
- An apparent reluctance, over a period of time, of commissioners in Bradford, especially the Council, to fund the voluntary sector to the extent experienced in neighbouring authorities. (An example is funding for support to younger people with dementia).

- Services for and arrangements for consultation with people with dementia need to be taken to the neighbourhoods in which they live.
- There is 'no history of money' for mental health services for older people in Bradford District.
- Future services will be on a locality/Primary Care Trust basis. (In Airedale, they are already on a locality basis).
- In-patient services are established for organic needs; still under debate for functional needs.
- There is a well advanced National/Regional initiative known as the 'Dementia Collaborative' in which Con Egan has an important role regionally and Philip Barton-Wright within Bradford District.
- An Intermediate Care Team was recently to start in Bradford.
- There are not many in-patient beds in Bradford (as distinct from Airedale).
- A Memory Service has recently become up and running.
- 60 new beds for older people with mental health problems are being contracted with the independent sector, but there is some uncertainty about whether there are all extra beds.
- Mental health services for older people in Bradford do not yet really 'touch' the black and minority ethnic communities.
- There is a concept of introducing mental health workers who will meet with older people in clubs, not all of whom will have mental health problems.
- The average age of staff in mental health services for older people in Bradford District is 47.
- The Care Trust want to employ more staff who may not have specific health or social care professional qualifications but are suited and committed to working with this care group.

Next Steps in my Work Plan as Lead for Older People

Stuart Fawcett has now left the Care Trust. His role has been merged with Management of Adult Services and I have not yet been able to find the time to make strong links with the new arrangements, but will do so. I shall continue to share knowledge and perceptions with Alzheimer's Society. So far, of course, they have been much more helpful to me than I to them but I hope that usefulness will become more evenly balanced in the course of time. I have established links with Age Concern but I hope to develop this further. I will also continue to try to get closer to the implementation of the new Model in Airedale Primary Care Trust area, an

intention already mentioned in the first Section of this report.

In the meantime, the Forum has agreed that we give priority to supporting two of Alzheimer's Society's greatest concerns, namely:

- The lack of respite and other facilities for younger and physically active older people with dementia;
- The need for much more training in dementia for staff of private care homes.

Homelessness Report **Emmerson Walgrove (Lead Role)**

The Bradford Speakout group has been meeting since January 2001. The group consists of service users of housing and advice projects, staff from these projects and other community groups. We had been influenced by the work of Groundswell UK and are supportive of their core values that homeless, poor and excluded people:

Are not the 'problem'- they must be part of the solution.

Hold the key to solutions, from their experience and knowledge.

Have a right to the information- they need to make informed choices about their lives.

Can build communities and create positive change by acting together.

Organised 3 large Speakouts and several smaller events that sought the views of people with experience of homelessness, bringing them together with organisations and individuals that provide and/or develop services and make decisions that affect their lives.

Produced 2 Speakout reports that were widely distributed through the statutory, voluntary and community sectors.

Secured funding from Neighbourhood Renewal, and recognition of people with experience of homelessness as a community of interest.

Ensured that people with experience of homelessness have been involved in developing Bradford Council's homelessness strategy.

Taken part in diversity training for West Yorkshire Police.

Supported a self-help group around issues of self-harm (SHINE)

Supported individuals who have been homeless in National Speakout events (London & Sheffield)

Hosted a regional Speakout Exchange

Produced a display celebrating 3 years of Speakout and organised a third birthday party at the Bradford Day Shelter.

Bradford Organisations that have taken part in the Speakout Group have included: Artworks, Assisi House Project, Bradford Alliance on Community Care, Bradford City Centre Project, Bradford Cyrenians, Cnet, CHAS Housing Aid, Fairweather Project, Homekey, Horton Housing Association and the Key House Project.

Spiritual Care Emmerson Walgrove (Lead Role)

Bradford District Care Trust Spiritual Care Group was established in autumn 2001, Commissioned by the collaborative Mental Health partnership.

