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

Five Year Strategy for Mental Health 2026-2031

Supporting mental health and wellbeing at every stage of life

Contents

1. Introduction

Our vision: Supporting mental health and wellbeing at every stage of life

Good mental health is just as important as physical health – it affects every one of us and how we think, feel and live our everyday lives. Getting the right support for your mental health – at the right time and in the right place – can be life-changing.

This five-year strategy for Birmingham and Solihull (2025-2030) sets out our shared ambition to improve the mental health and wellbeing support and care services for people of all ages. It has been shaped by the voices of local people who use mental health services, their families and carers, communities and the professionals who support them.

We know that when someone reaches out for help, they deserve care that is timely, compassionate, and tailored to their needs. Too often, people face long waits, confusing pathways, or services that don't fully understand their background or experience.

We also know that people across Birmingham and Solihull face different challenges. Our population is diverse, and many residents live with the impact of inequality, poverty, and discrimination. This strategy recognises those realities and commits to reducing health inequalities in mental health care.

We want to build a mental health system that is fair, compassionate, and easy to access – no matter who you are or where you live.

Over the next five years, we aim to deliver a step change in how mental health services are planned, funded, and delivered. We're transforming how and where care is delivered by bringing services closer to home, making support available earlier, with more joined up easier to navigate care, and ensuring more personalised, compassionate treatment. We are moving beyond traditional models to more person-centred, digitally enabled, and culturally competent care.

Addressing mental health early in the life course – from pregnancy through childhood and adolescence – will be a priority as we know this is one of the most effective ways to promote lifelong mental wellbeing, reduce health inequalities, and lessen the long-term impact on families, communities and public services.

By working together across health, public services, and the voluntary, community, faith and social enterprise (VCFSE) sector, we will drive forward meaningful change and create a culture where mental health is understood, supported and prioritised.

Together, we want to build a future where mental health is everyone's business – and where everyone in Birmingham and Solihull can live healthier, happier lives.

This strategy is not just a plan; it is a commitment – to listen and to act. It is our promise to the people of Birmingham and Solihull: that mental health treatment will be easier to access, better coordinated, and truly focused on helping people recover and thrive.

To our patients and service users

- Faster access to services, with support while waiting
- More joined-up, person-centred care with less retelling of stories to professionals
- Greater choice and control over treatment and recovery
- Support that meets both mental and physical health needs in one place
- Inclusive and culturally sensitive services
- Services shaped by the people who use them
- Care closer to home in local communities

To our communities

- Greater awareness and understanding of mental health
- Culturally appropriate services that reflect the diversity of our population
- More local community support options, reducing the need for hospital-based care
- Stronger joint working between communities and mental health services
- A focus on prevention and early help to reduce long-term need

How our strategy will make a difference

To our patients and service users

- Stronger, more equal partnerships between NHS, public services and the VCFSE sector
- Better coordination and referral pathways across teams, services and organisations
- A commitment to improving what we do for prevention, early help, and recovery support
- Greater involvement in co-designing services and influencing strategy

To families and carers

- Clearer information and guidance about how to get help for loved ones
- More opportunities to be involved in care planning (with consent)
- Better support for carers' own wellbeing, including peer networks and respite
- Training and tools to help families support recovery at home
- Recognition of carers as vital partners in mental health care

2. About us

The Birmingham and Solihull Mental Health and Learning Disabilities Provider Collaborative was the first provider collaborative to be established in Birmingham and Solihull, in April 2023. In July 2024 the provider collaborative was expanded to include learning disabilities and autism services and it became the BSOL Mental Health and Learning Disabilities and Autism Provider Collaborative.

'Provider collaboratives' bring providers together to work together at scale to benefit their local populations. While providers have worked together for many years, the move to formalise this way of working is part of a fundamental shift in the way the health and care system is organised, moving from organisational autonomy and competition to collaboration and partnership working.

It formally brings together:

- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)
- Birmingham Community Healthcare NHS Foundation Trust (BCHC)
- Voluntary, Community, Faith and Social Enterprise organisations

The Provider Collaborative also works closely with wider partners including both Birmingham City Council and Solihull Metropolitan Borough Council, who provide social care and education services across the system.

We have already seen many benefits from us coming together as a provide collaborative:

- Relationships between partners have evolved and matured, with **increasing trust and confidence**
- **Making decisions together** as a collaborative about the best way to develop and transform mental health services for our communities
- **Strengthened voice** for the **Voluntary, Community, Faith and Social Enterprise (VCFSE) sector** through our new Panel and Collective as part of our formal governance
- **Tackling challenges together,** working collaboratively from a system perspective rather than in organisational silos has led to some real positive changes in the design and delivery of services, for example **improving access to talking therapies and transformation of community mental health services**
- **A shared understanding** of our vision and ambitions for mental health and learning disabilities services

What three words best describe how you want mental health services to look and feel in the future?

Feedback from our 2025 community engagement strategy events

3. How we have developed the strategy

Our approach

We want our strategy to be real and meaningful. It is:

- Reflective of the views of our communities, service users, parents and carers, partner organisations, and other stakeholders.
- Informed by evidence and data about our population needs, our current performance and our issues and challenges.
- Aligned to national and local strategies and plans for health and care services.
- Supported by a clear delivery plan for implementation as well as defined measures of success to make sure what we are doing is having the impact we want it to.

Local intelligence and feedback

It is important that services are commissioned based on evidence-based population health needs analysis. We commissioned two pieces of work carried out by external organisations to inform our strategy: an all-age Mental Health Needs Assessment and an Experience of Care Campaign.

The Mental Health Needs Assessment provides an up-to-date picture of population health needs across Birmingham and Solihull based on national and local data and intelligence. This looks across the full life course and the full range of mental health needs and any co-morbidities. It gives us a shared knowledge and understanding of need, highlights gaps in pathways and provision and identifies a range of options that could address mental health needs, reduce health inequalities and improve service delivery.

The Experience of Care Campaign has gathered insights from local citizens on their experiences of local mental health services, both NHS and VCFSE. Through the campaign we have tried to reach a diverse range of individuals and communities across Birmingham and Solihull, across the entire age range and covering the full breadth of mental health needs and conditions.

The campaign asked:

- What are local mental health services doing well to support local citizens?
- What barriers to accessing services exist?
- What gaps in provision are there?
- What opportunities exist for strengthening, developing, and improving services?

During this campaign there were:

- 15 in-person focus group open engagement sessions
- 4 group-based video call engagement sessions
- 14 one to one discussions held via telephone / in-person / video-call
- 245 survey responses

Communities of focus included:

- Children and young people.
- Parents and carers
- Experts by experience
- People with learning disabilities, autism, ADHD and SEND
- Individuals with severe mental illness
- LGBTQ+

We have also reviewed data and intelligence from a wide variety of sources to identify key themes from the feedback.(Examples are shown on the page overleaf.)

Lastly, we carried out a comprehensive engagement exercise to share our strategy blueprint with our partner organisations, local communities, people who have experience of our services (either as a service user or as a family member or carer), and other stakeholders. This included a number of focus groups and workshops across Birmingham and Solihull to explore the themes for improvement and transformation and hear people's views about what needed to change.

Co-production, engagement and feedback

- Experience of care campaign
- CYP model of care co-production
- Community transformation co-production with eight underserved communities
- Specific strategy engagement
- Community Connexions engagement
- No health without mental health event
- Developing a mentally health city strategy engagement (Bham)
- ICS strategy engagement
- Healthwatch reports and investigations
- Surveys and feedback forms (national/ local)
- The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)
- Compliments and complaints

The NHS 10 Year Plan

The Department of Health and Social Care and NHS England published a new 10 Year Health Plan for the NHS in July 2025, which was developed together with the public and health and care staff. This plan aims to transform health services and improve equitable, accessible, and high-quality care for all.

The 10 Year Plan is based around three shifts in how services are provided.

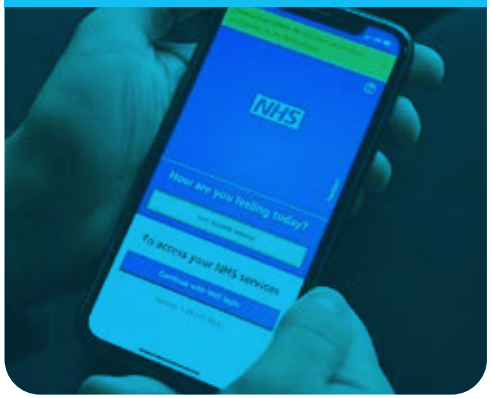
These are all key priorities within our strategy.

Moving more care from hospitals to communities

Moving care from hospitals into homes, closer to the places people live and their community.

Making better use of technology

Using digital technology promises faster, higher-quality, more connected care.

