



BIRMINGHAM LINK REPORT BACK SHEET

Date: - Oct 5th 2011
Title /Purpose of Meeting: - Joint Health& Social Care Commissioner Liaison
Members Attending: - Three MHWAG Co-Chairs
Also Attending: - Rob Devlin, Mike Kay Commissioners

The Mental Health Action Group three Co-Chairs met with Joint Commissioning Board Commissioners at the Ciba Building Hagley Road.

We apologised for not having any Host admin support present due to the transition to a new Host for our functions. [We will of course make available our LINK report back for the Commissioners to maintain a mutual record]

We did take an agenda and some items on that must remain confidential in our judgement. Matters as outlined below represents the broad themes we discussed with some detail included.

QIPP And Other Matters

Central to our concerns expressed at the Oct 5th meeting is both monitoring and aiding the best use of local Commissioning resources that are available. "QIPP" was raised today as a driver of events and savings needed via service redesigns. **"Quality Innovation Productivity Practice"** (QIPP) is part of the current NHS framework, notably being promoted and outlined in a recent Sept 2011 meeting at the Saffron Centre Birmingham. Its framework practice is currently headed by the three PCT's realignment into a "Cluster-Board" structure showing that in mental health alone the savings needed from the £235 Million (over 5 years) are in the order of £17 million.

[See Cluster document HERE for further details \(digital link\)](#)

Some of the discussions today orientated around some service re-design that are to aid a number of desirable outcomes for patients:

"The Hub and Spoke" model of day service re-design model has a "parallel" existence with the Bham City Council Adult Social Care "STaR" service model ("one to one" FACS eligible - Support Time and Recovery workers). Alignment of other mental health services to its type of aims was discussed. The Commissioners are trying to fit together the Birmingham populations of mental health service users that can have (ideally) more

opportunities with the existence of supported "Spokes" which are in fact smaller groups of Users in localities. The MHAG Co-Chairs have showed support that further service re-designs in the city orientated to aid people within this "Hub and Spoke" period of re-design may well be possible even given the QIPP constraints. For this reason they have supported (but will monitor carefully) any new supports factored into the "Hub and Spoke" remodelling whilst watching, with regard to any problems, where other services may have to be altered.

Access and Well Being Pilot (AAWB)

The Access and Well Being (AAWB) "pilot" was discussed. This was a Commissioner run "pilot" in 2010 (on the MHAG Work-plan) which was trying to aid discharge flow rates to be faster due to high numbers of Users on the Community Mental Health Team (CMHT) secondary care files which were not being engaged hardly at all, or were at very low frequency of CMHT engagement.

We have asked for the final report on this "pilot" and we have been promised it will be sent so we can also monitor matters and learn from it.

In the discussion we all were aware there is a part weave of interrelated themes in the AAWB pilot and the idea of positive realignment of Day services in so far as discharge from secondary care whilst trying to provide some degree of attachment into support is a factor. It appears that in parts of Birmingham (South) the CMHT's may have been also like an over-internalised day service and may not have allowed a greater "supportive-disconnection" to occur as in the case of the more separate Day Service - evidenced in Birmingham North .

The "Hub and Spoke" day service type models with their realignments, which include the right of primary care Users to refer into them, are supposed to be able to break down some barriers of differences between Users and aid social inclusion. It was re-stated today that the "Hub and Spoke" models would not have so much an emphasis on clinical need-input but would emphasise growth activities and possibilities.

It was agreed the "Hub and Spoke" model was a strategy that would run some risks but that without some risks it may not be possible to see where innovation might work . QIPP too was a driver in this and savings were therefore a factor too.

Sheldon/Shard End & Additional "Spokes"

It was re-stated at the meeting that some new "Spokes" may well have to be specifically enabled (Sheldon - Shard End) and in other areas too so as to take up any slack for further withdrawal of any services within any further re-designs.

We noted that in the AAWB pilot, the areas chosen were in fact Sheldon and Shard End, where it does appear services are weak at providing outlying supportive "Spokes" of activities that enable supportive User-group growth.

