Bradford District Care

Patient and Public Involvement

Forum

Annual Report

2005 - 2006

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Annual Report 2005 / 2006

Forum Name:	Bradford District Care Patient and Public Involvement Forum
CPPIH Regional Centre:	Yorkshire and Humberside Region
Forum Support Organisation:	Health Talk Consortium
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1. Chairman Statement

Welcome to the Annual Report of the Bradford District Care Patient and Public Involvement in Health Forum (BDC PPIF). The report sets out the work of the forum in the last year.

The main focus of the forum is to look at the provision of Mental Health, Learning Disabilities and Children and Adolescent Mental Health Services within the geographical area of the Bradford District Care Trust, to influence the planning and delivery of service provision by Bradford District Care Trust, and to get the views of service user and carers on how services should be provided.

The Forum (BDC PPIF) has been very active in the following areas:

- The Mental Health Bill
- Issues around the closure of Day Services
- Issues around the financial situation, and the affect on Service Users Carers and their families
- Prescribed Drugs
- Provisions in Airedale

The forum also organised an event aimed at people with Learning Disabilities and their carers, which took place in January 2006. The event was well attended and it was an ideal opportunity for service users and carers to raise their concerns to the Bradford District Care Trust about the closure of day care services at very short notice, changes to respite care services and the Care Trust having to cut services to save money. A detailed report about the event can be obtained from Sandra Brown the forum development worker.

I currently represent the forum on the Trust Board and I am also the Joint Co-Chair of the Care Trust's Social Inclusion and Citizenship Committee.

The forum membership over the last year was twelve but we are still under-represented in areas such as learning disabilities, young people, women and carers. The forum will continue to work with the Forum Support Organisation and the Commission for Public & Patient Involvement in Health in trying to recruit more members to the forum, especially in the area of Learning Disabilities.

The Forum (BDC PPIF) has continued to work with the Bradford District Care Trust in addressing issues raised by service users and carers. The Forum has also developed a good working relationship, and will continue to work with the Care

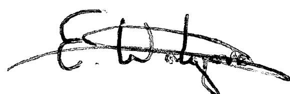
Trust's Patient and Public Involvement Development Group. The Forum would also like to support the Care Trust in their Foundation Status processes.

The Forum is aware of the financial situation of the Bradford District Care Trust, but believes that services should be focused on the needs of service users, carers and their families. It must be noted that commissioners must take some of the responsibility for current financial problems. Mental Health and Learning Disabilities are already under funded.

Regarding the future of forums, it is a shame that the Government cannot make a decisive decision about what the outcome will be for Forums. However, Patient and Public Involvement in Health Forums are an independent voice for service users, carers, patients and families, giving these groups of people the opportunity to have some influence on how health and social care services are planned and delivered.

The Bradford District Care Patient and Public Involvement in Health (BDC PPIF) are pleased that the Government has extended the Forum Support Organisation contracts, as this is vital not only to this Forum but to all Forums. As a Forum we would like to express our thanks to Sandra Brown our Forum Support Worker, "Thank You".

Also, thanks to the Forum Support Organisation at Bradford Alliance on Community Care (BACC) for all their hard work in supporting the Bradford District Care PPI Forum throughout the year. The Forum members and the support organisation work well together and as a Forum we wish to continue this working relationship for a long time to come.



Emmerson Walgrove
Chairman

2. Introduction

The annual report looks at the work and activities of forum members across the Bradford District over the last twelve months.

It has already been identified that Forum members have worked extremely hard in obtaining 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 changes in the overall structure of the Patient and Public Involvement in Health Structure and how forums will operate in the future, The Bradford District Care PPI Forum members have remained focussed in ensuring that access to and services are improved.

The Forum is trying to make its documents more accessible and the Learning Disabilities report included in this annual report is a start. If you would like a copy of the report in other formats then please contact Sandra Brown on 01274 481590.

3. Forum Members

Over the past year the forum has had a membership of 12, however, there are currently 10 members on the forum. The Forum would like to thank those members who are no longer with the Forum for their involvement.

Forum Members include:

Emmerson Walgrove (Chairman)
Ian Fulton (Deputy Chairman)
John Agate
Malcolm Budd
Sikander Divan
Wayne Greenwood
Ethna Kilduff
Jennifer Powell
Trevor Ramsay

Michael Scargill

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
- Centre for Citizenship in Mental Health (University of Bradford)
- Citizenship & Social Inclusion Committee
- Black & Minority Ethnic Communities
- Future Services in Airedale
- Bradford District Mental Health Forum
- Airedale Reprovision
- Aire Valley Project

The Forum have recognised that there is no one taking the lead on Children & Adolescent Mental Health Services. However the Forum as a whole is working towards getting the views of young people by making links with statutory and voluntary organisations.

4. Networks

Forum members are continuing to make 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

- Bradford District Care Trust
- MIND
- Bradford & Airedale Mental Health Advocacy Group
- Community Network
- Primary Care Trusts
- Mental Health Forum
- MENCAP
- Supported Lives
- Concerned Voluntary Sector
- Health Improvement Committee

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.

5. Meetings

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

Meetings	Number Held
Formal (Public)	11
Informal/Workshops	5
Training	0
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. These include the following:

- Lupus Awareness
- Bradford Mela
- Nip Tuck Event
- Bradford Alliance on Community Care

- Open Meetings
- Other events organised by the Commission for Public and Patient Involvement in Health
- Strategic Health Authority
- National Institute for Mental Health in England (NIMHE)
- Prince of Wales Foundation Trust
- Healthcare Commission

6. Activities 2005-06

Key areas of work the Forum has been involved with during the period of May 2005 to May 2006

- Airedale New Build and Re-provision
- Mental Health Act Reform
- Black Minority Ethnic Communities Mental Health Issues
- Visit to Cygnet
- Citizenship & Social Inclusion
- Accessible Brochures/Leaflets
- Developing links with Service Users and Carers
- Developed Registration Forms
- Organised an event to promote the work of the Forum
- Prescribed Drugs
- Developing a Questionnaire
- Annual Healthcheck

Forum members have given a detailed report on their particular areas of work. Please note that individual lead reports may not necessarily be the views of all the Forum members.

7. Learning Disabilities

REPORT ABOUT LEARNING DISABILITIES

April 2005 to March 2006

Report written by John Agate

This report tells people what the Bradford District Care Patient and Public Forum has been doing about learning disabilities since April last year to the end of March this year. It is our ANNUAL REPORT.