The group aims were to look at spiritual care, religious beliefs for Mental Health Service Users. Present services and to make recommendations to modernise existing services to meet the needs of the diverse and cultural needs of Service Users.

Dr Rasjid Skinner, Consultant psychologist, Older Peoples Services, chairs the group; Rasjid was a found member of the Corporate Collaborative Steering Group.

The original group members were:

Selina Ullah, Partnerships & Diversity Assistant Director
Julia Jones, Modern Matron, Adult Mental Health
Dennis Jackson, Social Worker and Hospital Chaplain
Abby Rehman, Social Worker
Dr. Shri Upadaya Consultant psychologist Learning Disabilities
Liz Parsons, Equality & Diversity Manager.

The group worked with a variety of experts from both clinical and Faith organisations.

Improvements & recommendations proposed.

- Food Faith & Diet (Food Service Manager Gary Lawrence)
Now food Service hospitality provides a cultural religious choice menu for Patients and staff.
- Investigated present Chaplains Service, results were present Christian Chaplains administering to inpatient area, little or no structure, funding and information sporadic.
- Support workable Multi-faith room
 - Provide prayer mats
 - Religious books e.g. Bible, Qur'an etc.
 - Provide religious artefacts
 - Refurbished prayer room to accommodate wash area acquired by some faiths.

Recommended information is available for ward staff to access Chaplains. Increase Chaplains service through partnership working with Bradford Hospitals Trust.

- Look at holistic Care for Service Users, an alternative to western traditions relating to alternative therapeutic therapies.

When the group's work started the idea of a holistic approach to meet an individuals mental

health well-being was not considered as part of their Care Plan.

Progress

Spiritual Care is integral to Citizenship. The SCG feeds back to the Trust Citizenship Steering Group. Trust Lead, Chris Bielby, Director for Mental Health Services. Chaired by Con Eagan, Chief Executive.

Spiritual Care national conference, "In Good Spirit" held Oct 2003, funded by Small Grants initiative. Faith Leaders, Service Users Health professionals, Voluntary Sector representatives, attended the conference. The conference workshops highlighted a real need to look at alternative therapy to meet the cultural and religious needs of Service Users. A sub steering group was set up to look at therapies, commissioning and needs of services users.

Partnership with **Sharing Voices** (Bradford) to fund a small project, to provide a Hakim service for a small minority of service users.

Supporting staff services to develop local networks and good practice e.g. Patient Advice & Liaison S, Alison Harrison, Wes, Forensic Services.

- Supported Spiritual Care guidance for Service Users
- Need to review Spiritual Well-Being Policy & Practice Guidance for staff.
- Provide Training & development for ward staff and clinicians regarding
- Spiritual Well-being and Mental Health.
- Spotlight Award.

Present Steering Group Members (2005):

Dr. Rasjid Skinner, Consultant Physiologist (**Chair**)

Dr. Shri Upadadya, Consultant Physiologist

Liz Parsons, Equality & Diversity Manager

Liz Pitt, Equality & Diversity Assistant

Emmerson Walgrove, Bradford District PPI Forum, Lead for Spiritual Care

George Deane, Equality & Diversity Manager

Dennis Jackson, Social Worker, Chaplain (Lynfield Mount Hospital)

Abbey Rehaman, Social Worker, Community Net-worker

Alison Harrison, Patient and Advice Liaison Service

Tila Isra, Patient and Advice Liaison Service

Salim Akhtar, Patient and Advice Liaison Service

Lydia Sharpe, Patient and Advice Liaison Service

Adam, Ward Nurse Lead (Oakburn)

Wes, Ward Nurse Lead (Forensic)

Bradford City Patient & Public Involvement Forum Ethna Kilduff (Forum Representative)

This forum attended a family fun day before I joined it, where they administered their own questionnaire to local residents, and the results formed the basis of the work for the year. This was partly because the forum looked at the National Patient Survey and realised it was not a good way to measure the satisfaction of local people with their health services, as it is entirely in English, and requires people to fill it in and send it back. In addition, even if everyone who received a questionnaire returned it, the survey would only cover about 2% of the population.

