

Muckamore Abbey Hospital Inquiry

Module 1 – Bamford and Mental Health Law in Northern Ireland

**MODULE 1 WITNESS STATEMENT
ON BEHALF OF BELFAST HEALTH AND SOCIAL CARE TRUST**

I, Professor Roy McClelland OBE, MD, PhD, FRCPsych, Emeritus Professor of Mental Health at Queen’s University Belfast and Consultant Psychiatrist within the Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on behalf of the Belfast Trust in response to a request for evidence from the MAH Inquiry Panel dated 9 December 2022. Module 1, addressing “Bamford and Mental Health Law in Northern Ireland”, is said to be intended to address 7 broad topics or themes set out in the MAH Inquiry correspondence of 9 December 2022.
2. This is my first witness statement to the MAH Inquiry.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “RMcC1”. The MAH Inquiry request for evidence can be found at Tab 1 in the exhibit bundle.

Qualifications and Position of the statement maker, and those who have assisted with the Module 1 statement on behalf of the Belfast Trust

4. I am a Consultant Psychiatrist by profession. In that capacity I am employed by the Belfast Trust.
5. I am also Emeritus Professor of Mental Health at Queen's University Belfast.
6. Between 2002 and 2007 I was heavily involved with what began as the "Review of Mental Health and Learning Disability (Northern Ireland)". Initially I was the deputy chair. Following the untimely death of Professor David Bamford in January 2006, I thereafter chaired the review. At our request, as recorded in our May 2006 report (the first report following Professor Bamford's death) the relevant Minister agreed that the review thereafter be known as "The Bamford Review of Mental Health and Learning Disability (Northern Ireland)" (the Bamford Review).
7. During the Bamford Review Muckamore Abbey Hospital was one of three hospitals in Northern Ireland caring for those with a learning disability. The others were Longstone Hospital and Stradreagh Hospital. In 2003 around 455 people lived in hospitals; 300 in Muckamore, 115 in Longstone and 40 in Stradreagh. They had done so, on average, for 20 years and had an average age of 49. In 2003 about 1,900 persons lived in some form of residential accommodation; approximately 50% of that number lived in residential homes, approximately 30% of that number in nursing homes, and the remaining approximately 20% in supported living, and they had done so, on average, for about 8 years.¹
8. After completion of the Bamford Review I continued to be involved with various department groups connected to work arising from the Bamford Review. Laterally this included work on what became the Mental Capacity Act (Northern Ireland) 2016.
9. When preparing this statement I have also taken the opportunity to engage with Dr Joan McGuinness, Consultant Psychiatrist, and who was also Clinical Director in Learning Disability/Intellectual Disability in the Southern Trust over many

¹ See internal page 60 and 61 of "Equal Lives".

years. Dr McGuinness was based in Longstone Hospital. Dr McGuinness was also involved with "Equal Lives" and sat on the Learning Disability Working Committee.

Overview of Bamford Review and subsequent developments

10. The reality is that if the proposals from the Bamford Review had been implemented then Muckamore Abbey Hospital would not have existed in 2017, other than potentially as a small acute assessment and treatment facility (for which there will always, in all likelihood, be a requirement in Northern Ireland). Recommendation 27 of the Equal Lives review was that by June 2011 all people living in a learning disability hospital should be relocated to the community.
11. Unfortunately, Central Government and the Department of Health, Social Services and Public Safety (as it was then) did not, or was not able to, make available the required financial resources to properly, effectively, and fully implement the comprehensive proposals that were developed through the Bamford Review, and which would have seen services fundamentally reshaped so people did not live in a learning disability hospital. I explained this in an interview with the BBC's Marie-Louise Connolly in January 2019², where I described the position as a "chronic disappointment".
12. I also explained to the BBC that, in my view, it was too simplistic to blame a particular health trust for what happened at Muckamore Abbey Hospital, and the problem was likely to be a whole system issue. The MAH Inquiry will no doubt want to consider the effect of trying to run a learning disability hospital whilst at the same time resettle from it the patients who reside in it. Further, the MAH Inquiry will also want to consider the effect of the process of resettlement where the most complex patients are those that are left behind to be cared for in the

² <https://www.bbc.co.uk/news/uk-northern-ireland-46909885>

learning disability hospital. If it is of assistance, I am happy to explain to the MAH Inquiry in greater detail what I meant by that.

13. The Bamford Review was the first of its kind in Northern Ireland. It encompassed a comprehensive examination and review of policy, services and law for people with mental health needs or learning disability.

14. The Terms of Reference of the Review were broad and reflected an intention to have the Bamford Review make all-encompassing whole system recommendations:

1. *To carry out an independent review of the effectiveness of current policy and service provision relating to mental health and learning disability, and of the Mental Health (Northern Ireland) Order 1986.*
2. *To take into account:*
 - *the need to recognise, preserve, promote and enhance the personal dignity of people with mental health needs or a learning disability and their carers;*
 - *the need to promote positive mental health in society;*
 - *relevant legislative and other requirements, particularly relating to human rights, discrimination and equality of opportunity;*
 - *evidence - based best practice developments in assessment, treatment and care regionally, nationally and internationally;*
 - *the need for collaborative working among all relevant stakeholders both within and outside the health and personal social services sector;*
 - *the need for comprehensive assessment, treatment and care for people with a mental health need or a learning disability who have offended or are at risk of offending; and*
 - *issues relating to incapacity.*
3. *To make recommendations regarding future policy, strategy, service priorities and legislation, to reflect the needs of users and carers.*

15. The Review Steering Committee presided over 10 major Expert Working Committees (and also fed into a departmental Workforce Planning Group).

