NHS
Birmingham and Solihull
Clinical Commissioning Group

Background
In July 2018 NHS Birmingham and Solihull Clinical Commissioning Group's (BSol CCG) Executive Chief Nurse and Associate Director of Joint Commissioning were invited to a multi-agency meeting, hosted by NHS England, to review the system response to the independent external quality assurance review in respect of mental health service users Mr A and Mr B in Birmingham, conducted by NICHE.

A small task and finish group across the joint Mental Health Commissioning Team and Nursing Directorate have reviewed the report in full and provided factual accuracy checks and additional information where relevant to the authors.

The task and finish group has identified a number of areas where the CCG will need to strengthen processes to ensure oversight and scrutiny of quality arrangements associated with the recommendations within the review.

Purpose and timeline
This paper provides the CCG's response to the findings of the review and sets out a plan of action in relation to identified gaps and associated timescales. The CCG's Quality and Safety Committee will oversee the monitoring of the action plan.

The CCG has received the NICHE report in full at Quality and Safety Committee (on behalf of the Governing Body) prior to publishing the Independent Review.

The Quality and Safety Committee is receiving the report in full prior to publication on behalf of the Governing Body.

The Quality and Safety Committee is asked to:

- Receive the NHS England independent external quality assurance review
- Receive and review the CCG response to the review
- Approve the CCG action plan and confirm ongoing monitoring arrangements.

Background and Context

- Domestic Homicide Reviews (DHR) and Independent Management Reviews (IMR) into two homicides perpetrated by adult males (Mr A and Mr B) who were under the care of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) at the time of the incidents. The incidents were unrelated.
- In both cases, the victims were the men's mothers who were also their main carer, and the deaths occurred in 2011 and 2012.
- The IMRs authors and DHRs Overview Report made a number of recommendations in each case.
- DHRs were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13 April 2011.
- The DHR purpose is not to reinvestigate the death or apportion blame, but to:
    - establish what lessons are to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims;

    - identify clearly what those lessons are, both within and between agencies, how they will be acted on, within what timescales, and what is expected to change as a result;
    - apply these lessons to service responses including changes to policies and procedures as appropriate; and to,
    - prevent domestic violence homicide and improve service responses for all domestic violence victims and their children, through improved intra and inter-agency working.
- DHR processes can work simultaneously with other types of reviews but the chair of the DHR panel must agree with the police, Crown Prosecution Service and/or, other statutory review panel and respective safeguarding board independent chairs of the necessary parameters and monitoring arrangements.
- During 2011 onwards, Community Safety Partnerships (CSPs) established a process of undertaking DHRs and, in the early days, took advice from established Serious Case Review (SCR) panels for children. In Birmingham, monitoring and reporting was through CSP DHR Steering Group.
- During 2011, 2012 and 2013, England and Wales health care system was also going through major reforms. Birmingham and Solihull clustered around 2010/11. Later, and led by the Department of Health, former Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) dissolved and statutory duties went either into NHS England or Clinical Commissioning Groups (CCGs). For supervisory function around health deprivation of liberty safeguards, this was transferred to borough and city councils.
- In regards to Birmingham and Solihull, the former PCTs, known as the Birmingham and Solihull Cluster, was in operation leading up to 1 April 2013. During this period the Designated Professionals and Commissioners Meeting monitored and tracked **all** recommendations. This meeting was chaired by the Birmingham and Solihull Cluster Director of Nursing. [NB: Designated Professionals and particularly the designated nurses under the former Working Together to Safeguard Children and up to March 2013 were frequently the health overview writer and would track **all** health actions plans related to a serious care review within one action plan. From April 2013, a more simplified process was being encouraged by the health and social care system].
- Post 1 January 2013, shadow and formal CCG committee structures evolved, resulting in changes to the overall monitoring and performance structures.
- Core membership of the Community Safety Partnerships included the Accountable Officers and later, the Chief Operating Officer of the Birmingham South Central Team who hosted the Birmingham CCGs.
- The NHS core membership of CSP DHR Steering group included representation from:
    - The former SHA and then NHS England Regional Team as the commissioner of primary care (GPs);
    - PCT Cluster, initially the Safeguarding Adults Leads until the employment of the Named Nurse Lead for Domestic Abuse for the hosted Birmingham CCGs Safeguarding Team. Later on, or around, 2016/17 the Deputy Chief Nurse for Birmingham CrossCity CCG attended the CSP Steering Group in conjunction with the Named Nurse Lead for Domestic Abuse.
    - During 2013/14 as CCGs established, initially the Designated Nurse for Safeguarding for Solihull CCG remained a member. On, or around, 2015/16 membership was reviewed and Solihull left the steering group but later this was reinstated as cross border cases began to occur.
    - From 1 April 2018, the Head of Safeguarding/Lead Designated Nurse and Designated Nurse for Safeguarding (adults and children) and in their absence, Deputy Designated Nurse for Safeguarding sit on the Birmingham CSP DHR Steering Group.
    - Birmingham and Solihull Mental Health Foundation Team.
    - Birmingham Community Health Care Trust.
    - Heart of England Foundation Trust.

