

ForwardThinking
Birmingham



Health and Social Care O & S
Committee



Recent CQC Inspection

- The Care Quality Commission reassessed Forward Thinking Birmingham in April 2019.
- Our latest unannounced inspection visited all of the Forward Thinking Birmingham community sites and visited our Urgent Care Centre. They interviewed front-line staff and the leadership team, spoke to patients and took feedback from key stakeholders.
- CQC reviewed numerous documents, policies, data and additional information in relation to specific areas of care, including Early Intervention Psychosis.



What the Inspectors Observed

- Staff treat patients in a respectful and considerate manner
- The development of a positive culture focussing on patient outcomes and experience
- Leadership is strong, supportive and visible
- Parents and children said that staff treat them with kindness, dignity and respect
- FTB have demonstrated sustained improvements across the whole service with significant progress recognised.
- BWC are waiting for the overall rating in November 2019.



Particular Areas of Improvement

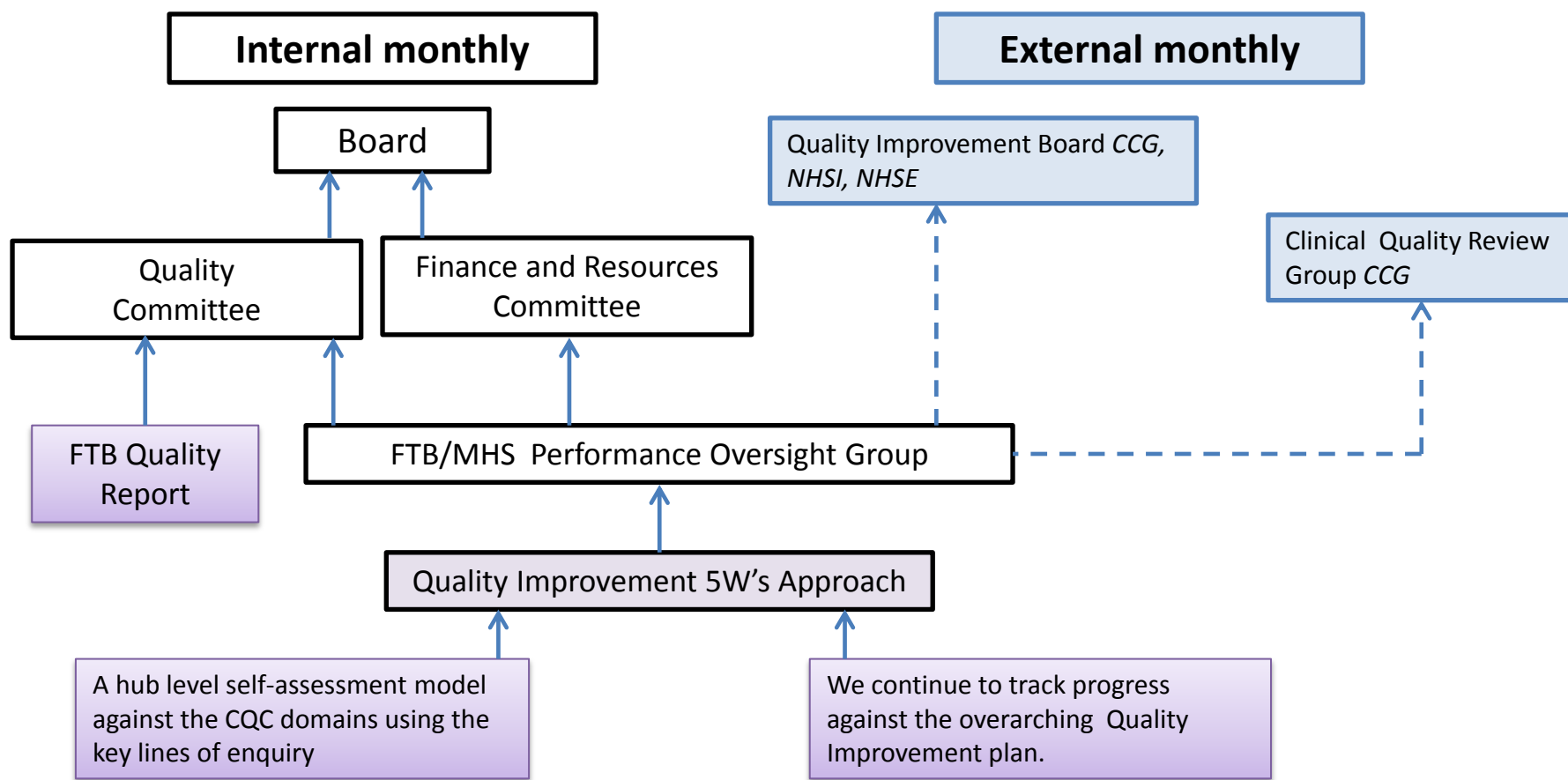
- Hub leadership accountability – responsible for local improvements. The trust has introduced a model of Quality Improvement known as the 5W's – local improvement projects will be identified through improvement HUDDLES.
- Infection control practice – daily checks and weekly audits, rated as green following NHSI visit in June 2018 – early indications from the inspection visit in April 2019 show sustained improvement.
- Medicines Management – forms part of the objectives held within the Quality Improvement framework for trust – known as the 5W's.
- Clinical risk monitoring of those on our waiting lists. Additional work and reconfiguration of ACCESS activity is supporting an improved position.
- Improvements in seven day follow up – 100% compliance on every occasion
- Follow up of patients who Did Not Attend (DNA) – continues to improve and is subject to regular audit through operations with clinical follow up in place. Text messaging is now in place to remind young people of their appointments
- Clearer ownership of local governance responsibilities
- Provision of information for people who do not speak English as their first language and patients with impaired hearing

