



Is every person in Birmingham who is diagnosed with a serious mental illness provided with a care plan?

Healthwatch Birmingham
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Focus of report

This topic was selected for exploration by members of the public and the health and social care system in Birmingham, through Healthwatch Birmingham's 'Topic Identification and Prioritisation System'.

Although the quality of care plan provision in Birmingham may be variable, we focused here on the topic selected by participants through the above system. This topic specifically addressed the percentage of people with a diagnosis of serious mental illness (SMI) with care plans in Birmingham. For practical reasons we restricted this topic area to those patients under the care of the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT).

Healthwatch Birmingham studies explore potential variations in the quality and availability of services that could unfairly affect particular groups of people. The purpose of this report is to communicate this information to the relevant providers and commissioners of the service, the wider Health and Social Care System and members of the public. This report also describes the action that the provider, BSMHFT, has said they will take to address the issues we have raised.

We will be following this to see if the Trust increases the level of care plan provision for people with SMI who live in Birmingham.

Summary findings and impact

What is the relevant local policy that guides whether care plans are provided?

The most recent publically available version of the Birmingham and Solihull Mental Health Foundation Trust's Care Management and Care Programme Approach (CPA) policy aims to provide effective care planning for ALL service users.

Do all BSMHFT service users have a care plan?

Data from BSMHFT show that 80% of their patients with a SMI have a care plan. This is a higher percentage than we originally believed to be the case. This is of concern; one in five patients with a SMI at BSMHFT do not have a care plan that has been put in place by the Trust and/or reviewed in the last 12 months.

It is unclear why 1 in 5 BSMHFT patients with a SMI do not appear to have a care plan in place. It is also uncertain whether there are any groups that are particularly negatively impacted by this. BSMHFT has provided a breakdown of statistics on patients with a SMI who do have a care plan in place (see page 6). These data do not show any clear variation between different age groups or different ethnic groups.

How is this report being used as a lever for positive change within Birmingham?

As a result of Healthwatch Birmingham's exploration of this topic, BSMHFT will put this report through their formal governance process and provide a work programme through either the Trust's Quality Committee or Full Trust Board. This will give a formal feedback loop.

We will follow up on the Trust's work programme, and report any changes in the proportion of people with SMI that have care plans. A follow-up report will be written in early 2017, and if no changes are found relevant regulatory bodies in Birmingham will be notified.

Background

Healthwatch Birmingham ran a focus group, followed by an online survey, with members of the public and the health and social care system in Birmingham. As part of this, we presented several examples of poor quality or availability of services that we had been made aware of. Participants then told us which of these issues they thought we should explore further.

27 out of 58 of participants in the online survey indicated that we should explore the following:

“Only 60% of patients with severe mental health issues have care plans”.

(Statement was made by a participant in a focus group run by the Health Service Management Centre at the University of Birmingham)¹

They said this issue is important because:

- ‘Looking at actual performance and questioning the allocation of resources to mental health and seeing if parity of esteem is working locally in funding decisions.’ **Employed by Birmingham and Solihull Mental Health Foundation Trust.**
- ‘Ensure when in crisis an individual can access the correct service.’ **Employed by University Hospitals Birmingham NHS Foundation Trust.**
- ‘Mental illness is one of the major issues faced by the healthcare system and a focus on care plans would help.’ **Member of the Health and Overview Scrutiny Committee.**
- ‘Care plans are essential to determine how to support patients and enable them to recover more quickly and to sustain their recovery. Patients having plans will reduce their need for support and help them back to health faster.’ **Member of the Quality Surveillance Group.**
- ‘This would alleviate problems with authority organisations.’ **Member of the Health and Wellbeing Board.**
- ‘Information for Mental Health Commissioners and BSMHFT.’ **Employed by SIFA Fireside.**

Why are care plans needed?