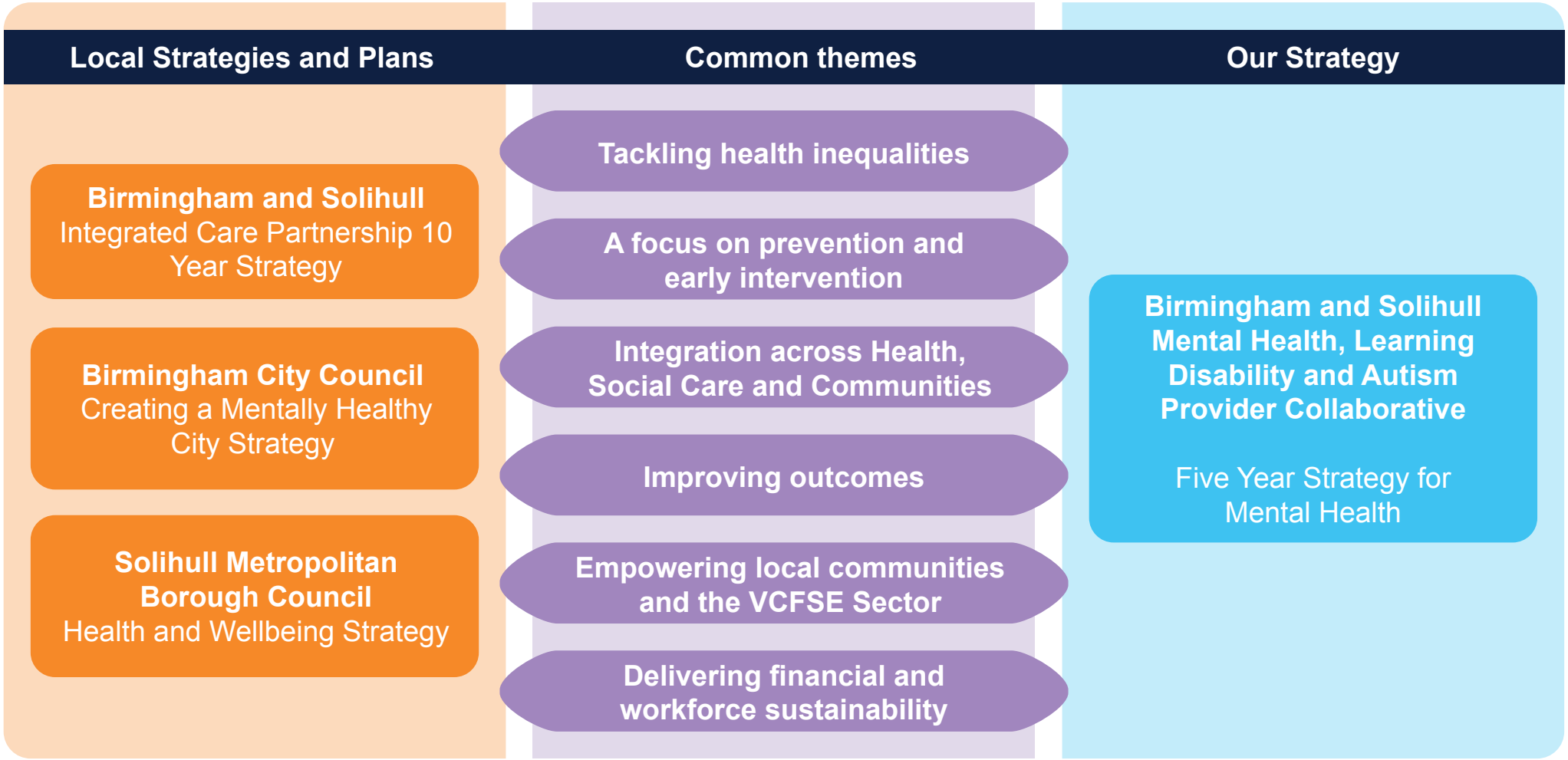


Preventing sickness, not just treating it

Preventing rather than simply treating sickness will keep people healthier for longer.

Local strategies and plans for Birmingham and Solihull

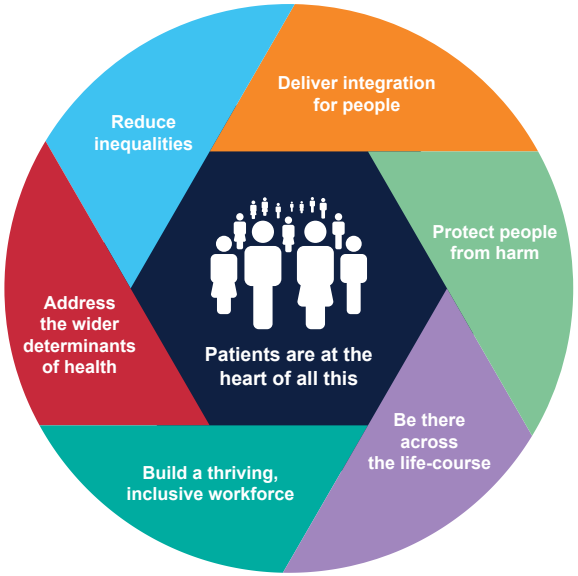
Our strategy has been developed so that it aligns with relevant local health and care strategies.



Birmingham and Solihull Integrated Health and Care Strategy

Birmingham and Solihull have a **10-year Integrated Health and Care Strategy**, developed by the Integrated Care Partnership for the Birmingham and Solihull Integrated Care System, setting out the vision for the future and the improvements that they want to see over the next ten years for everyone who lives, works and receives care within Birmingham and Solihull.

The vision is that the people of Birmingham and Solihull **live longer, healthier and happier lives.** This is something to be realised for every community and every person, not just those who have social and economic advantages, through the following strategic objectives:



Creating a Mentally Healthy City Strategy 2025-2030

Birmingham City Council have a **Creating a Mentally Healthy City Strategy**, developed in collaboration with the wider Council, NHS partners, communities, and VCFSE sector. This aims to make **Birmingham a place where everyone has the opportunity to feel well, stay well, and live well**. It sets out a bold and necessary shift, placing mental health and wellbeing at the heart of Birmingham and how communities are supported. It recognises inequality, trauma, poverty, discrimination, and isolation all have a profound impact on mental health and wellbeing and commits to address these head-on and build the conditions in which people can truly flourish.

Both our mental health strategy and the Creating a Mentally Healthy City strategy were designed alongside one another so that our key priorities complement each other. Our focus on mental health service transformation and improving access, experience and outcomes will be coupled with the local authority's focus on addressing the wider determinants and creating a greater emphasis on prevention by developing positive coping strategies, connection, and support within early stages.

Solihull Health and Wellbeing Strategy 2024-2032

The **Solihull Health and Wellbeing Strategy** is the borough's overarching plan to improve health outcomes and reduce inequalities for residents, fulfilling its vision **to empower people in Solihull to live long, happy, healthy and fulfilled lives.**

The aim is to work as one system across the council, NHS and partners using a life-course approach with six priorities:

1. **Pregnancy, babies, and children –** improving maternal and child health
2. **Young people –** supporting mental and physical wellbeing
3. **Working-age adults –** promoting healthy lifestyles and access to care
4. **Healthy ageing –** helping older adults live independently.
5. **End-of-life care –** ensuring dignity and quality in later stages
6. **Mental health for all ages –** tackling mental health challenges across the population

It has a focus on prevention and early intervention and reducing health inequalities particularly the gap in life expectancy between the most and least deprived areas.

4. Our case for change

Our population

Birmingham and Solihull are home to over 1.3 million people and represent one of the most diverse and dynamic urban regions in the UK. Our communities are vibrant, resilient, and proud – but many also face significant challenges and deep-rooted inequalities that affect mental health and wellbeing.

Key Demographic Features:

From the Birmingham and Solihull All-Age Mental Health Needs Assessment 2025

Ethnic and Cultural Diversity

- Birmingham is one of the UK's most ethnically diverse cities, with over 51% of Birmingham's population identifying as Black, Asian or from another minority ethnic background. The highest diversity is among under 25s and in the west and east of the city
- Solihull's population is 82% White but there are pockets of diversity, particularly in the north of the borough where the proportion of people from minority ethnic groups has risen significantly, reaching over 20% in some wards. Diversity is greater in younger age groups with 28% of children in Solihull schools from ethnic minorities
- Across Birmingham and Solihull, the Black Caribbean ethnic group have higher rates of detention under the Mental Health Act, higher rates of being prescribed anti-psychotic medication and higher rates of accessing severe mental illness and crisis services compared to other groups
- Conversely, the Chinese ethnic group have the lowest rates of detention under the Mental Health Act, lowest rates of being prescribed anti-psychotic medication and anti-depressants and lowest rates of accessing severe mental illness and crisis services

Cultural and language barriers (including access to translation services), racism, cultural stigma of mental health and lack of culturally appropriate care and services can all negatively impact access to mental health support.

Deprivation and Social Inequality

- In Birmingham, 44% of people are living in areas that are ranked in the 10% most deprived areas nationally. This equates to over half a million (512,100) of the city's residents living in the most deprived areas; 134,600 children live in these areas of the city*.
- People in Birmingham's most deprived areas live, on average, 7.5 years less than those in the least deprived – and up to 17 years fewer in good health
- In Solihull, deprivation is concentrated in the north of the borough, where over 50% of the population live in the most deprived neighbourhoods in England. This area also has a younger age profile than the rest of Solihull
- People in Solihull's most deprived areas live, on average, 10 years less than those in the least deprived
- Only 42% of adults in contact with secondary mental health services in Birmingham and 39% in Solihull live in stable and appropriate accommodation
- 1 in 71 people in Birmingham and 1 in 353 people in Solihull are homeless.
- The proportion of the population who are employed and economically active is below the national average in Birmingham. The reverse is true for Solihull, except for in the most deprived wards

Poverty, insecure housing, unemployment, and debt are all closely linked to poor mental health – and these stressors disproportionately affect many local communities.

**Index of Deprivation 2025, Birmingham City Council*

Perinatal, Children and Young People

- Birmingham has **one of the youngest populations in Europe,** with **nearly 36% of residents under the age of 25**
- **42% of children are living in relative poverty** in Birmingham, amongst the highest in the country
- **Solihull's population of children and young people is growing,** the number of Solihull residents aged 16 and under grew by 6% between 2011 and 2021
- The number of **Solihull children living in a low-income household increased by over 25%** in the five years to 2021
- Across Birmingham and Solihull there is a high **prevalence of perinatal mental health conditions and evidence of unmet needs**
- **Demand for CAMHS (Child and Adolescent Mental Health Services) has risen,** with schools increasingly becoming first-line responders for mental health issues
- Across Birmingham and Solihull, **the numbers of those aged 0-24 in contact with mental health services rose by 44%** between January 2020 and December 2024

The first 1,001 days are a critical window for intervention, with multiple benefits arising from a secure parent-infant relationship. Child poverty is a major risk factor for poor mental health, contributing to higher risk of anxiety, self-harm, and school exclusion. Children in care and those in contact with the criminal justice system face heightened vulnerabilities and barriers to accessing support. CAMHS mental health services have long waits times and high thresholds.

Evidence shows that early help and early intervention can have significant benefits in terms of life-long health, educational attainment, and social, emotional and economic wellbeing. From a mental health perspective this can a) prevent difficulties arising and reduce the need for complex interventions and multiple layers of support later in life and b) ensure that where difficulties are developed these are likely to be less serious and more responsive to less intensive and costly interventions.

