

# Annual Report 2007 / 2008

Bradford District Care Patient and Public  
Involvement in Health Forum

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## **FOREWORD**

BDC Patient and Public Involvement Forum formed in January 2003 following the establishment of the Commission for Patient and Public Involvement in Health. This document is the fifth and final annual report published by the Forum. Under legislation passed in Autumn 2007, CPPIH and Patients' Forums will be replaced by Local Involvement Networks (LINKs) due to commence on 1<sup>st</sup> April 2008. Consequently the Forum has produced a Legacy Document to pass to LINKs which identifies the key areas of concern about mental health and learning difficulties services in Bradford District and recommends a range of opportunities for continuing work for LINKs to consider and pursue.

Further copies of this Annual report and the Legacy Document can be obtained from the LINK Host Organisation, which can be contacted via the Office of the Director of Social Care Services, CBMDC at Bradford City Hall. The LINK Host Organisation commences on 1<sup>st</sup> April 2008

## **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. They are supported by a Forum support officer, who helps in a variety of ways including making and sustaining links with all Trusts in 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 (Resigned)  
Trevor Ramsay  
Sikander Divan

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

## **Links with other groups**

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:

Airedale & Bradford PCT 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  
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  
NYCC Craven Area Committee  
OASIS (Open Agenda for Survivors in Shipley)  
Performance Express  
Patient Advice and Liaison Service (PALS)  
Sharing Voices (Bradford)  
Yorkshire and Humberside Specialist Forums  
Service User & Carers Group at Day Centre's in the Bradford District Area

## Chairman's Statement

Welcome to the final Report of the Bradford District Care Patient and Public Involvement in Health Forum. Forums are an independent voice for service users, carers, patients and families, giving these groups the opportunity to have some influence over the planning and delivery of health and social care services.

The main focus of the Forum is to look at the provision of Mental Health, Learning Disabilities and Children and Adolescent Mental Health Services in the area served by Bradford District Care Trust (BDCT), to influence the planning and delivery of services provision by BDCT, and listen to 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 has continued to work with BDCT in addressing ongoing issues raised by service users and carers. The Trust believes that the best way to move forward is to establish Foundation Trust Status and we fully support this.

We are aware of the financial situation of the Bradford District Care Trust and are pleased to see that Care Trust commissioners will continue to fund services in the future, although we recognise that Mental Health and Learning Disabilities are already under funded nationally. The Forum believes all services should focus on the needs of service users, carers and their families.

Regarding the future, we view with regret the Forums demise as of 31<sup>st</sup> of March 2008. They will be replaced by Local involvement networks from the 1<sup>st</sup> of April 2008, and a 'legacy document' from the Forum will be composed so that our concerns may be passed on to the new regime for their consideration.

Finally, we offer our thanks to the In-House Bradford and Leeds support team and Bradford Alliance on Community Care for all their hard work in supporting the Forum since its inception.



Emmerson Walgrove  
Chairman

## **Work plan**

The work plan for this year was delayed due to uncertainty regarding the future of the Forum. We learned that it would continue until March 2008, and a work plan to take us to this was formulated.

Subsequently the Forum continued to meet regularly throughout the year, its meetings focused on raising public concerns and issues in many areas of health service delivery around the Bradford District Care Trust services.

The Forum continued to monitor the services the Care Trust provides. This was done by checking data from reports and member involvement on the different groups and committees where possible.

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 helped to spread work across the membership and gave members a chance to channel their skills and experience into areas where they could be best utilised.

The following is a list of issues that members worked on throughout the year.

The Forum (BDC PPIF) work for this year was agreed as follows:

What's the What (Cultural change in BDCT)

Airedale provision inc Mental health reforms and social inclusion.

What the patient needs.

Accessibility of Learning Disabilities literature.

The Craven Centre

Prescribed drugs

## ***What's the What?***

This expression arose in discussions with Dr. Simon Baugh, the Trust's Medical Director who suggested that the Forum might wish to formulate a concise statement of what the Forum stood for after our years of activity; 'what's the Forum's what? The following paragraphs are offered as our interpretation of the needs and wishes of service users, based on our activity.