- During 2012, a number of DHRs were commissioned and as a result a CSP DHR Tracker was created. This was a confidential document and shared across agencies through the DHR Steering Group. Action plans arising from the DHR process were submitted to the relevant panel for sign off and CSP DHR co-ordinator and into the steering group for final approval and sign-off.
- Action plans for DHRs were primarily monitored via the CSP Steering Group. The intention being and to avoid duplications of effort, that CCGs and provider safeguarding teams tracked recommendations via their respective safeguarding committee structures. For the Birmingham hosted team, this meant that reporting for DHRs/SCRs and adult reviews was through Joint CCGs' Safeguarding Forum (chaired by Birmingham South Central CCG's Accountable Officer but it was not a decision-making body, rather an information exchange meeting), reporting by exception to or for assurance into the respective Quality and Safety Committee.
- It should be noted that Homicide Reviews related to mental health patients e.g. BSMHFT were not directly monitored via DHR process and would have fallen outside the DHR process.
- In 2016 NICHE undertook the above quality assurance review across 15 key lines of enquiry to determine to what extent there was evidence that recommendation had been enacted resulting in positive change.
- The NICHE review sought assurance from both BSMHFT and Forward Thinking Birmingham (FTB) who had superseded BSMHFT as the provider of mental health services for 18-25 year olds in June 2016.
- On, or around, 2016 and 2017, Birmingham City Council and Birmingham Community Safety Partnership went through a management of change process.
- On 1 April 2018 Birmingham and Solihull CCG (BSol CCG) superseded its predecessors Birmingham CrossCity, Birmingham South Central and Solihull CCGs.
- On 24 April 2018 BSol CCG Quality and Safety Committee received and approved the BSol Safeguarding Strategy and Work Plan. This included the approval of the BSol CCG Safeguarding Assurance Group that will maintain an overview of DHRs, Safeguarding Adult Reviews (SARs), SCRs and other learning reviews as they evolve following changes in legislation and national guidance.
- The Safeguarding Assurance Group met on 5 July 2018 and it was agreed that all new DHRs, SARs, SCRs, child death reviews recommendations and action plans that arise from reviews are notified to and sent to Contracts Quality Review Groups.
- Subsequent action plans updates to be submitted to the respective Contracts Quality Review Group.

Key lines of enquiry

In preparing the CCG response, the following questions were considered:

1. What were/are the existing arrangements for the monitoring of DHRs and IMRs?
2. What evidence is there to demonstrate that action plans pertaining to the above reviews were effectively monitored by CCGs via the existing arrangements?
3. To what extent did the existing contract quality assurance regime monitor indicators?
4. To what extent is the CCG currently assured of the status of these and any subsequent action plans?
5. What plans are in place to address any actions/recommendations that are outstanding?

KLOE	Response	Further actions	Time frame	Lead
1. What were/are the existing arrangements for the monitoring or DHRs and IMRs?	DHRs are commissioned by the Birmingham Community Safety Partnership (BCSP). The BCSP publishes DHRs and subsequent action plans on its website. Monitoring continued of the DHRs via the Birmingham Community Safety Partnership Steering Group. The former and current arrangements for Birmingham local authority areas, background and context sets out the arrangements that were in place during the relevant period. This section leads up to and includes the new arrangements under BSol CCG. It is therefore not repeated here. It is therefore envisaged that commissioners, contract and performance leads provide formal quarterly updates to the Designated Professionals Team and formal BSol CCG Safeguarding Assurance Group (SAG). The SAG met on 5 July 2018. These meetings are quarterly and the next meeting is due to be held on 20 September 2018. SARs/DHRS and SCRs are currently combined and tracked for primary care, although the merge has necessitated improvements and inclusions of all CCG commissioned providers. Specific details of findings are specified below. **Findings:** • In terms of the former Birmingham CCGs and hosted arrangements, the BSol CCG Designated Professionals Safeguarding Team is currently not able to locate a legacy or	- In regards to the terms of reference for BSol CCG Safeguarding and Assurance Group, we are awaiting names of nominated members across the relevant directorates. - The new BSol CCG Safeguarding and Public Protection Policy and Procedures for Safeguarding and Public Protection is currently under development. It will set out the monitoring and performance and assurance	- Quarter 3 2018/19 names and contact details to be provided to the Head of Safeguarding/ Lead Designated in readiness for the call for papers due three weeks prior to the 20 September meeting. - BSol CCG Safeguarding and Public Protection Policy and Procedure to be drafted and ready for the Safeguarding Assurance Group on 20	Deputy Chief Nurse and AD JCT