Older Adults

- Solihull has a larger proportion of older adults, particularly in its rural and affluent areas. **21% of residents are aged 65 or over, compared to just 13% in Birmingham. 3% of residents in Solihull are aged 85 or over**
- The local prevalence of dementia is rising, with an estimated **13,000 people living with dementia in Birmingham and Solihull,** rising to over 17,000 by 2040
- In 2020, over 4,000 older adults in Birmingham had severe depression, projected to rise to over 5,000 by 2040
- In Solihull, it is predicted there will be over 1,400 older adults with severe depression by 2030
- Access to talking therapies is lowest among over 65s, yet recovery rates are highest

Social isolation and loneliness can be more common in older adults, contributing to poor emotional wellbeing and mental health. Many of those living with dementia also experience depression and anxiety, and having dementia can also make treatment more difficult. Care home residents, older carers and bereaved individuals face increased vulnerability for mental ill health. Barriers to seeking help include stigma, fear of burdening others and low awareness of symptoms.

Prevalence of mental illness and demand for services

- Depression prevalence in both Birmingham and Solihull has risen in line with national trends
- Severe Mental Illness prevalence has increased in both areas and is above the national average for Birmingham and below the national average in Solihull
- An estimated 135,000 of Birmingham working age adults (18-64) in 2019 had a common mental health condition, projected to rise by 5% by 2030. Solihull has around 24,000 working age adults with common mental health conditions, with higher rates in deprived areas

Increased prevalence of mental illness means that demand for mental health services is rising. Comparing January 2020 to December 2024 there has been an increase in referrals to talking therapies of 80% and to secondary mental health services of 58%. The number of people in contact with mental health services has increased by 42%.

Other marginalised groups and complex needs

- **Learning Disabilities and Autism -** For Birmingham and Solihull as a whole, the Learning Disabilities and Autism cohort within inpatient beds is the highest in the country and there is a high rate of readmission within 6 months to learning disability beds

People with autism face difficulties with delays in the neurodevelopmental diagnostic pathway and lack of tailoring of services to sensory and other needs.

- **LGBTQ+ –** In the 2021 census, over 23,200 people in Birmingham identified as bisexual, gay or lesbian. In Solihull this was over 3,200 people
- **Dual Diagnosis –** There are an estimated **14,500 citizens living in Birmingham with co-current substance misuse and mental health problems** (dual diagnosis)
- **Refugees and asylum seekers –** In 2025, the numbers of asylum seekers in receipt of local authority support were 2,500 in Birmingham and 260 in Solihull. In addition to this there were over 1,500 arrivals under the Homes for Ukraine scheme and a further 6,015 people supported under the Afghan resettlement programme
- **Domestic abuse –** Domestic abuse related incidents and crimes in the West Midlands had a sharp rise in 2020/21 and has remained above the national average since with a rate of 36 per 1,000 population
- **Veterans –** The Veteran population in Birmingham is estimated to be around 31,900, with almost 6,000 veterans in Solihull

Factors such as emotional trauma, safety concerns, social exclusion including rejection from family and friends, substance misuse, and isolation are common within marginalised groups and have an impact on mental health. Marginalised groups face challenges accessing mental health services, with barriers including stigma, language, historic mistrust in services, feelings of embarrassment or anxiety, and lack of support from services.

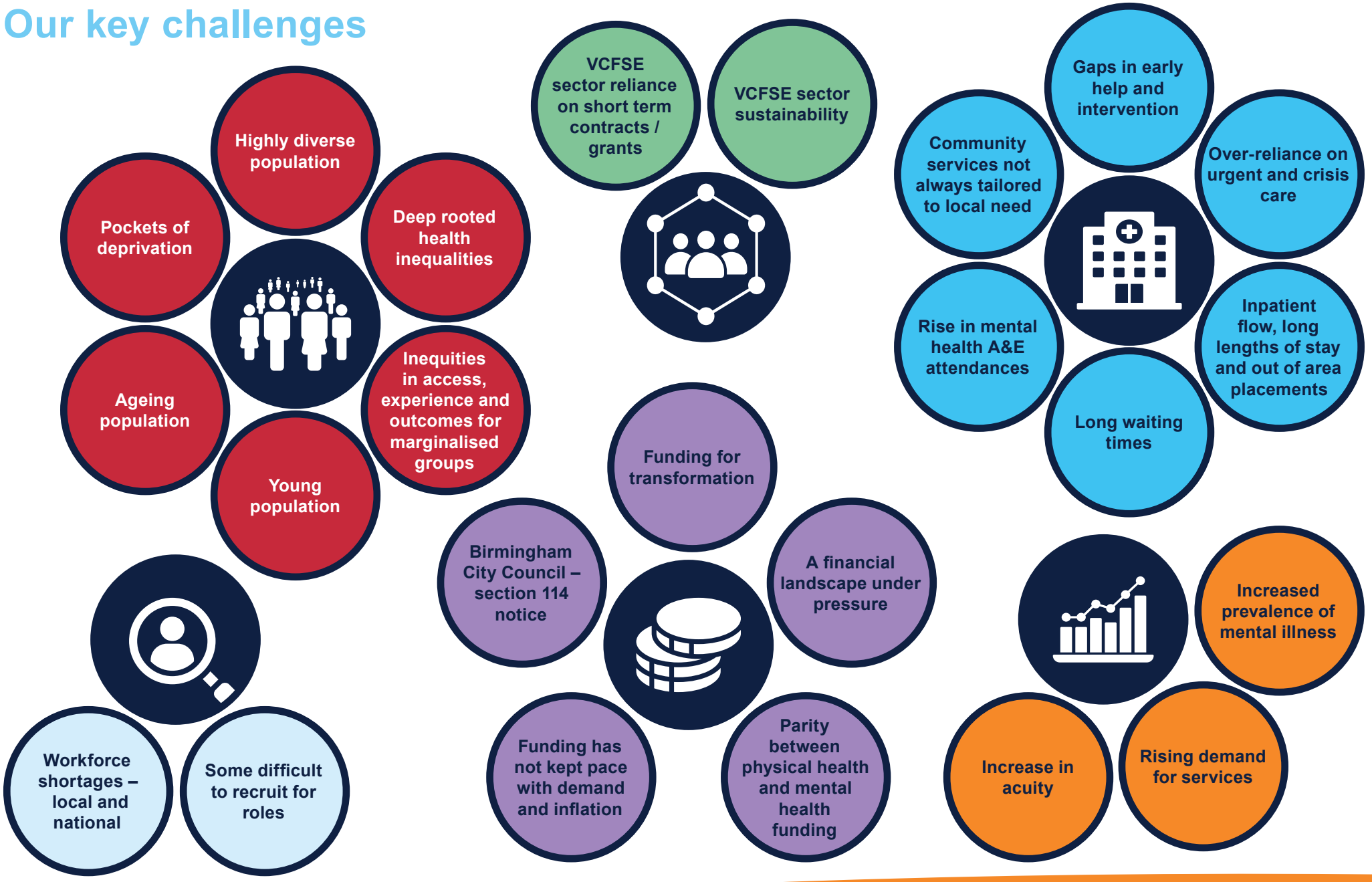
Services need to have awareness of the different inclusion health groups and their specific needs as well as empathy and understanding.

What people have told us – a sample...

Key themes highlighted through our Experience of Care Campaign, community engagement events and review of other feedback mechanisms include:

- **Long wait times** with mental health deteriorating whilst waiting for support
- **Lack of support** available for service users and their families while waiting for care
- **A lack of awareness** of community support available
- **A complex system** leading to difficulties navigating support and frustration with services
- **Difficult referral processes** with lengthy and challenging pathways
- **Communication difficulties** particularly with it being hard to contact teams
- **Poor continuity of care** and multiple transitions between services often leads to stories and information having to be repeated to multiple professionals
- **Service not tailored** to meet people's individual needs, estimated for those who are neurodiverse
- **Lack of cultural competency across services** resulting in a lack of cultural understanding and awareness for the diverse communities of Birmingham and Solihull.
- **Stigma and Shame** related to mental health in various communities

Our key challenges



Case for change conclusion

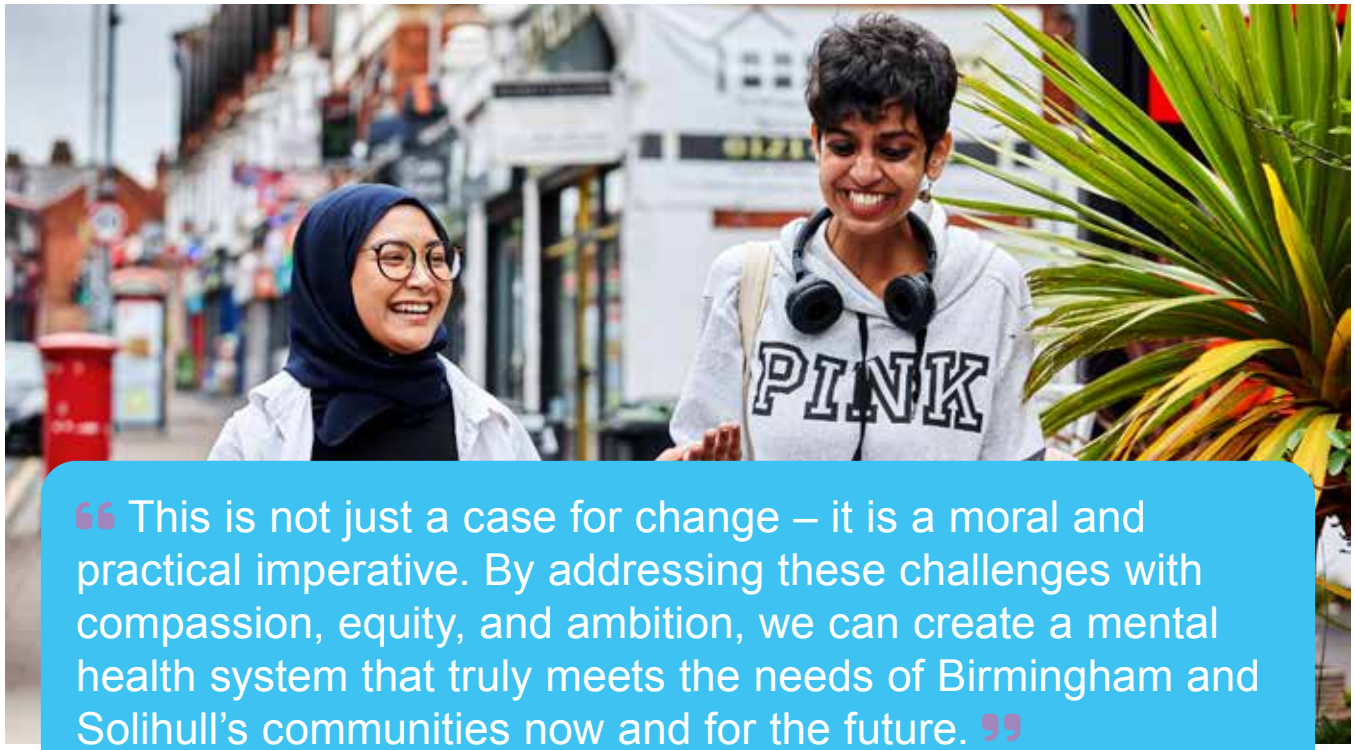
Birmingham and Solihull face a unique and complex mental health landscape shaped by diversity, deprivation, and demographic contrasts. Our population of over 1.3 million includes some of the youngest communities in Europe alongside areas with a high proportion of older adults. While these communities are vibrant and resilient, deep-rooted inequalities – such as poverty, cultural barriers, and health disparities – continue to drive poor mental health outcomes.