We started the year with a list of things to do (our WORK PLAN).

This report has 5 sections;

- Things in our work plan we have done.
- Things we have not done.
- Things we are still doing.
- Things we have done that were not on our list.
- Things to do for next year. April 2006 – March 2007

THINGS WE HAVE DONE

Forum Leaflets

We now have two Forum leaflets (small book) which tell people about the Forum.
We were helped by Bradford People First to make sure one of them was EASY READ
We hope you have one and think it is good.
If you think we could make it better please tell us.
If you would like more leaflets telephone Sandra 01274 481590

Registration Scheme

We have also started a REGISTRATION SCHEME.
We are asking service users and carers and organisations (like Bradford People First) to fill in a form with their name, address and telephone number.
When we know how to contact you we can share information with you. We can also ask you what you think about the services you get from the Bradford District Care Trust.
We want to know what is good. What is bad. What could be better and what changes you would like to happen.
We can then work with the Trust to try and make things better.
We hope you will want to work with us but unless you send us your details we can not make contact with you. Please do register. We will not ask you to do anything you do not want to do.
You can get a REGISTRATION form Sandra 01274 481590

Website

We did some work in 2005 to see if the Forum could have a web-site. This was going to be for people with mental health problems and people with learning

disabilities. Not much happened, as we were too busy.
Since Christmas we have been working with the Partnership Board. The Board is made up of a lot of Bradford organisations and groups involved in learning disability. We are all working together to see if we can make one big learning disability web-site. People with learning disabilities are involved in the work. We hope to have some ideas to share with people later in the year – before Christmas.

Contact with Organisations and Groups
As planned the Forum has made contact with more organisations and groups in Bradford involved in learning disabilities. We see this as being very important and a good way to get to know how things are going for service users and carers and what needs to be improved. We think this will take more of our time next year.

Keeping up to date with National Developments
We have had less contact this year with Bradford District Care Trust managers. Our contact has been mainly with service managers about day services and the work of the community team.

We have tried to keep up to date with plans to change the National Health Service. There are lots and lots of things the GOVERNMENT says must change. One very important thing is that the National Health Service must be service user and carer led.

THINGS WE HAVE NOT DONE

Learning disability and mental health
We did not have time to find out more about people with learning disabilities and mental health problems. Unless the Forum has more members with a main interest in learning disabilities we cannot put it on our list of things to do next year.
A lot of organisations involved with the National Health Service are being changed. Until that has been sorted out the Forum will probably not have any new members.

Quality Assurance

We had also hoped to learn more about the Trust and its QUALITY ASSURANCE (QA) systems.
QA is about how the Trust knows if things are working properly. Does the bus turn up on time? Do you get good food at the day centre? Do you know what choices are open to you? Do they check regularly that your care package is working properly and whether your needs have changed?
QA should be about service user and carer needs as well as organisational needs
Unfortunately we have not had time to find out more about QA this year.

Things we are still doing

Service user and Carer involvement

The Trust must ask service users and carers about what services they would like.
The Trust must ask you if present services are good, bad or could be better.
The Trust must include you in any plans for change.
A set of GOVERNMENT rules says this must happen (Section 11 of the Health and Social Care Act 2001).

We have discussed this with the Trust and they are working to see that it happens.
We have asked them to write to us with details about what is already working and what plans they have to meet all the government rules.

Delivering services

We now know more about how services for people with a learning disability are planned, delivered and paid for. It is a complicated arrangement that involves a lot of people in addition to the Bradford District Care Trust. There are a lot of changes going to happen and we have a lot more to learn.

THINGS THAT WERE NOT ON OUR LIST

A number of things we got involved in were to do with the Trust running out of money.
Also some changes to services intended to make them better happened at the same time. Together these things caused a lot of problems.

Some service users and carers were angry, saying they were not told what was happening and they were not properly involved. The Forum will continue to check that the Trust properly involves service users and carers when thinking about changes to services

The Forum had a meeting in January.
It was mainly for service users and carers to look at how service users and carers can work with the Trust and the Forum to make sure we have good person centred services (service user and carer involvement).
95 people came to the meeting. It did not go as planned but hopefully every one went away with ideas about how to make the government's rules work better. A detailed report of that meeting will be available in April 2006. If you would like a copy please contact Sandra 01274 481590.

Things also happened in the Forum.
The Trust has two Directorates (sections). One deals with services for people with Mental Health problems and the other deals with people with a learning disability. Members of the Forum spent most of their time working in one section or the other. This created an imbalance in favour of Mental Health.
The Forum would like to have more members working on Learning Disabilities but it is difficult to find volunteers and get them approved at present.
Forum members have reminded themselves of the equal importance of Learning Disability and the importance of every member accepting this as part of their work responsibility.
One example of change is in "Citizenship". This is work being done by the Trust. It started as a sort of "Valuing People" for people with mental health problems and the services they need.
Citizenship is about a lot of things that are in the "Valuing People" book. It is about how people treat you. It is about doing everyday things. It is about having rights. It is about having responsibilities.
Citizenship is now seen to be important to both people with mental health problems and learning disabilities. Although not all the needs are the same for both groups there are a lot which are the same, especially social care.
Forum members who work with the Trust on "Citizenship" now make sure that any discussions include the needs of people with a learning disability.

THINGS FOR NEXT YEAR

This is the most difficult bit of the report to write.
If the list is too long a lot of things will not get done.
Forum members are volunteers and have lots of other things to do.
With not very much time, what are the most important things to put on the list.
This is the Forum's list based on our experience last year. If you think we have got it wrong please let us know. Telephone Sandra 01274 481590.

Further develop Forum links with service users and carers

Good links with service users and carers are essential for the Forum to do its job.
We will do this in 2 main ways; Through the Registration scheme and through other organisations and groups who already provide opportunities for service users and carers to express their views.

Promote service user and carer involvement

Support the Bradford District Care Trust to involve service users and carers in the planning, delivery and review of person centred services.
Support the Primary Care Trust and Local Authority to know about the needs and wishes of service users and carers when contracting with the Bradford District Care Trust to provide services.

Information

Promote greater access to information for all service users and carers.
Promote service user and carer guides to services including service specifications.
Make sure service users and carers fully understand Assessment and Review processes and procedures.
Make sure service users and carers fully understand the Social Care Matrix and how it determines access to services.

Appeals and complaints procedures

Support the Bradford District Care Trust to produce comprehensive appeals and complaints procedures that are accessible to all.