16. All of our Committees adopted an evidence-based approach, drawing upon existing relevant information and research, and, where necessary, commissioning further research. Examples of best practice locally, nationally and internationally, informed our Reports. The approach taken evidenced a clear vision for mental health and learning disability services in Northern Ireland. Widespread consultations with stakeholders endorsed our vision and the strategic direction of the Review. A feature of the Review process was the contribution of Users and Carers across both Mental Health and Learning Disability. Their insights, advice and guidance were very important. The recommendations that we made for service reform were underpinned by a sound economic appraisal carried out by our Needs and Resources Committee.
17. We produced detailed reports from our work on a rolling basis. The detailed reports were as follows:
- a. 273 pages June 2005 "A strategic framework for Adult Mental Health Services".
 - b. 182 pages September 2005 "Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland".
 - c. 177 pages December 2005 "Alcohol and Substance Misuse".
 - d. 7 pages May 2006 "Autistic Spectrum Disorders".
 - e. 151 pages May 2006 "Mental Health Improvement and Well-Being - A personal, public and political issue".
 - f. 109 pages July 2006 "A Vision of a comprehensive Child and Adolescent Mental Health Service".

- g. 164 pages October 2006 "Forensic Services".
- h. 60 pages October 2006 "Human Rights and Equality of Opportunity".
- i. 136 pages June 2007 "Living Fuller Lives".
- j. 112 pages August 2007 "A Comprehensive Legislative Framework".
- k. 64 pages August 2007 "Promoting Social Inclusion of People with a Mental Health Problem or a Learning Disability".

18. I exhibit each of the reports behind Tab 2 to this witness statement.

19. In addition to these publicly available reports, in May 2007 the Bamford Review provided the then Department of Health, Social Services and Public Safety with a 154-page detailed costings report entitled "Reform and Modernisation of Mental Health and Learning Disability Services. Strategic Priorities for the First Phase of Review Implementation." I exhibit this report behind Tab 3 to this witness statement. I confirm this is my personal copy of the costings report, and the handwritten annotations found on the report are mine. We prepared this report to assist with the first phase of implementation, and essentially as a means of trying to make sure that what we recommended was carried through.

20. Our approach to our work recognised that whilst there are overlaps between mental health and learning disability, nonetheless they are very distinct and separate conditions which require different responses. That was reflected through our Expert Working Committees.

"Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland"

21. The main report arising from the review of policy and services for people with a learning disability is commonly referred to as "Equal Lives". It was the result of detailed work by our Learning Disability Working Committee. That committee was chaired by Siobhan Bogues. It set out the vision for developing services for those with learning disability for the following 15 to 20 years.
22. The broad range of contributors to the review is demonstrated by the nature and extent of the Learning Disability Working Committee. It had 22 members drawn, for example, from health trusts, police, academia, and the voluntary sector. It included medical and allied health professionals. It included Miriam Somerville, then of the North and West Belfast Health and Social Services Trust and who was heavily involved with Muckamore Abbey Hospital.
23. The Learning Disability Working Committee agreed its Terms of Reference for the Equal Lives review; see internal page 2 of "Equal Lives".
24. The Learning Disability Working Committee itself had 8 sub-groups or working groups (see Annex G on internal page 167 of "Equal Lives"). Whilst there were some members of the Learning Disability Working Committee involved with each of the sub-groups, the sub-groups themselves had an extensive range of further individuals with particular expertise in the area being considered by the particular sub-group. The sub-groups were:
 - a. The Equal Lives Group, who also had some advisers;
 - b. Carers Advisory Group;
 - c. Accommodation and Support Task Group;
 - d. Ageing Issues Task Group;
 - e. Children and Young People Task Group;
 - f. Day Opportunities Task Group;
 - g. Physical Health Task Group; and
 - h. the Mental Health Task Group;

25. The authors of the "Equal Lives" report drew on 171 reports and articles relating to learning disabilities. They were from a broad range of views; the authors were governmental, academic, and from the voluntary sector. They were local, national and international. Some specifically referred to Muckamore Abbey Hospital. See Annex E to the "Equal Lives" report on internal page 147. I exhibit behind Tab 4 some of the key reports that are referenced in "Equal Lives", and which the Belfast Trust has been able to access to date, in case they are of assistance to the MAH Inquiry.
26. The Learning Disability Working Committee also conducted an extensive range of consultations. This included setting up and meeting with an Equal Lives Group made up of 16 men and women with a learning disability from different parts of Northern Ireland. They also, amongst other things, met with a group of family carers, held various public meetings and held conferences and seminars. The broad approach taken to their work is listed on internal pages 3 and 4 of the "Equal Lives" report.
27. The "Equal Lives" report summarised the findings of the Learning Disability Working Committee and presented a wide range of proposals for improving the lives of people with a learning disability, and their families, by developing proposed responses that were based on 5 values; citizenship, social inclusion, empowerment, working together, and individual support; see internal pages 6 and 7.
28. The authors of the report found:

1.11 People with a learning disability in Northern Ireland do not enjoy equality of opportunity and are often excluded from the opportunities that other citizens enjoy. Their families frequently suffer high levels of social disadvantage and their caring responsibilities can place them under almost unbearable levels of stress. There is

evidence of progress having been made, but in order to fully tackle these difficulties there is a need for major co-ordinated developments in support and services and a continuing change in attitudes over at least the next 15 years.

1.12 We believe this will be best achieved through the adoption of a shared value base, a focus on shared core objectives and rigorous efforts across Government departments and agencies in the community to implement the change agenda that is detailed in the Equal Lives Review.