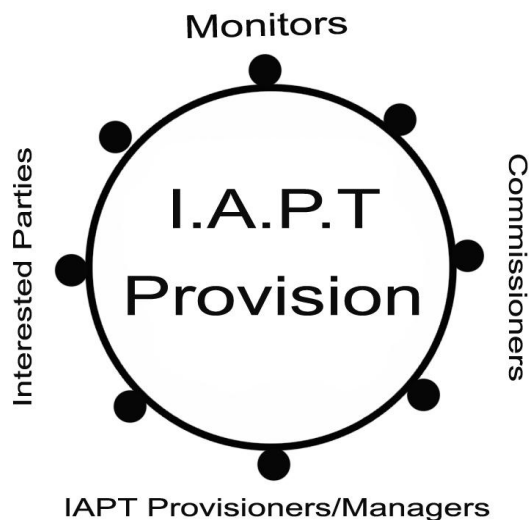
Improvement in Access to Psychological Therapies (IAPT) Figures

The MHAG have extracted the figures ([See Bham Extracts Document Linked here](#)) from the first national data set April - June quarter 2011. The extracts for Birmingham expressed are from the 3 PCT's : The figures for those coming off benefits (one of the much lauded prime reasons for the IAPT design) were very small indeed .and we discussed these with some nearby comparators (like Coventry , Walsall , Wolverhampton) as being quite feeble

- HOB = 1
- SBPCT = 11
- BEN = 5

The caveat here however is we were contacted by a IAPT lead Commissioner by email just prior to the Oct 5th meeting who has some further figures which apparently are far better . We have asked for those and they will be shared. We have pointed out that we have been monitoring IAPT training take-up and design throughout 2010 (it was a LINK priority). It has not been possible to do a meaningful User based survey on User-experience because of the training year (2010 = 68 trainees) bedding in. However we did do a GP survey for some brief opinions. That 206 survey of Bham G P's was only answered by 20. This is a matter we will be looking at further and revisiting. ([see GP Reponses - Digital Link Here](#))

We have stated we have maintained a monitoring eye on patient choice in the city regarding IAPT provision and we will be doing further work on the 5 partner contracted provision which has been set up by 4 third sector organisations and the local Trust . We stated we will be meeting the Birmingham Healthy Minds IAPT manager and that our collaborative lead Elsie Gayle on post natal and perinatal service monitoring will be included in this arrangement. We stated also we will be liaising with Dave Newall (West Mids Migrant interest) to see how we can discover more about plugging provision gaps in the refugee and asylum seeker areas of need that IAPT may serve. We will also be liaising with the commissioner lead on IAPT to monitor effectively and aid where we can.



Section 117 Matters

One of the MHAG Co-Chairs leading on MH section issues raised some section 117 matters. Section 117 is applied to people who have been sectioned under the Mental Health Act but who are well enough to come out of a ward or unit but who still need continuing care (accommodation and care). This matter was discussed and it appears there can be some variances in the way Section 117 plans are expressed for each patient case which may result in partly differential provisions added onto the basic need to provide continuing care.

There was various angles of discussion around this regarding case law and different concrete experiences the Co-Chairs were aware of.

Community Personality Disorder Service Provision 2010 - 11

Another of the MHAG Co-Chairs leading on CPDS was not happy that the local Trust had not employed a User-Co-ordinator as described by the Service specifications designed by the Commissioners. It was pointed out that the Co-Chair had heard from a Carer attending the Carer Co-ordinated meetings that some of the (tier 1 and 2) patients were in fact hospitalised and were learning from each other how to "cut" in different ways.

The Co-chair felt that a proper User-network - aided and co-ordinated, had never taken root at all throughout 2010 and now it was Oct 2011, and in turn this had meant people were isolated and were not potentially learning from each other there were other strategies to face difficult feelings about personal damage (a high number of PD spectrum sufferers are child abuse survivors). It was possible that a group therapy provision or User networked PD groups in the city could have had a positive effect. That was not possible though without a fully operative User-co-ordinator and a network created. MHAG would ask for further FOI based information on this matter and make further representations.

The Commissioners were asked to maintain pressure for better compliance with the service specifications and the contractual standards regarding User Network Co-ordination.

Co-Chairs:

Alex Davis
Enid Said
Paul Brian Tovey