John Agate April 2006

8. Black & Minority Ethnic Communities

The Forum has had a busy year and we have held meetings throughout the district of Bradford to enable as many people as possible to access the Forum and have their say about services.

This is the second report I have written as the Black and Minority Ethnic (BME) lead for the PPI forum and since last year there have been numerous developments in relation to mental health and BME communities both locally and nationally.

We as a forum had a number of meetings with the Trust, Medical Director. We met with him to discuss issues on behalf of a member of the public around the use of medication on in-patients and ethnic monitoring. Although we were welcomed on each occasion unfortunately I felt the response we received did not really answer

our questions fully. We were promised information and the statistics on the in-patient population and the use of medication on BME patients in relation to the rest of the patient population.

The information around the use of medication on people from BME communities in relation to the indigenous population has yet to manifest, this is not surprising seeing as there is little or no data collected on the ethnicity of in-patients. Ethnic monitoring is an essential tool for improving services for people be that for in-patients or for people in the community, we would assert that to develop and improve appropriate and need led services the collection of data is essential.

Having said this Bradford District Care Trust is moving forward and we welcome the three spot checks they have undertaken in the last year to monitor who is in the system at a given time. The Care Trust has also taken part in the Healthcare Commission's national spot check which was conducted on the 31st March 2006.

This looked at who was an in-patient on that particular day, various amounts of data was taken about all patients including ethnicity. This information will be immensely useful as such it should be available at all times and a much more systematic approach to ethnic monitoring needs to be taken, especially with the Trust applying for Foundation Status. There has to be not only a willingness but a real commitment from statutory services to engage fully in the BME agenda and ensure that BME issues remain a high priority throughout all the forthcoming changes within the service.

A major contributor to the BME agenda is the Focus Implementation Site project (FIS) Salma Yasmeen is the project manager and launched the FIS in January 2006.

Delivering Race Equality (DRE) in Mental Health Care is an action plan for achieving equality and tackling discrimination in mental health services in England for all people of Black and minority ethnic (BME) status, including those of Irish or Mediterranean origin and Eastern European migrants. The plan has the potential to improve the care for any group affected by a disparity in health and healthcare, including BME older people, children and adolescents, and refugees and asylum seekers. It will take us further towards the core national standard of reduced inequalities in health and improved access to services.

It draws on three key recent publications in particular:

- Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England;
- *Delivering Race Equality: A Framework for Action;*

- *The independent inquiry into the death of David Bennett* (although DRE itself is not a direct response to the inquiry's report).

David Bennett was a 38-year-old African-Caribbean patient who died on 30 October 1998 in a medium secure psychiatric unit after being restrained by staff.

The Delivering Race Equality programme is based on three 'building blocks'

- More appropriate and responsive services
- Community engagement
- Better information

Delivering Race Equality itself is just one component of a wider programme of action bringing about equality in health and social care. For example, National Standards, Local Action is the Department's current care standards and planning framework. Among the core standards that it sets out are:

- That healthcare organisations must challenge discrimination, promote equality and respect human rights (C7(e); and
- That organisations must enable all members of the population to access services equally (C18).

Delivering Race Equality will support the implementation of Sir Nigel Crisp's 10-point race equality action plan in the NHS, and will also help NHS trusts to fulfil their obligations under the Race Relations (Amendment) Act 2000.

The 2010 vision:

If DRE, in conjunction with other reforms in health and social care, is successful then by 2010 we could have a service characterised by:

- Less fear of mental health services among BME communities and service users;
- Increased satisfaction with services;
- A reduction in the rate of admission of people from BME communities to psychiatric inpatient units;
- A reduction in the disproportionate rates of compulsory detention of BME service users in inpatient units;

- Fewer violent incidents that are secondary to inadequate treatment of mental illness;

- A reduction in the use of seclusion in BME groups;

- The prevention of deaths in mental health services following physical intervention;

- More BME service users reaching self-reported states of recovery;

- A reduction in the ethnic disparities found in prison populations;

- A more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective;

- A more active role for BME communities and BME service users in the training of professionals, development of mental health policy, and planning and provision of service.

The Bradford District has been selected as one of 17 'hot houses of reform' for mainstreaming the equalities agenda within mental health for people from Black and Minority Ethnic communities (BME).

Focused Implementation Sites (FIS) have been set up to fast track the implementation of Delivering Race Equality (DRE) (DH 2005) in mental health care. This framework was developed in response to a number of issues including the publication of the independent inquiry in to the tragic death of David Bennett. David 'Rocky' Bennett was a 30 year old Rastafarian born in Jamaica, who died in a medium secure unit, while being restrained by four members of staff.

In Bradford we will adopt a whole system approach to achieving the 5 year vision set out in the above report. The success of this project relies on the commitment of all staff who work directly or indirectly in mental health – either in primary care or acute care.

An essential first step to making race equality a reality for BME communities and excluded groups is the meaningful and practical engagement of clinicians, frontline staff, service users and the wider communities. This lies at the heart of the change process. This means that Focused Implementation Sites will facilitate and guide change, not directly impose it in a top-down, 'one size fits all' fashion. They will also provide leadership and raise the profile of the BME programme, and develop strategic partnerships between key organisations to lever investment and build

capacity.

The Focused Implementation Sites will be part of the wider equalities agenda, and bring together cross cutting themes with modernisation and service improvement initiatives that are focused on social inclusion and recovery.
(Salma Yasmeen, FIS Project manager)

It is essential FIS plays a central role in any new configuration of service design and delivery. We welcome that Bradford is taking a national lead on this work.

Group discussion at the FIS event in January 2006

Over the years there has been countless amounts of research carried out that highlights the in-equalities in mental health for people from minority communities, the most resent being the inquiry into the death of David Bennett. 'There is also the Breaking the Circles of Fear' report, 'Together We Will change' and a local publication called 'Participation Why Bother'.
These reports and many other publications all highlight the failings of services to meet the needs of BME service users.

A recent article in the Guardian (12/04/06) pointed out that black people (African-Caribbean) are three times more likely to be admitted to hospital, 44% more likely to be detained under the Mental Health Act 1983 and over represented eight times in high security hospitals than there white counterparts. These statistics speak for themselves as to why it is vital we keep BME issues a priority and high on the agenda.
Service user involvement has historically been predominately from white service users and while great strides have come about from user involvement it is now time to actively include BME users in the design and delivery of mental health services. Resources need to be identified to support greater user participation from BME communities as there are specific needs around culture, language and spirituality that have to be addressed and can only come from the communities themselves.

