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Healthwatch Birmingham and Healthwatch Solihull's response to Birmingham and Solihull Mental Health NHS Foundation Trust's (BSMHFT) Strategy 2020 – 2025: Taste Our Brew

Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to respond to Birmingham and Solihull Mental Health Trusts strategy 2020-2025. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- The involvement of patients, the public, service users (PPSuCs);
- Whether the proposed strategy is responsive to the needs of Birmingham residents ensuring that they do not lead to health inequality

We welcome that BSMHFT has developed an ambitious strategy for mental health services in Birmingham and Solihull that will ensure that patients, families and carers receive a service that is compassionate, inclusive and committed. In particular, we are pleased that at the heart of the strategy is the trusts ambition to lead the way for developing joined up mental health services for Birmingham and Solihull residents; focus on co-production with key partners, patients, families and carers; be a learning organisation; and work in a way that tackles inequality and discrimination. The feedback we have received in the past year, especially during the lockdown period (due to Covid-19) demonstrates the continued importance of improving mental health wellbeing in Birmingham and Solihull.

The vision and values that the trust has set out are commendable. We believe the four priority areas outlined in the strategy and the key focus areas for each priority will help the trust be more effective in addressing issues that service users face. From the feedback that we have received over the past year, we know that patients, families and carers face various challenges in these areas when they access mental health services in Birmingham and Solihull. Whilst we agree in principle, it is difficult to comment effectively without further detail. Of course, we do appreciate that this is not an implementation plan, but the success of this plan will depend on how effectively it is implemented.

The feedback we have heard through our listening exercise show that implementation of stated objectives appears to be an issue. As a Healthwatch Birmingham report: *"Is every person in Birmingham who is diagnosed with a serious mental illness provided with a care plan?"* found, not all people diagnosed with a serious mental illness have a care plan in place despite stated policy. Therefore, ensuring that the focus areas outlined in the strategy are actually implemented and actually address the stated objectives will be the real test.

The experiences that people have shared with us over the past year indicate a general disillusionment with mental health services. Many service users and their families or carers do not feel supported, patients feel that staff could be more understanding and approachable. We have heard concerns about appointments, timing of appointments, responsiveness of mental health services, quality of care, poor advice and information about services, failure to call back patients leaving them in crisis, poor access to treatment, support or therapies, poor integration of services and staff being rude and insensitive to patients when they access mental health services. Below are some excerpts from the feedback we received:

> *Contacted for counselling told 9 month wait still waiting after a year not heard anything at all (Solihull)*

> *We tried to access mental health services for my brother, where we/he seemed to be fobbed off from pillar to post and just given medication. Where we and he feels counselling would help as his been diagnosed with a personality disorder where he doesn't cope and doesn't want to rely on tablets to try to battle this. He has been offered no therapy no nothing over a year just medication. The time scales in getting appointment is ridiculous especially when a person is at risk as his suicidal. Instead we have had to try and help and do all we can to help him by our self....and hoping that one day he doesn't take his life from the lack of help and support which is actually out there in the community/society today! (Solihull)*

> *I wouldn't know how to access support other than phoning doctor (Solihull).*

> *The caller has contacted us about the lack of support she has received. The caller is disabled with a blood clot and has constant mental health problems due to her inactivity. She regularly feels suicidal and contacted the crisis team to refer herself before Christmas. She felt that after three days with the team the attitudes of some of the staff left her feeling worse (Birmingham)*

> *I was seen and diagnosed, initially treated with medication only. After the first month I was reviewed and I explained that I had noticed some significant increase in other symptoms; I was told to fill in the AQ50 and a score of 32+ I would be given an assessment for Autism spectrum disorder (ASD) by the Clinical commissioning groups (CCG). I sent this over via email. Four months later I haven't heard anything, I was struggling so much with my mental health that I asked for an appointment and asked my mum to come with me to make sure that I wasn't misunderstanding anything. I was told she would now send the referral (despite me thinking I had been on the waiting list). A month later and no communication I was referred urgently to CMHT due to the significant decline in my mental health and feeling suicidal. At the point of triage I learned that my referral hadn't gone and that it would be done when the practitioner returned from annual leave. I was reaching desperation and although CMHT were helping me in some ways, they don't specialise in Attention deficit hyperactivity disorder (ADHD). They also said that let's see how I get on with the Autism assessment. I still haven't heard back and again contacted PALS. I had a fairly blunt email asking me to resend my AQ50 from the practitioner and then asked to send it again in a format that she could copy and paste to my notes. I*

eventually gave up with contacting the service four months later and went to the CCG to see where my referral was on the waiting list to discover that it had only been received in the last week, nine months after I was told I could be referred and sent my original AQ50. There have been numerous errors with prescriptions which at worst have left me without medication. I've not been seen by the team since February 2019 despite only having the diagnosis in September 2018. I find it really frustrating that I can't be seen elsewhere as after the problems experienced it's awkward. It's just medication as a treatment option for adults (Birmingham).

