

**REPORT ON THE RESPONSE TO
THE BFBC MENTAL HEALTH FORUM
PRIORITIES QUESTIONNAIRE**

Issued by the Priorities Sub-Group 23 April 2001

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1. SUMMARY

This is the report of the Priorities sub-group after its discussion of the 18 responses received.

The mechanism which the Forum uses for progressing important issues is at least as important as the choice of topics for its attention. To get useful outcomes, more serious work has to be done between meetings, and topics should be more carefully defined.

Three topics appeared in both the statutory and voluntary groups' top five choices. They were Employment (48 votes), Increasing User Involvement in Policy (28 votes) and User/Carer consultation (24 votes). These should be the top three priorities for the Forum.

The fourth priority would be 24 hour Services if only the statutory groups' votes were considered, whereas the voluntaries would select Health Promotion. We could not resolve this large divergence, which we refer to the full Forum.

The sub-group should be asked to review the situation in six months time.

2. BACKGROUND AND PURPOSE

There are statutory requirements and guidelines for those responsible for Mental Health to consult locally with users, carers and other parts of the voluntary sector on proposals that the authorities need to put in place, and on the existing operation of the services. The voluntary groups are themselves keen to have their voices heard, often because of issues for which they have been specifically formed or which they are well placed to represent. The BFBC Mental Health Forum is a natural place to co-ordinate most of these consultations, especially since the welcome invitation to the Forum by the Mental Health Steering Group to send four delegates to its meetings, two users, one carer and one voluntary sector representative.

The question of how best to combine the statutory and voluntary agendas has been discussed several times at Forum meetings. Three points had come up frequently.

- The statutory and voluntary agendas are not the same. Our Health Authority had expressed the view that the Forum was not always seen as responsive and the voluntaries had expressed the view that they wanted to be involved on matters of their own choosing as well as to respond to matters tabled by the authorities.
- It was not possible for the voluntaries to give a considered view on either agenda if they were not given enough information and time to prepare. No person on the Forum is representing himself or herself; they have a membership which itself wants to be consulted and whose position needs to be established. So papers have to be available well before input is needed and these papers have to be accessible, both physically and in language, to all those being consulted.
- If voluntaries, who are mostly unpaid, are to find it worthwhile to prepare and engage in consultations, then they want to know that their views will alter policies and practice (or why not) and to be kept in touch with progress on the outcomes. The limitation of time at the Forum is a problem here, but the Forum management has responsibly addressed this by deciding that only one serious item is tabled for an hour-long discussion, and that meetings should be longer and more frequent.

In October 2000 an offer was made to co-ordinate a questionnaire based exercise to establish the main priorities as seen by all Forum members, both statutory and voluntary. At the January 2001 meeting this suggestion was agreed and five members formed the Priorities sub-group, which corresponded by email and met twice to supervise the questionnaire and to report back to the Forum with its recommendations. The members were Hilary Caldicott, Sue Dart, Peter Bestley, Jane Aylwin and Tony Heyes, who volunteered to act as scribe, and to produce the report for the April Forum meeting.

This is the report of the sub-group and it is commended to the Forum.

3. The Questionnaire

The first meeting considered over 40 topics and pared these down to a more practical 23, which it was hoped would contain the key ones. Questionnaire recipients were to be invited to write in new items.

The sub-group considered how to request “votes” and it was decided, in the interests of getting a decisive answer, to ask each recipient to give 20 points in total, spread across their favoured topics. They were also invited to note topics, on which they would like to be kept informed, and to note if they considered any topic needed more definition.

The sub-group was not entrusted with deciding which groups were officially members of the Forum and so the questionnaire was sent out to 24 groups (9 of which were voluntary and 15 statutory) who had attended any Forum meeting since November 1999. The list of 24 was submitted to Forum management before the mailings.

12 responses were received before our second sub-group meeting, which were consolidated and then discussed by the sub-group. Five responses were received after a reminder. There was one nil response and six members have not responded.

There are some areas on which the validity of the questionnaire can be queried, and which the Forum should consider.