	written document(s) in the archived safeguarding folders that clearly sets out the quality assurance around learning reviews. Including the process for commissioning and undertaking IMRs, making recommendations (if the CCG are the originators), process for signing off of reports, tracking and monitoring process of action plans for DHRs, SARs, SCRs and other learning reviews. Neither have we been able to locate a Hosted Team assurance document that expressly sets out roles and responsibilities in relation to reviews and outcomes to the review. At first sight, the weakness around what appears to be isolated ways of working, and notification around tracking current reviews, led to a new generic nhsbsolccg.safeguardinglearingreviews@nhs.net email address being set up as a method to keep oversight and to remove the reliance away from individuals. This is now in operation. All safeguarding partnership boards responsible for reviews have been notified accordingly. We will monitor and feedback to partners if this process is not being followed. • In addition, the first BSol CCG safeguarding newsletter is completed and was published in August 2018. It reiterates the contact points for the Designated Professional Safeguarding Department.	for ongoing learning reviews as they arise. - The new BSol CCG Safeguarding Policy and appendices will confirm lines data flows between communication between Community Safety Partnerships (Birmingham and Solihull local authority areas) and CCG safeguarding commissioning and contracting functions. - CQRGs governance process is to ensure that arrangements are formally recorded and that staff	September 2018. - Thereafter, and subject to amends, to be circulated to Birmingham and Solihull workforce early October 2018. Attention will be drawn to the monitoring and reporting of learning reviews so that the CCG workforce and partners are aware of the expectations and reporting requirements. - Final amends made during November 2018 and ready for approval by the next	

	• In June 2018 the Named Nurse for Domestic Abuse left BSol CCG. In July 2018 we have appointed two other Deputy Designated Nurse for Safeguarding (adults and children) to strengthen our capacity and capability in safeguarding. We are also in the progress of appointing Named GPs for safeguarding that will also be developed to undertake IMRs and deliver the IRIS (Identification and Referral to Improve Safety) training across the Birmingham and Solihull footprint. Interviews took place in August 2018, with people expected in post by early October. A period of induction will commence. • In the interim, and to help manage the IMRs and to co-ordinate an internal review of remaining recommendations and their workability going forward that have arisen from SCRs, DHRs and SARs; additional resource was requested from BSol CCG's executive team. This has been approved and on 26 July 2018 an independent author had been commissioned. This work is due to commence in September 2018. • In the meantime, we are on track for creation of the BSol CCG Policy and Procedures for Safeguarding and Public Protection. This will strengthen the monitoring and performance and assurance arrangements. The policy side has been drafted to embed the approved	involved in these forums are clear of their roles and responsibilities in relation to the outcomes of reviews. - In development is the BSol CCG Safeguarding Assurance Tool for large NHS providers. This is drafted (an adapted tool used by other CCGs across the Midlands and East Region). A discussion was held with Business Intelligence on 3 August and we are awaiting views on seeking top level and summary level data. It is	Quality and Safety Committee/ Governing Body - December 2018/January 2019. - Final publication anticipated by end of January 2019. - The Designated Professionals Safeguarding Team audit cycle to commence to test implementation of the Birmingham and Solihull Safeguarding Policy and Procedures and including monitoring arrangements	

	safeguarding governance process. This includes the route through which the CCG would seek provider assurance against the delivery and impact of an action plan i.e. via the Contract Quality Review Group. For BSMHFT, this group meets on a monthly basis to review contract quality performance of BSMHFT and FTB.	envisaged this tool will be included within the next commissioning and contracts round 2019/20.	during Q1 2019/2020. - Reporting to the Safeguarding Assurance Group and by exception, Quality and Safety Committee Q2 2019/2020. - In terms of identifying and a progress report for SCRs/DHRS and SARs for all commissioned providers, a report is expected to be tabled at 29 November 2018 SAG meeting.	
2. What evidence is there to demonstrate that action plans pertaining to	The CCG was then represented on the Partnership DHR Steering Group from the appointment of Named Nurse for Domestic Abuse by the Domestic	- Confirm lines of communication between BCSP and CCG	- Quarter 3 2018/19 20 September	Deputy Chief Nurse