29. The authors identified 12 core objectives that we recommended should form the bedrock of future policy for improving the lives of people with a learning disability:

Objective 1 *To ensure that families are supported to enjoy seeing their children develop in an environment that recognises and values their uniqueness as well as their contributions to society.*

Objective 2 *To ensure that children and young people with a learning disability get the best possible start in life and access opportunities that are available to others of their age.*

Objective 3 *To ensure that the move into adulthood for young people with a learning disability supports their access to equal opportunities for continuing education, employment and training and that they and their families receive continuity of support during the transition period.*

Objective 4 *To enable people with a learning disability to lead full and meaningful lives in their neighbourhoods, have access to a wide range of social, work and leisure opportunities and form and maintain friendships and relationships.*

Objective 5 *To ensure that all men and women with a learning disability have their home, in the community, the choice of whom they live with and that, where they live with their family, their carers receive the support they need.*

Objective 6 To ensure that an extended range of housing options is developed for men and women with a learning disability.

Objective 7 To secure improvements in the mental and physical health of people with a learning disability through developing access to high quality health services that are as locally based as possible and responsive to the particular needs of people with a learning disability.

Objective 8 To ensure that men and women with a learning disability are supported to age well in their neighbourhoods.

Objective 9 To enable people with a learning disability to have as much control as possible over their lives through developing person centred approaches in all services and ensuring wider access to advocacy and Direct Payments.

Objective 10 To ensure that health and social care staff are confident and competent in working with people with a learning disability.

Objective 11 To ensure that staff in other settings develop their understanding and awareness of learning disability issues and the implications for their services.

Objective 12 To promote improved joint working across sectors and settings in order to ensure that the quality of life of people with a learning disability is improved and that the Equal Lives values and objectives are achieved.

30. The authors recognised that achieving the objectives would require, amongst other things, a change in approach, a major programme of work, additional resources, and leadership:

1.17 We recognise that achieving these objectives will require a major programme of work that will include:

- changes to how funding is allocated
- securing additional resources to achieve key outcomes
- closer interdepartmental and interagency working

- *significant attention to developing and reconfiguring the workforce*
- *setting up robust arrangements for ensuring the implementation of recommendations*
- *commitment and effective leadership from key decision makers, planners and managers.*

1.18 We will set out in the chapters that follow a series of concrete recommendations that should be implemented to support the achievement of the Equal Lives objectives. These recommendations fit together like a jigsaw and provide a coherent framework for guiding the delivery of the change programme.

31. The Review then set out, over a series of detailed chapters, concrete recommendations for achieving the “Equal Lives” objectives. They described their recommendations as ones that *“fit together like a jigsaw and provide a coherent framework for guiding the delivery of the change programme.”*

32. It is perhaps of note, notwithstanding the recognition of major changes in service provision in the 20 years that preceded the “Equal Lives” report (see internal pages 24 and 32 of the “Equal Lives” report), that the Review, perhaps rather prophetically, drew attention to the 1995 Department of Health and Social Services (as it was then) review of policy for people with a learning disability, which involved the stated aim that *“Government policy for people with a learning disability should be inclusion ... which stresses citizenship, inclusion in society, inclusion in decision-making, participation so far as is practicable in mainstream education, employment and leisure, integration in living accommodation and the use of services and facilities, not least in the field of health and personal social services.”*, but the Equal Lives Review went on to say:

3.9 It should be noted, however, that much of the evidence presented to the Learning Disability Working Committee indicates that these aspirational statements have not fully been translated into practice. In particular the Review of Policy and Services for People With a Learning Disability (1995) pointed the way towards many of the changes that we are again highlighting in this report. The failure to fully implement the

recommendations of that review appears to stem from a combination of the following factors:

- *insufficient resources to build up the community infrastructure including community based alternatives to hospitals required to deliver on the strategic intent*
- *the lack of robust implementation mechanisms to hold all Government departments and agencies to account for their actions in implementing the recommendations*
- *the continued perception that the needs of people with a learning disability can be met solely by health and social services*
- *an underdeveloped culture of involving people with a learning disability and family carers in determining the services available to them.*

3.10 *The challenge for the future will be to build on the direction of travel that has been established in these legislative and policy developments and to learn from lessons of previous reviews to ensure that these aspirations become a reality within the next 15 years.*

33. The “Equal Lives” report did address the different models for learning disability care; what was described as the Traditional (Medical) Model and the Social Model. However, the Review expressed its own view as to the appropriate model it considered should be adopted, before going on to explain what it included:

“3.17 it is our view that all services, across all sectors, should aspire towards a holistic, or bio-psycho-social model, encapsulated by inclusive and person centred approaches. This model allows for the holistic view of an individual’s needs, implied by the core values of the Equal Lives Review.”

34. The approach focused on addressing four dimensions as part of the holistic personal centred approach; impairment, functional limitations, social inclusion, and supports; see internal page 19 of the “Equal Lives” report.

35. The recommendations covered various areas that were examined in detail in the report and addressed as part of the 12 objectives adopted by the Review:

- a. Aligned to objectives 1 and 2, relating to children, young people and their families, 13 recommendations (1 to 13)
- b. Aligned to objectives 3 and 4, relating to helping young people transition into adulthood, ensure people with learnings disabilities to access equality of opportunity, and lead full and meaningful lives in their neighbourhoods, 13 recommendations (14 to 26)
- c. Aligned to objectives 5 and 6, that men and women with a learning disability have their homes in the community (by June 2011), appropriate support for families, and an extended range of housing options, 10 recommendations (27 to 36)
- d. Aligned to objective 7, improvements in health and well-being, including mental health care and dealing with challenging behaviours, for people with a learning disability, 14 recommendations (37 to 50)
- e. Aligned to objective 8, supporting people with a learning disability age well in their neighbourhoods, and reflecting the fact that people with a learning disability were likely to live longer than had been the case in the past, 3 recommendations (51 to 53)
- f. Aligned to objective 9, where people with a learning disability are fully integrated into and can participate in the lives of their communities and supported to have the same full range of opportunities as others (and relating to the person-centred approach), 7 recommendations (54 to 60)
- g. Aligned to objectives 10 and 11 relating to issues of staffing, 9 recommendations (61 to 69)

- h. Aligned to objective 12 relating to joint working across sectors and settings, 5 recommendations (70 to 74)

36. It is important, when considering the recommendations, that attention is given to the preceding text, which set the context for, and provided greater detail about, the nature of each of the recommendations.