Key challenges include rising demand for services, particularly among children and young people, persistent inequities in access and experience for marginalised groups, and increasing prevalence of complex needs. Long waiting times, workforce shortages, and financial pressures exacerbate these issues, while barriers such as stigma, language, and digital exclusion limit engagement with support.

Feedback from service users and communities reinforces the urgency for change: people want timely access, continuity of care, culturally competent services, and better integration across health, social care, and voluntary sectors. There is a clear call for strengthening community assets, improving early intervention, and addressing systemic gaps that lead to crisis-driven care.

To respond effectively, our strategy must:

- **Tackle health inequalities** by tailoring services to diverse cultural and social needs
- **Invest in prevention and early intervention,** particularly for children and young people
- **Improve access and experience** through streamlined pathways, reduced waiting times, and enhanced communication
- **Build capacity and resilience** in the workforce and voluntary sector
- **Modernise infrastructure and embrace innovation,** while ensuring digital inclusion
- **Foster collaboration** across statutory, community, and voluntary partners to deliver integrated, person-centred care

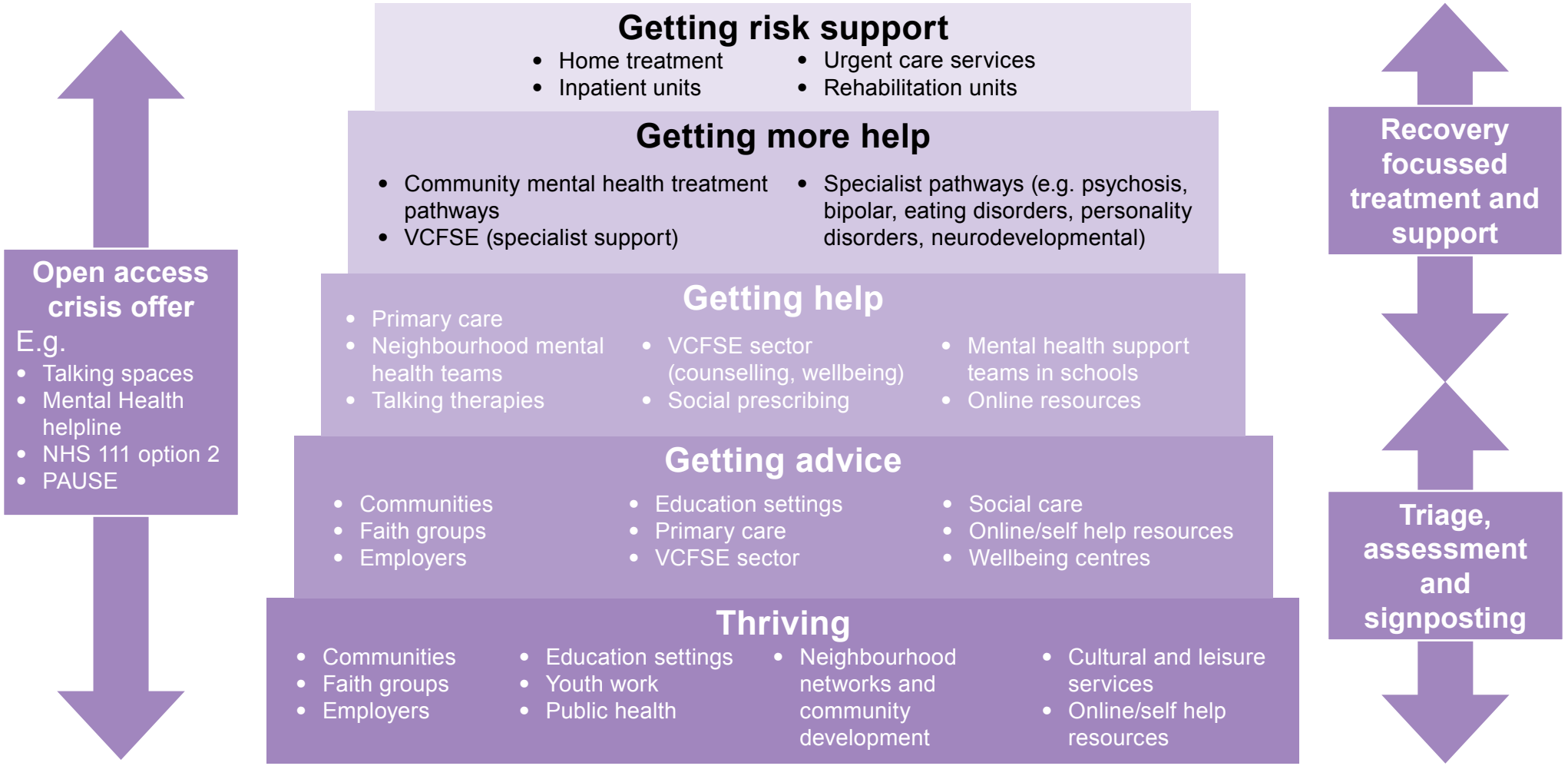


> “This is not just a case for change – it is a moral and practical imperative. By addressing these challenges with compassion, equity, and ambition, we can create a mental health system that truly meets the needs of Birmingham and Solihull’s communities now and for the future.”

5. Model of care and commissioning vision

Birmingham and Solihull All-Age Mental Health Model of Care

(based on the i-Thrive model)



Over the life of the strategy, we will move to delivering mental health services through a life course approach. This focuses on delivering care based on a person's needs which is not limited by the service delivery model, is age inclusive and will be broadly based on transitions at the most appropriate time for the individual to achieve the best outcomes.

The life course approach to mental health aims to provide seamless mental health care that is locality based and firmly rooted in communities and neighbourhoods. A life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and wellbeing.

Adopting the life course approach means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age, and into older age.

By adopting this approach, we aim to reduce unnecessary barriers and transitions that people experience when using our services. The development and delivery of integrated care pathways, working with other partners as needed, will be critical to achieve an effective life course approach.

We know we need to be **bold, creative, innovative and radical** in our thinking to proactively transform our services and pathways. We are committed to designing and delivering a different model of care that delivers better outcomes with greater value for money.

From a commissioning perspective we commit to:

- **Shifting investment upstream** – toward prevention, early support and community-based alternatives to hospital
- **Reducing high-cost inefficiencies** – reducing avoidable admissions, use of non-contracted beds, and high-cost specialist placements.
- **Tackling health inequalities** – aiming for equity in access, experience and outcomes and reducing barriers to access for underserved communities
- **Integrating resources across sectors** – included joint delivery models and workforce.
- **Backing innovation and the VCFSE sector** – with long-term funding and measurable outcomes
- **Making every pound count** – by using evidence-based models, digital tools, and real-time data to target need and evidence return on investment

6. Our strategy blueprint

Our vision

Supporting mental health and wellbeing at every stage of life

Our ambition for the future

Our guiding principles

- Collaborate and co-produce
- Prevention and early intervention
- Locality based care
- Improve access
- Keep people safe
- Person-centred care
- Reduce health inequalities
- Achieve better outcomes
- Deliver better value

The golden threads running through all our services and pathways, programmes of work and decision making

Our transformation priorities

- Children and young people
- Acute and urgent care
- Mental health services in the community
- Specialist placement pathways
- Learning disabilities and autism

A life course approach

Bringing a system approach to tackling the most challenging areas of performance and financial pressure

Our delivery and performance

Making sure deliverables and targets for good quality care and support are met

Our enablers

Workforce | VCFSE sector | Digital | Estate | Governance | Communications

The things that will help us to achieve our vision and priorities

Our vision

Our vision is simple and clear:

"Supporting mental health and wellbeing at every stage of life."

This reflects our commitment to promoting good mental health across the life course – from early years to later life – and providing timely, effective support when people need it most.

Our approach: co-production and collaboration

We believe that how we work is just as important as what we deliver. Our approach is grounded in two fundamental ways of working:

- **Co-production:** designing services with people who use them, their families, and communities
- **Collaboration:** working in partnership across the NHS, local authorities, the voluntary sector, and our communities

These are not add-ons – they are core to transforming mental health care across Birmingham and Solihull.

Co-production

We believe that the people who use mental health services – and those who care for them – are the true experts in what works. People with lived experience have **unique insight, expertise and solutions** that professionals alone cannot offer. Co-production is not just good practice – it's essential for building fairer, more effective and more trusted mental health services. In Birmingham and Solihull, experiences of mental health services are varied and some communities feel excluded, marginalised, or mistreated by the mental health system. Co-production offers a path to shared power, trust, and transformation.