the above reviews were effectively monitored by CCGs via the existing arrangements?	Abuse Lead Nurse. Later, on or around 2016 onwards, the Deputy Chief Nurse of the former Birmingham CrossCity CCG was also a member and received the papers. In this instance there was no evidence to show that the DHR or IMR action plans were seen by CQRG and, as such, no ongoing assurance against completion and efficacy of the action plan. The former Accountable Officer for Birmingham South Central CCG and Chief Operating Officer sat on the Birmingham Community Safety Partnership Board and would have received completed DHRs, including status of action plans prior to publication. The CSP Partnership Board governance structures altered following the Birmingham City Council management of change process. However, as outlined in a paper dated 7 July 2018 where it stated that on 2 July 2018, the Birmingham Community Safety Partnership provided us (meaning current Designated Professionals Safeguarding Team) with the joint action plans and they confirmed that the NICHE report refers to - "*is the NHS investigation in relation to DHR cases 3 and 7"...*and commented "*Although we were interviewed as part of the investigation we [were] never sighted on the completed report*". The report dated 7 July 2018 included two multi-agency action plans related to case 3 and 7 was provided to us by the Birmingham CSP. It contains all organisations recommendations made at the time (includes BSMHFT and the primary care providers). Both explicitly outline	commissioning and contracting functions and onward reporting - Identify any current DHRs and other reviews open to BSMHFT. There are no additional actions for the Designated Professionals Safeguarding Team as these are reported above in section 1. Clarification will be provided via the BSol CCG Policy and Procedures and approved Terms of Reference, plus, SAG work plan. The update went to BSol CCG's Quality and Safety Committee on 21 August 2018.	2018, attendance at SAG. - Review of CQRMs Terms of Reference completed by end of December 2018. - Audit for compliance as outlined in section 1, Q1 of 2019/20.	and AD JCT

	the evidence/location that can be provided to support implementation in the column. Of relevance to the former CCGs' responses: a. Case: BDHR 2011/12-03 – Integrated Action Plan – Recommendation 6, 7 and 10. Evidence appears to have been submitted to CSP but 'to be verified by the commissioner'. It's not clear if the CSP received that verification formally from the action plan. However, the process followed suggests assurance was made but it was likely via the CCGs' membership on the Birmingham DHR Steering Group. b. Same case and action plan – primary care reference CCG BSC 711 on page 5, it appears that CSP had assigned the quality assured status as green status. Meaning completed and verified. The only box not rated, related to dissemination of learning via a newsletter to all staff – one-month post publication. At this point we are not in the position to confirm it had or had not. But it appears the practice at the time was to disseminate. Reference to this action maybe located in another folder under the historic QSC folders or Joint CCG meetings that were operating during this period.	- Following the Safeguarding Assurance Group meeting due to be held on 20 September 2018, to review arrangements to monitor delivery via for CQRG on a regular basis. Terms of Reference to be updated to reflect this.		

	c. Case: BDHR 2012/13-03 – Integrated Action Plan. As above, columns appear to be explicitly written. In addition to the BSC CCG newsletter, similar to the above. The only section empty in the 'written evidence/location' relates to recommendation 7:7 (admissions policy) but was nevertheless rated green. We can draw inference that the CSP Steering Group must have been satisfied with evidence provided at the relevant time. In this instance there was evidence to show action plans were monitored by the CCGs through the membership of DHR Steering Group. The findings also suggest that the former CCG sub-committee structures for the safeguarding team relied upon the external partnership process and were not strongly linked to or monitored and seen by the former Joint CCGs' Safeguarding Forum, former Quality and Safety Committee neither nor located within the CQRG.			
3. To what extent did the existing contract quality assurance regime monitor indicators?	The contract between the CCG and its mental health providers contain a range of quality indicators which are monitored on a regular basis via CQRG. A list of these indicators is appended. There is evidence that quality metrics are effectively reviewed via CQRG and that where performance does not meet the required standard appropriate steps are taken to seek improvement.	- Review recommendations of open DHRs and other reviews to ensure that appropriate quality metrics are in place to monitor the	- Quarter 2 and ongoing business as usual.	Deputy Chief Nurse and AD JCT

	However, due to the limited view of the DHR/IMR action plans at CQRG, the group would not have been able to triangulate its routine quality monitoring with the outcomes of reviews. For example, undertaking deep dives into the quality of Care Programme Approach (CPA) plans in response to the concerns raised in the DHR.	impact of changes, through the BSol CCG bi-monthly safeguarding group and monthly CQRGs - Agree via CQRG a programme of quality visits to stress test actions taken in response to recommendations.		
4. To what extent is the CCG currently assured of the status of these and any subsequent action plans?	The CCG has had sight of the action plan relating to the above DHRs and has requested copies of all open DHRs and IMRs. Whilst the CCG acknowledges that the plan indicates that actions have been completed (with the exception of the recommendation regarding bed management) the CCG has not undertaken its own steps to test this assurance and has not seen evidence of assurance gained via the BCSP.	- Agree via CQRG and Birmingham and Solihull SAG a programme of quality visits to stress test actions taken in response to recommendations - Identify any current DHRs and other reviews open to BSMHFT and FTB. Put in place	Ongoing	Deputy Chief Nurse and AD JCT