37. The particular difficulties associated with resettlement, and the identification of a significant future problem was addressed in detail on internal pages 62 and 63 of the “Equal Lives” report. However, what needed to be done to give effect to the recommendations was clearly explained. Ultimately Recommendations 27 and 28 said:

***Recommendation 27** By June 2011, all people with a learning disability living in a hospital should be relocated to the community. Funds need to be provided to ensure that on average 80 people will be resettled per annum over the 5-year period from 2006 to 2011.*

***Recommendation 28** With immediate effect, all commissioners should ensure that they have resourced and implemented arrangements to provide emergency support and accommodation for persons with a learning disability. Hospitals will not provide this service from 1st January 2008.*

38. It is also the case, when discussing the management of the type of change envisaged by the “Equal Lives” Report, that the authors recognised the type of issues that could cause impediments to effective implementation of the recommendations:

12.1 The Equal Lives Review sets out an ambitious change programme that will require commitment and leadership at all levels in organisations throughout Northern Ireland. We anticipate that the implementation of the recommendations of the Equal Lives Review will involve a fundamental shift towards more person centred ways of working

and a determined effort to remove barriers to inclusion in existing structures, systems and working practices. The Equal Lives Review has concluded that many of the aspirations in the 1995 Review were appropriate and that it can usefully be built upon to deliver on the Equal Lives objectives. However, our consultation indicates that major weaknesses in the 1995 Review included:

- the absence of transparent resource commitments to implement the Review's recommendations*
- the lack of a robust implementation process*
- the continuation of organisational impediments to progress.*

12.2 Many of the needs of people with a learning disability and their family carers are best met at an individual, face-to-face level. However, the way in which these services are delivered is heavily influenced by the organisational structures in which they are provided. Different organisations can be involved in attempting to meet the diversity of needs and aspirations. Agencies have different funding sources as well as different management and staffing structures and contrasting ways of working. Therefore, it can be difficult for them to co-ordinate their services even when they are working in the same geographical area. These difficulties are further compounded when service priorities are set and service planning is undertaken without consultation with potential partner agencies.

12.3 In this chapter we will highlight issues and concerns relating to organisational arrangements in support of people with a learning disability and outline our proposals for supporting the implementation of the Equal Lives Review.

39. The authors also recognised the issue of resources, and so set out over several pages (see internal page 121 and following), the proposed prioritisation of the various recommendations made. The context to that section of the report involved the authors pointing out:

12.48 The Equal Lives report has made 74 recommendations to take forward its vision for the future. Full implementation of these recommendations will cost approximately £175 million additional over the change period. (171) It is recognised that these large

sums of money are not immediately available and accordingly this section of the Equal Lives report will set out some immediate and medium -term objectives. While change will be costly and will take time there must be an immediate and ongoing commitment to making financial resources available if the change process is to be real. While the report recognises the need to reconfigure and better target existing resources, the level of change and modernization envisaged will not happen without this commitment.

12.49 To maximise the impact of change it will be essential to progress each of the report objectives in tandem. While some recommendations will not require funding they will require considerable investment of planning time from staff and will also have to be incrementally introduced.

12.50 It is now intended to order each of the Equal Lives Review recommendations placing a priority rating against them. Priority ratings agreed were as follows:

- i. Pre-Implementation Support
- ii. Immediate Planning - to be started forthwith
- iii. Immediate Resourcing - 2006 - 2012
- iv. Medium-term Resourcing - 2012 - 2020.

40. The succinct conclusion to the "Equal Lives" report, on internal page 126, was as follows:

12.56 We have set out an ambitious programme for change in the Equal Lives Review, which we believe sets out a clear policy direction for people with a learning disability. The Equal Lives values and objectives should form the benchmarks by which future policy and service developments are measured.

12.57 The objectives and recommendations that we have made cannot be met within current resources and organisational systems. There is a need to change both the use of existing resources and to secure additional funding if the Equal Lives objectives are to be achieved. In addition all those who work with people with a learning disability in

both specialist and mainstream settings will need to review how they work, and where necessary, to develop new styles of working that are based on ensuring that the voices of people with a learning disability and their family carers have a greater influence and improved approaches to working in partnership.

12.58 The enthusiasm and dedication that has been evident from the many hundreds of people who have participated in the Equal Lives Review demonstrates that there is a strong commitment to improve the quality of lives of people with a learning disability and their families. The challenge now will be to ensure that the aspirations contained in this Review are translated into action across Northern Ireland in a way that ensures that people with a learning disability really can experience equal lives in the future.

41. In the foreword to the “Equal Lives” report Professor Bamford and I made the following statement:

“The Equal Lives Review has concluded that progress needs to be accelerated on establishing a new service model, which draws a line under outdated notions of grouping people with a learning disability together and their segregation in services where they are required to lead separate lives from their neighbours. The model of the future needs to be based on integration, where people participate fully in the lives of their communities and are supported to individually access the full range of opportunities that are open to everyone else.

The success of implementing the Equal Lives recommendations depends on the contribution of many stakeholders, but most of all Government, who must give a lead on implementing the process of change. We fully recognise the resource implications and urge Government, in particular the Department of Health, Social Services and Public Safety, to begin the necessary process of reform and modernisation of these services immediately.”

42. As per internal page 105 of the May 2007 “Strategic Priorities for the First Phase of Review Implementation”, it was envisaged when the “Equal Lives” report as given

to the Minister in September 2005 that implementation would commence in 2006. The May 2007 document reflected on internal page 105 that there was already delay.