Co-production means working in equal partnership with people who use mental health services, their families, carers, and communities at all stages – from design and planning to delivery and evaluation. It goes beyond engagement or consultation. Instead of asking "What do you think of this service we've designed?", co-production asks: "How should we design this together – from the start?" Co-production is not a tick-box or a one-off workshop. It is a **cultural shift** – from doing things to or for people, to doing things with them. It demands humility, openness, and a genuine belief that **those closest to the challenge often hold the solution.**

Through this strategy, we commit to building a mental health system in Birmingham and Solihull that is **co-created, co-owned, and co-led by the people it serves.** The strategy is ambitious, complex and system wide and will require significant shifts in culture, relationships and ways of working. The **Peer Support and Lived Experience Strategy Co-Production Framework**

currently being developed will give a clear structure, skills, and understanding to support these changes and ensure they happen.

Collaboration

Collaboration is essential to the successful delivery of our strategy. Working together in partnership across organisations, sectors and communities allows us to build a **joined-up system of care**, not a fragmented one.

Mental health is everyone's business – people's mental health is shaped not only by clinical care, but by wider social, economic and cultural factors. This means:

- Local authorities are key partners in addressing housing, poverty, and safeguarding
- VCFSE organisations are trusted community anchors, especially for marginalised groups
- Schools, employers, police, and housing providers all have vital roles in prevention and early support

People don't fit neatly into organisational boundaries – service users often navigate multiple parts of the system – GPs, hospitals, social care, community groups, crisis services.

- Collaboration ensures continuity, coordination and compassion, especially for people with complex or long-term needs
- Integrated teams and shared care plans help people get the right help at the right time without repeating their story

No single organisation holds all the answers – innovation and insight often come from the community, voluntary sector, or people with lived experience.

- Collaboration creates space for co-production, shared leadership and mutual learning
- It helps identify gaps, reduce duplication, and pool expertise and resources for maximum impact

Our guiding principles

Everything we do is underpinned by eight guiding principles which are the golden threads that run through how our services should be planned, commissioned, and delivered.

Locality based
Care shaped around neighbourhoods and communities

Improve access
Ensuring services are timely, inclusive, and easy to reach

Reduce health inequalities
Tackling inequities in mental health access, experience and outcomes

Prevention and early intervention
Doing more to keep people well and to intervene early

Person centred
Care tailored to individual needs, preferences, and goals

Keep people safe
Prioritising dignity, rights, and safe, trauma-informed care

Better outcomes and experience
Focusing on the difference services make to people's lives

Enhance value for money
Making best use of public resources

Locality based care

Places, Localities and Neighbourhoods – our BSOL Footprint

- **One system** (c. 1.4m people)
- **Two places** based on the local authorities (Birmingham and Solihull), each led by a Place Committee
- **Six localities:** with locality partnerships (c. 300k people).
- **35 neighbourhoods** (c. 30-50k people) broadly aligned to primary care networks. Five to six neighbourhoods in each of the five Birmingham localities and in Solihull

Across Birmingham and Solihull we have committed to work more effectively together in an integrated way to increase access to care, improve the quality of care and ensure the efficient delivery of care closer to people's homes. We want to enhance how we work together within our **6 localities** (North, South, East, West, Central and Solihull) to bring change and improvement at pace and scale that will deliver services, care and interventions tailored to local population needs.

This means we need to:

- Understand mental health need on a locality level
- Develop plans to ensure our mental health services respond to these local population needs
- Report performance and outcomes on a locality basis so we know the impact we are having

Partnership working is fundamental to ensure joined up care across localities, and for us this means working with:

- The Community Care Collaborative to align physical health and mental health delivery.
- Primary care to ensure effective access and discharge to and from mental health services.
- Local communities to ensure integrated pathway approaches.

Improve access

Our transformation plans, particularly for children and young people's services, and community mental health services, will have a focus on **reducing waiting times** to enable more care and support and more timely access.

We will also ensure:

- A clear and equitable mental health offer across the system
- A 'No Wrong Door' policy with effective advice, information, signposting and self-referrals
- Better communication (e.g. what's happening with care, while waiting)
- Good Information and resources, about services and for self-help and self-management
- Support while waiting for treatment.
- Earlier help as part of a broader and more joined up 'system offer' which includes VCFSE, schools and other partners
- Provide more choice on where and when people can have appointments, including extended hours

Reduce health inequalities

In Birmingham and Solihull, people's chances of experiencing good mental health – and accessing the right support – vary dramatically depending on where they live, their ethnicity, income, any disabilities, and social circumstances. We know many communities – including Black, Asian and other minoritised groups, LGBTQ+ people, disabled people, carers, refugees and those living in poverty – feel unheard, misunderstood or mistrustful of the mental health system.

Our strategy recognises that unless we act boldly, the mental health system risks perpetuating rather than reducing these disparities.

To reduce inequalities we commit to:

- Clearly define our health inequalities priorities for the Provider Collaborative, joining up and aligning strategies and plans across the system
- Create a different partnership with our communities, moving beyond consultation and towards genuine, continuous listening and partnership. We will centre lived experience, value local knowledge, and act on what people tell us they need – especially those who have historically been marginalised or underserved
- Understand and use our data better, routinely measuring access and outcomes by ethnicity, gender, age, and disability and using this to inform our plans and decisions.
- Ensure each of our five transformations have a focus on reducing health inequalities, with particular emphasis on:
  - Perinatal and infant mental health
  - Children and young people model of care
  - Talking therapies access and outcomes
  - Detention under the mental health act
  - Physical health checks
- Build on the co-production work we have started within the Transforming Community Mental Health Service programme with 8 underserved communities and co-create targeted improvement plans for services for each of the underserved communities
- Communicate in accessible and inclusive ways, with information available in multiple languages and formats, with attention to disability access, literacy levels and digital inclusion
- Ensure culturally competent and appropriate services, with service offers, interventions and peer support to suit different communities.
- Develop a culturally competent workforce that understands the social, cultural, and historical context of people's mental health and can provide care that is respectful, responsive, and relevant. This will be achieved through:
  - Training on cultural competence, anti-racism, trauma informed care and unconscious bias
  - Recruiting a diverse workforce at all levels that reflects local populations
  - Supporting staff to reflect and grow
  - Involving people with lived experience and communities in workforce development
- Through our transformation programmes, make sure we are investing in community resilience and peer support, recognising that support and connection does not always come from professionals

Prevention and early intervention

Prevention, early help and early intervention have a critical role in preventing illness, reducing demand on acute and crisis services, transforming outcomes, and potentially preventing long term need for care and support. We know we have an imbalance currently across Birmingham and Solihull and over the life of the strategy we aim to redress this and create more opportunities for prevention and early intervention across our communities.

This is not something that organisations can do in isolation, it needs a whole system approach and must be a shared responsibility across all parts of the system.

We will work alongside our colleagues in public health in both Birmingham and Solihull local authorities to inform their plans to address the wider determinants of mental health such as housing, poverty, and discrimination, and to improve emotional wellbeing of their citizens.

Our **mental health transformations** will aim to embed prevention and early intervention into mental health services in three ways:

Preventing mental ill health before it starts (primary prevention)

- Work in partnership with communities, local authorities, schools, employers and local businesses, and the VCFSE sector to promote wellbeing and resilience
- Prioritise increasing investment into stages of the life course where return on investment is greatest and there can be lifelong benefits, i.e. perinatal and infant mental health and children and young people mental health
- Develop a unified strategy aligned with Family Hubs and Start for Life expectations, to help to identify and address unmet needs and service

gaps in Perinatal and Infant Mental Health
- Emphasise early help and access to support in schools, communities, and primary care.
- Promote mental health literacy and early help pathways across diverse communities
- Support efforts to reduce stigma and build supportive environments for mental health.

Identifying and responding early (secondary prevention)
- Improve our ability to detect signs of mental health need before they escalate, especially for people who may not traditionally access services
- Reduce waiting times and offer low-intensity, brief interventions at an earlier stage
- Embed screening and assessment in non-clinical settings (e.g. primary care, neighbourhood mental health centres, talking spaces)
- Expand outreach and engagement with underserved communities
- Ensure fast track pathways for people in crisis or repeatedly presenting to urgent care with distress or self-harm

Preventing relapse and supporting recovery (tertiary prevention)
- For those already using services, our goal is to help people stay well and live fulfilling lives, not just avoid crisis
- Co-producing relapse prevention and recovery plans with service users and carers
- Strengthening the role of peer support, housing, and employment pathways in sustaining recovery
- Improving transitions between services (e.g., inpatient to community, CAMHS to adult care).
- Ensuring every discharge includes follow-up and wraparound support

Person centred

The care and support that we provide will be in line with the principles of person-centred care so that it:
- **Empowers individuals:** placing the person at the centre of the treatment, respecting their values, preferences and life experiences. This promotes autonomy and gives individuals a sense of control over their mental health journey
- **Improves outcomes:** tailoring care to the individual rather than applying a one size fits all model will improve wellbeing and make interventions more effective.
- **Builds trust and therapeutic alliances:** critical factors for successful recovery
- **Address holistic needs:** mental health challenges are complex and often intertwined with social, cultural and personal factors. Patient-centred care treats the whole person not just their mental health, supporting overall quality of life

Our transformations will make sure:
- Care is properly tailored to individual needs
- Care and environments are suitable for those with learning disabilities and neurodiversity needs
- Trusted relationships are built across teams, services, providers
- Collaborative care and discharge planning with patients (and families) being an equal partner in their care, decisions and choices is the norm
- The needs of the family and carers are considered with a whole family approach

Keep people safe

- Improve clinical safety before, during and after treatment, including clear safeguarding and risk management policies and procedures
- Better crisis and admission alternatives
- Keeping people safe and managing risk while in hospital, but not keeping people in hospital for longer than needed
- Balancing managing risk with providing care in the least restrictive setting and least restrictive way
- Robust quality assurance with a clear quality assurance and improvement framework
- A joined up and robust safeguarding framework, information and approaches

Better outcomes and experience

We will have a clear outcomes framework so we know whether our strategy and our services are having the intended impact. Each of our transformations will have a range of co-produced outcome measures that will:
- Set standards and trajectories for delivery of our services
- Measure access and wait times for services
- Focus on the impact on outcomes and experience

- Include a range of patient experience and self-reported outcomes measures

Enhance value for money

Our strategy is set in the backdrop of a challenging financial environment and across Birmingham and Solihull, like many other NHS systems, we have significant financial pressures and constraints.