- Provides service users with a follow up or contingency plan for emergency situations.
- Makes their needs easily accessible to the Health and Social Care services, when necessary.
- Includes the personal budget for the patient; so the individual could miss out on psychological, emotional, therapeutic and possibly social support if they do not have a care plan.
- Care plans enhance quality of life, cover treatment and caring for people in a safe environment - protecting them from avoidable harm.

Share your experiences:

We would like to hear more feedback from patients under the care of the BSMHFT.

This information will be used to inform future investigations and will be anonymously fed back to the Trust.

www.healthwatchbirmingham.co.uk/services

What is the relevant local policy that guides whether care plans are provided to people with SMI under the care of BSMHFT?

The most recent publically available version of the Birmingham and Solihull Mental Health Foundation Trust's Care Management and CPA policy (March 2013) aims to provide effective care planning for ALL service users.²

What does the policy say?

One of the stated principles of the policy is to ensure equitable and appropriate access to services, interventions and information through planning and providing care that is sensitive to the individual and recognises diversity in relation to race, faith, age, disability, sexual orientation and other special requirements that the service user may have. To help achieve this, the policy states that all mental health service users should receive one of two care planning arrangements: Care Programme Approach (CPA) or Care Support.

Those assessed as having complex needs (in line with BSMHFT's CPA criteria) are placed on the CPA. National guidance defines the CPA as an approach used to assess, plan, review and coordinate the range of treatment, care and support needs for people in contact with secondary mental health services who have complex needs.³

Those assessed as having less complex needs, but still requiring treatment, are placed on a Care Support Plan. BSMHFT's policy states that this will involve a statement of care agreed between the service user and the lead clinician. This should contain any relevant information regarding support, care and treatment, intended outcomes and information about risk and relapse prevention strategies.

Do all BSMHFT service users have a care plan?

From the evidence available, it is uncertain why 1 in 5 of their patients with a SMI do not have a care plan.

Proportion of patients with care plans

80% Current patients with a SMI (defined as all service users with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis or those on lithium therapy) have a care plan (either through CPA or Care Support), and have had this plan reviewed in the last 12 months. (As of May 2016, figures provided by BSMHFT). This is higher than the original statistic of 60%.*

20% The percentage of patients with a SMI at BSMHFT who do not appear to have a care plan that has been put in place by the Trust and reviewed in the last 12 months.

This seems to go against the Trust's policy to develop a care plan (defined as either CPA or Care Support) for all service users that is, as a minimum, reviewed annually. It is uncertain why 1 in 5 service users with a SMI at BSMHFT do not appear to have a care plan in place. It is also uncertain whether there are any groups that are particularly negatively impacted by this. BSMHFT has provided a breakdown of statistics on patients who do have a care plan in place. These data do not show any clear inequities between different age groups or different ethnic groups (see Appendix Figure 1 & Table 1).

*These statistics do not take into account care plans that have been issued in a primary care setting. They also do not take into account service users with a SMI who are using the Improving Access to Psychological Therapies (IAPT) service.⁴

Health inequity refers to the inequalities in health that are deemed to be unfair or stemming from some form of injustice.

Healthwatch Birmingham addresses one specific cause of health inequities: variations in the availability and quality of health and social care provision.

CPA and Care Support performance



Although this report focuses on the percent of patients with a SMI that have a care plan, we recognise that figures provided in BSMHFT 2015/16 Quality Account show that the Trust is meeting national performance thresholds used to monitor the effectiveness of CPA implementation.⁵



CPA patients receiving follow-up contact within seven days of discharge from hospital in 2015-16 (national threshold 95 per cent). The Quality Account also states that 98.95 per cent of CPA patients had a formal review in past 12 months.

84.4%

Completion of risk assessment for people on CPA (broadly similar to last year)

84.8%

Completion of summary assessment (broadly similar to last year)

69.1%

Completion of multidisciplinary review (down from 94.9 per cent last year)



With regards to people on Care Support, the Trust's 2015/16 Quality Account reported that a recent clinic audit concluded that many patients managed under Care Support do not have the full suite of documents required. In response to this a monitoring indicator for Care Support has been designed, built and tested, and was due to go live on 18 April 2016.