43. Sadly, the vision outlined in the “Equal Lives” review has not been realised, and the detailed roadmap that it devised towards the vision was not followed. The investment needed to make it reality was not provided.

Subsequent Developments

44. When I say that the vision was not realised and the roadmap not followed, I do not mean that nothing was done. Steps were taken, some money was invested, but just not enough of either to see the necessary changes brought into being.

45. In June 2008 the departmental consultation document “*Delivering the Bamford Vision*” was published.

46. Following the consultation exercise, in October 2009 the then Department of Health Social Services and Public Safety published a 139-page “*Delivering the Bamford Vision. The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009-2011*”. A copy can be found behind Tab 5 in the exhibit bundle.

47. The 2009 action plan noted the “...overall vision for mental health and wellbeing, and for learning disability, will take 10-15 years to achieve.” The intention was to deliver on the outlined targets by 2011, thereafter “there will be a review of progress and further action plans endorsed by the executive.”³

³ Delivering the Bamford Vision – Action Plan (2009) DHSSPS, page 2

48. The action plan was subdivided into three sections; the first section was general and strategic, the second related to mental health and the third section (internal pages 88 to 134) related to the learning disability action plan.

49. The learning disability part of the action plan was grouped into 5 themes:

- a. promoting positive health, wellbeing and early intervention,
- b. supporting people to lead independent lives
- c. supporting carers and families,
- d. providing better services to meet people's needs
- e. providing structures and a legislative base to deliver the Bamford Vision.⁴

50. Section 3.4 of the action plan dealt with "Investment in services":

"People with a mental health need or a learning disability benefit from services funded by a range of Departments, but DHSSPS, DE and DSD are key contributors. DHSSPS and DE have specific funding streams devoted to services for these groups of people.

Within DHSSPS's area of responsibility just over £200m was spent in 2007/08 on mental health services and just under £200m on learning disability services. It is estimated that around £200m was spent on services for older people with dementia – together accounting for approximately £600m, almost one quarter of Health and Social Care Trusts' expenditure. However too high a proportion of mental health and learning disability funding is spent on hospital services; the aim is to provide more care in community settings.

As a result of the 2008-2011 Comprehensive Spending Review, in which the Executive agreed the allocations to Departments for 2008 to 2011, DHSSPS allocated from within its resources an additional £44m to be allocated to mental health and learning disability services (£27m for mental health services and £17m for learning disability services) and an additional £3m for mental health promotion over the three years.

⁴ Delivering the Bamford Vision – Action Plan (2009) DHSSPS, page 5

In addition to the revenue budget described above, the Department's capital programme includes provision for mental health and learning disability facilities. The planned capital budget over the years 2009-10 to 2010-11 is some £476m of which it is planned that £48m will be spent on facilities for those with mental health needs or learning disabilities. When completed, these projects will represent an investment of £78m.

The Department of Education also provides significant funding in support of all children with special educational needs including those with a learning disability or other mental health needs. In order to address continuing increased needs, in addition to existing funding baselines, £82m has been provided from 1996 to date for the implementation of the Code of Practice on the Identification and Assessment of SEN. A further £53m was made available over the 2005/06 to 2007/08 period, through Spending Review 2004 and Budget and Priorities 2006- 2008, to support children with special educational needs. This increased funding has resulted in approximately £185m being expended in 2007/08 for provision for children with special educational needs. This includes £100m for special schools and £55m to meet the additional costs of statemented pupils in mainstream schools and units. Also included is some £23m under the Targeting Social Need factor of the Local Management in Schools Formulae, which inter-alia, assesses the likely proportion of pupils who require additional support for learning.

DE has also allocated a further £2m in 2008/09 to sustain the Independent counselling support service for pupils in post primary schools and a regional anti- bullying helpline operated by Childline.

DSD also makes a substantial contribution, both in terms of capital funding for buildings and associated revenue, through the supported housing programme, but it is not possible to specify the amounts relevant to mental health and learning disability alone."

51. The contrast with what happened in subsequent years (which is discussed below) is stark.

52. In January 2012 the DHSSPS published its 128-page *“Evaluation of the 2009-2011 Bamford Action Plan: As at December 2011”*. A copy can be found behind Tab 6 in the exhibit bundle.

53. The evaluation documented progress said to have been made as measured against the actions that were set out in the 2009-2011 plan. It was reported that as of June 2011 82% of mental health actions, and 81% of learning disability actions were achieved (marked green).⁵ Of those not completed it was said: *“In considering the 14 mental health actions and 13 learning disability indicating RED; while it is entirely correct to say that the full objectives set in 2009 were not achieved, some progress has been made on many of the actions.”*⁶ Under a concluding section described as *“The Bamford Vision in 2011”* the following was said:

“7.3 The Bamford Vision in 2011

7.3.1 From the first Bamford Adult Mental Health Report published in 2005 to the end of the first Bamford Action Plan in 2011, servicer users, their carers, families, clinicians, health and social care professionals, and the voluntary and community sectors have experienced a process of change impacting on many areas and levels of mental health and learning disability services.

7.3.2 Over and above the Bamford Review’s 700 published recommendations, the actions in the 2009-2011 Action Plan or even what actions may be within the next Plan, the Bamford Vision has in some ways had a much deeper impact than even the Review team could have envisaged. The thinking of many stakeholders has changed from a begrudging acceptance of what needs to be done to deliver the Bamford Vision, to an embedding of the Bamford ethos at all levels of government and administration. This deep rooted cultural change is in some ways a much stronger and more lasting testament of the achievements of the Bamford Review, than delivering a distinct number of actions or recommendations. It is perhaps this rather than any present

⁵ Evaluation of the 2009-2011 Bamford Action Plan (2012) DHSSPS, page 19

⁶ Evaluation of the 2009-2011 Bamford Action Plan (2012) DHSSPS, page 21 at 5.1.6

structure or action plan that will carry the Bamford Vision into the future and well past the original 10-15 year lifespan.