### Background

Since the early years in the present decade Government strategy on Disability has shifted away from the policies first established with the advent of the Welfare state to support people in a state of well-being but marginalized from local community life. Accordingly Bradford District Care introduced its Social Inclusion agenda in 2004/5 in anticipation of changes in government policy to be introduced in the later years of the decade, through legislation being introduced in 2008 by Department for work and Pensions (DWP)

Over 10 years ago the Department of Health established the National Service Framework for Mental Health to address decades of under investment in NHS services. The framework did not connect with other Government departmental policy development on Social Inclusion.

It is to the credit of BDCT that the Board recognised and acted on the need to develop an additional approach to its core provider services. The Forum gave a positive reference to a new management approach in its 2007 Health Check submission.

In 2005 a meeting was convened with BDCT Medical Director about Prescription Medication of Service Users. At the time BDCT was conducting a series of consultations about "The Philosophy of Care". During 2005/06 it became apparent that there was a need for a cultural shift in attitudes and practices at all levels within the Trust organisation if the Social inclusion agenda was to roll out as a seamless service within the Trust's core business and through partnerships and collaborative working with Stakeholders outside the NHS and DoH.

BDCT collaborative working with Job Centre Plus (JCP) appears to show a positive outcome but after two years remains under-resourced to fully develop service user centred staged progression towards work related activity beyond creating pathways for employment opportunities within the

Trust itself. This work is commended and it is recognised that the process will be prolonged.

Something undefined in previous years has been missing in the Trust's Learning Curve of organisational development since inception in 2002/03. During three further meetings with the Medical director during 2007 the term "What's the What" was adopted as a code for this undefined missing entity within the Philosophy of Care which the Trust Board had signed up to.

BDC Patients' Forum prepared an extensive working document in May 2006, which, amongst other things, identified the fundamental elements which underpinned the "What" but without specifically defining the "What" in terms of delivery mechanisms to achieve outcomes.

The document was seen by the former senior management of the Trust, and Mental Health Strategies, a specialist management consultancy which had been commissioned by Bradford and Airedale teaching PCT to conduct a review of adult mental health services in Bradford Metropolitan area.

Throughout a process of speaking with service users and carers the "What" was repeatedly defined as not just an attitude or culture within service provider organisations or even an extension of choice and undefined quality improvements (though "quality" is one facet under the "what").

## DEFINING WHAT THE "WHAT"

### Person Centred

Relevant to the individual service user's cultural values, beliefs and where the clinical care, social care and citizenship mentoring service provider staff listen and act on what the individual has expressed as their preferences and aspirations.

Where the individual lacks capacity to make an informed choice, then another person who is their holder of hope (relative, friend or someone else named in an advance statement) would be authorised to give consent.

### Psychiatric interventions

These including prescription medication are administered with reference to the service users preferences, particularly when medical side effects are not acceptable. The onus is placed on the clinical practitioner to

believe what the individual is saying about side effects and then to adopt alternative interventions even if less efficacious in the short term.

## Reasons

The principal reason for mental health services is to achieve measurable outcomes in both quality of life and mental well-being. Stabilisation of symptoms is not sufficient. Services must deliver health improvements to a level which determines the course, direction, level of attainment and sustainability of the individual service user's Recovery.

The ethos for the commissioning framework for mental health services must be predicated on outcomes towards Recovery of mental and physical well-being.

## Quality

Delivery of services can be measured against performance indicator targets. However measurement of the excellence of the people who are responsible for achieving the performance targets is dependent not simply on the amount of exposure to training and relearning but through continuous monitoring of mental health practitioners and all service provider staff and middle management throughout their working careers.

The pathway of continual self improvement is the true test of the value of the Quality standard targets and within the NHS there are well established protocols and mechanisms to ensure continuing personal development.

