

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 Anthony John William Watson.
- 1.2 The Regulation 28 report raises concerns about the fact that no elderly care bed was available for Mr Watson between 18th October 2018 and his death on 22nd October 2018.
- 1.3 The CCG has recently 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 12th 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 Anthony John William Watson who sadly passed away on 22nd 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 Statements submitted to the inquest confirm that Mr Watson had been receiving care from BSMHFT since 2017. By 18th October 2018 Mr Watson's condition had deteriorated such that he required admission to hospital. The CCG has no direct knowledge of these events and has ascertained this information through documents provided by HM Coroner.
- 2.4 On 18th October 2018, Mr Watson was referred to the Community Enablement and Recovery Team (CERT), which forms part of Mental Health Services for Older People (MHSOP). The referral was made by the Community Mental

Health Team for Older People, under which Mr Watson had been receiving treatment.

- 2.5 Mr Watson was visited at home by the CERTS Team on 18th, 19th and 20th October. He was visited on the 21st October, however, Mr Watson was in hospital at that point. A referral to the Home Treatment Team had been made on 19th October by the CERTS Team, but that referral was not actioned with the result that the Home Treatment Team did not make any visits to Mr Watson over that weekend. Both Mr Watson and his wife had been provided with crisis access numbers for further support.
- 2.6 The CCG has been provided with a draft root cause analysis report by BSMHFT. It is understood from the report that, although enquiries were made as to availability of an inpatient bed and no local beds were available, there was no attempt to locate an out of area bed. Other beds may have been available out of area but still within a reasonable travelling distance of Mr Watson's home and these would not necessarily be 70 miles away as mentioned in the inquest statements.
- 2.7 The CCG has reciprocal arrangements in place for patients to access out of area beds when there are no local beds available. This arrangement is delivered through the MERIT Vanguard, which arose out of the Department of Health New Models of Care Programme and 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 more flexible use of bed stock across the region and by seeking to embed 'recovery principles' in practice. In addition, the CCG can authorise the use of 'overspill' arrangements if asked, and would have done so on this occasion based on the clinical decision that an inpatient bed was needed. BSMHFT's root cause analysis investigation identified a lack of understanding within the BSMHFT service as to the process for requesting an out of area bed and who could authorise one, along with the overall belief that they could not be requested. The CCG's reciprocal arrangement on beds was not utilised appropriately and therefore resulted in Mr Watson potentially being prevented from accessing a bed in the West Midlands.
- 2.8 On this occasion, although there was no local bed available for Mr Watson, no attempt was made by BSMHFT to locate an out of area bed within the MERIT Vanguard, or elsewhere. Whilst it is recognised that it is not ideal for a patient to be admitted to a unit outside of their local area, pressure for inpatient beds sometimes dictates that beds may not be available close to the patient's home and that the nearest available bed may be outside of the immediate area.

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 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. The CCG will continue to monitor the situation to ensure that all partnership working across Birmingham and Solihull is focussed on improving access and the quality of care.
- 3.3 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.
- 3.3 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.

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.
- 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 further recognises that these measures will not provide an immediate solution which ensures there is always sufficient bed capacity, as there are other considerations that impact on the system. Achieving improved capacity and flow cannot be realised solely through investment and must be supported by optimised models of care and practice such as those described above.
- 4.5 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.
- 4.6 Notwithstanding the above, there appears, in this instance, to have been failings in care delivery which impacted on the ability for a bed to be located for Mr Watson. BSMHFT have identified these failings and have taken actions to rectify them.
- 4.7 The CCG will continue to monitor and review mental health services in Birmingham and Solihull, and is happy to have an ongoing dialogue with HM Coroner in relation to any concerns.