Actions Arising out of the Quality Improvement

Area for Improvement	Where we have Improved
Number of skilled and qualified staff	Whole system workforce review in FTB has taken place, recruitment and retention has improved, new roles have been initiated and are being introduced, for example the Schools Mental Health Worker.
Quality assurance around care quality indicators	<p>Mental Health Care Quality Indicators (MHCQI) development and audit cycle – 110 patients are audited every month via the MHCQI monitoring tool to provide quality assurance</p> <p>Results for May were overall completion 83% / June 80% and July 80%</p>
Physical health assessments not completed	Physical health (PH) assessments monitored via the MHCQI and continue to show an improved position. Improvements have been made to the PH recording templates held in care records – providing prompts and ease of reference
Restructuring leadership team and framework	Recruited Mental Health Director and implemented a new Hub management system and new governance framework implemented
Waiting list management	We have improved our waiting list validation which includes a new process which insures individuals get the right care required at the right time, for example all urgent referrals are screened within 4 hours in our Access Centre



Enhanced Governance from Board with External Reporting





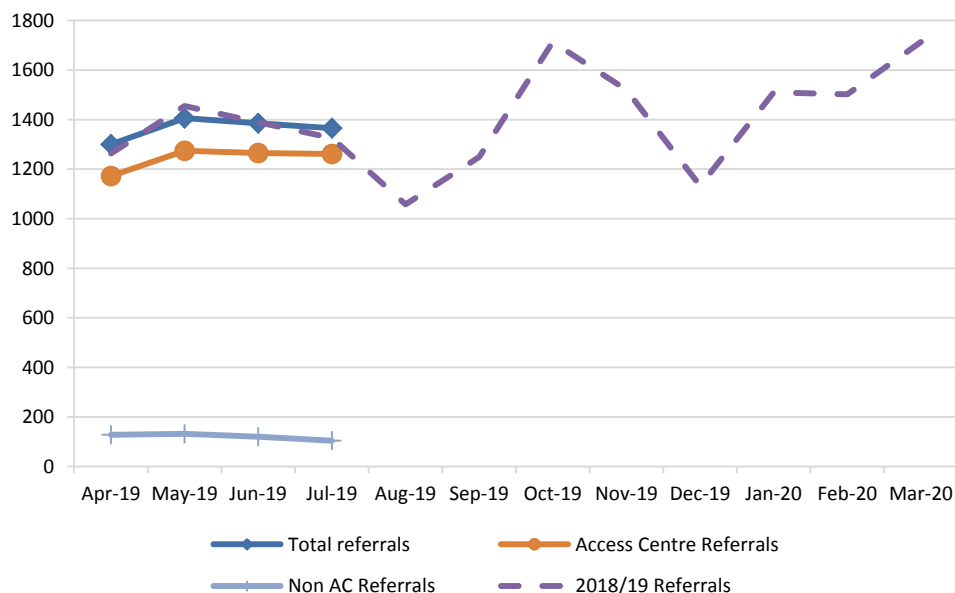
System Challenges

- Waiting list
- Managing increasing demand and system flow
- Placing young people out of area
- Lack of other support services
- Lack of investment in universal core services
i.e. social housing, social care, vulnerable
people services across statutory and VCS
sectors



Referrals into FTB

Referrals in Carenotes



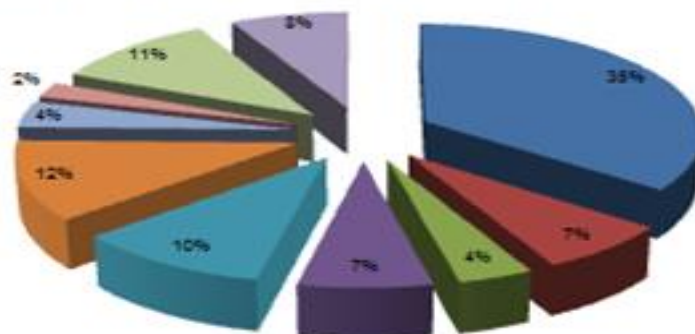
- Access were 26% over contracted activity in July.
- Seasonal activity peaks are noted in Mar and Oct/Nov.
- Based on historical data a further 10% increase in referrals is anticipated; so for 19/20 we expect circa 17,000 Access Centre referrals and 18,500 total referrals.
- Simplify Health are working with BWC on the actions as part of the Demand & Capacity workstream which include updates to the FTB website to reduce referrals into Access and pilot of a post access MDT panel to reduce and more effectively manage referrals into secondary hub services.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD	Average
Access Centre Referrals	1,172	1,274	1,265	1,261									4,972	1,243
Other Referrals	128	132	120	104									484	121
Total Referrals	1,300	1,406	1,385	1,365									5,456	1,364
Number of Triages in Access Centre	1,330	1,457	1,426	1,430									5,643	1,411
Total Triages	1,458	1,589	1,546	1,534									6,127	1,532



Access Centre Referral Data

Knowing why people have been referred can influence the staff you employ, how these staff are trained and how resources can be used across all levels of care



- Anxiety & Depression
- Conduct, Attachment and personality difficulties
- Eating disorders
- Psychosis
- In Crisis
- Neurodevelopmental Conditions
- Personality and relationship difficulties
- Post-traumatic stress disorder
- Self-Harm Behaviours
- Other (OCD, self care, gender, perinatal, drug and alcohol, bipolar, chronic health)

One example, 10% of referrals for personality disorder should mean that at least 10% of the staff in FTB should have experience of, or be trained in the assessment and management of personality disorder



