

Statement from Healthwatch Birmingham and Healthwatch Solihull on Birmingham and Solihull Mental Health NHS Foundation Trust Quality Account 2020/21

Mental health is one of the NHS services that has been heavily impacted by the Covid-19 pandemic and is likely to face increased demand. Indeed, in Healthwatch Birmingham's report on 'what care and support did Birmingham citizens need during the Covid-19 lockdown?'¹ mental health and emotional support was selected by the majority of respondents. People told us about increased stress, anxiety and depression; and that they were suffering from loneliness, a loss of a sense of identity and some were suffering emotionally.

Alongside the challenges and difficulties that the pandemic presented, has been the commitment and hard work of the Trust and its staff to support service users, their families and carers. We make our comments, to this Quality Accounts, cognizant of the important role that staff have played as well the impact Covid-19 has had on their health and wellbeing. Throughout the past year service users and their families have told us about the amazing work the trust and staff have carried out during this difficult time:

I finished my psychotherapy treatment several months ago and I am so glad that I was able to work with such a compassionate, highly-skilled, experienced professional. It took over a year to feel that his holding of boundaries, me & the therapy space was safe, allowing me to experience myself, him & then others in a different, much less defensive way. The therapist made every effort to hold this safe space during lockdown via telephone & online sessions. Psychotherapy is mysterious in that I know it's helped me but I'm not sure how! I will be forever grateful to him & the Specialist Psychotherapies Service (Callum Lodge Specialist Psychotherapies Service)

Do they always get everything right, no, who does, but they show they really care every single day and that's all I ask (Solihull)

I stayed alive because my nurse was an Angel (Parkview Clinic)

Even though things are very different at the moment with lockdown, mental health services have gone out of their way to ensure that my daughter still receives the help and support that she needs (Solihull)

I had home treatment with Ladywood Home treatment team, they are good at their job.

Performance 2020/21 and Quality Priorities for 2021/22

Healthwatch Birmingham and Healthwatch Solihull are pleased see a continued focus on improving patient safety by reducing harm, positive patient experience, a positive patient safety culture, quality assurance, and using the Trusts time more effectively. Although there has been some improvement in some measures (e.g. 83% of incidents resulted in no harm), other measures, such as the use of restraints in inpatient units saw an increase during the pandemic.

¹ <https://www.healthwatch.co.uk/reports-library/what-care-and-support-did-birmingham-citizens-need-during-covid-19-lockdown>

It was of concern for Healthwatch Birmingham and Healthwatch Solihull to read about increase on incidents of patient assaults on staff that coincided with incidents of restraints, the 3 inpatient suicides, the number of patients (1473) who have died during the reporting period and the enforcement action taken by the CQC. As these areas form part of the Trusts 2021/22 priorities, we would like to read in the 2021/22 Quality Account the improvements made.

Improve patient safety by reducing harm

We welcome the Trusts recognition that restrictive practice including restraint and seclusion can increase stigma, isolation and risk of harm. We would like to read how the Trust has arrived at the interventions outlined in the Quality Account. We believe that it is important that service users are involved in developing these and that the Trust is collecting feedback from patients/their families to understand what works best. We suggest that one of the measures of success should be the extent to which Trust has engaged with patients/families and staff to understand the causes of restrictive practice, impact on service users and/or staff and an understanding of what would work for them in terms of interventions.

We note plans to improve the physical health monitoring of patients and the goal to ensure physical monitoring for 100% of the Trusts over the next three years. We would like to read, in the 2021/22 Quality Accounts progress made towards this and the percentage of patients having a physical health assessment. In particular, the percentage of episodes of Rapid Tranquilization (RT) that have had an appropriate physical health recording. We would also like to read the percentage of inpatients that have had a physical health assessment and systemic enquiry checks completed within 24 hours of admission.

Healthwatch Birmingham and Healthwatch Solihull agree with the establishment of the Quality Improvement Collaborative and plans to ensure quality improvement through learning days. We are pleased that experts by experience are at the core of this collaborative. We would like to see in the 2021/22 Quality Account examples of learning that has taken place during learning days, how learning is shared across the Trust and how the Trust communicates what learning has taken place with patients/families. Key to the success of this collaborative, will be how inclusive it is. We know through the feedback we hear that some groups face poorer mental health and barriers to accessing mental health services. We would like to see the involvement of patients by experience from diverse communities including disability and age. To what extent is the Trust using data (on who or which groups of service users are more likely to be restrained) to inform who gets involved in the collaborative? The Trusts response to Healthwatch Birmingham's recent report into health inequalities, the Trust outlined the work it has done with various ethnic group, in particular the Somali people. We would like to see how this work is informing the priorities the Trust has set out and the goal to reduce variability in the service.

We note the number of inpatient deaths that occurred in the past year and welcome the plans that have been put in place to make the inpatient environment safe. We would like to read in the 2021/22 QA the impact these actions have had on improving patient safety.

A focus on a positive patient experience

The actions set out by the Trust to ensure that patients have a powerful and equal voice in their care is welcome. We are pleased that the Trust has increased the level of participation of experts by experience in various quality improvement projects. We particularly welcome the introduction of the role of the patient safety partner to ensure that experts by

experience have a stronger voice. We would like more information on how this will work in practice. We would like to read in the 2021/22 Quality Account how successful this has been in giving experts by experience an equal voice and examples of actions taken based on their views.