We will:

- Develop a clear, fair and transparent finance strategy for how we make decisions and prioritise resources, create reserves for investment, and enable invest to save and pump priming schemes
- Make sure we are spending our money in the right places, with transformation plans to address the biggest areas of cost pressure and inefficiency
- Ensure value for money from our contracts, evidencing return on investment using data and benchmarking to measure this
- Focus on integrated pathways of care, with an emphasis on early help and early identification to help prevent or reduce mental health problems in the future
- Stimulate innovation and transformation to use our resources in the best way – and using our reserves and service development funding to support this

Our five areas of transformation

Over the next five years, we will deliver change in five major areas that together will transform the mental health system – these are the areas that are seeing the most challenges in performance and have financial pressures.

Children and young people
A modern, joined-up offer for children and young people – from schools and communities to specialist services

Acute and urgent care
Ensuring people in crisis get the right help quickly, with more alternatives to hospital admission and earlier discharge

Services in the community
Enhancing the integrated care and support we provide in localities and neighbourhoods tailored to local needs, and in-reaching into underserved communities

Learning disability and autism
Bringing LD&A and mental health services closer together, meeting the needs of our service users who also have a LD&A diagnosis

Specialist placement pathways
Improving our section 117 and specialist placement pathways, making sure we have efficient and effective care and support

A life course approach

1. Children and Young People's Model of Care

Aim: A modern, joined-up offer for children and young people – from provision in communities and schools to specialist services

We know that at present, all our teams providing services to children and young people (CYP) in Birmingham and Solihull are working hard and, in difficult circumstances at times, to provide the best care they can in line with the current models of care. We all want to continually transform and improve our services for young people and there is real commitment and support across the Birmingham and Solihull system to work together to improve support and care.

We have several challenges across Birmingham and Solihull in the delivery of services for CYP. The prevalence of mental ill health amongst CYP is increasing – evidenced during COVID-19 with increased demand and increased numbers of people on waiting lists, with many waiting longer for care and support. We know we have health inequalities, which exacerbate mental health and affect people's ability to live well and thrive across every life stage. We have a different offer in place for Birmingham and for Solihull which leads to inequity in experience. Performance in Birmingham has been significantly challenged against national key performance indicators e.g. CYP access, paired outcomes. Feedback from CYP and their care givers is that our mental health offer is often difficult to understand and navigate.

During 2024/25 we carried out an ambitious programme of work to co-produce a new model of care to support CYP in Birmingham and Solihull that will bring better outcomes through prevention, early help and by taking a system approach to delivery. This was clinically led, evidence based and has integrated pathways at its core. As well as harmonising the model of care, we explored how we can maximise digital solutions for staff, CYP, parents and care givers, as well as the use of community assets with greater alignment of collective resource. We also considered the skills and expertise of our workforce, and what training and education is needed to make sure we have the capacity and capability to respond to the range of CYP needs.

Our new co-produced model of care encompasses:

- A whole child and family approach which is holistic, integrated and graduated
- Meeting all needs, including learning disabilities and autism
- Multidisciplinary and multiagency working
- Parents, carers, children and young adults as equal partners
- A focus on prevention and early intervention
- Trauma-informed care
- Rooted in local communities
- Seamless mental health care regardless of age
- Addressing and reducing health inequalities

This new model of care will be implemented over the life of this strategy, working in partnership with our NHS provider, local authorities, education providers, VCFSE and with our communities.

To maximise the improvement of overall care and outcomes, we will also make sure this work aligns with other programmes of work which have pathways that connect with our CYP model of care, for example:

- BSOL18+ adult community transformation programme
- West Midlands CAMHS Provider Collaborative (Toucan) and their three-year commissioning strategy to implement the new inpatient commissioning guidance and reduce reliance on inpatient provision through more intensive support at home and in the community

Alongside this transformation work we will also continue to progress our ongoing service developments aligned to the NHS Long Term Plan, such as the expansion of the mental health support teams in schools, as well as implement our recovery plans for areas where we are currently not meeting national performance targets such as CYP access and early intervention in psychosis.

Children and young people's perfect pathway see page 38

Key outcomes:

- A co-produced integrated system wide pathway and model of care for children and young people that is easy to navigate
- Reduce health inequalities
- Reduce unwarranted variation in treatment and support across Birmingham and Solihull
- Improve performance against access targets
- Improve outcomes for children and young people
- Enhanced prevention, early help and early identification offer

2. Acute and Urgent Care Pathways

Aim: Ensuring people in crisis get the right help quickly, with more alternatives to hospital admission and earlier discharge.

One of our biggest challenges as a mental health system is the demand for adult acute inpatient beds and effective patient flow through the pathway. We have significant reliance on and usage of both non contracted and out of area beds. We know that sending people away from their home communities often dislocates their care, increases their length of stay, increases social isolation and can result in poorer clinical outcomes and experience of care. It is also a significant area of cost pressure and overspend for the system resulting in limited capacity to invest in other services or transformation areas. Benchmarking shows we have longer lengths of stay than national averages, and we have some long delays to discharge particularly in Birmingham due to social care or housing delays. This is an area of performance that is subject to both national and local scrutiny.

We also have system pressures on the number of people attending A&E departments needing support with their mental health, impacting on the patient flow at the acute hospitals in Birmingham and Solihull and ambulance services. We also know that waiting in A&E is not a suitable environment for some in a mental health crisis which may exacerbate their situation.

To achieve sustainable and meaningful change we need a system wide approach, joining the dots between our different transformational programmes of work across the Provider Collaborative and being clear about benefits realisation and interdependencies. We can't just think about the bed problem or the A&E problem in isolation – we need to localise and realign inpatient services in a way that harnesses the potential of people and communities. We need to consider wider prevention strategies, early help, admission avoidance initiatives and enhanced community support which will help us to reduce admissions, reduce length of stay and facilitate more timely discharges. We need to commit to bold transformation change and move from a bed culture to a home first culture. We need to free up funding so we can earmark 'invest to save' funding for transformational change.

Our bed strategy focuses on three areas:

1. **Purposeful admissions and only when necessary, making sure we have a robust urgent care and crisis alternatives offer.**
2. **A therapeutic inpatient stay.**
3. **Proactive discharge planning and effective post-discharge support**.

Our aim is for a system wide model of care that:

- Has a core principle of least restrictive setting according to need
- Meets need at the earliest possible point and reduce the number of people who reach crisis and need hospital admission by exploring all options for expanding and improving crisis alternatives
- Has a single urgent care pathway across Birmingham and Solihull that removes duplication and eliminates inappropriate attendances and waits in acute settings such as A&E departments
- Provides robust gatekeeping by home treatment teams and clear governance of decision making for new admissions
- Focuses on meeting people's needs in the community wherever possible through enhanced community support offers to help both reduce admissions and facilitate earlier discharge
- Addresses barriers to discharge for services

users who are clinically ready for discharge (formally delayed transfers of care) with clear review points and escalation of delays, and a system approach to improving flow
- Builds on the strengths of all the partners in our collaborative, in particular utilising the expertise, local knowledge and non-medical approach of the VCFSE sector.
- Is driven by data, with real time monitoring of for example bed usage, waiting lists, expected discharge dates.

Key outcomes:

- ✓ Improve patient experience of acute and crisis services
- ✓ Reduce number of admissions to mental health beds
- ✓ Reduce avoidable out of area placements
- ✓ Improve patient flow and reduce average length of stay
- ✓ Reduce delays to discharge – reduce average clinically ready for discharge days
- ✓ Reduce readmission rates
- ✓ Increase use of crisis alternatives such as talking spaces, recovery houses, NHS111 option 2
- ✓ Enhance the multi-agency approach and integrated working across NHS providers, social care and the VCFSE sector across our pathways of care
- ✓ Support improvements to the quality and safety of inpatient care
- ✓ Free up investment for preventative and community-based solutions
- ✓ Reduce the number of avoidable metal health attendees at Emergency Departments across Birmingham and Solihull
- ✓ Reduce the number of avoidable admissions to general acute hospitals
- ✓ Greater collaboration with system partners such as acute providers, the police and ambulance service, and Approved Mental Health Professionals (AMPHs)

3. Mental Health Services in the Community

Aim: Enhancing the integrating care and support we provide in localities and neighbourhoods, close to home, tailored to local needs and in-reaching into underserved communities.

Over the past four years, the community mental health services programme transformation has meant we have seen positive enhancements to our mental health offer in Birmingham and Solihull and have benefited from working collaboratively as a mental health system across NHS, primary care and VCFSE sector organisations.

Our new community mental health and wellbeing service with neighbourhood mental health teams (NMHTs) across Birmingham and Solihull has been designed to give quicker access to help and support and help with physical health, lifestyle and social needs as well as mental health. We now have a Peer Support Hub with peer workers embedded across services. We have developed co-delivered pathways with VCFSE partners, e.g. First Steps for Specialist Eating Disorders. We have carried out targeted engagement with the communities who have the lowest representation in our services.

Despite these positive developments, our case for change shows that we still have mistrust in mental health services, with services not always being provided close to home in local communities, and care and interventions not always being tailored to people's needs. This is particularly the case for our diverse communities where deep rooted health inequalities exist.

The new 10-Year Health Plan places neighbourhood health at the centre of NHS transformation, and mental health is a core component of that shift. In line with this, over the life of this strategy we aim to:

- Move to a 24/7 neighbourhood care model with fast, coordinated, community-based support for all

Community and inpatients perfect pathway see page 39

- Ensure mental health support is available “on people’s doorsteps” in local communities.
- Co-produce and co-deliver services with local community partners and VCFSE organisations to ensure we meet the needs of our underserved communities, in-reaching to really target approaches and interventions to what they want and need
- Reduce reliance on hospital-based care.
- Make early help, prevention, and community treatment the norm
- Further integrate mental health support alongside primary care, social care, and community services.