7.3.3 The ongoing use of the Bamford title has been a topic for discussion as this 2009-2011 Action Plan draws to a close. During the course of this evaluation some stakeholders have expressed the view that the Bamford title has been superseded and should be replaced since some of the Review recommendations have been overtaken by more recent developments. Others want to see the Bamford title retained as a link back to the original Bamford Review.

7.3.4 It would be difficult to create a new title that invokes the same passion, and covers the whole range of mental health and learning disability services as the term "Bamford" achieves. We are now at a point where the Bamford ethos has been embedded in stakeholder culture.

7.3.5 It is fitting therefore, both for reasons of practicality and to maintain the ethos of the Review, that the follow-on Action Plan should still bear the Bamford title.

7.3.6 The 10 to 15 year programme of reform envisaged by the Bamford Review for service development has commenced and much has been achieved, there is still much to do."

54. In September 2012 a Service Framework for Learning Disability was published. The Framework was said to be aimed to improve the health and wellbeing of people with a learning disability, their carers and families, by promoting social inclusion, reducing inequalities in health and social wellbeing and improving the quality of health and social care services, especially supporting those most vulnerable in our society.

55. In November 2012 the DHSSPS published the 70-page "*Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability - Action Plan 2012-2015*". A copy can be found behind Tab 7 in the exhibit bundle.

56. It was stated that implementation of the 2012 action plan *"...will continue to be monitored through the Interdepartmental Senior Officials Group on Mental Health and Learning Disability and monitoring reports will be published on a regular basis."*⁷

57. Of the Bamford Action Plan 2009-2011 the following was said:

"Bamford Action Plan 2009-2011

1.3 The Northern Ireland Executive accepted the broad thrust of the Review's recommendations. The Executive's response to the findings of the Bamford Review, Delivering the Bamford Vision, was consulted on in 2008. This led to the publication in October 2009 of the Bamford Action Plan 2009 –2011.

1.4 The 2009-2011 Plan set out the Executive's commitment across Departments to improving the mental health and wellbeing of the population of Northern Ireland and to improving services for those with a mental health need or a learning disability in line with the policy articulated in Delivering the Bamford Vision. The Action Plan contained agreed actions with associated timescales to be taken forward by a range of Northern Ireland Government departments and agencies, in particular the Health and Social Care sector.

1.5 An inter Ministerial group, chaired by the Minister for Health, Social Services and Public Safety, was established to oversee the work and structures put in place to support this group. The structures put in place also provide a formal forum for the voice of service users and carers through the Bamford Monitoring Group.

1.6 Departments other than DHSSPS continue to make a substantial contribution to progressing the Bamford Vision, as evidenced by the Action Plan in Section B. The structures supporting cross sectoral work on Delivering the Bamford Vision are shown below.

⁷ Delivering the Bamford Vision – Action Plan (2012) DHSSPS, page 2

1.7 This Action Plan, covering the period 2012-2015, follows on from the 2009-2011 Action Plan. Some of the actions in this Plan continue work already started during 2009-2011, while others address issues raised by the Bamford Review which were not possible to progress during the 2009-2011 Plan. The plan also includes a number of issues which were not considered by the Bamford Review but which fall under the broader vision of the Review

1.8 In preparing this Action Plan, those who use the services and their families and carers have had opportunity to influence the Plan through:

- two initial workshops held in September 2011 to gather views on the key areas for renewed action;
- two workshops in March 2012 jointly hosted by the Inter Departmental officials group and the Bamford Monitoring Group to consider how cross sectoral working could be improved; and
- continued close working with the Bamford Monitoring Group. Transforming Your Care

1.9 Transforming Your Care, TYC, – a review of health and social care in Northern Ireland published in December 2011 has many parallels with the Bamford Vision in respect of mental health and learning disability service provision and enhancement including;

- Early intervention and health promotion,
- A focus shift to community care,
- Promotion of recovery practices,
- Personalisation of care,
- Resettlement,
- Service user and carer involvement,
- Advocacy,
- Provision of clearer information, and
- Respite provision.

1.10 *The Evaluation of the 2009-2011 Bamford Action Plan and the TYC Review both also acknowledge the many improvements in mental health and learning disability services over the last few years and the ongoing need to continue to drive forward more rapid progress.*

1.11 *The TYC Review reflects the Bamford Vision, with both committed to delivering the best outcomes, increasing independence, choice and service improvements for people with mental ill-health or a learning disability. This will enable accelerated service enhancement in line with the needs and expectations of service users and carers in a coordinated and consistent manner."*

58. The action plan outlined the "Bamford Implementation Structure 2012-2015" which was said to link the Northern Ireland Executive to service users and carers, including the Bamford Interdepartmental Ministerial Group, the Bamford Interdepartmental Senior Officials Group, the HSC Bamford Taskforce and the Bamford Monitoring Group.⁸ The plan reported that *"A strong foundation has been established and a positive change is evident but we still have much to do in order to deliver that vision."*⁹

59. Of significant importance to understanding the key problem is what is set out in paragraph 3.13:

"3.13 Funding will continue to be a significant challenge in the period to 2015 and beyond. There is continuing pressure to achieve efficiencies. The only additional funding to the Health and Social Care sector earmarked for mental health and learning disability services over the budget period 2011-2015 is £9.20m £2.80m for mental health and £6.40m for learning disability to continue the resettlement programme. This contrasts sharply with the financial outlook at the start of the 2009-2011 Action Plan, when much more significant increases in funding were anticipated."

