Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative

Three Year Strategic Plan for Mental Health Inpatient Services (including Rehabilitation and care for people with Learning Disabilities and Autism)

Year One Review

Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative

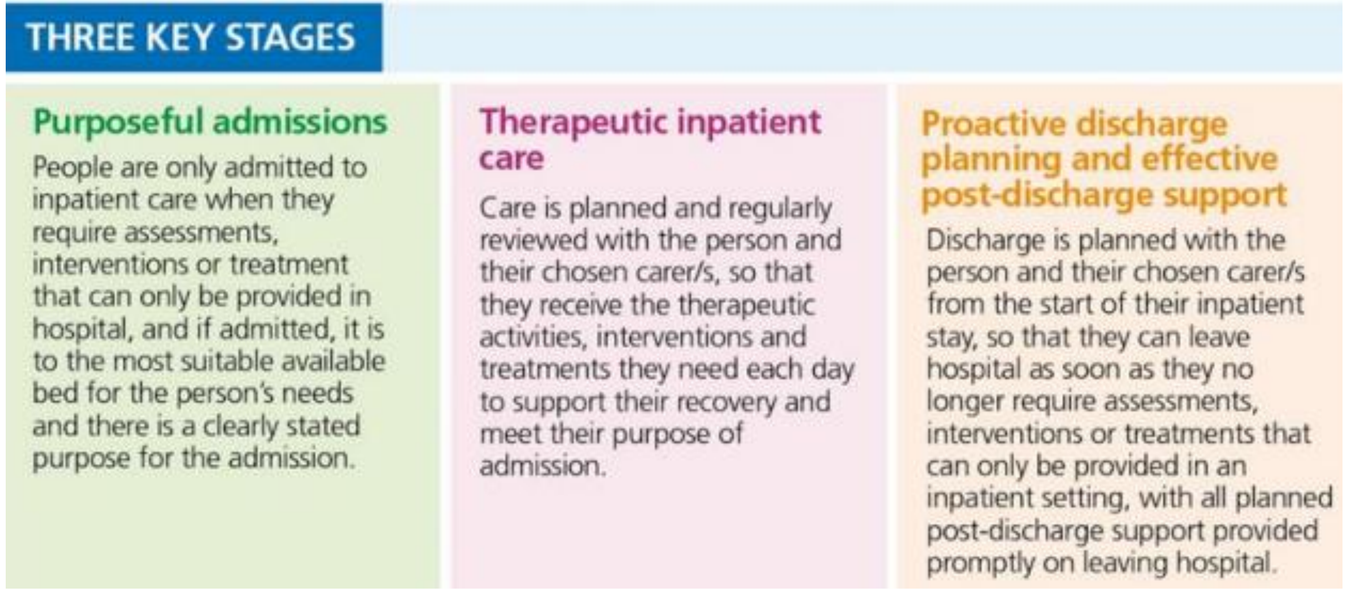
Our Strategic Plan

Our three-year strategy for mental health inpatient services for Birmingham and Solihull was published in July 2024.

BSol_final_3_year_MH_IP_strategy.pdf (icb.nhs.uk

An implementation plan to underpin the strategy was created with measurable actions structured under the three key stages detailed in the commissioning framework for mental health inpatient services.

The plan was informed by local learning and knowledge, including the emerging findings of the Birmingham and Solihull Mental Health Provider Collaborative experience of care campaign, health needs assessment and analysis of local data.



Our Local Approach

At the heart of our local approach is the recognition that inpatient care sits within a wider system, including transformed community mental health services and an alternative crisis support offer.

For patients to have the best recovery possible, they need to receive effective care from pre-admission, during their hospital stay and after discharge.

Development of our strategy brought together work and planning already underway within the scope of system partnership groups including the learning disabilities and autism programme board, mental health out of area steering group and the rehabilitation workstream that sits within the community mental health transformation programme.

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Year One Implementation: Progress Summary

Significant progress was made during our first year of implementation, with 72% of identified actions completed or assessed as on track for delivery in line with target timescales.

Outcomes

At the end of Year One implementation:

The number of beds in use by Birmingham and Solihull had reduced by 60.

The number of people in beds placed out of the West Midlands had reduced to 0.