However the process can be improved. The fear of retribution remains a key driver of the climate of fear to "whistleblow". The Complaints procedure could be compromised within a controlled culture where bad practice could be covered up when it suits a purpose. The service user becomes the scapegoat if facts are buried when the service user is disbelieved and evidence is falsified in conjunction with the culture of non-responsibility.

The importance of reaching targets is the overriding purpose for service provider staff and management. BDCT claims to be a quality service provider but its treatment performance and quality assurance is not driven by the Market demands of patients' needs.

## Patient Need

The Trust board have yet to convince the Forum that What the Patients Need is the driving energy of the Trust Board's agenda. This is not a

reflection of the competence of the Board Members. It is a sad reflection on organisational culture of NHS bureaucracy embedded in the principle that Professional Clinicians and Professional Managers hold different expectations for their responsibilities, which might be better realised without the inconvenience of patients' who perpetuate the chief problem for the NHS.

The principal constraint within the service provider sector to making a radical change to the way in which service users' quality of life expectations can be enhanced, lies in the predominant reliance on the Medical Model of provision. The alternative Social Model while perhaps being less medically efficacious provides a more comfortable life sustained on welfare benefit.

### What the Government Wants

This is a model of service delivery which imbues the individual service user with a (qualified) sense of self-dependency through Social Inclusion. This approach requires that healthcare, particularly psychiatry and medication together with Social Care, play the supporting role to assist the service user's Recovery Journey.

### Commissioning

Much has been achieved to integrate Social Care with Mental Healthcare. The methodology for commissioning the two facets of care independently from appears ineffectual and financially unsustainable.

Even when the Commissioning Framework for mental well-being and social care becomes fully evolved by 2015 unless there is a culture shift within service provider organisations and Stakeholders, little real progress to improve the lives of mental health and Learning Difficulty service users will be evidenced.

At the heart of the culture change will be the shift from commissioning for targets and the management of symptoms towards commissioning for recovery.

Recovery in this sense does not necessarily mean "Cure" but is more than just "stabilisation" in expectation that there may be recurrence of symptoms. The term "Recovery" might not be deemed suitable for use in connection with learning Difficulty Service Users. However the principles of service users' free will is no less applicable to MH or LD service users than to any other Citizen.

## The Journey of Recovery

At first, for the service user the prospect of changing an outlook on life appears to be insurmountably daunting. Like the child on its first day at school unknowing and unaware of the riches of knowledge and understanding to be garnered.

Recovery is not so much a journey from one place to another but it is an approach to gaining degrees of self confidence, esteem, pride and self dependency through learning.

BDCT established itself at the outset to be a Learning Organisation. Within limitations of its inability to be self critical without the attending “blame culture, personal development pathways for employees at all levels is underpinned by the NHS ethos of skills and knowledge development throughout the individual’s career.

However BDCT does not see that it’s Duty of Care towards service users should extend to directly assisting their personal growth through rehabilitation during the Journey of Recovery. Learning is an extra curriculum activity for those individuals who express a preference.

Learning is one of the fundamental cornerstones on which the journey of Recovery is entirely dependent. Yet it is one of the essential requirements of service provision which is not regarded within BDCT as anything other than an optional under the syllabus catered for by Occupational Therapy.

Medication remains the core curriculum agenda which acts as a barrier to learning.

## BDCT as a Care Academy

The vision that BDCT might become a Care Service Provider where “students” graduate in a manner akin to an educational establishment could be designed into the future commissioning Framework.

Since 2006 when this vision was first put to Social Inclusion Group, BDCT has embedded the mindset that Learning is another service provider’s responsibility; that Learning is a cultural activity which at least passes the service users’ days in a constructive activity to no particular purpose but, at best, might lead the individual into becoming a tax paying citizen. The Care Trust’s role in this is limited to signposting the individual service user towards an outcome required by the State.

## The Road Less Travelled

In order for the individual to commence and progress the journey of Recovery, the first step is for someone or something to be the Holder of Hope for and of that person and to mentor the person to rekindle self belief in that sense of hope. Without Hope no amount of medication and psychiatry can possible help the individual to recover their lost sense of self worth to themselves or in society.