⁸ Delivering the Bamford Vision – Action Plan (2012) DHSSPS, page 8

⁹ Delivering the Bamford Vision – Action Plan (2012) DHSSPS, page 3

60. The only additional funding that was to be made available for learning disability in the 2012 to 2015 period was £6.4m. The contrast with the 2009 to 2011 action plan, which itself did not provide the amount of funding that we had identified as necessary, will hopefully be obvious.

61. In the Learning Disability section of the Action plan the following was said:

“Older People with a Learning Disability

6.5 Equal Lives, the Bamford Review report on learning disability, recognised that increasing numbers of people with a learning disability were living to old age, but that this brought added challenges. Family carers also grow older and become unable to continue with the caring role. Accommodation and day time activities may no longer be suited to the person’s interests and physical abilities. Dementia can start at an earlier age than for most other people. This Action Plan includes a commitment to develop a plan to support people with a learning disability who are living with elderly carers where there is a risk of that caring arrangement breaking down.

Resettlement

6.6 There are currently around 200 longstay patients in learning disability hospitals who no longer require hospital treatment and who could be resettled into the community. As with mental health, work will continue over the period of this Action Plan to seek alternative care arrangements for as many of these people as possible with the current funding of £6.4m identified for this and to identify options to achieve the long term objective to complete the resettlement programme by 2015. The principle of betterment will continue to inform decisions.”

62. In November 2013 the DHSSPS published a 33 page monitoring report *“Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford*

Review of Mental Health and Learning Disability – Action Plan 2012-2015". A copy can be found behind Tab 8 in the exhibit bundle.

63. The purpose of the monitoring report was said to be "...to highlight progress against the Bamford Action Plan 2012-2015." The monitoring report introduced a red/amber/green system, as opposed to the earlier red/green from the 2012 evaluation.
64. The report advised "*Progress at October 2013 indicates that out of the 76 actions, 63 are GREEN, 13 are AMBER. None of the actions are RED.*"¹⁰ Annex A of the report contains the action plan with progress updates per action.
65. In November 2014 the DHSSPS published a further 37-page monitoring report "*Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability – Action Plan 2012-15 Monitoring Report November 2014*". A copy can be found behind Tab 9 in the exhibit bundle.
66. This report advised that it was the second annual monitoring report.¹¹ "*Implementation of the Bamford Action Plan 2012-2015 continues to be monitored through the Inter-Departmental Senior Officials Group and Ministerial Group on Mental Health and Learning Disability.*"¹²
67. The report advised "*Progress at October 14 indicates that out of the 76 actions 63 are GREEN, 13 are AMBER.*"¹³ Annex A of the report contained the action plan with progress updates per action.

¹⁰ Delivering the Bamford Vision – Monitoring Report (2013) DHSSPS, page 4 at paragraph 8

¹¹ Delivering the Bamford Vision – Monitoring Report (2014) DHSSPS, page 2 at paragraph 5

¹² Delivering the Bamford Vision – Monitoring Report (2014) DHSSPS, page 2 at paragraph 5

¹³ Delivering the Bamford Vision – Monitoring Report (2013) DHSSPS, page 3 at paragraph 8

68. Whether these reports, and the suggested progress they contain, actually resemble the implementation of the vision or the recommendations of the Bamford Review, will be a matter for the MAH Inquiry.

69. It may be of assistance to the MAH Inquiry if I draw attention to the 2019 House of Commons Northern Ireland Affairs Select Committee report on "Health Funding in Northern Ireland". A copy can be found behind Tab 10 of the exhibit bundle. It addressed the funding position in respect of mental health, which is often seen as running in tandem with learning disability, and said:

"116. Despite many of the positive changes made in the wake of the Bamford Review funding for mental health as a proportion of the health budget in Northern Ireland has remained comparatively low, despite the higher prevalence of need. In 2015–16, spending on mental health totalled £255 million, which represents 5.5 per cent of the overall health budget.²⁶⁰ In 2016–17, 5.2 per cent of the health budget was spent on the Mental Health Programme of Care by HSC Trusts (not including spend on mental health services delivered by GPs or the Public Health Agency, which the Department does not collect data on).²⁶¹ By comparison, 13 per cent of total expenditure by clinical commissioning groups and specialised commissioning services (not including direct commissioning such as that by general practitioners) was spent on mental health by NHS England in 2015–16, with 13.3 per cent spent in 2016–17 and 2017–18.²⁶² NHS Wales allocated 11.4 per cent of expenditure to mental health in 2017–18²⁶³ and NHS Scotland allocated 7.6 per cent in 2019–20.²⁶⁴

...

119. Despite a higher prevalence of need, the Department of Health spends a comparatively low percentage of its overall budget on mental health. Years of underfunding have meant that those in need of mental health services have struggled to access the same quality of care as those with physical health needs. The Department should increase its level of investment in mental health

as a share of the overall health budget in line with recent increases in other UK jurisdictions, with the aim of reaching 13 per cent in the long-term."

70. If it is possible for the MAH Inquiry to carry out a similar exercise specifically in relation to learning disability, I anticipate the conclusion will be similar.

Involvement with the Mental Capacity Act (Northern Ireland) 2016

71. I did continue to be involved with departmental work arising from the Bamford Review. Laterally this related to work to bring forward the Mental Capacity Act, which was the outworking of our 2007 report on "A Comprehensive Legislative Framework" that was referred to earlier in this statement.

72. The journey of the Mental Capacity Bill, a "fusion" of mental capacity and mental health law, involved both the Department of Health and the Department of Justice.

73. The Mental Capacity Act (Northern Ireland) 2016 received Royal Assent on 9 May 2016, albeit it is still only partially in force.