Members of this forum have stated that mental health is a priority, although their survey did not highlight it particularly, because such problems are often under-reported, particularly with face-to-face interviews.

This year the forum took part in an “awayday” with an external facilitator, where members decided which areas of work were most important and the timescale when results could be expected. Most of the issues appeared to concern access to GPs and other primary care services, including problems of arranging appointments, communication difficulties, attitudes of staff, cultural and social issues, etc.

The Primary Care Trust has said that if there are any examples of discrimination they would like to hear from people. I will be happy to hear from anyone who believes they have experienced discrimination at primary care level because of mental health problems or learning difficulties, and will keep an anonymous record.

This forum has a very good mix of people in terms of ethnic/cultural/racial background, professional interests, gender, etc., and has had very good attendance at some meetings in public when they organised transport for some members of the public who might otherwise not be able to attend.

Citizenship / Social Inclusion:

It is only relatively recently that I have been invited to attend the Bradford District Care Trust’s Citizenship Group, and so Ian Fulton has kindly done a fuller report.

I did attend a meeting with Piers Allot who works for the National Institute for Mental Health in England studying Recovery, but I was disappointed that the measure suggested to see if the Care Trust actually was focusing on recovery (not lifelong illness) was to insert a couple of questions into the Patient Survey, which is not very useful when measuring the work of health and social care services.

At a later meeting, it was suggested that as the Recovery model would not be appropriate for Learning Disability services it might not be suitable for the Care Trust, but this did not seem to be a good reason for excluding it completely. Piers

Allott had submitted a list of 10 high impact changes, which might be made and managers from both mental health and learning disability services were asked to prioritise 3 or 4 of them to be discussed at the next meeting. It remains to be seen what will change in the way services are delivered.

Refugee and Asylum and Seekers Malcolm Budd (Lead Role)

Most of the year has been spent trying to establish contact with the diverse groups around the district who try to help refugees and asylum seekers. This was eased by a forum member recently joining the Bradford Refugee Healthcare Forum an umbrella group attempting to co-ordinate efforts and synthesis the complexities of the needs of refugees and asylum seekers.

Much effort has been put into satisfying the obvious multiple needs for language translation without which proper evaluation of health needs is difficult in total and individually. A list of interpreters is available and being enlarged. This need is especially demanding for people with mental health problems.

There is a continual need to register needs with the many health outlets. It is especially important that refugees and asylum seekers staying in the United Kingdom enter at the most suitable part of the health service at the outset.

The Bradford Refugee Healthcare Forum is considering setting up a 'website clearing house' for this purpose. An idea having wider application considering the vast number of groups, forums, committees, council offices, health centres and hospitals to be found across Airedale and Bradford Districts.

A recent court case has established 'failed asylum seekers' remaining in the country is legally entitled to free treatment from the NHS. It remains to be seen how this will work out in practice.

It has to be accepted much is to be done to overcome the usual prejudices and some degree of lack of co-operation, but, as ever, generosity of spirit will win through.

Airedale New Build/Re-provision Malcolm Budd (Lead Role)

This is hardly a report as the lead role is recent when after extended attempts was allowed onto the Airedale Steering Group, now renamed the Airedale Reference Group, although service users from elsewhere have been members. The Group has been sitting for over a year so much of this report is material gleaned from the large file just obtained and read. It should be pointed out there is also another seemingly, formed recently to 'expedite' the New Build Project. In the last month service users have been included in it.

It is fair to say the Bradford District Care Trust Board and senior managers are showing the same 'resistance' to including and involving others practically as the Bradford District Care Forum has experienced. It does beg the question whether, at this late stage, patients and carers will truly make their contributions to a facility with a lifetime of 30 years.

In fairness the project manager, Colin Perry and the members of staff in the Group are trying hard to ensure we get the best for the £9 million cost. The Group has and continues to have detailed discussions and debates over every aspect of design and construction, staffing and operation, and where these shall be different from existing facilities.