A one year community engagement research project has just been completed by Sharing Voices (Bradford) The research looked at the mental health needs of Muslim communities in Bradford, this project was not aimed solely at South Asian Muslims but included all Muslims Black, White and Asian. The finding of the research will be published later this year.

Jennifer Powell
2006

9. Mental Health Bill

Ian Fulton is the lead for Citizenship and Social Inclusion, Mental Health Act (1983) Amendments Bill and Work & Pension in relation to mental health. Ian is near completing a very detailed and comprehensive report on Citizenship & Social Inclusion. Once the report is completed a copy can be obtained from Sandra Brown, who is the Forum Development Worker on **01274 481590.**

The Forum is pleased to hear that the Secretary of State for Health has listened to a number of patients and service user groups and has amended the Mental Health Act 1983. As a result, a shorter, streamlined Bill will be introduced to amend the Act. The amendments are being driven by the Home Office agenda that people with mental health needs are a problem in British society that can be reduced by control through detention and medication.

The amended Act will incorporate the unacceptable proposals carried forward from the abandoned draft legislation, which was unanimously condemned. The Bill will not contain clauses that provide therapeutic benefit to patients and service users, who will continue to be at risk of social exclusion. The amendments will sustain the culture of stigmatisation and discrimination.

The Forum is in the process of having discussions with various organisations about holding consultation meetings on the issues of the Mental Health Bill.

Also, Patients Forum continues to question the psychiatric professions reliance on medication as the principal treatment of choice. Mental illness is as much a consequence of brain dysfunction as it is of social and environmental circumstances in which Service Users live and the influence on mind, body and spirit. Psychiatry treats the symptoms but ignores the person. The continuing reliance on the primacy of medication, which is strongly endorsed by the Pharmaceutical industry, fails to recognise the person as a sentient being, who will respond in time to fitting therapies.

The Forum remains sceptical that the reorganisation of the Primary Care Trusts in Bradford and elsewhere will generate the forecast cost savings, and through its size means mental health will not be given the importance it is due. However, there may be a real opportunity to improve the commissioning process that currently is not fully fit for the purpose.

10. Work & Pensions

By contrast, the Forum is very enthusiastic about the Department for Work & Pensions proposals to introduce a positive approach towards social inclusion through reform of welfare benefits to enable people to move forward in their lives with support care for their assessed needs.
Work and Pensions will be part of the of the Forum's work plan for the next twelve months, therefore discussions on the impact this will have on people with Mental Health and Leaning Disabilities will be reported in the annual report for 2006 /2007

Ian Fulton
2006

11. Mental Health Services in Airedale District

Malcolm Budd is the lead person for Airedale Re-provision and is also a member of the Airedale Primary Care Trust PPI Forum.

There has developed some doubt about what and where the mental health services in the District of Airedale will be after the new developments have been completed. As someone directly involved in many aspects of mental health, it would be helpful to set out the present position.

It is useful here to quote from the National Service Frameworks for Mental Health and Modernising Mental Health Services, which emphasised three key aims:

- safe services - to protect and provide effective care for those with mental

illness at the time they need it

- sound services - to ensure that patients and service users have access to the full range of services which they need

- supportive services - working with patients and service users, their families and carers to build healthier communities.

Note the words, effective, full range, working with and communities. These services are the responsibility of the Bradford District Care Trust but most of the services are funded by the Airedale Primary Care Trust and Bradford Metropolitan District Council.

Within a properly defined therapeutic philosophy, approach and practice the needs of the district for improving mental health are:

1. A properly designed, funded and staffed purposely built mental health hospital, separate from the Airedale General Hospital.

2. A properly designed, funded and staffed purposely built mental health centre with geographically filling outstation provision.

The first element is progressively going ahead with the building construction nearing completion. The detailed design choices are yet to be made although there is some pressure on which may be made.

The second element is more problematic. There does not seem to be entire agreement as to how it should be formed or what service it should provide. This lack of clarity and determinations might be connected to funding problems. It was understood that the new Services would be an addition to those existing, such as the Bridgehouse and Cardigan House in Bingley, and the Ingrow Centre, Park View. Roshni Ghar and Skipton Road in Keighley, and the Advocacy service across the district, but under the Aire Valley Project there is some confusion or simply lack of communication remains. The Bradford District Care Trust has recently begun a consultation on rehabilitation, which should directly affect the details of the provisions, but more importantly, the new services were to have a quite different, distinct approach to mental ill health problems in our community.

The new approach is designed to have two effects. To reduce the numbers of individuals who need to go to hospital and to similarly reduce the workload on the police by removing those who are only mentally ill and have no need to go into police stations.

As part of the overall integrated mental health services for the district, the

additional facilities should be:

- crisis intervention teams to intercede early in the development of mental ill health problems

- psychiatrists, mental health nurses and social workers to accept and assess those individuals in need and housed in a purposely built building to include a place of safety instead of a police station or cell and overnight beds while assessments are undertaken. Having psychiatrists separate from the hospital but in the community is a change of practice.

These facilities were determined as a way to increase the probability of the earliest therapeutic benefit being offered to those in need, to reduce the incidence of hospitalising and to take some of the burden away from untrained policemen and women. There would be a further move away from the continuing notion that mental ill health itself rather than its effects is a wrong, requiring a 'criminal' approach, (see the new Mental Health Bill.) A police officer will retain the powers of arrest but any detention and care will be undertaken in more appropriate surroundings. As it is now accepted the need to register an individual into custody and sometimes a cell is hardly therapeutic. More importantly it removes the point in time and space at which the decision for community or hospital care, under voluntary or mandatory section, for care and safety is made.

It should be understood that there is a material and social costs effect between the hospital and community service provision, since the more therapeutically and socially effective the latter is, the lower the needs for hospital facilities will be.

As things stand there is no ethical, physical, therapeutic or legal reason why the two should not be successfully brought together within the funding provided. The question has to be why is there any doubt or confusion of how the mental health needs in the district will be met, in the 21st Century.

11.1 Airedale Reprovision & New Build

Preparing the ground for the new build at Airedale.

The Bradford District Care Trust is designing, with the local architects West and Machell, along with their contractor the Kier Group, who is carrying out the building work, a new mental health facility on the Airedale General Hospital site, redesigning and reproviding mental health services in the Aire Valley.