Hope nurtures Self Belief which reinforces self discipline, confidence, self esteem Purposefulness, love of self and love for others.

Following on from this uplifting state of recovering mental well-being the individual continues with Personal Growth through acquired learned thought and behaviour which challenges the predetermination of their cognition influenced by mental illness.

The recovered mental health service survivor might still have continuing or recurrent mental health and social care needs but has through the acquisition of new knowledge to attain a new level of competence and personal fulfilment - not measured against comparative targets judged against others with different competences and aspirations; not measured against criteria which judge the individual to have passed or failed some external criteria; but measured against what the individual aspires to be, given support and encouragement and the opportunity to learn at their own pace.

Learning Mentors: the new opportunity for Support, Time and Recovery Workers.

Learning is not a concept to be subcontracted out to an educational establishment which is signposted through Job Centre Plus. It must be embedded in the foundation of the individual user's Care Plan and carried through each and every care pathway.

Education and Training come later in preparation for Work but Learning is the key starting point towards mental well-being and the Journey of recovery is in fact an experience of self discover and personal attainment achieved by taking positive risks and learning from mistakes.

## Challenging Stigma and Discrimination

Changing society's prejudices might never be achievable. Initiatives which challenge discrimination in families, communities and workplaces might bear positive results in time to come.

By imbuing the service user with Learned Behaviours which elevate confidence and esteem, the individual can rise above the hatred and lack of compassion in society towards mental illness and even though the individual might continue to experience discrimination their inner sense of self worth can carry all but the most vulnerably mentally ill person living a socially included life in their local community.

### The Philosophy of Care

Of all the "whats" that comprise what it is that BDCT should be doing to measurably improve the quality of life for all service users, adoption throughout every artery and sinew of the Care Trust organisation of the culture of learning should be the bedrock of the purpose of service provision.

The Bradford District Care Patients' Forum "What's the What" Activity Throughout 2006-2007 the Forum has discussed ways to influence the Care Trust to recognise the elements which define the "what" that is what could, should and must be done in order to radically improve the lives of present and future generations of service users.

As BDCT prepares itself for foundation Trust status, it appears the Board has little time to consider what its Mission and Values mean in reality against the entrenched doctrine of the medical model of mental healthcare.

The legacy the patients' Forum passes on to the new era of Local Involvement Networks, (LINKs) is signposted in the messages which define the "What".

It will be for Bradford LINK to participate in the development of the Commissioning Framework in order to influence to reshaping of mental health service provision to be driven by outcomes for mental well-being and social inclusion. Re-branding the Care Trust as a Foundation Trust will not redeem an organisation which has yet to achieve what it so confidently aspired to become from the outset by its inability to listen to, believe and act on through engagement with its service users.

## ***Pathways to work: welfare benefit reform***

The changing ethos from the Medical model of mental health service provision to Wellness Recovery continues to be undermined by culture within NHS and Royal College of Psychiatry. The government's agenda acts as the driver for change and is being led by the Department for Work and Pensions (DWP). Policy making in Whitehall appears disjointed between the three partners involved- the other two being Department for Children, Schools and Families (DCSF) and the Department of Health (DH).

The Learning and Skills Council which is an executive agency under the Department for Innovation, universities and Skills (DIUS) is not directly engaged in the 3 party task group. The LSC is responsible for delivery of "Learning" which is central to the Recovery Approach to Mental Well-being.

The DWP welfare benefit-reform regulations due to be introduced later in 2008 are being designed principally to move one million Incapacity Benefit Claimants out of the total of 1.7 million IB recipients. The intention that numbers of Mental Health Service Users can be moved into "Work", while having merit will rely on the regulations being applied to a different client group within DWP/Benefits Agency where the departmental culture is unable to respond flexibly and sensitively to the cyclical fluctuations in health conditions of people with mental health service continuing support needs.