A range of initiatives will help us do this, for example:

- Evaluating the impact of the 24/7 neighbourhood mental health centre pilot in east Birmingham, a new model of providing local mental health services alongside community partners with open access and no thresholds, and considering how the model might be scaled up across Birmingham and Solihull
- Working alongside the Community Care Collaborative to bring physical healthcare and mental healthcare closer together, with mental health workers integrated into locality co-ordination centres and integrated neighbourhood teams
- Older adults home first initiatives with system partners
- Implementation of the assertive and intensive community mental health action plan to ensure safe, timely and proactive care for our more complex service users in the community.
- Continue embedding community transformation plans (including community rehabilitation services).
- Enhance our talking therapies offer making services more accessible to local communities
- Increase the proportion of people with severe mental illness receiving annual physical health checks

Key outcomes:

- ✓ A locality model of mental health services in the community that responds to population health needs
- ✓ Enhance the multi-agency approach and integrated working across NHS providers, social care and the VCFSE sector across our pathways of care
- ✓ Reduce waiting times for community mental health services and talking therapies
- ✓ Improve access, experience and outcomes for underserved communities and marginalised groups
- ✓ Improve offers of support while waiting for NHS treatment
- ✓ Increase numbers of patients entering first treatment in a talking therapies service and receiving a course of treatment (2+ contacts)
- ✓ Increase in the percentage of patients reaching reliable improvement and reliable recovery on treatment outcome measures in talking therapies
- ✓ Increase proportion of people with severe mental illness (SMI) who have had full physical health checks
- ✓ Integrated models of care and pathways in place which reduce duplication, eliminate gaps between services and effectively manage transition
- ✓ Increase number of people accessing new models of community-based mental health support delivered in primary care
- ✓ Reduce ‘Did Not Attend’ rates
- ✓ Implement new patient related outcome measures
- ✓ Facilitate earlier discharge from inpatient services into the community
- ✓ Increase in peer support roles

4. Meeting Learning Disabilities and Autism (LDA) Needs

Aim: Bringing LDA and mental health services closer together, making sure we are meeting the needs of our services users who also have a LDA diagnosis

People with learning disabilities and autistic people face many health inequalities, with differences in health status often beginning at an earlier age and people with learning disabilities

having lower life expectancy than their peers. They often live with several long-term health conditions and evidence suggest that mental health problems are more common in people with LDA than the general population.

Mental health problems among people with a learning disability or autistic people are often overlooked, underdiagnosed and left untreated due to poor understanding, awareness, evidence in this area and symptoms mistakenly attributed to the person's learning disability or autism.

Nationally and locally, people with a learning disability or autism often face long waits, inappropriate admissions, restrictive practices, longer lengths of stay in hospital and poor outcomes. Rates of suicide are higher than the general population. Common barriers to health and care services include sensory sensitivities and communication difficulties due to services not being tailored to needs, and lack of knowledge about learning disabilities or autism. The local commissioning and provider landscape for learning disabilities and autism provision in Birmingham and Solihull is complex. There are multiple NHS providers, several different pathways, and commissioning functions sit both within the NHS and at place level in local authorities. Since 1 June 2024, the provider collaborative has been responsible for the tactical commissioning of LDA services and this has been established within the governance in a way that ensures a clear, separate focus on the LDA agenda.

Birmingham and Solihull Strategic Vision for Learning Disabilities and Autism

People with a learning disability and autistic people can access the right support at the right time, to enable them to live a good and fulfilling life as part of our diverse local communities

Seven priorities

1. Joining up care across providers and commissioners through the programme, place-based partnerships and the mental health collaborative
2. Embedding care pathways that avoid admissions to and improve discharge from inpatient care
3. Improving our support offer and care pathways for autistic people
4. Improving quality of care and outcomes for people with a learning disability and autistic people
5. Improving access to healthcare for people with a learning disability and autistic people
6. Developing the Birmingham and Solihull care market by working with care and housing providers
7. Embedding co-production with people who use our service and their carers in our work

Bringing LDA and mental health closer together through the Collaborative will bring future opportunities to identify common priorities, identify synergies from working together, and share our learning and best practice. This will include:

- Join up of similar themes across strategic plans
- Plans to reduce health equalities
- Initiatives to reduce numbers in hospital and length of stay
- Consideration of greater integration of services and pathways between mental health and LDA services
- Making sure pathways are 'LDA friendly'
- How we can better meet the needs of those with a learning disability and autistic people in mental health services, including reasonable adjustments in terms of communication, environment and sensory adaptations
- Joint working between the NHS and VCFSE sector
- Training for staff about LDA, communication needs and trauma informed care

Key outcomes:

- ✓ Better access, experience and outcomes for people with a learning disability or autistic people needing mental health services and support
- ✓ Reduction in inappropriate admissions and length of stay
- ✓ Co-production of the design of services with people with a learning disability or autistic people

5. Specialist Placement Pathways

Aim: Improving our section 117 and specialist placement pathways, making sure we have efficient and effective care and support

Over recent years there has been a growth in the number of service users in receipt of section 117 and specialist packages of care across Birmingham and Solihull. As well as the considerable impact on funding and unsustainable financial position, it is also increasingly challenging to carry out timely reviews to ensure service users are receiving the right package of care for their needs.

We will carry out a quality improvement project to reshape our offer and improve the efficiency and effectiveness of specialist pathways and packages of care. By doing this we aim to reduce the growth trajectory for individually funded placements and improve the integration across health and social care to reduce duplication of resource utilisation across the pathways. We will also review the pathway from a service user perspective to understand what their current experience is so we can identify improvements and ensure a focus on individual needs.

Transformation objectives include:

- Address the culture around risk and discharge from s117 arrangements and placements
- Implement a framework with common guidelines and criteria to aid decision making
- Work with local authorities to make sure we have a regulated care marketplace that meets housing needs and has good quality standards
- Meet the aftercare needs of individuals eligible for s117 aftercare services and reduce the risk of deterioration of mental health and/or readmission to hospital
- Improve measurements/recorded patient/service user outcomes and experience
- Ensure Mental Health Act compliance including appropriate recording / documentation of s117 aftercare
- Ensure pathways proactively meet Mental Health Act and Care Act 2014 guidance
- Support effective coordination of care
- Increase the utilisation of mainstream commissioned services to meet the aftercare needs of individuals subject to s117
- Improve the efficiency and effectiveness (value for money) of contracted specialist services
- Improve timeliness of process for patients to be discharged from s117 when aftercare needs have been met
- Improve collaboration and integrated working across health and social care to achieve better outcomes and improve patient experiences
- Improve engagement and communication with services users, their carers, internal and external stakeholders
- Improve contracting methodology and development of preferred providers framework.
- Improve collaborative and integrated working across the health and social care pathways

We will use established quality improvement methodologies to carry out this work, supported by experienced quality improvement advisors. This will give us a structured approach for testing different solutions to understand what works best to make our services better for our service users. We take a ‘Plan-Do-Study-Act’ (PDSA) cycle approach which is a method of testing on a small scale in the real world until we understand the best way to do things. Our approach involves frontline staff, service users and carers at all stages of the project to identify and make the changes that matter.

Key outcomes:

- Improve the specialist care pathway to ensure timely and cost-effective delivery of health and social care services for better service user outcomes and experience
- Improve / increase utilisation of commissioned mainstream mental health services in meeting the aftercare needs of people subject to section 117
- Improve alignment of health and social care commissioning pathways, arrangements and processes

Enablers to make it happen

To make our vision and transformations a reality, there are six key enablers to help drive the change we want to see.

Our vibrant VCFSE sector
Collaborating with voluntary, community, faith, and social enterprise organisations as equal delivery partners

People, leadership and culture
Growing, developing, and supporting our staff together

Use of digital
Using technology to improve care, access, and use of data

Our estate footprint
Creating therapeutic, accessible environments

Good governance
Clear leadership, accountability, oversight and decision making

Proactive communications
Clear, consistent and relevant communication and engagement with stakeholders

Our vibrant VCFSE sector

We will:

- Increase trust, faith and confidence between the VCFSE sector and statutory partners
- Ensure an equal voice in decision making
- Act as equal partners in service planning and delivery
- Support the sustainability of the sector
- Explore different models of commissioning and contracting

People, leadership and culture

We will:

- Develop a collective workforce plan
- Explore new roles and ways of working
- Implement joined up approaches to recruitment, retention, training, apprenticeships, widening participation, career development, work experience and health and wellbeing
- Enhance recruitment in local communities so our workforce reflects our diverse population
- Promote and encourage lived experience opportunities
- Enable a culturally competent workforce

Use of digital

We will:

- Enable information sharing and a single shared digital view of the individual.

- Maximise use of artificial intelligence and digital innovation.
- Use technology to help us improve care and support.
- Make better use of data, intelligence and evidence to understand where we are now and whether we are making improvements.

Our estate footprint

We will:

- Have an integrated estates strategy
- Improve efficient use of estate
- Explore opportunities for co-location in communities
- Work together to mitigate any constraints of availability of NHS capital funding

Good governance

We will have:

- A governance structure that aligns to the strategy and supports transformation, delivery and performance
- Joint and transparent decision making
- A clear accountability framework so everyone knows their role and responsibility
- A patient voice in our governance
- The right skills and experience within the Provider Collaborative's commissioning hub
- Clear oversight of interfaces across the system

Proactive communications

We will:

- Communicate the mental health offer and how people can get support.
- Join up promotional campaigns.
- Showcase our services and improvements we are making.
- Use a variety of channels to reach our communities.
- Enhance engagement with communities and service users.

6. How we will deliver the strategy and measure success

Place-based plans

We will have two place-based delivery plans, one for Birmingham and one for Solihull. These will reflect local challenges and priorities and will detail what we are planning to do, by when and who will be involved. These plans will be reviewed and refreshed on an annual basis.

Co-produced evaluation framework

To ensure this strategy delivers real change, we will track clear, measurable outcomes over the next five years through an evaluation framework that will be co-produced with our partner organisations, people with lived experience and community representatives.