When I was allowed to join the Service Reference Group, one of four groups developing and monitoring the New Build, it had been meeting for almost eighteen months. It was found that the basic decisions of how to make the best use of a rather poor, triangular site plan had already been made. Within this restriction, and a budget of £9 million, a 60 bed, of which 8 are for intensive care patients, the new build is under construction. At the fortnightly meetings, on behalf of the Bradford District Care Trust PPI Forum and the Cellar Project where I am a Director, I endeavoured to represent ideas and experiences of patients and carers, and to bring my varied experiences of mental ill health and its construction. It should be noted that Airedale Primary Care Trust has only opted to take 27 of these beds.

The Service Reference Group including, the two Project Managers, senior staff from all aspects of mental health and three 'service users' discussed and decided in an open and robust way on all details of the building. During my year's attendance I found the arrangement satisfactory and inclusive of the three 'service users' with thorough, sometimes lengthy, discussions taking place. My own reservation is that the 'service users' representation did not extend to the Commissioning Group who held overall, overriding responsibility for the project, and was bound to receive reports from other groups, but not necessarily act on them. It is the belief that this arrangement relates to the 'need' for financial control. Although a key aspect of any public body, it seems rather inflexible thus reducing the important interaction between therapeutic and patient needs and costs.

The one area where I found the need to be critical was the singular failure or determination not to discuss any of the detail and choices between genetic and psychosocial intervention models of therapy, especially in view of the Forum's difficulties over medication regimes at Lynfield Mount and elsewhere. It was raised a number of times, with the Trust, but to date there has been no real discussions. This may be due to some higher instruction as well as concern for the Trust's reputation as a care body. There is also the long, dismal track record of patients at Airedale taking their own lives. I still believe and have forcefully said to the group that more thought and effort should be put into therapeutic practice and this would bring better results at lower costs.

Therapeutic Working Ways Group

A subsidiary group, which discussed and evolved a Philosophy and ' Patient's Journey' was submitted to the Commissioning group holding the lead role. These two valuable and practical recommendations came out of the more open and direct debate amongst staff and 'service users' directly involved in patient care and support. This was not found possible as indicated in the Service Reference Group.

However, neither recommendations have been formally approved by the Commissioning Group and therefore the Trust, nor I, are sure that they will lead the

design and operation, as they should. In mental health there is a real problem with the Trust and it's monetary structure wherein the working staff and their ideas have to go through several levels of 'power' before they are considered, never mind adopted. This not only causes delay and misunderstanding over the therapeutic approach and practice but it does hinder the necessary debate over whether 'treatment' or therapy should be available within the Trust's facilities and how it is provided. These decisions, or rather lack of them, are tending to endorse higher levels of medication and longer incarcerations found in secure hospitals, with the greater costs. The Trust does have some limited parameters for measuring 'mental health performance'. It is interesting how little research has been done into the 'success or failure' in the mental health field in this country, or elsewhere.

The trust could lead the way by being far more direct and stronger in investigating this neglected area of our 'knowledge' and experience of mental health. Any costs would readily be recovered by lower medication costs and shorter times in hospital, but far more important, bring real benefit and direction to the care and support of those dealing with mental health problems.

It is earnestly hoped that the Trust does accept the result of the thorough and worthwhile work of the this Group through decisions of it's Board so that it becomes the guide and standard for the design and operation of the new facility. I have firmly expressed my concern at the improved therapies and staff training are so delayed that we will not get the best out of the new facilities. These will be fitted into the new building rather than having it and its operation designed around them.

11.2 AIRE VALLEY PROJECT

I should say something about this project for community services. I feel strongly, and have said so with some persistence, the community and hospital services should be under one management as part of the nationally and locally agreed policy and practice of reducing hospital admissions and stays, and improving therapeutic outcomes, especially reducing relapses.

I have also been promoting, as a constructive contribution to better mental health, the introduction within the community services a 'place of safety' as the first place individuals in distress is taken. This should be done voluntarily or under the various powers of the 1983 Act. This should include where the police exercise their powers of arrest and detention under section 136. I have had support for this proposal from West Yorkshire Police and other police services.

The main purpose of such a 'place of safety' is to ensure the individual receives the best possible start in their engagement with the mental health services. By providing a calm unthreatening place, not a mental health hospital or a police station, often with the likelihood of spending time in a cell, the staff are enabled to

make the most appropriate and therapeutic decision with the individual. The delay alone and the time it allows before being taken to hospital will of itself predicate improved decisions and outcomes. In particular, by not being within a precinct of a hospital there is a greater chance of coming to the right diagnosis and not merely deciding on sectioning as a convenient and immediate way of 'dealing with the problem'.

It is for these reasons I see mental health services as a whole under one management rather than the more separate structures presently proposed. By including a 'place of safety' within the proposed buildings and staffing arrangements its costs will be minimal. It will also be seen to be fair and beneficial by carers and 'kith and kin'. The police service appreciates and endorses the work of and stress on untrained police officers will greatly be reduced were this 'place of safety' to be available.

Overall I am satisfied the involvement of 'service users' has been endorsed and their contributions recognised by the Trust's staff, if not entirely accepted. There is an outstanding concern that their continuing input is essential to ensure if the services to be fit for purpose and properly therapeutic. Something the Trust's directors do not entirely seem to recognise.

It is most important that the whole service be brought together in mutual dependency and co-operation if we are to move forward as intended to a greatly improved mental health service for the community. Any continuing mismatch will only serve to allow old habits to continue. So missing the rare, once in 20 to 30 years, opportunity of applying the experiences and knowledge gained in the past to be properly and skilfully applied in the future.

11.3 Airedale Primary Care Trust PPI Forum

I came to this Forum at its request to offer some grounding in, and understanding of, mental health and it's particular needs. Airedale PCT acts as the lead Trust for the four Primary Care Trust covering Airedale and Bradford. I was later under the rules of the Commission for Public & Patient Involvement in Health made a full individual member.

The positions over the Addingham and Bingley Hospitals are still a great cause for concern. This also applies to the Ilkley Hospital. The Trust does seem to be involving the local communities in its proposals for hospital replacement giving the local residents much cause to complain. In all three cases the lack of certainty in these times of increasing financial stringency is not engendering much faith in the Trust performance.

As part of my duties to this Forum I have agreed to go out to six community bodies to give the 'gospel according to the Forums' over the next year.

In the area of mental health, Forum members were brought up to date on the re-provisioning in Airedale and some of the disparities between patients, carers and staff on one hand and the Bradford District Care Trust (BDCT) on the other. My optimism was offered as the Care Trust was showing signs of movement and awareness towards the experiences of patients and those who do the work. In terms of ensuring the re-provisioning is proper and up to date the greatest present concern is the therapeutic approach and practice, which require some change from the present ways. I have expressed the Bradford District Care PPI Forum ongoing concern about the over prescribing of medication.