Involvement of service users in MDT meetings is important, more so ensuring that they have a copy of their care plan. Feedback from service users has demonstrated the importance of care plans on the quality of care and outcomes for service users. We look forward to reading in the 2021/22 Quality Accounts progress on the percentage of service users attending weekly MDT meetings and the percentage of those in receipt of care plan. We would also like to read in the 2021/22 Quality Account the number of care plans that include a clinical plan for response to default from treatment (use of depot/LA antipsychotic injections for relapse prevention).

We agree that it is important to include a qualitative measure as this will help the Trust to understand the experiences of using the care plans and how well they are being implemented including impact on outcomes. We look forward to reading in the 2021/22 Quality Account how the Trust has involved service users and their families in developing the qualitative measure.

In our conversations with carers we note that not feeling heard and involved is an important issue for them. We suggest that the Trust includes in the measure for involving carer something around communicating carers views in care planning and demonstrating the impact of their insight in the care planning process. We believe that continuous carer involvement would improve consensus on future decisions around actions to be taken, especially understanding of why decisions are taken and increase confidence in why decisions are being taken.

We note that the Trust is engaging with experts by experience to develop a template for a care plan that can be shared with patients, families and carers. We would like to read in the 2021/22 examples of the use of these templates and how many families are involved in care planning.

A focus on a positive patient safety culture

We note that there has been improvement in staff views in the survey about their ability to raise concerns and be assured that action has been taken (q16a, c, d; and Q17b, c; and Q18b). However, the Trusts performance remains below the Best Trust and below average. We welcome the Trusts involvement in the peer review scheme hosted by the Royal College of Psychiatrist. We note the positive experiences outlined by those involved in serious incident reviews. We would like to read in the 2021/22 Quality Account how these positive experiences are informing practice across the Trust. We would also like to read about how the Trust is acting and ensuring learning on things that did not work well.

A focus on Quality Assurance

Healthwatch Birmingham and Healthwatch Solihull welcome a focus on this priority and look forward to reading in the 2021/22 Quality Account how service users and staff have been involved in the development of the Quality Assurance framework. In particular, how the Trust has used this involvement to understand what good care looks like to service users and their families. We note the work that the Trust has planned to pilot, evaluate and roll out an internal quality assurance peer scheme across the trust. We would like to know how representative the experts by experience both in terms of conditions and ethnicity are. We look forward to reading in the 2021/22 Quality Account not only about the number of peer

review visits but also about the people involved, their diversity and how is the Trust is using the information gathered through these peer review visits.

A focus on using our time more effectively

We welcome the Trusts aim to reduce unwarranted variations in care and support through the implementation of a Community Care Planning tool to improve the therapeutic effectiveness of service user interactions. We note the measures of success outlined, however, it is not clear how the clinical measures will be complemented by patient related measures.

CQC registration

Whilst we recognise the challenges the Trust has faced over the past year, we are concerned that the CQC has taken enforcement action against the Trust. We note that the Trusts registration with the CQC has the following conditions: - take steps to address ligature risks across all wards by June, implement an effective system to improve risk assessment and care planning among others. We would like to read in this Quality Account progress made towards these conditions.

Reporting against core indicators

We note that the percentage of patients on the Care Programme Approach followed up within 7 days after discharge from psychiatric inpatient care is lower than in the past three years. We also note that Covid-19 impacted direct face-to-face contact following discharge, with contact mainly through telephone. Experiences shared with us show that the use of phone appointments and technology was appropriate during lockdown circumstances but as services are restored varied ways for engaging with the Trust are required. For some service users, the use of technology may enhance their use of mental health services, for other it may serve as a barrier. In our response to the Trust Strategy 2020-2025, we asked that the following be considered:

- Existing barriers such as language should not be ignored. It is therefore important that guides on how to access mental health services using digital technology are developed in various languages and accessible formats.
- The digital divide that exists among socio-economic classes in Birmingham and Solihull should be taken to account. People from lower socio-economic status often have reduced accessibility to digital technologies. In addition, due to lower household income, people from lower socio-economic status are likely not to have broadband, own a computer or smart phone or indeed afford credit for internet use on their phones.
- According to NHS Digital, one in ten people in England lacks basic digital skills and nearly six million people have never used the internet. Therefore, the number of people digitally excluded is significant and needs to be taken to account when considering transforming with digital. For instance, familiarity with new technology for the elderly and those with language barriers is difficult. It is important that the trust engages with various groups to ensure that their needs are met.
- It is important that the trust considers developing a digital communication strategy that identifies the different ways of engaging using digital technology alongside the relevance of these for different service users.

Equality and Diversity

The unequal impact of Covid-19 on people with a disability and Black, Asian and Ethnic Minority groups has further highlighted the important role of health and social care

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organisations in promoting equality for everyone. As the Nuffield Trust highlighted in their report inequalities persisted during the Covid-19 pandemic with some groups facing poorer mental health and barriers to accessing services. It is disappointing not to see no commitment from the Trust to inclusion and equality in the 2020/21 Quality Account. We believe that a focus on inequality is ever more important as the Trust works to restore services if it is to reduce variability. It will be important for the Trust to understand the various experiences of discrimination that lead to health inequality and use this to inform restoration of services. We believe that Covid-19 has changed how health and social care collects and uses feedback, and public health data to understand the community it serves. We believe that this should be a critical focus of the Trusts priorities. Healthwatch Birmingham recently shared our ['Health Inequalities: Somali people's experiences of health and social care services in Birmingham'](#) with the Trust. We would like to know how the findings of this report are continuing to informing the Trusts health inequalities work; how the Trust is improving its knowledge about the issues facing minority ethnic groups, improving engagement with ethnic minority groups, and how it is designing and delivering services in a manner that addresses issues of discrimination and stigma.



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