Access Centre Referral Data

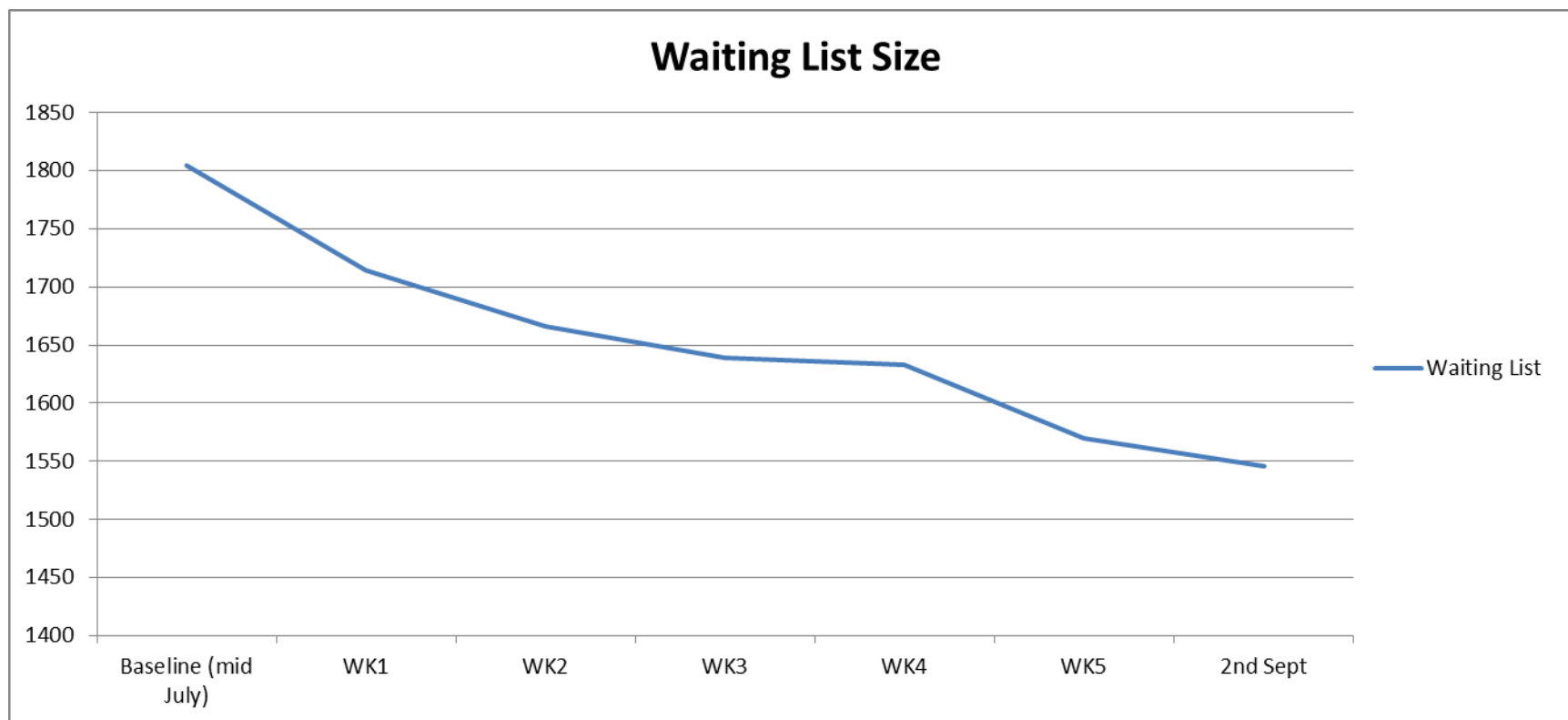
Since April 1st 2016:

- Access to services 24/7 across the age group and self referral
- City centre based drop in service receives great feedback from CYP
- 191,000 phone calls, 81% answered within 60 seconds, for advice, guidance, signposting and triage through our Single Point of Access
- 50,700 referrals through our Single Point of Access, 99% screened for clinical urgency within 4hrs
- Access to services has increased by 40%, with equitable access for male and females and peak age being 14-15 year olds
- Circa 73% of referrals have been triaged to non NHS secondary care services; enabling faster access to the right help and more effective utilisation of secondary/specialist NHS care
- Minimised the impact of increased demand for inpatient beds – Whilst admissions increased by 15% increase, OBD only increased by 8% due to an average reduction in OBD per admission of 2 days*

*from November 2017 to March 2019 following targeted intervention



Waiting List Size





Improvement Projects

Access

- FTB are piloting a new rapid gateway review following initial Access Triage, the aim on this work is to further improve the allocation of our patients to the correct pathway sooner in their patient journey to avoid unnecessary delays.

Demand and Capacity

- FTB have recently trialled an online assessment option for patients.
- Healios is a secure online based mental health assessment service, patients with access to a smart device and the internet can access the secure online portal from the comfort of their own home to attend a face to face clinical assessment via video link.
- Initial feedback has been positive with good clinical synergy with the decisions being made, and response times to appointments taking place within the agreed service agreement time.

Urgent care

- Urgent care operational services are currently being reviewed as part of a service improvement exercise.