11.4 Health Improvement Committee (BMDC)

Within the structure of monitoring the NHS there are local Overview and Scrutiny Committees. In our district it takes the form of the Health Improvement Committee of Bradford Metropolitan District Council. Experience of this group of Councillors has been limited but hardly encouraging towards improving rather than commenting on our local health services.

The Airedale PPI PCT invited me to attend a meeting of the Health Improvement Committee at which a Director who was leaving the NHS presented evidence. He stated the long awaited improvements of the new hospital and services within Addingham, Bingley and Ilkley had not been formally approved, to the clear consternation of the Councillors, who had, along with the public been pressing for years. When I asked for confirmation of the astonishing news of further delays, the Chair refused me any right to speak, although she did not say so directly.

I was later made aware that I had no right to speak. Then Councillor Smith came to my aid, and I emailed him my concerns, so far without response. I wrote to the Chair afterwards explaining who I was and my concerns, she also did not respond.

I am left with the impression that the Health Improvement Committee is not effective or particular about proper democratic recognition of the interests of the public, it is there to serve. Like the Bradford District Care Trust and so many other public bodies the Health Improvement Committee seems ill equipped even unwilling to allow for wider views from patients and the public to be properly expressed, so the White paper ‘Your Health, Your Care, Your Say’ rings rather hollow.

As elsewhere in this report, it is proper to report the very English top down society’s ways, which continue to hinder Forums in their duties to bring patient and public involvement to bear on the NHS. All the structural changes in the NHS and

some doubts about the future of the PPI Forums only add to the difficulties, requiring Forum members to be especially careful in their contributions and how they deploy their limited time.

Malcolm Budd
2006

12. VISITS BY FORUM MEMBERS

12.1 Visits to Cygnet Hospital – Wyke

In March 2006 Forum members were invited to visit the Cygnet Hospital, in Wyke and Bierley in Bradford. In attendance were Emmerson Walgrove (Chair), Sandra Brown (Development Worker), Ian Fulton, Jennifer Powell, Malcolm Budd and Rufus May (Clinical Psychologist) who was invited as a guest.

Following preparatory discussion and a brief introduction of the forum members and the Cygnet management team, an overview was given of what Patient & Public

Involvement in Health Forum was about. Background information about Cygnet Hospital was explained by Lee Hammon and Shaun Ramsey, the Clinical Co-ordinator. The forum discussed the need for visiting Cygnet at Wyke and Bierley. It had been agreed it was to be a formal visit but the staff team were pleased to make their hospital and time freely available.
Everyone was then paired together to look around the different wards.

Wyke is a 50 bed, three wards hospital offering mental health care to NHS patients who are all under section. The wards are 15 beds male secure, 20 beds male low secure and 15 bed female low secure. At Bierley there is a 61 bed open and acute hospital. There is another Cygnet Lodge at Brighouse with 25 beds open secure.

We were introduced to the ward managers and I accompanied Richard Williams round the Shelly Ward that he managed. Security was provided by electronic/magnetic fob operated locks, the same had been decided for Airedale Re-provision. It seemed simple and effective and had been trouble free in four years since the extension was opened. The contact by Richard and I with patients was good and calm, but the corridors and staircases were only about 2 metres wide. The staffing ratio of 2 patients to 1 nursing staff clearly helped with good ambiance and quality of care.

Having seen the ward, Richard and I had a free discussion of all aspects of his work and methods. There was an emphasis on psychosocial intervention although patients were taking prescribed medication, provided through a contract with a local pharmacy. The building was in good repair and Richard had his own budget to be spent as he thought fit. He was careful to ensure all his staff was suited to psychiatric work. The good and therapeutic quality I found may be correlated to the high charges made to the NHS for patient care.

All hospitals have there own characteristics but I felt if we could provide similar standards of care at Airedale we would be doing well.

Malcolm Budd

12.2 Wyke – Bronte Ward (Women Unit)

Sandra Brown (Development worker) and Emmerson Walgrove (Chair) were shown around the Bronte Ward by Howard Grimshaw, who is the manager for this unit.

The Bronte Ward is a fifteen bed specialist service for female patients with mental illness. The therapeutic atmosphere and the facilities available on the ward are designed to make patients as comfortable as possible during their time at Cygnet.

We were informed that although security is much tighter than the women ward at

Lynfield Mount there are a number of activities that female patients can get involved with. The main focus of the management team and staff is to get people well and out into the community. The staff and management team very believe in services being patient led therefore, patients are encouraged to be involved in planning their care from the start.

We were informed that female patients at Cygnet are referred from all over the UK by various NHS Trusts. It was asked if female patients had access to an advocacy service. We were informed that patients do have access to an independent advocacy service called Alliance. This is based in Manchester.
There is also a complaints procedure which the women can access and this takes into account confidentiality.

Faith, Spiritual/Religious Needs

The question was asked about how patients' spiritual and religious needs are met? We were informed that although there were no specific area or room dedicated for this, patients are given the opportunity to contact their respective denomination or patients could pray etc. in there room.

It was asked if there were any Black and Ethnic Minority (BME) patients on the ward. We were told that there are 15 patients on the Bronte Ward and 2 are from BME background and the hospital endeavours to meet the cultural and dietary needs of BME patients.

Facilities & Activities

The facilities and activities that are available to patients include

- Smoking and no smoking rooms
- Gym and indoor games room
- Communal lounges with music centre and TV/video facilities
- Outdoor activities
- Opportunities for off-ward visiting

A number of various activities are carried out with patients at the hospital e.g. communal coffee mornings, walks, cooking and budgeting etc.

The question was asked about the use of complementary therapies. We were informed that although the use of medication was standard practice, the manager would very much like to encourage the social model, for example, making use of talking therapies.

We were also informed that the management team are keen to set up a carers

group. We were given the opportunity to speak to one of the female patients but when the time came she changed her mind.

Emmerson Walgrove

12.3 Austen Ward – (Male Unit)

Earlier this year,as part of my forum member duty, we paid a visit to Cygnet Hospital (Wyke) I was taken to the Male ward (Austen) where I spoke to the ward manager about facilities available for patients, with particular interest to BME patients.

Austen is a 15 bed ward and at the time of our visit there were four patients from a BME community. There are various activities available both off and on the ward including relaxation, crafts, gym, cooking, walking and swimming.