Over the last year, several recent mental health facilities of recent design and build have been inspected. As might be expected, strong individual views are held by both mental health professionals and service users but it seems the final forms of both construction and operation have yet to be settled. It is hoped the pressure of the need to get a contract and get started does not curtail their proper resolution. A contractor from a short list of four has been selected. The project is funded directly from the Bradford District Care Trust finances.

As things stand there is no reason why the district will not soon have a mental health facility fit for the 21st Century, but there is much for the Group to settle. In one particular aspect the New Build will be distinct from the old. The psychiatric consultants will be based in the community, not at Airedale, as part of more new buildings and community mental health teams across the district, for which financial provision is understood to have been made.

A philosophy to guide the design and use the New Build Re-provision has been agreed, but it is unclear whether in the alternative treatment approaches of the biological model or the psychosocial intervention method either will have precedence or in the long term be discarded. In this area the least attractive element

in the New Build is the continuing use of ECT, Electro Convulsive Therapy and retaining its equipment in the existing main building requiring the patients to be 'bussed' out of the New Build. Hardly satisfactory.

It should be noted the funding of the running costs for the New Build is not yet complete.

Airedale Primary Care Patient and Public Involvement Forum Malcolm Budd (Forum Representative)

Although the Forum met regularly at diverse location throughout the District there was no attendance at any of its meetings in public. Its meeting were well supported by its Forum Support Organisation (FSO) reporting correspondence and regularly providing reports of the various Airedale Primary Care Trust (PCT) meetings as members required. However were often limited in content by the board of the Primary Care Trust. There were also several statistical purporting to performance which again were more numerical than informative,

Airedale Primary Care Trust has the lead role in mental health and learning disabilities for four Primary Care Trusts in the district. It continued to build on its earlier efforts in these and its general remits. As anticipated, it is moving to merge with North Bradford Primary Care Trust. It is a party to the plans for the New Mental Health Provision on the site of Airedale General Hospital to begin in construction this summer. See separate report.

Slow progress has been made with the reconstruction / re-provision of Bingley Hospital where a decision towards new construction was made although as yet the exact site is shielded from public gaze for 'reasons of commercial confidence'. A dubious practice making proper appraisal by the forum more difficult. But assurances were given the project will not be much further delayed.

The detail of the 'service level agreements' the Primary Care Trust had made were not available making assessment of their clinical value and practical effectiveness difficult. A problem seemingly and regrettably common to Forums. This is an important marked weakness in attempts to properly carry out the remit the Act of Parliament brought into law. Their absence indicates unnecessary inhibition, lack of understanding and trust, or plain obstruction by Trust Boards in a key area of the Forum's duties.

In particular, it shows such a lack of co-operation, and means it borders on the impossible to make constructive comments through the Forum before certain actions or policies can go ahead. In this key area, without greater co-operation, the Forum finds itself unable, however willing and keen, to do the job Parliament requires.

Despite this handicap, Forum members and the Forum Support Organisation have worked diligently to involve the patients and public in its work without whose involvement it is likely to find the Primary Care Trust less than minded to consider the Forum a part of the health services infrastructure and governance in the District.

In fairness to all, there has not been enough time for a sound working relation to be formed, but it has to be a concern how small and dependent of personal informal contacts it is.

North Bradford Patient & Public Involvement Forum Trevor Ramsay (Forum Representative)

I have attended 2 meetings of Bradford North Primary Care Trust Patient & Public Involvement Forum (PPIF). A few meetings were missed, because they were held at the same time as the Bradford District Care Trust board meetings. One of the issues that Bradford North PPI Forum has been looking at is the problem older people have, especially those who suffer from arthritis, in opening certain tablets because of the way they are packaged.

All Bradford North Primary Care Trust Forum meetings are held at Shipley Library, usually on the second Monday of each month from 6.30 until 8.30. As Bradford North & Airedale Primary Care Trust is to be working more closely together, it is hoped that both forums for these Trust will also work together. I was pleased to see so many members of Bradford North Patient Public Involvement Forum at the Bradford District Care PPI Forum at the last meeting in public, which was held at Lynfield Mount.