		arrangements to monitor delivery via CQRG on a regular basis. Terms of Reference to be updated to reflect this.		
5. What plans are in place to address any actions/recommendations that are outstanding?	Notwithstanding the response to KLOE 4, the CCG understands that BSMHFT has raised concerns about its level of assurance in respect of robust bed management processes. Appendix One provides a full summary of the initiatives in place or in development to affect improvements in capacity within the mental health system locally.	- CCG attendance at bed management meetings. - Stock take against recommendations and actions following System Simulation Exercise undertaken by Mental Health Strategies by Mental Health Programme Delivery Group. - Production of case for change for Integrated Urgent Care System including	Quarter 2/3	Deputy Chief Nurse and AD JCT

		improved access to Crisis Cafes. - Test value of increase of staffing levels in respite settings. - Initiate programme to review and redesign rehabilitation and recovery pathway. - Plan to implement BSMHFT and FTB Personality Disorder Strategy.		

Appendix One:

Capacity and demand for psychiatric inpatient beds in Birmingham and Solihull

BSol CCG is committed to establishing and maintaining a 'balanced' 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 least restrictive environment.

The ambition of the Birmingham and Solihull Sustainability and Transformation Partnership (STP) Mental Health Programme is to achieve sustainability through a strong focus on prevention and recovery. The programme's plan of action includes a range of interdependent initiatives intended to affect measurable change across the pathway – including reducing 'out of area placements' to zero by 2021. Much of the programme is informed by a system simulation modelling exercise completed in 2016/17 which is described below.

The programme is jointly owned by commissioners and providers via a governance structure *(fig 1)* accountable to the Birmingham and Solihull Mental Health System Strategy Board, chaired by John Short (CEO BSMHFT)

Inpatient capacity and current pathway

In 2016 the Birmingham and Solihull Mental Health System saw a sharp increase in demand for admissions to psychiatric inpatient beds. In response, CCGs and mental health providers jointly commissioned an independent system simulation modelling exercise on which to base an informed response to the issue.

The exercise was undertaken by Mental Health Strategies and a final report was received by the System Strategy Board in April 2017. A simulated virtual model of the Mental Health System was created based on real data drawn from provider systems. Mental Health Strategies then worked with commissioners and providers to identify possible scenarios which it was felt could affect a change to flow and demand. Scenarios were 'tested' within the virtual system and their impact on capacity assessed. A series of 'optimised' models were created by combining changes which had the greatest net effect on inpatient capacity.

The final report made a number of recommendations for changes to bring the system into balance *(fig. 2).* The recommendations were made across three broad areas:

1. Investment in additional levels of service. (which is the subject of this business case)
2. Reducing levels of variance in clinical models
3. Introducing new service models.

It is important to state that whilst as a system we recognise that out of area placements represent sub-optimal care for people with acute psychiatric needs, to ensure access to inpatient beds when they are required, the system has continued to fund admissions beyond the commissioned bed base as required. Providers are not required to seek prior approval for such admissions. It is acknowledged however that on occasions a patient's profile and risk factors can make them hard to place in non-NHS units.

The current model of care operated by BSMHFT includes Crisis Resolution Home Treatment Teams (CRHTT). Whilst teams operated under high levels of demand, Mental Health Strategies found that they perform an effective gatekeeping function with very few patients being looked after by teams ultimately requiring inpatient care. The modelling exercise considered the potential impact of increasing capacity in CRHTTs but found now significant benefit in doing so.

Current progress in implementing the report recommendations
Since the publication of the report commissioners, working in partnership with providers, have taken significant steps to implement the recommendations.

- A **Crisis Café** offer has been opened by Birmingham Mind by extending the opening hours of a newly-established 'Recovery Centre' in the Erdington area of Birmingham. The Café is open three evenings a week and was launched in May 2018. Early indications are that it is being well used, with positive outcomes for patients. The Urgent Care Task and Finish Group is monitoring the impact of the café with a view to further roll out potentially utilising three other 'Recovery Centres' in the city.
- The Urgent Care Task and Finish Group is leading a substantial programme of work to **integrate mental health urgent care across all-ages**. The STP was awarded over £1m via the Beyond Place of Safety Transformation Fund to support capital investment in a single Urgent Care facility on the Oleaster site. The work is intended to simplify the urgent care pathway and improve options and access to alternatives for those for whom admission can be avoided.
- A **Community Personality Disorder Service** has been established in Solihull to test this model. A wider strategy to underpin the approach to care, treatment and support for people with a diagnosis of personality disorder has been produced and a plan to implement it in place. The strategy acknowledges the limited benefit that people with this diagnosis often receive from periods of admission to in-patient care and seeks to put in place alternative approaches to support for people from this cohort, both routinely and when in crisis.
- In November 2017 an **additional 32 inpatient beds** were opened in Birmingham to expand access as recommended in the report.
- Commissioners and providers have identified the resource currently used to support a bedded respite offer to fund a **redesigned 'step up/step down'** provision. A proposed model has been developed. Further work is now required to procure this model.
- The Primary and Community Task and Finish Group is taking forward work to roll out a new model of primary care mental health provision. One demonstrator site is running, serving the Modality GP Federation. The site has shown a marked **decrease in referrals to CMHTs** (community mental health teams). Three further sites are being rolled out with launch dates in summer 2018. The model is intended to provide a platform for the expansion of shared care, facilitating more timely access to specialist assessment and treatment whilst improving flow back to primary care.

