



Commission for Patient and
Public Involvement in Health

Annual Report 2006/2007

Bradford District Care Patient and Public
Involvement in Health Forum

Alternative Formats

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I. Introduction

Welcome to the Annual Report of the Bradford District Care Patient and Public Involvement in Health Forum (BDC PPIF).

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.

I currently represent the forum on the Trust Board, the Foundation Trust Project Board and Care Trust's Service Governance Committee.

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 believes that the best way for the Bradford District Care Trust is to move forward to Foundation Status and we full support this.

Regarding the future of forums, it is frustrating that the Government, a year after last year's report has yet to make a decision about what the outcome will be for Forums.

As you may be aware the Local Government and Public Involvement Bill is starting its process at the Royal Palace of Westminster (House of Commons) this bill will abolish Commission for patient and Public Involvement in Health and change the Forum to Local Involvement Networks (LINKs).

The Bill provisionally will have third reading in the Commons on 17th and 22nd May.

(House rises on May 24th until 4th June.)

Following this, the Bill moves to the Lords. Its first reading is a 'token arrival' with it printed in the form agreed when it finally left the Commons.

Two weekends elapse between first and second reading in the Lords; the second reading is debate on the general principles of the Bill, after which the Bill then goes to Committee, usually at least 14 days after the end of the second reading. Once in Committee it can be delayed for days or weeks. All amendments can be considered and there is no restriction on debate, which can be on the floor of the Lords or in Committee.

After this there is the report stage, which is usually at least 14 days after the end of the Committee stage. The report stage can take days, there is further chance to table amendments and the Bill can be delayed here.

The third reading takes place at least three sitting days after the end of the report stage and there is chance for further amendment and comment here before the Lords vote.

Parliament rises on July 26th and doesn't return until 8th October. This means that all Lords procedures have to take place between June 4th and July 26th for the Bill to make Royal Assent for autumn, which is not much time!

Once again neither the Government nor any other bodies know what Local Involvement Networks (LINKs) would look like or how it would work. However, one thing we do know is that the Local District Council's would be the responsible for the funds to support the LINKs and the LINKs would be answerable to the Health Overview and Scrutiny Committee, this would also mean that if the local Council believe it is not getting value for money then it could divert funds to other council services. It is difficult to see therefore, how Local Involvement Networks (LINKs) could be an independent voice for service users, as they have to consider the local council's view.

Patient and Public Involvement in Health Forums currently 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. We believe that Patient and Public Involvement in Health Forum's should be retained in their present form along with more support and funding for PPI activity.

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 Derek Gibson our Forum Support Worker, "Thank You".

Also, thanks to the In – House Bradford and Leeds support team and to all the staff 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. Contact Details

Bradford District Care Patient and Public Involvement in Health Forum
C/o Bradford Alliance on Community Care Limited
Unit 37, Carlisle Business Centre
60 Carlisle Road
Bradford
BD8 8BD

Tel: 01274 481590

Fax: 01274 487595

Text: 07791 286178

Email: derek_gibsonhtc@bacc.uk.com

3. Membership

The forum members are made up of volunteers from the local community. They come from a variety of backgrounds with a wide range of skills and experience.

Forum members are supported by a forum support officer, who helps in a variety of ways including making and sustaining links with all Trusts the area, working with individual forum members and supporting them in their work and establishing links in the local community. This helps to raise awareness of the PPI forum and helps the forum to become more aware of the issues facing the community around health services provided by the hospital trust.

Emmerson Walgrove (Chairman)

Ian Fulton (Vice Chairman)

Malcolm Budd

Mike Scargill

John Agate

Trevor Ramsay

Sikander Divan

Wayne Greenwood

Ethna Kilduff

Jennifer Powell

We would like to express our thanks to all members who contributed to the Forum over the last year.

4. Forum Network

The Forum has links with other community groups through its members. These links make it much easier to identify what views and issues are current. We would like to mention the following:

Bradford and Airedale PPI Forum
Bradford Teaching Hospitals PPI Forum
Bradford Alliance on Community Care (BACC)
Bradford Speakout
Bradford Council's Health Improvement Committee
Bradford Council's Social Care Improvement Committee
Bradford Alzheimer's Society
Bradford Diversity Exchange
Bradford District Care Trust
Bradford & Airedale Mental Health Advocacy Group (BAMHAG)
Bradford and Airedale Mental Health Forum
Bradford And District Autism Service
Community Network (Cnet)
Contact
Cellar Project
City Homes in Mind
Craven and Harrogate PCT PPIF
Craven Alzheimer's Society
Craven Mind
Evolving Minds
Health of Men (Bradford)
Healthcare Commission
Learning Disabilities Partnership Board
Mind in Bradford
Make Friends with fear (co BAMHAG)
Mencap
OASIS (Open Agenda for Survivors in Shipley)
Performance Express
Patient Advice and Liaison Service (PALS)
Sharing Voices (Bradford)
Supported Lives
Yorkshire and Humberside Specialist Forums
Service User & Carers Group at Day Centre's in the Bradford District Area
Various Community Organisation around the Bradford District
User Carer Link Project
University of Bradford Centre for Citizenship in Mental Health

5. Meetings

The forum meets regularly, it's meetings focused on raising public concerns and issues in many areas of health service delivery around the Bradford District Care Trust services.