74. In January 2021 I delivered a lecture on our journey to our new Mental Capacity Act (or MCA) to the Centre for Mental Health and Capacity Law at Edinburgh Napier University. For the assistance of the MAH Inquiry, I exhibit a copy of that lecture behind Tab 11. Behind the same Tab I have also exhibited a relevant article published in 2016 in the International Journal of Mental Health and Capacity Law. It is entitled "No Longer 'Anomalous, Confusing and Unjust': The Mental Capacity Act (Northern Ireland) 2016". It was authored by Colin Harper, Gavin Davidson and me.

Conclusion

75. It is of course possible to consider abuse and poor practice at Muckamore Abbey Hospital as a local problem, for which individuals and/or a single health trust

could be blamed. However, it seems to me that if this is the approach taken by the MAH Inquiry then there is a danger that the real whole system problems will not be identified, owned and addressed, and that any findings and recommendations the MAH Inquiry might make are unlikely to reduce, to the greatest extent possible, the risk of repetition.

76. I do not seek to in any way excuse or justify the abuse of patients by staff at MAH, nor do I seek to condone poor practices that occurred there. I also do not seek to absolve the Belfast Trust in respect of any management or other deficiencies it will be shown to have had in its running of MAH.

77. However, it must also be important for the MAH Inquiry to reflect on a desperately regrettable “perfect storm” of factors that may have contributed to what occurred at MAH. This must include the fact that a single health trust, albeit one of significant size and standing, was left to run a regional facility (including a facility with forensic responsibility), whilst at the same time trying to empty it of its patients, but without the whole system resources (not limited to funding) envisioned by the Bamford Review and agreed to by government.

78. Equally, what resettlement it was possible to achieve, in the circumstances that were provided, resulted in MAH being a facility containing the patients with the most extreme needs of those in the learning disability population. The potential effect this reality would have on MAH, its staff, and its patients is perhaps only capable of being properly examined and understood through the MAH Inquiry.

Declaration of Truth

79. The contents of this witness statement are true to the best of my knowledge and belief. I have either exhibited or referred to the documents which, collectively, the contributors to this statement believe are necessary to address the matters on which the MAHI Panel has requested the Belfast Trust to give evidence.

Signed: Professor Roy McClelland

Dated: 3 March 2023

Belfast Trust Module 1 Statement Exhibit Bundle – “RMcC1”		
<u>Tab 1 – Inquiry correspondence</u>		Pages
T01.01	Letter to Belfast Trust 09 December 2022	35
T01.02	Enclosure 09 December 2022	38
<u>Tab 2 – Bamford Review reports</u>		
T02.01	A strategic framework for Adult Mental Health Services (2005)	42
T02.02	Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland (2005)	315
T02.03	Alcohol and Substance Misuse (2005)	497
T02.04	Autistic Spectrum Disorders (2006)	674
T02.05	Mental Health Improvement and Well-Being - A personal, public and political issue (2006)	681
T02.06	A Vision of a comprehensive Child and Adolescent Mental Health Service (2006)	832
T02.07	Forensic Services (2006)	941
T02.08	Human Rights and Equality of Opportunity (2006)	1105
T02.09	Living Fuller Lives (2007)	1165
T02.10	A Comprehensive Legislative Framework (2007)	1301
T02.11	Promoting Social Inclusion of People with a Mental Health Problem or a Learning Disability (2007)	1413
<u>Tab 3 – Bamford material</u>		
T03.01	Reform and Modernisation of Mental Health and Learning Disability Services - Strategic Priorities for the First Phase of Review Implementation (2007)	1477
<u>Tab 4 – Background material</u>		
T04.01	MAH Report on the Rehabilitation Unit Survey of the Hospital Population (September 1991)	1634
T04.02	MAH Information on Resettlement (November 1991)	1695
T04.03	DoH Independent Inquiry into Inequalities in Health (1999)	1716
T04.04	North and West Belfast Trust Consultation MAH (June 2000)	1848
T04.05	Moving on from MAH (December 2000)	1881
T04.06	Scottish Executive – The Same as You? (2000)	1937
T04.07	National Assembly of Wales – Fulfilling the Promises (2001)	2086

T04.08	DoH Valuing People – New Strategy for LD for 21 st Century (2001)	2157
T04.09	Supported Living evaluation of three schemes in Northern Ireland for people with learning disabilities (April 2001)	2306
T04.10	DHSSPS Developing Better Services – Modernising Hospitals (June 2002)	2367
T04.11	DoH Discharge from Hospital: pathway, process and practice (2003)	2440
T04.12	Moving on from long-stay hospitals- The views of Northern Irish patients and relatives (2003)	2557
T04.13	North and West Belfast Trust - Development of a community-based specialist assessment and treatment service for children and young people with a learning disability (2004)	2574
T04.14	Audit of Learning Disability in Northern Ireland (May 2004)	2582
Tab 5		
T05.01	Delivering the Bamford Vision. The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009-2011	2833
Tab 6		
T06.01	Evaluation of the 2009-2011 Bamford Action Plan: As at December 2011	2972
Tab 7		
T07.01	Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability - Action Plan 2012-2015	3100
Tab 8		
T08.01	Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability – Action Plan 2012-2015 Monitoring Report November 2013	3170
Tab 9		
T09.01	Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability – Action Plan 2012-15 Monitoring Report November 2014	3203

Tab 10

T10.01	House of Commons Northern Ireland Affairs Select Committee report - Health Funding in Northern Ireland (2019)	3240
--------	--	------

Tab 11

T11.01	No Longer 'Anomalous, Confusing and Unjust': The Mental Capacity Act (Northern Ireland) 2016	3320
T11.02	Lecture on new Mental Capacity Act (MCA) to the Centre for Mental Health and Capacity Law at Edinburgh Napier University (January 2021)	3335