

## **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 Birmingham and Solihull Coroner, in respect of the Regulation 28 report to prevent future deaths issued to NHS Birmingham and Solihull Clinical Commissioning Group (the CCG), relating to the death of David Jonothon Jukes.
- 1.2 The Regulation 28 report raises a number of concerns about the care provided to Mr Jukes between July 2018 and Mr Jukes death on 9<sup>th</sup> October 2018.
- 1.3 The CCG has previously provided a comprehensive report to the Senior Coroner for Birmingham and Solihull on mental health services in the area, in response to a previous 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 17<sup>th</sup> July 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 David Jonothon Jukes, who sadly passed away on 9<sup>th</sup> October 2018.
- 2.2 The CCG commissions mental health services for over 25s from Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) through an NHS standard contract. The standard contract sets out the required operational standards, as well as national and local quality requirements.
- 2.3 The CCG, through these contractual arrangements and through its quality function, has quality monitoring processes in place, which include serious incident reporting systems and improvement monitoring. All investigations into serious incidents are quality assured by the CCG to ensure that necessary actions are identified and implemented.
- 2.4 Statements submitted to the inquest confirm that Mr Jukes had been receiving care following a self-referral to West Midlands' Transition, Intervention and Liaison Services, which prompted a referral to the Complex Treatment Service provided by BSMHFT.

- 2.5 It is further understood that Mr Jukes had contact with the Home Treatment Team, Black Country Partnership NHS Foundation Trust and West Midlands Police during the period between his initial self-referral and his death.
- 2.6 The CCG has no direct knowledge of these events and has ascertained this information through documents provided by HM Coroner and BSMHFT.
- 2.7 HM Coroner has identified a number of concerns around the care and treatment of Mr Jukes, which include concerns about communication, access to relevant information, risk assessment and record keeping.
- 2.8 These issues are largely within the remit of the provider organisations to resolve, and the CCG confirms that an appropriate action plan has been drawn up and completed by BSMHFT.
- 2.9 The CCG is unable to comment on actions taken by Black Country Partnership NHS Foundation Trust or West Midlands Police, which it is expected will be addressed in their respective responses to HM Coroner.
- 2.10 The West Midlands' Transition, Intervention and Liaison Services is an NHS England commissioned service and it is understood that NHS England will be commenting on this service as part of their response to the Coroner.
- 2.11 There is a suggestion in evidence given to HM Coroner that risk assessment and record keeping may be compromised by a lack of capacity within the BSMHFT Home Treatment Team, and it is this issue that the CCG will address in this response. It is noted, however, that the root cause analysis investigation undertaken by BSMHFT does not identify capacity or resource as a contributing factor in the care and treatment issues.
- 2.12 On 6<sup>th</sup> August 2019 a multi-agency round table meeting was held to review the findings of the root cause analysis investigation carried out by BSMHFT, to work towards making a multi-agency action plan.

### **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 01 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 recognises that there has been increased demand for crisis mental health services since 2016, and has responded to this additional pressure with

increased funding and through working with Forward Thinking Birmingham (providers of mental health services across Birmingham and Solihull for those aged up to 25), BSMHFT and the local Sustainability and Transformation Partnership (the STP) to look at different ways of working throughout the system.

- 3.3 In addition, the CCG has been, and continues to work with, system partners to understand the reason for the increased need, and to look at how the system can be improved to make best use of the existing resources.
- 3.4 The CCG has participated in a meeting called by NHS England, an action from which was that NHS England would consider additional ways to facilitate cross agency working.
- 3.5 Work is now underway as part of that review to explore multi-agency learning.
- 3.6 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 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.
- 3.7 Included in this programme is consideration of the need to reinforce services that already exist within secondary mental health services, by increasing the staffing levels in crisis resolution home treatment teams, whilst also understanding what an alternative crisis support service might look like.
- 3.8 The CCG has been working closely with both local mental health service providers and the third sector, with the aim of improving the service offer for people experiencing a mental health crisis. Stakeholders are working on designing community based services, which will increase accessibility for those in crisis and their families, to deliver the most appropriate support at the earliest opportunity.
- 3.9 As a result of partnership working and guidance from people with lived experience, the CCG has been successful in securing recurrent funding from two separate NHS England Transformational funds, totalling in the region of £2.6m (increasing to £2.9m), to support making these fundamental changes to how crisis is managed within the region.
- 3.10 From this funding, psychiatric liaison services within acute hospitals will receive £1.15m to increase staffing levels within all hospitals which have an emergency

department, with the aim of providing a more robust, specialist and diverse workforce, to help reduce waiting times, increase flow and improve patient experience.

- 3.11 A further £1.4m (increasing to £1.7m) will be spent on the development of a crisis pathway to increase the capacity in secondary mental health crisis services.
- 3.12 Part of this increased funding will be used to set up a network of four Crisis Cafés across the Birmingham and Solihull area. Each will be open seven nights a week and will be operated by MIND, the mental health charity. With a direct pathway into secondary crisis services and specialist understanding of available third sector interventions, this service will offer a community based setting for people to be able to seek the appropriate support when in a crisis.
- 3.13 In the future, significant funding will be allocated towards the establishment of crisis houses, an evidence based initiative which will complement inpatient mental health facilities for those who may need support managing higher levels of risk.
- 3.14 Through easier accessibility at an earlier opportunity, the intention is to help prevent people reaching crisis, and collectively these initiatives aim to improve the experience of those who find themselves in crisis and reduce the impact of crisis on other agencies across the region.

#### **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 The CCG has previously provided HM Coroner with an overview of the steps being taken in response to the increased demand for mental health services in the region, and this response provides an update specifically on the measures taken to improve crisis care.
- 4.3 The CCG recognises the need to take a multiagency approach to the delivery of services and the prevention of deaths, including creating robust partnerships with mental health support services.
- 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.