Frontline staff don't answer the phone for half an hour and when finally they give you an unpleasant look I almost had a panic attack from their demeanour. My experience whilst in crises emotionally and mentally were as follows: Irregular psychiatric prescriptions after being humiliated by a duty nurse who clearly was action superior, not giving me a chance to talk finally I insist to obtain my care plan and medication she gets up calls few arrogant and very unpleasant service manager and his pals. They take me into a private room and have a go at me until I leave in tears ... Very very unkind (Birmingham).

Unhelpful information given. Poor response to personal problems. Insensitivity & Inefficient (Birmingham)

On the other hand, we have also heard positive experiences from service users of accessing mental health services in Birmingham and Solihull. Where the service has worked well, service users have felt cared for and their needs have been met,

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)

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)

My experience on the Melissa Suite at the Oleaster is one of pure admiration for the nurses. Although a young team, they are so mature and extremely knowledgeable and have so much patience. The staff morale is amazing. They also know how to brighten up even the darkest of days. They will put music on and have fun with us. They truly are a great bunch of people (Birmingham)

We note that one of the drivers for change for the 'quality' priority is around feedback. We welcome the idea of ensuring that service user co-production is evident through all processes and activities. The feedback that we have presented above was aimed at highlighting the importance of hearing feedback from service users, families and carers in order to improve services. It also highlights the importance of engaging so as to understand the needs of people and ensure that support and care is personalised. We believe that if BSMHFT is to become a learning organisation, then it needs to not only listen to feedback that highlights what you do well but also what is not been done well including learning from complaints.

Whilst this strategy mentions the idea of co-production running through all processes and activities, this is not evident in the other priorities. We believe that service user, families and carer engagement, and the use of their feedback should be the golden thread that runs through the four priority areas. For instance, patient feedback and experiences will be crucial to ensuring that clinical services are meeting the needs of patients and understand what quality means to patients. Again, patient experiences will enable the trust to identify, understand inequality and the barriers to improved health outcomes as well as help the trust understand the communication needs of service users.

What the trust should consider in implementing the strategy

Patient and Public Involvement

We believe that the following key issues should be considered in the delivery of the family and carer involvement and engagement strategy:

- Ensuring that a key objective of engagement is ‘*to use patient and public insight, experience and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health)*’. This will enable the Trust to meet its two public sector legislative duties of involving patients and the public; and addressing inequality. For instance, how can engagement be used to identify and understand the reasons why some communities do not access mental health services and help design services to accommodate these issues?

- Patient and Public Involvement should be evident throughout key decisions. There is mention of patient experience groups in the strategy but not enough about engaging more generally.

- Equality impact assessments should inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by plans in the strategy and seldom heard groups. In particular, also use this to identify individuals from communities that are not likely to seek mental health support. This should also inform the expansion of the ‘experts by experience’ programme.

- Ensure that there is buy-in across the trust (all teams, service leads and managers) to the use of service user feedback in decision making. This should include clarity about how learning from feedback is shared across the trust.

- Ensure that the trust is learning from not only patient feedback more generally but also feedback shared as complaints, compliments and through surveys such as friends and family tests. It is important that such data is triangulated to better inform decisions around service improvement or change.

- Ensure that patients, families and carers are aware how they can share their feedback or engage with the trust as well as how their feedback has informed various decision within the trust.

Transforming with digital

Covid-19 has introduced some novel ways of treating patients with mental health and we welcome that the trust is exploring the use of new technologies to deliver services in a different way. It is important, however, to recognise that technologies are not applicable to different populations/communities equally. We are pleased therefore that the trust will consider the impact of technological development on patients and their recovery. The trust should consider the following in transforming with digital:

- 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.

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In theory the use of digital technology for citizens to enhance their use of mental health services is a good thing. However, the trust should aim to ensure that varied ways that include the use of technology are offered to all individuals. We know from our engagement with the public in Birmingham, that ways of accessing services need to meet the needs and communication preferences of all potential users.

In conclusion, we welcome that covid-19 has been recognised as one of the drivers for this strategy. The ongoing impact on mental health services of covid-19 is not yet clear and this needs to be taken into account in the strategy. As identified in the strategy, the demand on the trusts services is high and the staff levels inadequate to meet this. In Healthwatch Birmingham and Healthwatch Solihull’s covid-19 survey people increasingly told us about increased stress, anxiety and depression. People said they were suffering from loneliness, a loss of a sense of identity and some were suffering emotionally.

Yours Sincerely,

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