



HEALTH & SOCIAL SERVICES COUNCILS OF NORTHERN IRELAND

Response to

**The Bamford Review Of Mental Health
And Learning Disability (Northern
Ireland)**

**A Comprehensive Legislative
Framework:**

**Prepared by Stella Cunningham, Chief Officer, SHSSC
on behalf of the 4 Health & Social Services Councils**

April 2007

THE BAMFORD REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY (NORTHERN IRELAND)

A Comprehensive Legislative Framework:

Response to consultation
Prepared by the
Southern Health & Social Services Council

- 1 The Health & Social Services Councils (HSSCs) were established in 1991 to represent the views and opinions of the public in relation to health and social care in Northern Ireland. The HSSCs are independent from those who plan, manage and provide services.
- 2 This response focuses on the public interest in relation to health and social care.
- 3 The HSSCs support the overarching principles of autonomy, justice, benefit and least harm as set out in the report.
- 4 We support the opinions of mental health service users and their carers as set out in the report.
- 5 We agree that the land border with the Republic of Ireland gives a particular significance to the legal interface between the two jurisdictions.
- 6 The HSSCs welcome the emphasis placed upon citizenship within the report and its recommendations. We believe that this is an important concept within health and social care matters.
- 7 The legislative framework affects all aspects of the service that people with a mental health problem or learning disability will receive. It is the interface between legislation and the reality of services on the ground make the difference for service users.
- 8 In our role as advocates for health and care service users the HSSCs are approached by service users with mental health problems and those with a learning disability. Some of the issues brought to our attention are set out below.

- 9 Involuntary detention:
There may be difficulties in obtaining redress following involuntary detention. This may involve requests for access to medical records, etc.
- 10 Advocacy Services:
There can be difficulty in obtaining specialist and independent advocacy services. Where services are in place, they often operate on minimal resources and are stretched.
- 11 Service transition:
Moving from one programme of care to another involves the transition from children's services to adult services and then again from adult services to older people's services. This can often mean that fragmented services place additional strain on the individual and their family and can further weaken social and community relationships that support resilience.
- 12 Improving the Service User Experience:
The issue of perceived lack of respect from service providers has been raised with the SHSSC by service users with a mental health problem or learning disability. The SHSSC undertook project work with the Prospects Day Opportunities group in Newry. This group of adults with a learning disability were concerned about the GP services. They felt that GPs were not able to communicate with them effectively, disregarded them and spoke to their carers rather than themselves as the patient, etc.
- 13 The Children's Order:
The Children's Order established a specific complaints process. This operates separately from the HPSS complaints procedure. The HSSCs would be concerned that whilst the HPSS complaints procedure is being revised to put more emphasis on local resolution, the most vulnerable groups covered by the Children's Order are not part of this process.
- 14 **Recommendations**. The HSSCs support the recommendations of the report. We make the following additional comments.

- 15 In order to ensure the legislative framework meets the needs of this group in terms of health and social care services, training for staff would also need to be provided in relation to improving the service user's experience, building partnerships with service user and supporting service users and their carers as co-commissioners of services. This would mean that the strategies, priorities and targets based on the spirit of the legislation should be built in as part of the performance monitoring of Health & Social Care bodies.

- 16 We particularly support the recommendation that service user and carer representatives must participate in the development of the legislative framework. This should be done as an ongoing process up to and beyond the development of legislation to ensure a proper feed through from legislation to strategy to service delivery.

S Cunningham
April 2007