If you want to know more about the forum then contact us and we will happily come out to your group or organisation and talk about our work and how you can be involved in the forum.

6. Activities April 2006 to March 2007

Areas of Work

As the forum has developed forum members have begun to take a specific lead on some of the issues coming forward from the public. This helps to spread work across the forum membership and gives members a chance to channel their skills and experience into areas where they can be best utilised. The following is a list of current issues that forum members are working on:

- 6.1 Healthcare Commission (Annual Health Check)**
- 6.2 The Mental Health Bill**
- 6.3 Issues around Learning Disabilities**
- 6.4 The financial situation, and consequences for Service Users
Carers and their families**
- 6.5 Prescribed Drugs**
- 6.6 Social Inclusion**
- 6.7 Provisions in Airedale**

6.1 Healthcare Commission (Annual Health Check)

The Healthcare Commission is an independent body responsible for reviewing the quality of healthcare and public health in England and Wales. They provide information to Government, patients and the public about the safety and quality of healthcare. The system of regulation and the findings it generates, allows them to meet their statutory duty to 'encourage improvement' in the provision of healthcare, this is done through the Annual Health Check.

The Annual Health Check is a complex assessment and the Forum discussed what it could best look at with its skills and experience. Although we are aware of how we could have an input into other domains, members were asked for their comments and eventually we produced a statement on just seven of the core standards. Those we commented on reflect comments made directly to us by service users, carers and 'workers' or issues raised at meetings of other organisations e.g. The Partnership Board.

If you would like a copy of the forum submission please contact Derek Gibson on 01274 481590

6.2 The Mental Health Bill

On 23 March 2006, the Government announced that it planned to amend the Mental Health Act instead of publishing a complete new Bill. The decision to abandon previous plans was widely welcomed; but caution was expressed about what the Government intended to proceed with.

Bradford District Care Patient and and Public Involvement in Health Forum feel they are some issue which need to be highlighted..

'Introduce supervised treatment in the community for patients following an initial period of detention and treatment in hospital.'

This decision is broadly welcomed which limits compulsory treatment outside hospital to those already detained on a treatment section of the Act. They are concerned, however, that very wide restrictions could be placed upon people living in the community - such as setting curfews and preventing people from going out to certain places such as the pub. Maybe it should be supervised community treatment should be limited to a small, defined group of vulnerable patients and have time limits attached.

While some are opposed to any form of compulsory treatment in the community, given the Government's commitment to introducing it maybe accept it is necessary to consider how it will be introduced in a constructive manner and with appropriate safeguards.

'Expand the skill base of professionals who are responsible for the treatment of patients treated without their consent.'

The Government is pressing ahead with its plans to widen the range of clinicians and social care professional able to exercise statutory functions - replacing the Responsible Medical Officer with a Clinical Supervisor and the Approved Social Worker with the Approved Mental Health Practitioner. This needs to be done with very great care. People coming new to statutory roles need proper training, regulation and professional support and they should not be put in place until a capable workforce is identified and prepared.

'Improve patient safeguards by taking order-making powers with regard to the Mental Health Review Tribunal.'

Currently, patients who do not exercise their rights to appeal to the Mental Health Review Tribunal are automatically referred at six months. The proposed new power will allow the Government to reduce the time delay before patients

get automatic referrals to the Mental Health Review Tribunal, and the this is broadly welcomed by organisations like MIND, Rethink and Mental Health Alliance. It is important that sufficient resources are made available to ensure that all patients are given speedy access to the Tribunal. A set of workable deadlines, similar to those proposed for elective surgery in the NHS Plan, should be published with the Bill.

'Introduce a new, simplified single definition of mental disorder throughout the Act. Keep, as recommended by the Joint Committee, the exclusion for drug and alcohol dependency, and preserve the effect of the Act as it relates to people with learning disabilities.'

Bradford District Care Patient and Public Involvement in Health Forum do not oppose a single definition of mental disorder or illness but only if it is accompanied by strict and tight conditions for compulsion. One of the major concerns is that the Government is planning to remove most of the exclusions from the current Act, which prevent behaviours such as 'immoral conduct', or 'sexual deviance' from being seen themselves as mental disorders.

'Replace the so-called 'treatability' test with a test that appropriate treatment must be available. The availability of appropriate treatment will be a requirement for all groups of patients, regardless of their particular diagnosis.'

