

## **NHS Birmingham and Solihull CCG: Response to the Birmingham and Solihull Coroner's Regulation 28 report to prevent future deaths**

### **1. Introduction**

- 1.1 This report provides a response to the HM Coroner, in respect of the Regulation 28 report issued to NHS Birmingham and Solihull Clinical Commissioning Group (the CCG) relating to the death of Stephen Anthony Kennedy.
- 1.2 Two issues have been raised in the Regulation 28 report, to which the CCG is required to respond:
  - A delay in August 2018 in obtaining an inpatient bed
  - The long waiting time in 2018 for accessing psychological therapy.
- 1.3 The CCG has recently provided a comprehensive report to the HM Senior Coroner for Birmingham and Solihull on mental health services in the area, in response to a Regulation 28 report to prevent future deaths. Much of the information contained in that report is pertinent to the circumstances of this particular case and, therefore, we will not seek to repeat those details in this response.

### **2. Background and context**

- 2.1 On 8<sup>th</sup> February 2019, the CCG received a Regulation 28 Report to Prevent Future Deaths from the Birmingham and Solihull Coroner, relating to the death and subsequent inquest, of Stephen Anthony Kennedy who sadly passed away on 8<sup>th</sup> October 2018.
- 2.2 Stephen had been known to mental health services in the area for many years and in 2018 had been both an inpatient and under the Home Treatment Team. His care was provided by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT).
- 2.3 Statements submitted to the inquest confirm that on 13<sup>th</sup> August 2018 Stephen was identified as needing admission to an informal inpatient bed. However, one was not immediately available and on 19<sup>th</sup> August Stephen was admitted to the Psychiatric Decision Unit (PDU), and transferred to the Zinnia Centre on 22<sup>nd</sup> August 2018 before being discharged on 11<sup>th</sup> September 2018. The CCG has no direct knowledge of these events.
- 2.4 Stephen was identified as needing psychological therapy in early May 2018. The referral was escalated on 25<sup>th</sup> May but there is no evidence available to the

CCG that identifies whether this service was ever accessed, nor what steps were taken to chase the referral. It is understood that Stephen accessed psychological therapies whilst an inpatient in the Zinnia Centre.

2.5 The CCG commissions services from BSMHFT through an NHS standard contract. The standard contract sets out the required operational standards, as well as national and local quality requirements. Contracts and provider performance are monitored by the CCG through a range of reports and meetings which include:

2.5.1 Monthly contract review meetings, which include oversight of performance, activity and quality.

2.5.2 A range of contractual key performance indicators and monthly and/or quarterly reports, which include data relating to patient experience, patient safety and clinical effectiveness.

2.5.3 In accordance with the NHS England Serious Incident Reporting Framework (2015), the reporting of serious incidents to the CCG within two days of the provider becoming aware that a serious incident has occurred.

2.5.4 Quarterly reporting from providers regarding their systems and processes for learning from deaths, as set out in the National Quality Board Publication: National Guidance on Learning from Deaths (2017).

2.6 The CCG has quality monitoring processes which include serious incident reporting and reacting systems, clear reporting and monitoring requirements. All investigations into serious incidents are quality checked by the CCG to ensure that necessary actions are identified and implemented.

### **3. Understanding and responding to capacity and demand**

3.1 Since 2016, the CCG (both in the current form and as three former CCGs, prior to the Birmingham and Solihull CCG merger on 1<sup>st</sup> April 2018) has taken a number of steps, with partner organisations, to understand and respond to concerns about capacity and demand within the local mental health system.

3.2 The CCG is committed to establishing and maintaining a mental health system which facilitates timely access to inpatient care for those who need it, whilst ensuring that community-based provision is adequately resourced to support recovery in the most appropriate environment. Part of this approach involves the CCG being an active partner in the Birmingham and Solihull Sustainability and Transformation Partnership (the STP), and the Mental Health Programme

Delivery Board. The ambition of the STP is to achieve sustainability, through a strong focus on prevention and recovery.