3.1 *Were the topics perfectly defined?* We think that this can never be the case, but very little comment was made on this point by any of the recipients.

3.2 *Does the lack of a full response mean that the priorities are misleading?* Perhaps 18 responses out of 24 is slightly disappointing, but since our main object is to address the priorities of those who feel strongly about issues and have time available to take part, we think that there is no serious problem in acting on the current responses. The voluntaries had a similar response rate (7 out of 9) to that of the statutory members (11 out of 15).

3.2 *Was it clear enough what would be done with the priorities?* Probably not. We know that some members think they are for setting the main topic at Forum meetings, but that others believe (as we say above) that some topics require much more work such as a task group or a sequence of meetings. Recipients might have voted differently if this had been clearer, but the sub-group felt that its thoughts (see section 5) on working methods should be discussed first by the full Forum.

3.4 *Is the overall allocation of votes fair?* The Forum consists of 15 statutory and 9 independent units, so that the statutory sector has many more votes. Moreover some of the voluntary units are very small, though Mind is represented by both its Information Service and the Whitmarsh Centre. On the other hand several statutory members can rightly claim to be in contact with significant numbers of service users, and their votes hopefully reflect this. The subgroup felt that it was obliged to give equal weight to each Forum member.

3.5 *Do the votes represent the views of the member’s “constituency” or of its representative?* Neither our remit, nor our timescale permitted an request that members should formally consult their constituency and so we cannot express an opinion on this.

3.6 *Where new items were written in by a member,* obviously the other members were not invited to vote on them. So new items will have more importance than this report can claim. Our guess is that Patient Advocacy (which three members added) and the NHS Plan are the main items where true priorities will be higher than those we report.

4. The Answers

The total votes for each topic are given in the table at the end of the report, which also shows the different order in which the 10 statutory and 7 voluntary groups ranked the topics.

The top five for each of the two sectors contains the same three topics, and we have therefore concluded that these should be the main early priorities for the Forum. We are not overly concerned about the incomplete response in relation to these matters, though for some matters lower down the priorities may be underestimated.

Comments

1. Three topics appeared in the top five for both the statutory and voluntary groups: They are

Employment	48 pts
Increasing User involvement in Policy	28 pts
User/Carer Consultation	24 pts

2. There was a wide divergence on some topics. Notable were the following:

Health promotion: 2nd for Voluntary groups, very little weight from the Statutories.

Benefits: 3rd for the Voluntaries, no votes at all from the Statutories

Patient Advocacy: no votes from the Voluntaries.

24 Hour Services: 2nd for Statutories, 9th for Voluntaries

3. Combining topics can change the priorities significantly. For example:

Combining Befriending (16th) and Patient Advocacy puts the joint topic 9th in the list
Combining User/Carer Consultation (4th) with User Choice of Services puts this topic 2nd.

5. Ways of Working

The Forum was, essentially, set up to be a body for discussion and expression of its members' views, sometimes in a formal manner where those views can be taken to a body that has a decision making capacity, in particular, the Core Steering Group. The subgroup suggests that the Forum should try to discuss each topic with an eye on what can be done to improve things; in other words, that the Forum should be oriented towards outcomes as well as debate. Several topics that scored highly have already been discussed at least once in this way, and yet are not conclusively resolved.

There will be occasions where the Forum believes that it is necessary for work to be done which requires, or would benefit from, the Forum's multi-role, multi-agency nature but which cannot be done within a full Forum meeting.

In such cases the Forum should make appropriate arrangements for that work to be done through such structures as sub-groups or asking an individual or agency to take a lead in that area. The degree of accountability of that structure to the Forum may vary, but at a minimum the Forum should expect to receive reports on progress and a commitment to working in the inclusive fashion that characterises the Forum itself.

It is also important that topics are properly defined before work begins. This is especially vital where the Forum is invited by an outside body or one of its members to give a considered opinion, as an imprecise topic will surely give an inconclusive result.