Total Number of Year One Actions	73
Completed	19
Working towards action, on track to meet completion timescale	34
Working towards action, with further work required for completion, or missed completion date but only minor tasks outstanding	17
Action not completed within set timescales and significant progress still required	0
Closed or not started	3

Summary of Progress: Acute Inpatients

Year One – Actions Delivered
Out of Area (OOA) productivity plan reviewed to ensure it is as ambitious as possible based on wider benchmarking and national targets/aspirations and ongoing monitoring of LOS and overall bed use.
System Development Fund (SDF) investment into wider system enablers to support reduced admissions and more timely discharges from inpatient care.
Investment into new Talking Space for young people.
System wide review and audit of all Standard Operating Procedures (SOP) with particular focus on purposeful admissions, therapeutic inpatient care and proactive discharge planning, to ensure universal application of good practice.
Procurement process for additional capacity nearing completion.
New recovery house commissioned from a Voluntary Community Social Faith Enterprise (VCSFE) organisation and provision mobilised.
Year Two – Next Steps
Review bed modelling/capacity and demand in context of whole system pathway (e.g. including community services and rehabilitation) and ensure robust plan for future need – Year 2
Review existing Home Treatment (HT) and Community Mental Health Team (CMHT) /Assertive Outreach Team (AOT) capacity and develop plan to support further reduction in admissions.
Review Talking Spaces model to ensure equitable coverage across the locality model, to maximise opportunities to support people in crisis in the community.
Continued preparation for and mobilisation of in area NHS beds

Summary of Progress: Rehabilitation

Year One – Actions Delivered
Full review of Integrated Community Rehabilitation Team (ICRT) completed.
Business case for additional ICRT, which includes realignment of a ward with possible pathway from acute to assess need for supported placements, completed.
Decision reached on contracting of additional High Dependency Unit (HDU) rehabilitation in area beds.
Housing Associations' Charitable Trust (HACT) workstream for development of housing with care strategy completed.
Year Two – Next Steps
Continue implementation of transformation in the rehabilitation pathway, focusing on community-based approaches.
Engage local commissioners around collective solutions for low volume cohorts .
Join Regional Midlands Framework for Rehabilitation, which is currently under development.
Ongoing implementation of out of area (OOA) productivity plan.
Review of P2 pathway for Functional Mental Health

Summary of Progress: Learning Disabilities and Autism (LD&A)

Year One – Actions Delivered
Safe and well visits established and a process to collate feedback is in place to harness learning from the visits.
All providers now have access to the 12-point discharge checklist and are reporting against it in cohort review and weekly updates.
A review of all Assuring Transformation (AT) processes has been completed, with changes to improve quality and consistency implemented.
The focused cohort reviews programme is now established business as usual (BAU) and is providing insight around common cause of delayed discharges and lengthy stays.
Budget and approach for expanded Birmingham and Solihull Life Planning Pilot has been confirmed.
Year Two – Next Steps
Further development of current admission avoidance and crisis offer, e.g. our emergency response support and alternative accommodation services and our key working and NHS specialist teams.
Continue inpatient setting work including identification of people with LD&A in Mental Health settings, ensuring reasonable adjustments and expanding the sensory-friendly ward environment programme.
Model for and meet demand for future Care and Treatment Reviews (CTR) and Local Area Emergency Protocols (LAEP) based on growing cohort from the development of full 18+ Autism Dynamic Support Register.
Improvements to quality assurance and oversight processes for CTR’s and LAEPs; vacancies have been filled; audits are being established to monitor quality month by month.
Embedding of LAEP protocol – increasing capacity and bolstering the role of providers in chairing the process.
Expand co-production and involvement process to capture and learn from more people's experiences of inpatient and community services.
Development of the Small Supports Programme and HOLD Programme to offer more personalised sustainable community support.
Expansion of the early help and education offer, e.g. the Autism In Schools Programme, PINS Programme, all age autism support.
Commission specific autism crisis support service; team now in place but further recruitment required.

Summary of Progress: Cross-Cutting

Year One – Actions Delivered
Continued engagement with NHSE support offer including supporting delivery of regional benchmarking project for acute and Psychiatric Intensive Care Unit (PICU) beds.
Future model for 18+ pathway reviewed and confirmed, as part of Children and Young People (CYP) Transformation Programme.
Implementation of service developments in line with System Development Fund (SDF) and Mental Health Investment Standard (MHIS) plans, including specific initiatives related to the strategy.
Community Mental Health Team (CMHT) and Assertive Outreach Team (AOT) capacity reviewed and improvement action plan being implemented.
Implementation of 24/7 community pilot in East Birmingham.
Joint triage approach established between Neighbourhood Mental Health Teams and CMHTs.
Year Two – Next Steps
Evaluation of 24/7 community pilot, including plans for sustainability and scale-ability of model.
CMHT Quality Improvement project to align Consultants to Primary Care Network (PCN) populations and establish as more robust response that mirrors the clinical complexity tool that CMHT's are beginning to use as part of validating their caseloads.
Mental health system co-production strategy to be produced, to ensure that the voice of experts underpins all that we do.
Establish condition specific pathways to provide robust community-based care, with the aim of meeting need at the earliest possible point and reducing the number of people reaching crisis and requiring hospital admission.

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Areas of Focus for 2025-26