

# **DELIVERING THE BAMFORD VISION**

**THE RESPONSE OF NORTHERN IRELAND EXECUTIVE TO  
THE BAMFORD REVIEW OF MENTAL HEALTH AND  
LEARNING DISABILITY**

**SUMMARY OF KEY POINTS ARISING FROM  
PUBLIC CONSULTATION MEETINGS**

**March 2009**

## **Background**

As part of the Executive's consultation on its response to the Bamford review, a series of public meetings was held across Northern Ireland. In total about 500 people attended these. The following is a summary of the key points made at these meetings.

### **Overall**

Bamford had too wide a remit (700 recommendations) with result that no one issue covered comprehensively.

Sentiment good, but what is happening now? Need an action plan with dates. Need people to make it work.

Still consulting – need action

Build up of expectation but nothing on delivery

Infrastructure needs to be built up

Lack of concrete targets

Not enough on learning disability; too strong a mental health focus

Little evidence of investment in community services

Should have been a separate document for learning disability

Lack of evidence of partnership working with voluntary and community sector

Make role of voluntary sector more explicit

### **Vision statement**

No mention of learning disability in the statement

While underlying principles appear sound, too much jargon

Focus should be on the person, not on services

“In partnership with“ instead of “informed by” users and carers

Should include needs-based and evidence-based

Should promote choice for individual

Mental health promotion should come before early intervention

### **Person-centred approach**

This means understanding the person and placing them at centre of process

Good assessment is critical to ensuring individual needs are met

Doesn't refer specifically to rights

There needs to be informed choice in order to make person-centred

Some people are having person centred planning, but this is not monitored or reviewed; it hasn't worked for some people.

Advocacy is vital – what is happening about the recommendation of a right to advocacy?

Stigma is still an issue which needs to be tackled.

Only one mention of peer advocacy in the document

2 levels of advocacy are needed – at decision making level and with individuals regarding their care and treatment

### **Proposed structures and groups**

Proposals generally acceptable

Appropriate representation (geographical, etc) needed in all proposed structures.

Need to be able to use these structures to disseminate good practice.

## **Bamford Monitoring Group**

Support proposal for monitoring group.

How will group cope with reporting on all the recommendations?

Is PCC likely to bring about holistic view? Too health focussed.

Should be able to interact directly with other Departments.

Welcome inclusion of voluntary/ community sector and users and carers

Why have statutory sector representation? Restrict to voluntary and community sector.

Ensure as wide a representation of users as possible – not just the same voices all the time.

How will members be selected?

Users and carers will need training and support – capacity building

Needs to have geographical spread of representation

## **Mental health promotion and suicide prevention**

Welcome proposal to update mental health promotion strategy and action plan.

Promote mental health and wellbeing

Amount of funding for mental health promotion shows lack of real commitment

Is there potential for all-Ireland action on mental health promotion?

Existing training tools in mental health promotion should be made widely available, also need specialist training for GPs.

Mental health promotion should be integral to all service development  
Effective work needed with mothers and babies – parenting, health visiting,  
organisations such as Homestart  
Harder to reach groups should be a priority  
On suicide prevention too much emphasis on community sector input –  
needs of severely mentally ill ignored re suicide prevention

### **Learning disability services**

Early diagnosis and intervention and support essential – not enough  
professionals to deal with diagnosis stage  
Too much emphasis on resettlement  
Concern that people are being moved from hospital into the community  
without building up community infrastructure adequately  
Some adaptation is needed to Bamford vision in order to meet the needs  
of individuals who are long stay patients with severe learning disabilities.  
What monitoring is happening re resettlement?  
More defined goals should be set – what does “enhanced” and  
“appropriate” mean? – need more detail  
Not enough on choices  
Respite very important, but not enough of it  
Not enough on access to mainstream health services for people with  
learning disability  
Deficit in transition to adulthood - care management could assist here.  
Support for day opportunities as opposed to day care – should be  
meaningful, proactive, including work-based.

Shift away from day centres has significant implications – need holistic planning.

Autism and learning disability competing for same resource

Autism should not be dealt with in same section as learning disability

### **Mental health services**

Mental health services need to be 24 hour working in the community

Need to involve service users in service delivery

Resource early interventions, particularly in voluntary sector – accessible and responsive

Welcome action on psychological therapies – needs to be evidence based and to consistent standards.

Eating disorders – proposals do not meet real need; should treat everyone locally, not send to England.

Complimentary therapies should be given further consideration

### **Departments other than DHSSPS**

Concern that other Departments are doing their own thing – not joined up.

Disappointment at lack of targets and plans from other Departments

Lead Department needs to be able to hold other Departments to account

Need joined up action as well as joined up thinking

Need for more communication and co-ordination between Departments

Schools and colleges idle evenings, weekends, outside term time – could be used

Trusts need to advocate to other agencies on behalf of service users

Benefit system needs to be addressed – DLA geared to physical health, changes to incapacity benefit affecting mental health service users.

## **Funding**

Inadequate funding to meet existing and emerging needs.

Should have stepped plan for 10-15 year funding

Funding needs to be ring-fenced

No recognition given to effect of efficiency savings throughout services

Heavy reliance on voluntary and community services which may not continue in current funding climate

Need more funding for service user led services and assistance to such groups in developing business cases/ proposals

Should be a target for amount of spending that goes to voluntary/ community sector.

## **Workforce**

Workforce development very important.

Need to make jobs in the sector more attractive.

Need to move to multi-professional training

All staff need foundation training in dealing one to one with patients in community

Need to focus on skills and competencies of staff

Need to ensure that development of new services does not strip out staff from existing services

Need to maintain existing services with continuity of staff – seems to be a different person every time you call

Support for staff needed during this change process (including their own mental health needs)

Also need for admin staff and accommodation for team bases

### **Legislation**

Concern that no detail on legislation proposals

Why delay capacity legislation? Need it sooner than 2014.

Legislation shouldn't lead to labelling

### **Other**

Lack of recognition of issues for people affected by the conflict – across all ages

Rurality issues not identified

Dementia is not a mental illness – should not be in here.

Positive to see older people included in mental health services

Service frameworks will have difficulty in dealing with social needs

Personality disorder should not be dealt with only in forensic services

Need holistic approach to young people's needs – education not fully integrated

Not enough on commissioning of services in response to Bamford