## ***Airedale Provision***

### **Report from A & B PCT PPI Forum**

#### **Mental health – year ending 31 January 2008**

The Forum members by persistent offering the evidence from patients, staff and their wider experiences persuaded the BDCT towards changing the balance/emphasis from medication/inpatient stays and inactive community care towards somethings and ways more fitting of what we all know in the 21<sup>st</sup> Century.

Within, most especially, the Airedale New Build (ANB) Implementation Project Board and being party to the final decisions and opening of our £10m 'Airedale mental health centre', or, as I prefer, 'mental health centre in Airedale'. Within the post project evaluation (until December 2008) this work continues. Our members have yet to persuade the BDCT to integrate fully the inpatient and community care services, so that we have a truly patient geared, evidence based service.

Through this work and co-operation, the BDCT including staff now have an active programme of considering and, where fitting, changing the ways and means of providing and improving the services offered.

It is therefore particularly unfortunate that these co-operative arrangements, contrary to the evidence, are being changed by act of HMG. It has yet to be seen in practice whether LINKs will be enabled to anywhere near as 'successful'. It does seem they are a reversal into old failed ways. This is especially important in mental health which is at a 'tipping point' between progressively giving up with old intrusive ways of using power and the more successful interactive therapies in which the individual leads, with proper professional care and support, their own way to improved all round health.

There are great dangers, especially in the transitional months, what the PPI Forums and Trusts have achieved together will be delayed or set back. Talking about change, in even larger and so disparate groups, will **not** cause or even engender the hard work of changing entrenched habits and practices.

**Malcolm Budd  
Oakworth**

**16 January 2008**

### ***Learning Disabilities.***

The Forum has in the past, 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. Due to the retirement of John Agate, who led this work, the Forum has been unable to continue with these. The Forum would like to extend special thanks to John for the exceptional work he did on behalf of the Forum.

### ***Moving from a prescribed drug culture to evidence based psycho-social care and support.***

This year, as in previous years, the Forum has enjoyed a useful and candid dialogue with the Medical Director of the Care Trust. These discussions have been wide ranging but focused firmly on sometimes shared, sometimes differing, perceptions of what is necessary and

practicable to improve the quality of mental health care for the people of Bradford and Airedale. Our two most recent meetings with Simon give us reason to think that we are very close to agreement in understanding of what is needed. The real difficulties are around what is practicable in the face of traditional attitudes of clinical and other staff and of many people and communities, compounded by medical training and media coverage that fail to recognise the reality of life and potential of most people facing personal mental health issues.

Forum members continue to question the validity of a medical or biochemical approach to mental health issues. We accept that chemical changes affecting behaviour do take place in the brain and that there will be hereditary or genetic factors in some problems.

From our own experience and that of the overwhelming majority of service users in contact, however, we are convinced that what happens to people in life and the ways in which they are treated by individuals, communities, organisations and society as a whole, are the most significant factors affecting our mental health. It is increasingly recognised in principle and to some extent may always have been that services should take full account of the psycho-social nature of mental health problems, but much practice remains embedded in the biochemical model.

Fear of mental ill-health and the actual or possible consequences of severe acute mental illness seem to be at the heart of reluctance to change in practice. There is still often an assumption amongst the public and media that many patients may be a danger to themselves or to others and that if a tragedy occurs, one or other practitioner and/or health or social care agency must be to blame. What is true in a small minority of situations is seen as the norm. Thus there remains an emphasis on perceived safety and control, mainly through drug prescription and compliance that sometimes also lacks adequate, timely review, rather than all out encouragement of recovery through evidence based psycho-social therapies, employment and social integration, educational and financial opportunity and self-help.

The Forum appreciates that through the social inclusion agenda, much has been done in Bradford and Airedale and in varying degrees, elsewhere, to promote cultural change and improvement in the ways in which mental health and learning disabilities are provided. To shift the balance properly, however, needs massive further effort, not only because of the effects of the public and media attitudes described above, but also because medical training itself continues to place disproportionate emphasis on drug prescribing.