Measures will include shorter waiting times for mental health assessments and treatment, increased access to talking therapies and community-based support, a reduction in the number of people reaching crisis point, and reduced usage of inpatient beds particularly those out of area. We will monitor how many people are being treated closer to home, how many feel involved in their care decisions, and whether services are reaching those who have historically been underserved. Service user experience, carer satisfaction, staff wellbeing, and stronger collaboration with community and voluntary sector partners will also be key indicators of progress.

All of this will be regularly reported and used to drive continuous improvement – so that everyone can see the difference this strategy is making.

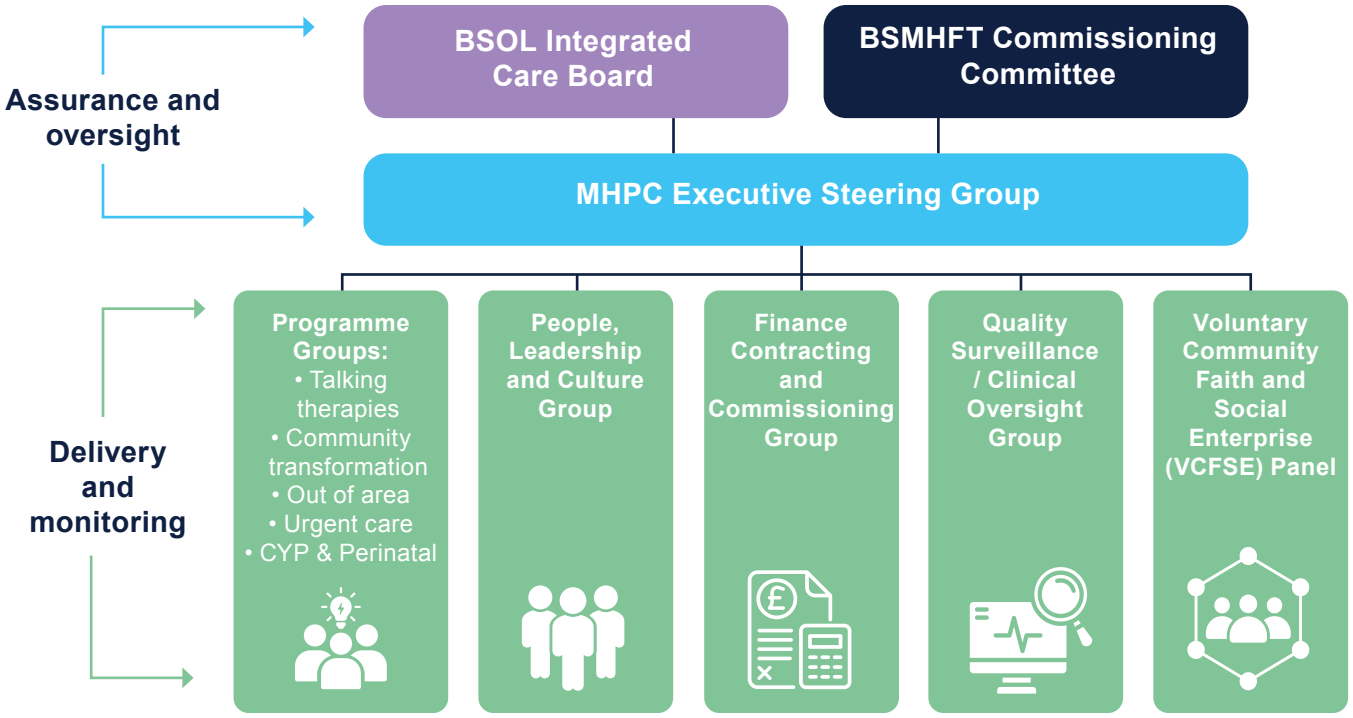
Governance

Across our Provider Collaborative we will have robust governance processes over the implementation and oversight of our strategy.

This includes:

- Clear plans for each programme of work with delivery outcomes and measures of success
- Monitoring of plans, impact and risks through our programme and functional groups
- Strategic leadership, drive and oversight through the Provider Collaborative's Executive Steering Group, which comprises senior representatives across our partnership
- Clear routes for assurance to Birmingham and Solihull Mental Health Foundation Trust's Commissioning Committee and NHS Birmingham and Solihull Integrated Care Board.

Strategy Governance Framework



Children and young people: a five year vision for care

Micah is 7 years old. He loves playing computer games with his brother Aaron, enjoys football, and has always had a good group of friends and regular playdates. Recently, however, he has begun to struggle in school. His concentration has dipped, he becomes easily frustrated, and he has been losing his temper with other children. At other times he withdraws completely.

Up until now, Micah has been well behaved with strong attendance, but his behaviour and participation have declined. Although teachers have tried to check in with Micah, he continues to insist that everything is fine, even when it clearly isn't.

Micah lives with his mum, who is coping with her own mental health difficulties after fleeing the family home due to domestic abuse. She feels "he just isn't the same Micah."

In an integrated and graduated model of care, Micah's support begins with the school holding a sensitive conversation with him and his mum to understand what may be driving the changes.

They recognise that Micah is struggling to express his feelings, which is contributing to frustration and emotional outbursts.

The school contacts their local Mental Health Support Team in Schools (MHST) to help Micah, his mum, and staff develop strategies to support him.

The mental health practitioner meets with Micah and his mum. Through these discussions, they learn that Micah worries about his mum when she is distressed, and he misses his dad.

The practitioner also speaks separately with Mum, who shares concerns about their housing, finances, and her own emotional wellbeing. Taking a whole family approach, the practitioner coordinates integrated support:

Support for Micah:

Micah is offered regular sessions in school, where he feels safe to talk about his worries and learn ways to manage his feelings when he is distressed or anxious about his mum.

Together, Micah and the practitioner identify a trusted member of staff he can go to when he needs time out or someone to talk to.

The practitioner works with school staff to increase their confidence in supporting Micah day-to-day and provides a direct link for ongoing advice.

Joint sessions with Micah and his mum help them understand each other's feelings and develop shared ways of coping.

Support for Mum:

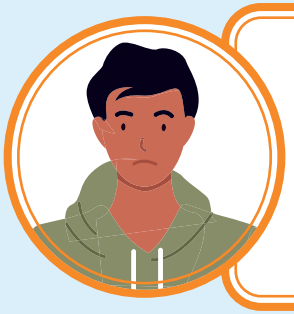
She is connected with the local family hub for practical advice on housing and financial difficulties.

She is encouraged to access local talking therapies to support her mental health.

The Talking Therapies provider helps her join a support group at the family hub, where she meets other women with similar experiences, reducing her isolation and helping her build new connections.

Over time, Micah becomes more able to recognise, express, and manage his feelings. His mum receives practical and emotional support, knows where to turn for help, and begins to feel more stable. Through coordinated, graduated support, both Micah and his family feel better equipped to move forward.

Community and inpatients: a five year vision for care



Kamlesh is 22, works full time in digital marketing, and lives with his parents and two younger siblings. Recently, his parents have noticed concerning changes: he is tense, withdrawn, and has stopped seeing friends. He has taken several sick days, and his family often hear him pacing at night. His mum once thought she heard him talking to someone, though she wasn't sure.

Kamlesh feels overwhelmed. He is experiencing intrusive, unfamiliar thoughts that make it hard to concentrate at work, and exhaustion from broken sleep. Eventually, he confides in his mum, who encourages him to visit the GP.

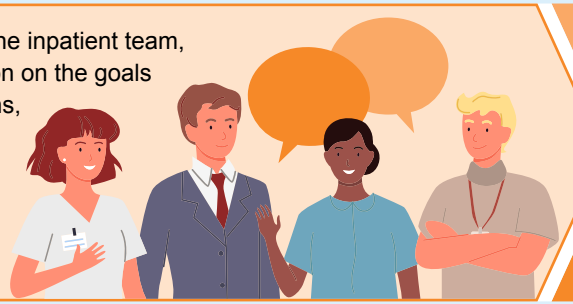
The GP refers him to the neighbourhood mental health team, who see him the next day and again a few days later to build a picture of what is happening. They suspect early psychosis and arrange for a psychiatric nurse to go through a Diagnosis+ self assessment with Kamlesh.

Following this assessment, the nurse agrees that Kamlesh is in the early stages of psychosis and presents his case to the multidisciplinary team (MDT), which includes a consultant psychiatrist, psychologist, mental health nurses, and a voluntary sector partner specialising in psychosis. Given his symptoms, the MDT recommends home treatment as the least restrictive and most appropriate option.

A week after his GP appointment, the early psychosis team visits Kamlesh and offers psychosocial support to him and his family. However, within days he deteriorates. He becomes increasingly paranoid and begins acting aggressively towards family members, raising safety concerns.

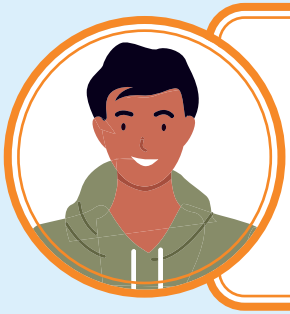
The MDT meets with Kamlesh and his family to discuss a short inpatient stay. Although Kamlesh is frightened of leaving home and his parents are reluctant, they agree after understanding that this will help stabilise his symptoms, ensure safety, and reduce distress for his younger siblings. They are reassured that he will be admitted to a nearby ward only a few miles away.

The MDT coordinates with the inpatient team, providing detailed information on the goals of admission, treatment plans, and expected outcomes. This information is also shared with the family so everyone understands the purpose of the stay.



In hospital, Kamlesh responds well to medication adjustments and experiences minimal side effects. He works with psychologists to understand his condition and with occupational therapists to rebuild daily routines and interests.

After four weeks, the inpatient team, Kamlesh, and his family agree he is ready to return home with continued support. The early intervention psychosis team will visit him every few days for as long as needed. They also work with his family so they can recognise early warning signs, understand his condition, and support him confidently in the long term.



What are the current challenges?

Our three year bed strategy aims to relieve pressure on inpatient wards by strengthening community support. Earlier intervention, more regular contact with professionals, and treatment at home are core to this approach.