Although there are copies of the Bible and a Qu'ran and even a prayer mat available for patients there is no specific area for people to use for prayer or quiet contemplation. The men had to use their own rooms. My question would be, what happens if a few of the men want to pray together, would they be allowed into each others rooms? Local ministers are available and the hospital has regular contact with a Mosque in Manningham.

Menus are done on a rotational basis and specific meals can be ordered such as Caribbean, vegetarian, halal etc. They had a Vietnamese man on the ward and they had close contact with him and his family to ensure that they tried to meet his needs as much as possible, which also included having an interpreter available at each ward round as well as on other occasions.

We were informed that all staff receives cultural diversity training which is delivered by hospital staff, my concern and worry is that the hospital is relying on BME staff to deliver this training, just because you are from a BME community does not necessarily mean you have to right skills to deliver such training. What happens if the staff leaves and how would it affect staff relationships if there were an issue around challenging their colleagues on often difficult and sensitive issues such as institutional racism.

The use of medication in relation to the BNF (British National Formular) guidelines was raised and we were informed that there had been occasions when higher doses of medication had been administered but only if it had been deemed completely necessary.

Cygnet hospital is a private hospital and appears to provide a good standard of care to their patients and the needs of those from BME communities are recognised and catered to as much as possible.

I hope the same considerations have been taken into account when it comes to the new build at Airedale. The current facilities and work practices at Airedale needs modernising for all communities and more so for BME patients. There appears to be little acknowledgment or consideration for a person's cultural, spiritual, social or dietary needs. It may be said that there is a small BME community in Airedale but that in itself should not be used as an excuse for not providing culturally relevant and competent services for people from BME communities.

Jennifer Powell

12.4 Cygnet Bierely

Ian, Emmerson, Sandra and Rufus later went on to visit the hospital in Bierley. Malcolm Budd was not able to attend the visit to Bierley but arranged a later visit and has given a detailed report.

As I was not able to complete the earlier arranged visit, I arranged with Belinda Gibson Clinical Manager to return, interestingly someone with experience of teaching and nursing, and 20 years in the NHS.

The first thing that struck me was the situation and architecture of the building. It is beside a main road close to residential housing. There is even a new housing development across the road. I am minded of the public consultation held over two years ago in Keighley where a strong preference was offered for the re-provision to be in the town. Contrary to this public firm request it is being built on the existing hospital on the Airedale site. The evidence of the siting at Bierley seems to set aside the 'fears' that a 'mental hospital' in the town might be opposed. However in the modern phrae we are building where we are.

Cygnet at Bierley has 60 beds in four wards,

Fairfax low secure, complex needs

Dudley male, patient intensive care unit

Mooreside female, 'personality disorders'

Bowling male, acute

All patients are NHS and each has an NHS care team who monitor, and only they have the power to discharge patients. As Wyke, it was noted the calm atmosphere and good standard of maintenance. I understood the buildings are some four years old.

The clinical manager and I had a thorough open discussion and, like Wyke, the Manager's high level and rage of responsibility not only makes for effective and therapeutic working but also has a direct beneficial effect on patient needs and any need for change. In ways that are so much less complicated than the NHS.

I have not been able to make any proper comparison, but we have still yet to see the Service Level Agreements from the Bradford District Care Trust. On the evidence the apparently high cost of private provision is balanced by the services to patients offered and the outcomes.

In light of the apparent increasing likelihood of the NHS contracting out to 'private and charitable' organisations, we do need to consider carefully and comparatively the therapies, the staffing and the number of management levels and not just the monetary costs of providing care and support to those in mental ill health.

Malcolm Budd

General questions that was asked

Q. Auditing of medication
A. If patients are given medication above the BNF then second opinion is given. Medication is supervised by the pharmacist

Q. De-escalating training
A. There is regular training for staff. The hospital is willing to work with other organisations and agencies with regards training

Q. Medication and Restraint
A. Restraint procedure is audited

Q. High Turnover of staff
A. Turnover of staff was an issue in the early days when Cygnet was new. At present there is 120 staff in the bank.

13. Other Visits & Activities

13.1 Centre for Research in Primary Care

The centre is part of Institute of Health Sciences & Public Health Research at the University of Leeds. Dr Abuateya expressed an interest in relating to the Forum's work to their research work. Within the move away from incarceration to more work in the community, there is work to be done to engage the GPs and Primary Care Trusts into this change of emphasis as well as cost and funding structures. Dr Abuateya, a research fellow and I discussed this at some length. This change in community mental health geography has been discussed at public meetings held by the Bradford District Care Trust. It will alter where and how much is invested into community services. The proposal to have community health service in or close by primary health care centres will need negotiation with GPs and cost decisions made. And my proposal for places of safety is relevant here.

13.2 Hambleton & Richmonmd Mental Health Services – Northallerton

Through my work at the University of York I had the opportunity to be shown the mental health services provided by this Trust. In providing an entire service with integration between community and hospital services, it offers some practice and experience useful to the current re-provision in Airedale. It was an opportunity to spend the whole time in Northallerton with the guidance of Mick Fleming of the University of York and his colleague, Anita Savage-Grange who also leads the Assertive Outreach Service for an area covering Northallerton northwards and westwards up to Wensleydale and Swaledale. A mix of urban and rural, not dissimilar to Airedale and Craven, which under the coming reorganisation, will be immediate neighbours to the enlarged North Yorkshire Primary Care Trust.

The experience began with sitting in on a workshop with case studies led by Anita on behalf of her service colleagues. The direct relationship between the university and local service workers is clearly mutually advantageous. It was useful in trying to contribute to improving reprovision in Airedale and to hear and discuss current cases from a similar geographical setting.
I was then taken to the Friaridge Hospital operated by the PCT. It is a general hospital, which includes separate mental health services and is comparable to Airedale, albeit somewhat smaller. I visited the three aspects of mental health services and was introduced to the community services manager, the manager on ward 15 and her colleague who serves in the Dales.

With Debbie from Community Services we discussed how outpatients and carers and relatives were responded to and supported in Northallerton. They had found

patients were perhaps surprisingly willing to travel long distances to come to Northallerton. This may be a reflection on the style and quality of service offered. With distances greater and public transport poorer than in Craven this is worthy of note. The service offered was flexible allowing patients, with others, to make their own appointments for their convenience, especially valuable in view of the geography.