Whilst the Forum will cease to exist at the end of March, 2008, all our members are committed to continuing to promote the needs, views and experience of service users in any ways we can. We believe that many in the Care Trust, the PCT and City Council are themselves increasingly seeking to accelerate cultural change in education, service provision and public perception around mental health. We want to work with them to achieve care and understanding that is truly responsive to the life experience and true potential of people with mental health needs. We hope that the PCT's commendable ambition to Transform Learning Disability and Mental Health Services as one of the four key commissioning priorities in its Draft Commissioning for Health Strategy 2008/09 to 2010/11 will extend to this radical but essential transformation we are advocating.

### ***Integrated Care.***

Service users still say that integrated primary, secondary and social care is still often lacking. Thus at best the service they receive can be inconsistent and at worst the system can fail them completely. Forum members believe that medical practitioners and clinical managers are often themselves concerned that Care Trust and Primary Care services are not always mutually supportive in practice. For example, it was clear from one of our earlier discussions with a Director in the Care Trust that inappropriate referral from primary care in some parts of the District was a problem in achieving optimum quality of specialist care. Equally, we have heard that it is felt in primary care in some localities that the Care Trust has tended to develop outreach services that fail to provide proper support to primary care teams, to whom the vast majority of mental health users continue to look for their on-going support needs and which are of course normally the first port of call for patients whose symptoms may vary from mild depression or anxiety to moderate or severe problems.

The Forum is aware that action is being taken to address these issues, but would encourage clinicians and managers to accelerate this necessary change. It is significant that according to the PCT's Draft Commissioning for Mental Health Strategy 2008/09 to 2010/11, three of the District's four Practice Based Commissioning Alliances have named improving the support in primary care for patients with mental health problems as one of the key priorities and aspirations for their patients. We welcome this. No doubt the PCT, Alliances and Care Trust will work together to achieve this and the fullest possible integration of care provision, as part of the Transformation of Learning Disability and Mental Health Services that is one of the PCT's four key commissioning priorities in the Strategy.

## ***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 two of the core standards. Those we commented on reflect comments made in last years document, comments made directly to us by service users, carers and 'workers' or issues raised at meetings of other organisations e.g. The Partnership Board.

Although the Forum will cease to exist, the work of PPI will still need to be done, regardless of their how their metamorphosis into Local Involvement Networks (LINKs) will be achieved.

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.

### **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:



Name: Emmerson Walgrove

Date: 26<sup>th</sup> February 2008

## APPENDIX B

Annual Accounts 2007 / 2008 Financial Year

Forum Name: Bradford District Care PPI Forum

Forum Support Organisation: CPPIH In- house

CPPIH Regional Centre: Yorkshire & Humber

Details Notes Actual £

Income

Forum Income 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

1 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 2007-2008 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 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 28<sup>th</sup> February 2008

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

**Bradford & Airedale Teaching PCT contacts:-**

**01274 322371**

**01274 322961**

**01535 292809**

**Bradford District Care Trust:**

Including Lynfield Mount Hospital

Learning Disabilities

Mental Health

Equality & Diversity

Complaints Manager

**01274 382581**

**01274 365853**

**01535 294019**

**Bradford Teaching Hospital NHS Trust**

Bradford Royal Infirmary

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Bradford

West Yorkshire

BD9 6RJ

**Telephone:**

(01274) 542200

**Airedale NHS Trust**

Airedale General Hospital,

Skipton Road,

Steeton

Keighley,

West Yorkshire,

BD20 6TD

Tel : 01535 652511

Fax : 01535 655129

## 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

The above Forums will cease to exist on the 31<sup>st</sup> of March 2008. Enquiries regarding the legacy of the Bradford Forums may be addressed to Office of the Director of Social Care Services, CBMDC at Bradford City Hall. The LINK Host Organisation commences operations on 1<sup>st</sup> April 2008

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 service 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](http://www.nhsdirect.uk)