Further related initiatives

In addition to the work recommended in the report, commissioners are contributing both strategically and operationally to further, with the express aim of improving patient flow and access to inpatient beds.

- The STP commissioned NEWTON to undertake a review of flow in the **Acute Mental Health Pathway** *(Fig 3)*. The findings found opportunities to reduce pressure on acute capacity in terms of:
    - Crisis could be prevented on up to 50% of occasions
    - Alternatives to admission could be used on 27% of occasions
    - 27% of patients on inpatient wards are considered fit for discharge

  The Joint Operational Group is taking forward work in response to these findings.
- The CCG supports **daily bed management calls** intended to support timely discharge. The CCG's involvement is in its capacity as a partner in ensuring that appropriate provision is in place for patients, subject to Section 117 of the Mental Health Act.
- The CCG and local authorities intend to review and redesign **post-acute rehabilitation offer** made to patients. Birmingham currently makes more use of residential placements than some other areas whilst stays in non-acute inpatient settings can extend over long periods of time. The intention is to move to an approach which promotes recovery and independence, with people moving to their own accommodation at the earliest opportunity. During 2018/19 it is the intention of the CCG and local authorities to delivery Section 117 aftercare via Personal Health Budgets in a majority of cases. A third sector organisation has been engaged to provide support to staff to undertake person centred planning, which will place patients' assets and goals at the centre of their post-acute care.