Transformation Partnership BSOL CGG FTB/Birmingham- New models of care

- Statutory partnership – STICK
- Partnership with University of Birmingham – Pilot Pause
- Strategic partnerships to support system shift change – i.e. City wide suicide prevention strategy
- Co-production with beneficiaries – Think4Brum PE group
- Adult MH trust partnership -Building an all age neurodevelopmental pathway for Autism and ADHD



STICK Team

- **Screening**– Providing assessment and screening of CYP within schools, GP surgeries and family support services to increase early intervention and identify emerging symptoms
- **Training**– Providing specialist training to professionals working alongside CYP to up-skill and equip them to provide low level interventions
- **Intervention** – Therapeutic menu of interventions for CYP who traditionally would not have met thresholds for a CAMHS Service
- **Consultation** – Specialist consultation for those working in education, children's services and GP practice – encouraging wrap around care when it is most needed
- **Knowledge** – Practitioners include Nurses, Social Workers, Teachers and Youth Workers. The combined skill of this team brings a specialist knowledge and a comprehensive service



- Patient A was referred to FTB in September 2018 after being permanently excluded for bringing a knife into school aged 10.
- Patient A received an Urgent Choice Assessment and was also receiving support by the Crisis Team due to thoughts of wanting to end his life.
- In January, whilst awaiting core services, Patient A was referred to STICK for support around his education.
- STICK Clinician, Youth Worker and Family Support Worker (BCT) worked together to plan care around the family, involving both Patient A and mum.
- By March we had engaged educational partners, and by Easter BEP had advocated on behalf of Patient A and a placement was arranged for him at a local secondary school.
- Patient A continued therapy sessions in school before being formally on-roll, and during the summer holidays he attended school to meet other students and staff.
- On 02nd September 2019 Patient A started full time education, following more than 12 months out of mainstream education. This outcome would not have been possible without enhanced partnership working between Health, Social Care and Education.



Model fit into the University?

What will remain the same

- Drop-in model – to provide timely access and support to address mental health and well-being needs.
- Staff mix – A range of different professionals will be appointed. Supported by volunteers.
- Low level brief intervention service.
- Workshops/Groups – this will not happen straight away but aim to have some running by end of second term.
- Referrals to FTB/IAPT and signposting to suitable services in Birmingham if low-level support at our drop in site is not suitable.
- Central base (UOB Library) with pop ups in different parts of the University if needed – this will happen towards the end of the first year.



Model fit into the University?

What will be different

- We will be open Monday to Friday around 30 hours a week – this will be reviewed in the first year to include weekends.
- We will be developing a close link with Wellbeing services in the University, ensuring effective signposting and referrals can be made when needed.
- We will be looking at the consent to share information with the University as part of the evaluation of the project.
- Only UOB students under 25 year old can access service.
- They don't need to be registered to a Birmingham GP to access our service. If additional services are required they will be advised to register.



New Care Models – NHS-led Provider Collaborative

- Birmingham Women and Children's leading the business case for the West Midlands New Care Model for CAMHS - Inpatient Child and Adolescent Mental Health
- The current system doesn't allow us to care for all children and young people close to home – some children and young people have poor experiences and stay in hospital longer than needed.
- The New Care Models have pilots nationally. This will support better outcomes for children and young people who are admitted to hospital and ensure that they remain closer to home.
- There will be further emphasis on reinvestment in community and step-down services, to improve the whole inpatient pathway and reduce reliance on long inpatient admission.



NHS Long Term Plan - What Does it Mean for Mental Health in Birmingham

- Improved crisis response/commitment to 24/7 services support to A&E
- Focus on building the capacity in community settings with recovery and social prescribing for wider social impact and shifting the balance towards prevention and community based provision
- Greater range of psychological intervention – with outcomes and benefits delivered
- Workforce Strategy – Building skills and competencies of the wider workforce





NHS Long Term Plan – Interdependencies

- Transforming Children and Young People's Mental Health Services in the context of the expansion of School Mental Health work and children's services.
- SEND/Disabilities and Autism
- The Mental Health Programme Delivery Board overseeing the transformational long-term plan across all interdependencies , including Primary Care networks, Urgent Care and Personality Disorder, Adult Social care, Housing/Homeless strategies
- Voluntary and community sector capacity and infrastructure



Any Questions?