6. Recommendations

(1) The top Three

Three topics were rated highly by both statutory and voluntary groups and therefore should receive serious Forum attention. They were:

- *Employment*
- *User Involvement in Policy*
- *User/Carer consultation.*

In selecting a fourth topic we had to grapple with a large divergence between voluntary and statutory choices. Although one or two statutory groups gave the opinion that they thought the Forum was intended more for consultation of voluntary groups than for inter-statutory discussion, the sub-group (mostly voluntary) did not feel able to resolve this matter without a full Forum discussion. If the Forum considered that voluntary opinion should be given greater weight we would suggest *Mental Health Promotion* as the voluntaries' 2nd choice. The statutory groups' 2nd choice was *24 Hour Services* which, surprisingly, received few votes from the voluntaries.

(2) Mechanisms

The Forum should decide, when it begins detailed consideration of each priority topic, the appropriate mechanism for its oversight of that topic. The sub-group believes that this will rarely be a single discussion and that work should be commissioned between meetings.

(3) Clarity

Whatever the mechanism chosen, the Forum should ensure that its interest in the topic should be defined sufficiently fully for outcomes to be appraised by the Forum. In the opinion of the sub-group, this has not usually been done to date. The sub-group considers that it will usually be insufficient simply to have a discussion on a general heading, though this will often be exactly right for minor issues. However several responders to the questionnaire made the point that there were in fact very few unimportant topics!

(4) Resources

Serious working will require the expending of statutory and voluntary resources. BFBC is already making some resources available for this work, such as rooms, and some administrative assistance, but should consider providing a more substantial resource, since it is unlikely that existing responsibilities can stretch all the way to meet this need.

(5) Priorities Sub-group

If the sub-group's recommendations are accepted, the sub-group should be disbanded, but be asked to reconvene in say six months to consider the success of the new working methods and report back to the Forum. If they are not acceptable the sub-group could be asked to meet again to revise them in the light of Forum comments.

(end of recommendations)

Appendix : The result of the March 2001 Consultation

This table gives the votes for 10 statutory and 7 voluntary groups			position given		
ref	total votes---->	340	total	statutory	voluntary
7	Employment	48	1	5	1
1	24 hour services	28	=2	1	9
9	Increasing User involvement in Policy	28	=2	2	=5
23	User/Carer consultation	24	4	4	=3
16	Primary care and Mental Health	23	5	3	=7
4	Child and Adolescent services	21	6	=6	=5
8	Health promotion	15	7	=22	2
12	Mental Health Act Reform	13	8	=6	=15
20	Suicide reduction	12	9	=12	10
3	Benefits	11	=10		=3
21	Support for Self Help Groups	11	=10	=19	=7
13	National Service Framework & local Plan	10	=12	=8	
18	Pyschological Services/talking treatments	10	=12	=15	=10
24	patient advocacy	10	=12	=8	
11	Liaison with Police and Criminal Justice System	10	=12	=8	
22	User choice of services (eg hospital)	9	16	11	
2	Befriending need	8	=17	14	=15
5	Day Care	8	=17	21	=10
10	Legal Rights of Mentally ill people	7	19	=12	
17	Principles of PCG consultation	6	20	26	=10
6	Dual Diagnosis (learning disability plus MH problems)	5	=21	=15	
15	Pre-discharge arrangements	5	=21	=22	14
25	Care programme approach	5	=21	=15	
26	User involvement in training	5	=21	=15	
14	Old Age and Mental health	4	25	=19	
19	Sheltered housing	2	=26	=22	
27	NHS Plan	2	=27	=22	

Comments (repeated from earlier sections)

1. Three topics appeared in the top five for both the statutory and voluntary groups. They are

Employment	48 pts
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 Patient Advocacy: got no votes from the Voluntaries.
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3. Combining topics can change the priorities significantly. For example:

Combining the Befriending and Advocacy votes puts the joint topic 9th in the overall list with 18 votes
 Combining User/Carer Consultation with User Choice of Services puts the joint topic 2nd with 33 votes.
(report ends)