This is a worrying development and the Forum believe that all treatment provided under compulsion must provide a "therapeutic Benefit" to the individual. The Government's proposals for an appropriate treatment test is too vague and uncertain and therefore not suitable to use when considering the use of coercion.

'Amend the current Act to remedy the European Convention on Human Rights (ECHR) incompatibility in relation to the Nearest Relative. Bring the Act into line with the Civil Partnership Act 2004 in relation to the Nearest Relative provisions.'

This is disappointing that the Government has decided not to replace the 'nearest relative' with the "nominated person or persons" who are more likely to be someone in whom the patient has trust and confidence. We are also very concerned that patients would have to go through the County Court system in order to displace their nearest relatives which has proved to be incomprehensible and inaccessible for many disabled people.

However, the Forum welcomes the Government's decision not to abolish the powers of the nearest relative. This maintains an important safeguard for the patient, in that the nearest relative will have the power to discharge them from compulsion.

'Introducing the Bournemouth safeguards, through amending the Mental Capacity Act 2005, for people who lack capacity and are deprived of their liberty but do not receive mental health legislation safeguards.'

It is important that sufficient safeguards must be provided for Bournemouth patients and we will be examining the detail of the Government's plans when they are finally published.

In addition to these changes, the Bradford District Care Patient and Public Involvement in Health Forum believe the Government should take this opportunity to modernise other aspects of the Mental Health Act. The Forum call upon the Government to put forward amendments to:

- Provide a right to independent advocacy for all those sectioned under the Act, from the point they are detained.
- Introduce the right for patients and carers to demand and receive a full assessment of all their health and social care needs before a crisis point is reached.
- Begin the Act with a set of principles to underpin the way the Act is applied, for example of using the least restrictive alternative and of race equality.
- Ensure that patient autonomy must be respected unless the patient's ability to make decisions about medical treatment is significantly impaired.

The Patient and Public Involvement Forum also believe that amending the Mental Health Act requires the full involvement of professionals, patients and families. We call upon the Government to:

- Consult those affected by the legislation on proposals to be put before Parliament.
- Ensure the Race Equality Impact Assessment of the Bill covers the full Act as amended; not just the amendments.
- Arrange for pre-legislative scrutiny of the proposals.
- Publish the draft amended Code of Practice at the same time as the Bill.

6.3 Learning Disabilities.

The forum has organised events aimed at people with Learning Disabilities and their carers, though out the year. The events were mostly well attended and it was an ideal opportunity for service users and carers to raise their concerns to the Bradford District Care Trust about their services.

The Forum would like to extend special thanks to John Agate who is the forum's lead role person for Learning Disabilities for the exceptional work though out the year in this area.

Detailed reports about the events can be obtained from Derek Gibson the forum development worker.

An attempt to establish a carers group has so far attracted some interest, but it remains to be seen how much desire there is for such a group.

6.4 The financial situation, and consequences for Service Users Carers and their families

The Forum is aware of the financial situation of the Bradford District Care Trust; we are please to see that Care Trust commissioner will continue to fund Care Trust service in the future, although we recognise that Mental Health and Learning Disabilities are already under funded nationally. The forum believes all services should only be focused on the needs of service users, carers and their families.

6.5 Prescribed Drugs

In this and previous years the Forum has been aware of concerns amongst many service users about about over-reliance on drug therapy in mental health care and has sought a shift towards increased use of cognitives behaviour and other evidence based therapies. We have sought assurances about prescribing practices, including review arrangement and frequency, in various ways in particularly though a on – going series of cordial, but mutually frank, discussions with the Bradford Distrist Care Trust's Medical Director.

Consistent with the recent changes we have noted towards a more rounded psycho-social care approach in the culture and practical decision making in the Trust, we are aware of some reduced reliance on drug prescription in some situations. In other, there is little or no experience of change. The Forum recognise the pressures under which clinical staff work and that this is complex and sensitive issue ffor them, as well as service usees. It is one that the Forum believes it has a duty to continue to engage in and it remains a crucial item in our Work Programme.

6.6 Social Inclusion

The Social Inclusion Agenda will continue to roll out in Bradford District Care Trust. Many issues remain to be more widely considered within the Trust for future implementation.

The Patient s Forum health check analysis for 2006 identified specifics, which remain on the agenda for continuing development by trust. However at this time the social inclusion workload for the patients Forum has reached a natural conclusion in regard to mental health. There are remaining issues under Learning disabilities still to be progressed by the Forum.

Continuing development of life long learning will progress with renewed vigour through National Institute Adult Continuing Education (NIACE).

The Trust Mission and Value statement encapsulates the Social Inclusion agenda. Continuing enhancement will depend in great measure on “changing the culture through training”. With the run down of social inclusion workload there is now scope for further work by the Forum to monitor culture change.