- 3.3 The CCG has a Mental Health Programme Delivery Board with a plan of action which includes a range of initiatives to deliver measurable changes for mental health services. This includes reducing the number of patients being placed in inpatient units that are out of the local area to zero by 2021. The plan is jointly owned by the CCG, Birmingham Women's and Children's NHS Foundation Trust, BSMHFT, Solihull Metropolitan Borough Council and Birmingham City Council. A 'zero suicide' ambition has been committed to, which is led by the local authorities' respective public health teams. This ambition will be supported by evidence based, preventative action and high-quality crisis support, as well as reducing stigma around mental health and improving access through early intervention services.
- 3.4 Psychological therapy services for people under the care of BSMHFT forms part of the provider's internal pathway and as such waiting times are not monitored by the CCG. The CCG's approach is to increasingly commission for outcomes rather than inputs. In line with this, commissioners have set out their intention that community-based mental health services should operate distinct treatment pathways for people with psychotic disorders and those with mood and personality disorders. Pathways will be focused on the delivery of treatment and support that promotes recovery alongside the proportionate management of risk. Providers will be expected to put in place a workforce model that reflects this approach and affords access to treatment options including psychological therapies. This change will be formalised through a Service Development and Improvement Plan (SDIP) which will form a part of the contract between the CCG and BSMHFT for 2019/20.
- 3.5 The CCG has recognised and reacted to the increased demand for mental health services. To date, this has included:
  - 3.5.1 An independent system simulation modelling exercise, which was jointly commissioned with Forward Thinking Birmingham (FTB), the provider of mental health services for those aged up to 25 years, and BSMHFT, to develop an informed response on the best solutions to address demand and where investment should be prioritised. This followed a sharp increase in demand for inpatient beds in 2016. A key recommendation of the exercise was to agree a strategy for the support and treatment of people with a diagnosis of personality disorder. This strategy is now being mobilised by BSMHFT and FTB. An SDIP has been developed for 2019/20 which formalises the implementation of the strategy and the CCG has provided additional funding for the appointment of a Clinical Lead for Personality Disorder within BSMHFT who will lead this work.

- 3.5.2 An independent review of patients' journeys into and out of inpatient mental health beds was commissioned by the STP. The review considered whether alternatives to admission could have been used and whether patients stayed in hospital longer than necessary. The review found that in both cases, improvements could be made to help avoid unnecessary admissions and reduce the time taken to discharge patients.
- 3.5.3 Supporting operational initiatives to reduce delayed transfers of care, where CCG funding of individual packages of care under Section 117 (jointly funded packages of health and social care) are required to facilitate discharge from hospital.
- 3.5.4 Weekly, and daily peak period, delayed discharge escalation calls with providers and local authority social work teams, in order to escalate any delays and for swift resolution.
- 3.5.5 Whilst the CCG is committed to reducing the use of admissions to inpatient care outside the local area, commissioners continue to support the use of admissions to other NHS mental health trusts within the MERIT Vanguard<sup>1</sup> and to independent hospitals, where no locally commissioned beds are available, and an admission is deemed necessary. BSMHFT are able to make such admissions without prior approval from the CCG.
- 3.5.6 Working closely with BSMHFT and FTB as part of an NHS England collaborative to seek further ways to reduce the need to admit patients out of the local area. This work includes taking learning from other areas that have enjoyed success in achieving change. Commissioners are in discussion with BSMHFT to agree ways in which resource can be shifted internally to support this work.
- 3.5.7 Using evidence and data analysis to inform investment and approach.
- 3.5.8 Recognising that capacity is impacted by a wide range of factors and encouraging action at all levels across the mental health care pathway.
- 3.5.9 In 2017/18 providing additional investment in mental health services above the contract value amounting to £4,611,000 for BSMHFT (3.7% increase).
- 3.5.10 In 2018/19 providing additional investment in BSMHFT amounting to a £3,117,000 (2.4% increase).

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<sup>1</sup> The MERIT Vanguard was supported through the Department of Health New Models of Care Programme. It is a partnership between four NHS mental health providers in the Midlands (Birmingham and Solihull Mental Health NHS Foundation Trust, Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Coventry and Warwickshire Partnership NHS Trust). The Vanguard has sought to improve crisis care through a more flexible use of bed stock across the region and by seeking to embed 'recovery principles' in practice.

3.5.11 This further investment reflects growth of 3.03% in core mental health budgets, in accordance with the CCG's investment standard, which is above the national growth standard of 2.85%.

3.6 It is acknowledged, through contract review meetings, there have been discussions with BSMHFT about funding and capacity, as capacity and demand issues are discussed through the contract review mechanism. Contract negotiations for services provided in 2019/20 have focused on measures to improve capacity through investment and service development and improvement.

#### **4 Conclusion**

4.1 The CCG aspires to there being no avoidable deaths in Birmingham and Solihull and takes every reported unexplained death very seriously. The CCG is continuously working with providers to improve the quality and safety of services, as well as looking at new and innovative ways to improve all mental health services.

4.2 In response to concerns previously raised by HM Coroner, the CCG has undertaken a review of the processes for managing serious incidents, but also whether a shortage of funding may have contributed to these untimely deaths. The CCG has been unable to identify any correlation between funding and this death, but has recognised the need to continually improve its quality monitoring function and to also improve processes for learning from deaths at the earliest opportunity.

4.3 The CCG recognises the need to take a multiagency approach to the prevention of deaths, including creating robust partnerships with mental health support services e.g. substance abuse services, community intervention and crisis management. The CCG must also ensure that inpatient beds are maximised and available for those who need them.

4.4 The CCG will continue to keep under review the pressures on mental health services and the need to develop new initiatives to manage patient flow and improve services.

4.5 The CCG recognises that there has been increased demand for mental health services since 2016, and has responded to this additional pressure with increased funding and through working with FTB, BSMHFT and the STP to look at different ways of working throughout the system. The CCG will monitor the situation to ensure that all partnership working across Birmingham and Solihull is focussed on improving access and the quality of care.