Norman Roper who is the Chairperson for the Bradford North Primary Care Trust regularly attends the North Bradford PPI Forum meetings and is genuinely interested in the opinions of forum members. Both forums that I am involved in are more open than the Community Health Councils were. It is an opportunity for patients and the wider public to get involved in discussions. We are very well supported by our Forum Support Organisation. More joint events such as the recent recruitment drive, where all the forums have a chance to share what they are doing should, I think be an annual thing.

Black & Minority Ethnic Communities. Jennifer Powell (Lead Role)

This is a brief account of my involvement in Bradford District Care Patient & Public Involvement Forum.

I was asked to join the Patient & Public Involvement Forum to ensure that specific issues affecting people from Black & Minority Ethnic (BME) communities in relation to mental health services were highlighted and acknowledged. My presence also ensures that the forum reflects and represents the community it aims to serve.

Initially when I joined the forum I observed the process and gradually became aware of what the function of the PPI forum was about.

I feel my role in the forum has been pretty low key up to the present time, although my involvement is to keep the Black & Minority Ethnic communities' agenda on the table specifically in relation to mental health I do believe my involvement cuts across all service areas such as older people and learning disability. Issues that can and do affect people from Black & Minority Ethnic communities can affect others who may not be from a Black & Minority Ethnic community, for example poverty, social exclusion and isolation. But these issues and others are magnified for those from a Black & Minority Ethnic community.

Therefore I believe my role in the future will not be confined to focusing solely on the area of mental health but will be a thread, which runs through the whole of adult services.

During my time at the Patient & Public Involvement Forum I have attended a meeting with the Care Trust Medical Director with other forum members, asking about the use of medication for in-patients. I found this visit rather frustrating since comments was focused exclusively to the recommended dose as stated in the British National Formulae (BNF). However, in a further meeting he has agreed to carry out an audit of prescribing for members of the Black and Minority Ethnic communities and we shall look forward to knowing the results from this.

The other visit I undertook was to the forensic unit. This I found interesting, the staff were willing to engage with us and answered any questions as honestly as they could. They also recognised their limitations when it came to issues for people from

minority communities (personal hygiene, diet, faith)

It was also interesting to find out that approximately 25% of their in-patients were from either a south Asian or black (African – Caribbean) background, which is in line with national statistics. This has been a trend for many years, which begs the question why? As people from these backgrounds make up less than 6% of the British population.

It was also very evident to me that as “nice” as the ward may have been it lacked any personal touches and did not reflect the rich diversity of Bradford, so there was little if anything for the patients to identify with around them, even though like I said earlier 25% of patients were from a minority community. Neither was diversity reflected in the staff team.

Overall I found both visits interesting but the visits confirmed and reinforced my belief that there is still much work to be done in mental health for all people receiving services, especially those from Black & Minority Ethnic communities.

I find being part of the forum an important part of my role as a community development worker, even though I do find it difficult to attend all the meetings due to other commitments, but I look forward to the many challenges ahead for me personally but also for us as a forum.

Translation & Interpreting Provision

When the forum first started it recognised that translation, interpreting and other forms of communication was an issue for service users, carers and their families when accessing services from the Care Trust. This became one of the key areas of work for the forum over the last 8 months.

The forum first contacted the Gulberg Community Resource Centre, which provides translation and interpreting service for the Care Trust. This was to find out what provisions were provided and what policies and procedures were in place with regards to practices and the quality provided. The Care Trust sent a very detailed report to the forum outlining what provisions are provided for people using the Care Trust services. The person directly responsible for overseeing this service and has a equality and diversity remit for the Care Trust is Selina Ullah. The report focused mainly on translation and interpreting for the South Asian community and made no mention of the needs of Refugees and Asylum Seekers and Sensory Impaired service users.

Nafees Nazir, Manager of the Integrated Language Service (ILS) was commissioned by the Bradford Health Partnership to map what language support already exist and to put forward a good quality and accessible language / communication support service for the district. This resulted in a comprehensive report identifying the gaps in services.