Fig.1: Birmingham and Solihull Mental Health System Governance Structure

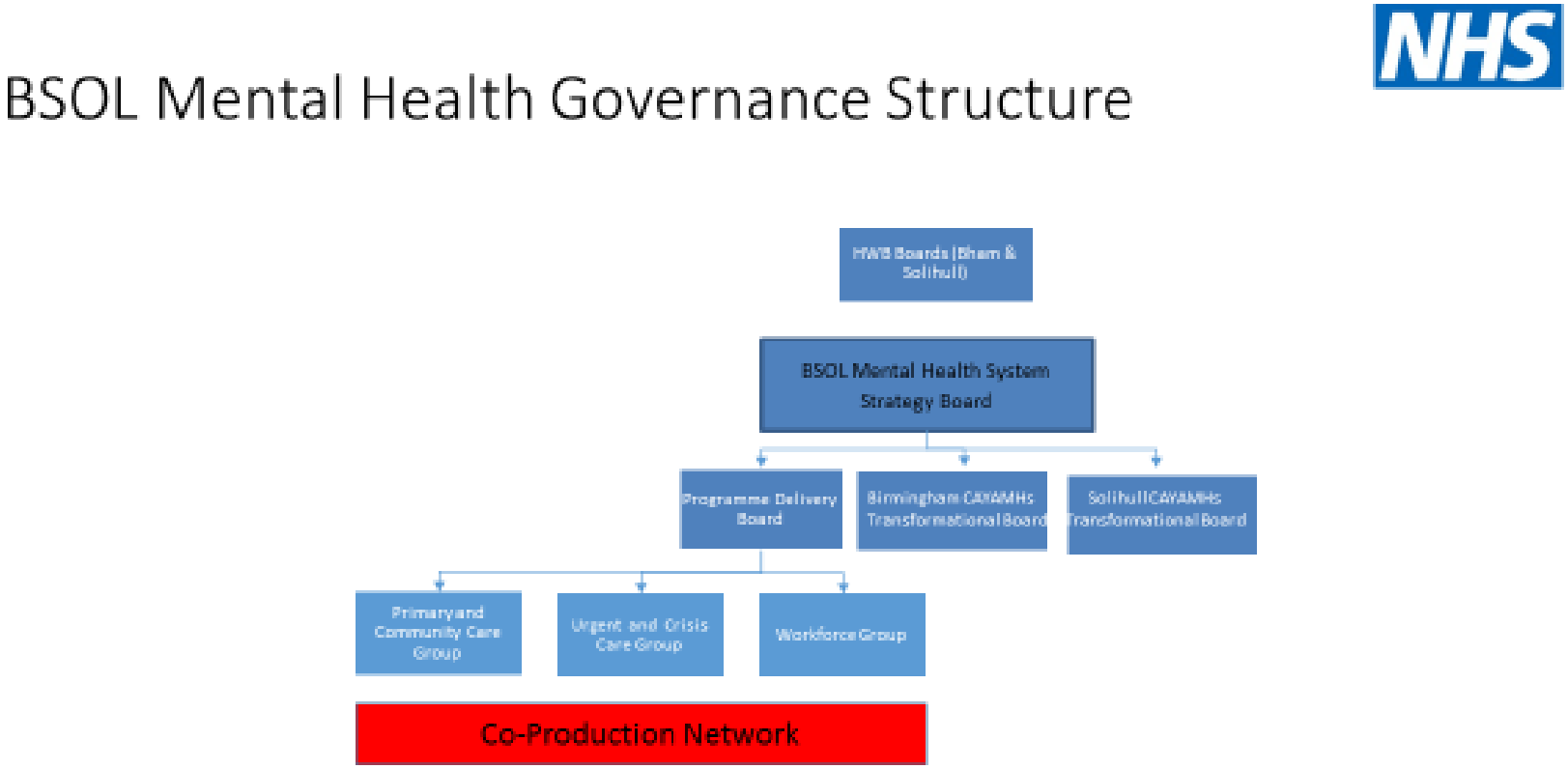


Fig 2: Recommendations of the Birmingham and Solihull Mental Health Services Modelling Report (April 2017)

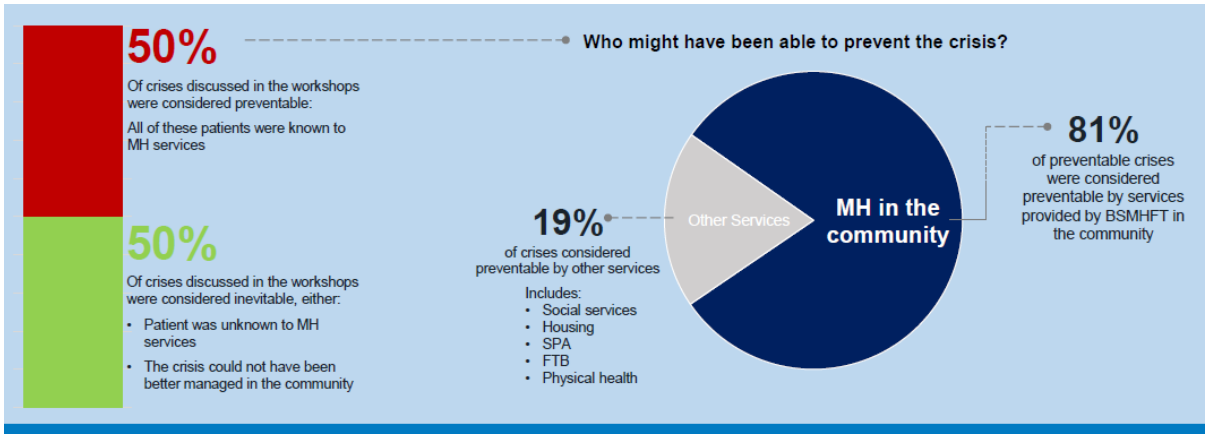
In the next year (i.e. by the summer of 2018):

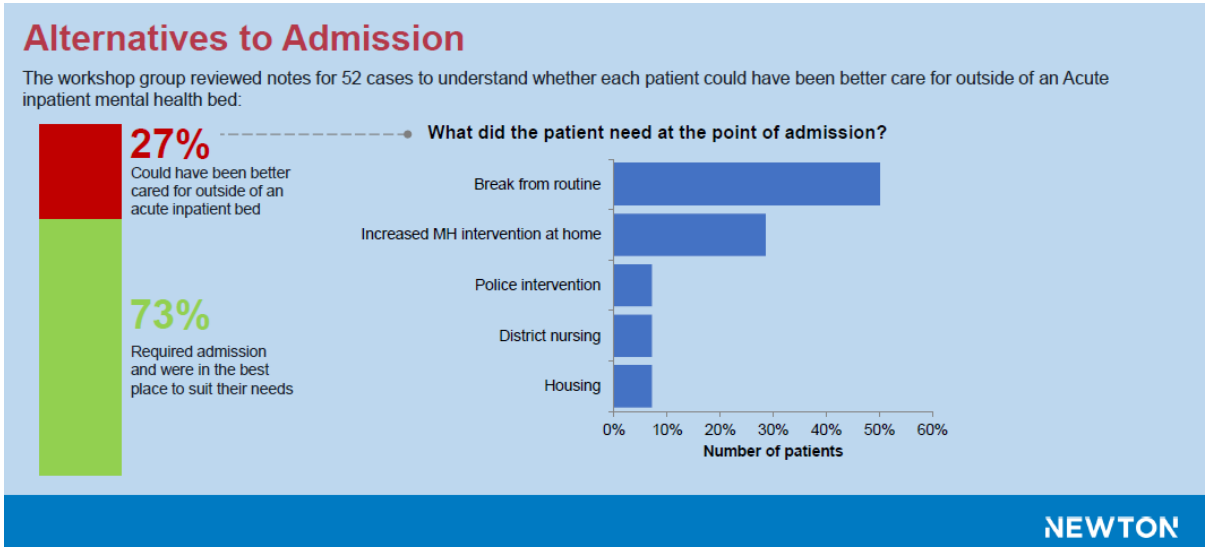
1. Agree a consistent clinical/operational model for each of the main teams and services (CMHTs, Home Treatment, acute and non-acute wards), with metrics to permit measurement of the functioning of that model
2. Undertake a detailed clinical audit of the functioning of the acute pathway within FTB
3. Develop a business case for, and ideally begin implementation of, at least one crisis café, with an agreed approach to evaluation of its impact
4. Develop a business case for, and ideally begin implementation of, a hub and at least one spoke of a community personality disorder service, with an agreed approach to evaluation of its impact
5. Secure access to additional acute beds for each of FTB and BSMHFT – whether via contracting with these existing providers, or other providers more local than current arrangements. We propose that at least 16 further beds should be secured for each of FTB and BSMHFT
6. Explore the options for development of and investment in additional step-down accommodation.
7. Undertake a team-by-team review of the options for bringing community teams into balance, with agreements as to either referral caps or caseload increases in each case.