A revised Care Management and CPA and Care Support policy has recently been ratified by the Trust. This will seek to strengthen CPA criteria to support more consistent identification of those with higher support needs, and strengthen care support standards.

Information available from the 2015 Community Mental Health Survey suggests BSMHFT is broadly in line with national performance when it comes to patient experience of care planning.⁶ (see Appendix: Table 2).

Conclusion

Approximately 80 per cent of patients with a SMI at BSMHFT have a care plan. This is higher than the 60 per cent figure originally sourced from a Health Service Management Centre focus group. However, this figure is still of concern, particularly as BSMHFT's local policy states that ALL patients should have some form of care plan (either through CPA or Care Support).

As a result of this Healthwatch Birmingham study the BSMHFT will put this report through their formal governance process and provide a work programme through either the Trust's Quality Committee or Full Trust Board. This will give a formal feedback loop.

According to their most recent Quality Account⁵, BSMHFT have recently ratified a revised Care Management and CPA and Care Support policy to support more consistent identification of those with higher support needs, and strengthen care support standards. In addition, BSMHFT have improved their monitoring of the timeliness of Care Support documentation. It would seem prudent to allow time to see if these new measures lead to an increase in the proportion of service users, with a SMI, who have a care

plan before revisiting this issue with the Trust.

We will re-examine this issue early in 2017, obtaining BSMHFT data regarding the number of people with SMI who have a care plan. If no improvement is found, Healthwatch Birmingham may escalate this issue to Healthwatch England and/or local regulators.

We would like to hear more feedback from patients under the care of the BSMHFT. This information will be used to inform future investigations and will be anonymously fed back to the Trust.

Acknowledgements

Healthwatch Birmingham would like to thank everyone who contributed to the completion of this report. We are grateful to all the participants of our Topic Identification and Prioritisation Process, on which the selection of this topic is based. We would also like to thank the following for their support and collaboration, in particular for providing us with the data contained within this report

- John Short, Chief Executive Officer of BSMHFT.
- Rob Devlin, Senior Strategic Commissioning Manager, Joint Commissioning Team for Mental Health, NHS Birmingham CrossCity Clinical Commissioning Group (CCG).

Glossary

Quality Account: A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Your NHS trust can be found at <http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx>

Health, Wellbeing and Environment Committee: In Birmingham there are five overview and scrutiny committees, which are structured to cover every aspect of the City Council's work, ensuring Cabinet Members are accountable for the decisions they make and for the services being delivered across the city. The Health, Wellbeing and Environment Committee also oversees health issues and looks at the work of the NHS in Birmingham and across the West Midlands. <http://www.birmingham.gov.uk/scrutiny>

Quality Surveillance Group: Quality Surveillance Groups bring together different parts of health and care economies locally to routinely share information and intelligence to safeguard the quality of care patients receive. This follows recommendations from the National Quality Board and a report, [Quality in the New Health System: Maintaining and Improving Quality from April 2013.](#)