Nafees was approached by the forum to do a presentation on his findings at a forum meeting clearly identifying the problems that exist, due to the scarcity of language and communication support for patients using health and social care services.

The overall aim for the Integrated Language Support Project is to set put a standard based planning framework to be used by all NHS organisations and Local Authorities to deliver high quality services, which meet the needs of patients. A service that is equitable and bring improvements to the health and well-being of the population.

Although the report does mention the language needs of other groups such as the African, Eastern / Southern European communities and Refugees and Asylum Seekers, the research has concentrated largely on the South Asian communities.

The research also needs to reflect gaps in services for patients with sensory needs. Nafees is aware of this and even though the original report focuses on language and the South Asian communities, he is advocating for high quality language and communication support so that all patients, carers and service users will have access to a range of services.

Nafees would like the Bradford District Care PPI Forum to play a key role in influencing the National Health Service and Local Authorities highlighting the need for the Integrated Language and Communication Service (ILCS), and allocated resources by all the Health Partnerships should be allocated to provide this service.

Further Activities

- A joint visit between the Airedale Hospitals Trust PPI Forum and the Bradford District Care PPI Forum to the Airedale General Hospital Mental Health Ward.
- Two meetings with Simon Baugh, the first to look at prescribed drugs in adult mental health, and the second to debate wider issues which also included the citizenship/social inclusion agenda, medical staff recruitment and changes which are being encouraged to improve service quality.
- Visit to Sovereign Radio and the Mental Health Ward at Lynfield Mount in Bradford.

Future Work Activities

- Continue with the key main issues highlighted in the report
- Produce accessible Forum Brochure (2005)
- Set up a Forum / Consumer website by March 2006
- Set up a Registration Scheme whereby organisations/groups/ individuals can make themselves known to the forum and also way of getting the views of users, carers and families on services they receive from the Care Trust (by March 2006)
- Seek to recruit more forum members especially with an interest in Learning Disability
- Work with the Care Trust to detail how they meet the requirements of Section 11 of the Health & Social Care Act and generally promote patient survey.
- Look at the Bradford District Care Trust's Quality Assurance.

- Look at Primary Care Trusts and Local Authority Commissioning/Funding/Service Level Agreements and Contracts.

Final Remarks

Overall it has been a fairly good year for the forum. They have worked very hard in establishing links with the Bradford District Care Trust, Voluntary Organisations, Community Groups and other Health Partnerships in Bradford. Forum Members have looked at different ways of getting the views of service users and carers on access to services and service provisions, and one of the ways is by holding meetings in public in various locations across the Bradford District.

It is the aim of the forum to continue to develop stronger links with health and social care services, to reach out further to groups, users of services, carers and families and to raise awareness so that service users and carers can get their views across on how services are planned and delivered.

If you have any issues on the way services are planned and delivered such as:

- Views on service provisions at the Care Trust
- Wanting to get involved in Patient Forum activities
- Influencing health and social care decision-making
- Adding to our mailing list

Then the forum members would like to hear from you. To find out more about the Patient Forum please contact:

Sandra Brown
Patient & Public Development Worker
Bradford Alliance on Community Care
60 Carlisle Road
Bradford
BD8 8BD

Telephone: 01274 481590
Fax: 01274 487595
Email: sandra@bacc.uk.com

Declaration

On behalf of the Bradford District Care PPI Forum I confirm that the above is an accurate record of our recent activity and future work plans.

Sign:

Name: Emmerson Walgrove

Date: 16/08/05

Useful Contacts

Patient Advice & Liaison Service (PALS)

Equality & Diversity PALS Officer	01535 292809
Mental Health PALS Officer	01274 322961
Learning Disability PALS Officer	01274 322962
Text Talk facility	01274 363410

You can write directly to either the Chief Executive or the Complaints Manager
Bradford District Care Trust
New Mill, Victoria Road, Saltaire BD18 3LD

Or email us at: concerns/complaints@bdct.nhs.uk

Independent Complaints Advocacy Service (ICAS)

Telephone Number 0845 1203734