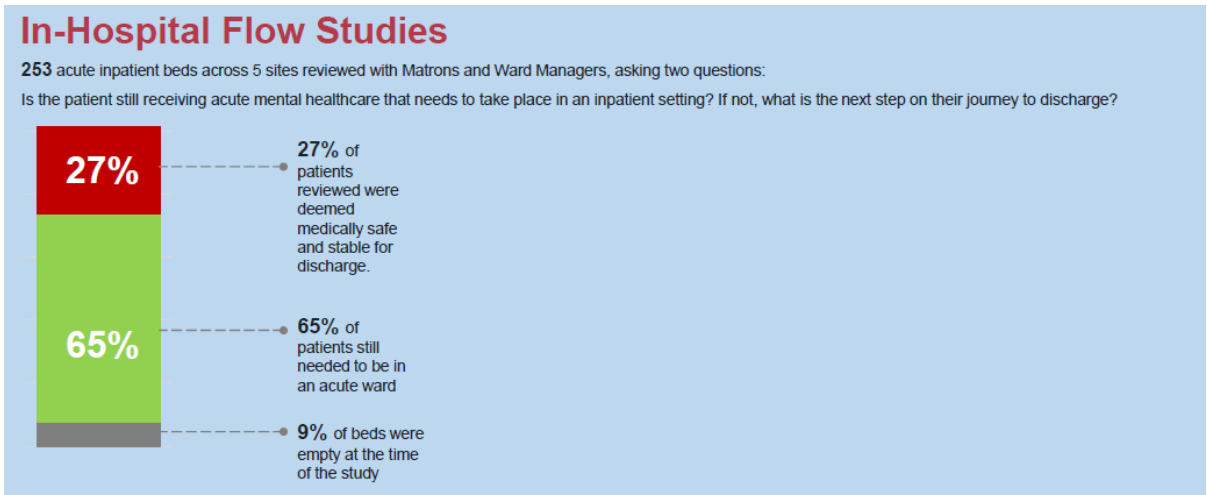
In the longer term:

8. Implement and monitor the impact of agreed clinical/operational models
9. Agree the future of the distinct acute pathways between FTB and BSMHFT – whether, in the light of all the evidence available over at least a 2-3 year period, they should continue as separate acute pathways, or function in a more integrated way
10. Roll out a programme of crisis café implementation, subject to successful local evaluation
11. Roll out a programme of community personality disorder services, subject to successful local evaluation
12. Keep under review the numbers of acute beds required. If other initiatives prove especially successful, it may be possible to regard additional investment in this area as short-term, but that cannot be determined at this stage

Fig 3: Findings of NEWTON Birmingham and Solihull Mental Health Assessment







Glossary of terms

BSMHFT	Birmingham and Solihull Mental Health NHS Foundation Trust
BSol CCG	NHS Birmingham and Solihull Clinical Commissioning Group
CCG	Clinical Commissioning Group
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CSP	Community Safety Partnerships
CSP DHR	Community Safety Partnership Domestic Homicide Review
DHR	Domestic Homicide Review
FTB	Forward Thinking Birmingham
IMR	Independent Management Reviews
IRIS	Identification and Referral to Improve Safety
PCT	Primary Care Trust
SAR	Safeguarding Adult Review
SCR	Serious Case Review
SHA	Strategic Health Authority