Appendix

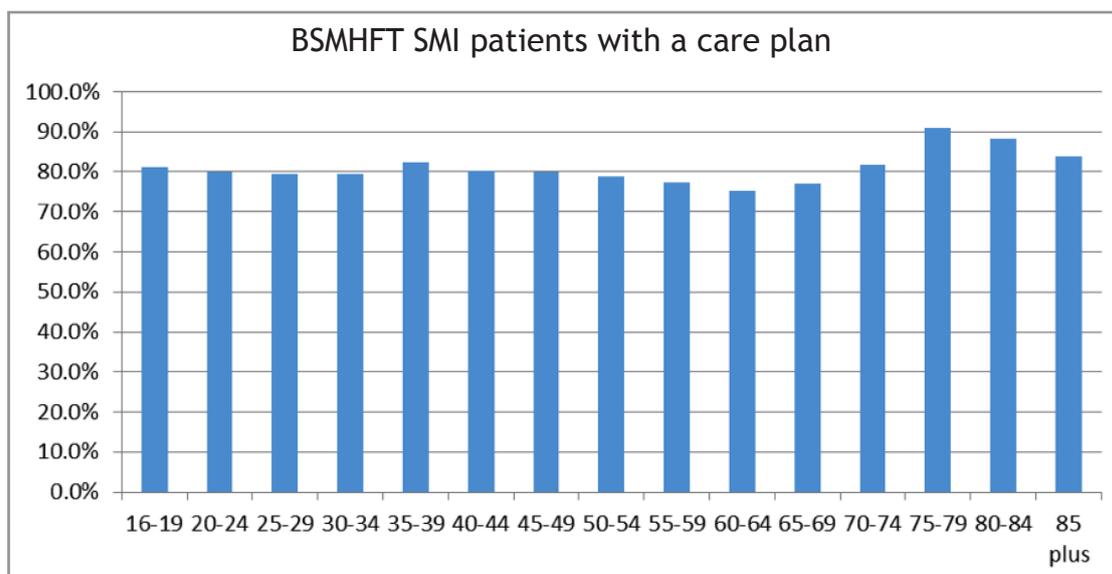


Figure 1. Percentage of BSMHFT patients with a SMI who have a care plan: by age.

Table 1: Percentage of BSMHFT patients with a SMI who have a care plan: by ethnicity.*

Grouping	No Care Plan	Care Plan	Percentage with Care Plan
Any other Ethnic Group	31	114	78.6%
Any other mixed / multiple ethnic background	9	40	81.6%
Arab	2	12	85.7%
Asian / Asian British - Chinese	8	19	70.4%
Asian / Asian British - Indian	74	226	75.3%
Asian or Asian British - Any other background	30	114	79.2%
Asian or Asian British - Bangladeshi	22	144	86.7%
Asian or Asian British - Pakistani	164	796	82.9%
Black / Black British - African	40	162	80.2%
Black / Black British - Caribbean	197	682	77.6%
Black / Black British - Other	11	58	84.1%
Mixed - White & Asian	13	25	65.8%
Mixed - White & Black African	4	18	81.8%
Mixed - White & Black Caribbean	36	122	77.2%
Not Asked	9	27	75.0%
Not Stated (Client Refused)	4	19	82.6%
White - English/Welsh/Scottish/ Northern Irish/British	479	1884	79.7%
White - Gypsy or Irish Traveller	0	1	100.0%
White - Irish	25	110	81.5%
White - Other	21	94	81.7%

*Caution needs to be taken when interpreting percentages that relate to small numbers

Table 2: BSMHFT performance against relevant indicators in the 2015 National Community Mental Health Survey ⁶

Question	Score	National comparison
Agreeing care for having agreed with someone from NHS mental health services what care and services they will receive	5.5/10	About the same
Involvement in planning care for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this	7.6/10	About the same
Personal circumstances for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances	7.3/10	About the same
Care review for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months	7.1/10	About the same
Involvement in care review for those who had had a formal meeting to discuss how their care is working, being involved as much as they wanted to be in this discussion	7.9/10	About the same
Shared decisions for those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen	7.5/10	About the same

1. Sawbridge Y, Heginbotham, C. "Birmingham Crosscity CCG Emergent themes to inform a draft primary care development strategy". Health Service Management Centre, University of Birmingham, July 2015.
2. Birmingham and Solihull Mental Health Trust. *Care Management & CPA Policy* (March 2013). Available from: <http://www.bsmhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=38483>.
3. Department of Health (2008) Refocusing the Care Programme Approach: Policy and positive practice guidance http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf#uud555
4. Figures provided by BSMHFT to Healthwatch Birmingham (24th May 2016).
5. Birmingham and Solihull Mental Health Trust, Annual Report and Accounts 2015/16. Available from: <http://www.bsmhft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=54054&type=full&servicetype=Attachment>.
6. 2015 Community Mental Health Survey, available from: <http://www.cqc.org.uk/provider/RXT/survey/6#undefined>.

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