6.7 Provisions in Airedale

The decision to enhance quality of care and patient safety at the new unit within the grounds of Airedale General Hospital through stronger promotion of a healthy therapeutic community, rather than building a fence, which would, of course, have been detrimental to quality is the kind of change in culture and practice that the Forum has been seeking for some time. We welcome this decision, which will improve the patient’s stay at the Airedale Mental Health Unit.

Implementation of the Recovery Approach in the new wards at Airedale does not yet inspire full confidence. The Forum needs to maintain an intensive watching brief on Training, Care Coordination, therapeutic activities, Discharge Planning and continuing support for service users.

7. Recruitment

Although the Forum appears to have a limited future; the work of PPI will still need to be done, regardless of their how their metamorphosis into Local Involvement Networks (LINKs) will be achieved. On this basis we therefore welcome new members; if you are interested and would like more information, please contact the office.

8. Future Activities / Provisional Work Plan

The work plan has been delayed due to uncertainty regarding the future of the forum. We now know that it will exist in its current form until March 2008, and a work plan to take us to this date will be formulated.

The forum will continue to monitor the services the Care Trust provides.

This will be done by checking data from reports and member involvement on the different groups and committees.

We will continue to seek the views and experience of the widest range of users and carers in the Bradford District Care Trust Area.

9. Final Remarks

The year has been a very positive one for this PPI Forum. The group is well established now and has developed a good working relationship between its members and the Bradford District Care Trust. The forum support officer has continued to work with the forum to further develop and strengthen the group. Links with the Care Trust and other trusts have been further developed and good work is being carried forward in a number of directions through partnership working.

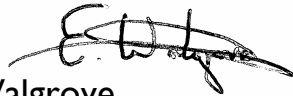
Note from Derek Gibson, Forum Support.

I express convey my thanks to all members of the Forum for the valuable and effective work they have undertaken throughout the year, attending meetings and writing and presenting their reports and findings. I look forward to working with the Forum in the future.

10. Declaration

I confirm on behalf of Bradford District Care Patient & Public Involvement in Health Forum that the above is an accurate record of our recent activity and future work plans.

Signed:



Date: 31st May 2007

Emmerson Walgrove
Agreed signatory on behalf of the Forum

Annual Accounts 2006 / 2007 Financial Year**Forum Name****Bradford District Care PPI Forum****Forum Support
Organisation****CPPIH In- house****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 Surplus / (Deficit)		0

Notes to the Accounts

- I 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 its financial activities.

Declaration

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

Signed _____  _____

Name Emmerson Walgrove

Date 31st May 2007

Useful Contacts

Patient Advice and Liaison Service Offices and Telephone Numbers
Telephone hotline 01274 322777

<p>Bradford Teaching Hospital NHS Trust</p> <p>Offices at:</p> <p>BRI</p> <p>St Lukes</p> <p>Airedale Hospital Trust:</p>	<p>Gill Waudby</p> <p>Sue Harle</p>	<p>01274 382581</p> <p>01274 365853</p> <p>01535 294019</p>
<p>Bradford District Care Trust: Including Lynfield Mount Hospital</p> <p>Learning Disabilities</p> <p>Mental Health</p> <p>Equality & Diversity</p> <p>Complaints Manager</p>	<p>Lydia Sharp</p> <p>Alison Harrison</p> <p>Tila Israr & Salim Akhtar</p> <p>Alison MacGrath</p>	<p>01274 322371</p> <p>01274 322961</p> <p>01535 292809</p> <p>01274 363514</p>
<p>Yorkshire Ambulance Service</p> <p>PCT contacts:-</p>	<p>Maggie Harris</p>	<p>0845 1220535</p>

BRADFORD AND DISTRICT PPI FORUMS

Bradford Teaching Hospitals PPI Forum
Bradford District Care PPI Forum
Bradford and Airedale PCT PPI Forum
Airedale NHS Trust PPI Forum

All the above forums can be contacted at the following address:

In – house Bradford & Leeds Forum Support

C/o Bradford Alliance on Community Care Limited
Unit 370, Carlisle Business Centre
60 Carlisle Road
Bradford
BD8 8BD

Tel: 01274 481590
Fax: 01274 487595
Text: 07791 286178
Email: derek@bacc.uk.com

Commission for Patient and Public Involvement in Health (CPPIH)

Humberside/Yorkshire Region
Nelson House
Quayside Business Park
George Mann Road
Leeds
LS10 1DJ

Tel: 0113 227 2400
Fax: 0113 227 2488

The Independent Complaints Advocacy Service (ICAS)

The Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about their NHS treatment or care. From 1st April 2006 the Carers Federation will deliver this services for the Yorkshire and Humber Region.

They can be contacted on Tel: 0845 120 3734

NHS Direct for Health advice and information.

Tel: 0845 46 47 www.nhsdirect.uk