Looking round the building, it provided good support facilities similar in provision and size to the Therapeutic Centre at Airedale. The building dates from the early nineties. The Friarage site is very developed and is, strangely, situated immediately behind the Mental Health Unit, where there is a lot of exposed steel framework and pipes. However, within the building it was calm and in good order and the staff is friendly and helpful.

The manager for Ward 15 took Anita and I around her facilities. Again I was struck by the friendly ambiance. I also had some contact with confident patients. The ward was mixed and had four bedded rooms and several single rooms. Patients have their own locker and washbasin. Other facilities were communal. Smoking was permitted in a separated room. Medication from a central pharmacy was from a trolley but the staff was going over to patients and taking care of their needs. Meals were also served from the general hospital central kitchens. There was a privately sited but readily accessible two-way payphone.

13.3 Prince of Wales Foundation for Integrated Health

Mental Health and Complementary Medicine Symposium – Newcastle

Attendees were seated out on separate tables. We were all furnished with a well produced book covering the applications of complementary medicine.
These were followed by facilitated round table discussions against set questions to draw out and to gather each member's experience and knowledge. At my table there were people from as far a field as Liverpool, Cheshire and Bedford as well as those from the local Northumberland, Newcastle and North Tyneside MH Care Trust. As ever, the exchanges were keen and robust.

After lunch, a panel of speakers answered individual questions from the floor. Then further round table discussions and completing consultation feedback sheets. At the end of this session Iain Ryrie of the Mental Health Foundation tried to draw together the results of the day. Some at my table felt that although it had been portrayed as a symposium it had not been satisfactory in making the best use of bringing together so many people with diverse experience and knowledge to offer. In part this may have been due to the structuring constraining effect of the consultation sheets and the time they consumed.

Nevertheless the long journey was worthwhile as it brought to the Forum the wide range of complementary medicines for mental health which are having increasing application in our field despite their high cost. These high costs may be lowered as a course of care is much shorter and more effective than more conventional approaches.

Malcolm Budd

14. Further Activities & Work Plan

Key areas that the Forum will be focusing on over the next twelve months will be to continue the work from the previous year.

Activities	Description
Mental Health Act Reform	Work with other voluntary organisations to influence decision-making
Prescribed Drugs	Continue to work with the Medical Director of the Bradford District Care Trust. The forum will also make contact with the Trusts Pharmaceutical service
Airedale Reprovision	Continue to influence service provision
Citizenship & Social Inclusion	Monitoring the Care Trust on how this is working
Involvement of Service Users & Carers	Getting the views and issues through surveys and questionnaires. Making meetings more accessible especially for people with learning disabilities
See Learning Disabilities Report	Better information. Develop links with service users and carers using the registration scheme and working with other organisations
Training & Development	As part of the training forum members will attend conferences and events in relation to their area of work.

15. Further Issues for the Forum

It is the view of the Forum that the Bradford District Care Trust should improve

their practices and adopt a multi-disciplinary approach. Outstanding issues that are of concern to the forum include the following:

- The lack of choice for service users both in mental health and learning disabilities services
- Lack of funding/resources may be an issue for the Care Trust but this should not be used as an excuse to cut services
- The lack of or no communication between General Practitioners (GP) and Psychiatrists
- There is a big gap in service provision between adults who are under 65 and those over 65
- The closure of the Care Trust's Transcultural Unit in Bradford as meant that service users and carers are unable to raise issues.
- The loss of a considerable amount of beds in mental health across the District is having an impact with service users
- Issues around staff training and experience in terms of psychiatry

16. Final Remarks

It has been a challenging year not only for the Bradford District PPI Forum but for all forums across the country, as the government decides to make changes to how forums will operate in the future.

Despite the uncertainties, the Bradford District Care PPI Forum has worked hard over the last year to promote the work of the forum. This includes:

- The launch of both the registration forms and the forum's accessible brochure
- An event aimed at people with Learning Disabilities and Carers
- Getting the views of service users and carers on access to services and service provision by having meetings in public

The forum will continue to work with patients, service users, carers and families so that they can get their views across on how services are planned and delivered in the future.

The forum will also continue to strengthen its links with health and social care managers and staff, voluntary organisations and voluntary groups.

If you would like to;

- Have your say about service provision
- Get involved in patient forum activities
- Influence service 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 Bradford District Care Patient & Public Involvement Forum please contact:

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

Telephone: 01274 481590
Text/Mob: 07791286178
Fax: 01274 487595
Email: sandra@bacc.uk.com

Please contact the office if you would like to receive a copy of this Annual Report in a different format (e.g. audio, large print etc.)

Shaping Health
Better decisions
Better health

Commission for Patient and
Public Involvement in Health

Annual Accounts 2005 / 2006 Financial Year

Forum Name Bradford District Care PPI Forum

Forum Support Organisation Health Talk Consortium

CPPIH Regional Centre Yorkshire & Humber

Details	Notes	Total Actual £
Income		
Forum Income	1	**0**
Expenditure		
Forum Venue Costs		0
Forum Printing Costs		0
Forum Stationery Costs		0
Forum Venue Expenses		0
Forum Training Costs		0
Other Expenses		0
Total Expenditure		**0**
Variance Suplus / (Deficit)		**0**

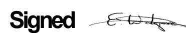
Notes to the Accounts

1. Income and Expenditure

Forum Support Organisations are responsible for the management of funding provided by the Commission covering routine operational expenditure incurred on behalf of the Forum, including venue costs, meeting and material costs and the reimbursement of Forum Member expenses.
In addition, the CPPIH has been responsible for the management of Development funding awarded to the forum. As the Forum has not been directly responsible for the management of funds in the 2005-2006 Financial Year, we consider a Nil return to represent an accurate view of it's financial activities.

Declaration

As Forum Chair and as the representative of **Bradford Dist Care PPI Forum**
I confirm that the financial statement as set out above is a true and fair record of our financial activities.

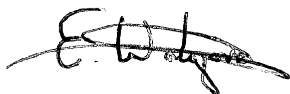
Signed 

Name E Walgrove

Date 12th June 2006

17. 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: 27/06/06

18. Useful Contacts

Patient Advice & Liaison Service (PALS)

Patient Advice & Liaison Service (PALS) officers are available to help you, your family or carer with any issues or concerns you may have about the services provided by the Bradford District Care Trust.

Please telephone:
Patient Advice & Liaison Service
Telephone: 01274 408600
Email: pals.advice@bdct.nhs.uk

If you would like independent help when making a complaint then contact

Independent Complaints Advocacy Services (ICAS)
Telephone: 0845 120 3734