



**NHS**

**Birmingham and Solihull  
Mental Health**  
NHS Foundation Trust



# Excellent care, empowered people, thriving communities

Our Trust Strategy 2026–31



compassionate



inclusive



committed

In the strategy you will see direct quotes from colleagues and service users that were gathered during our strategy engagement

## Our principles for developing the strategy

- Our people will recognise their voices in the strategy.
- Our communities will resonate with it.
- It will recognise how far we've come and the continuing journey we are on.
- It will address the challenges and opportunities we face.
- It will be informed by evidence and data.
- It will be part of building a modern NHS, fit for the future, in line with the 10 Year Health Plan for England.



The Recovery for All Quality Mark has been awarded to recognise the co-production of the strategy with service users and carers and demonstrates our commitment to co-production throughout the delivery of the strategy, with Experts by Experience co-producing measures, goals and outcomes.

The Quality Mark also shows the commitment of our Experts by Experience to support the strategy by engaging meaningfully in co-production, co-design and co-delivery.



Our Trust has been accredited with the RACE Equality Code Quality Mark in recognition of our work and commitment to support race equality throughout the organisation.

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# Welcome to our strategy for 2026–31



We are pleased to introduce our new Trust Strategy, which sets out our shared ambitions and priorities for the next five years and defines the clear direction of travel for our organisation.

This strategy is genuinely collective in its design and intent. Since June 2025, more than 1,750 people have contributed to shaping its direction, ensuring it reflects the voices, insights and aspirations of colleagues across all services, roles and professions, alongside those of our service users, their families, carers and the communities we serve. It is, therefore, a strategy that belongs to us all.

The context in which we operate has evolved significantly since the launch of our previous strategy in 2021. The transition beyond the pandemic, the emergence of provider collaboratives, and the publication of the Government's 10 Year Plan for Health in July 2025 have all reshaped the healthcare landscape. Our strategy has been developed not only to respond to these changes, but to actively support the ambitions of collaborative system working, while setting a clear, ambitious and transformative direction for our Trust.

We build on a strong foundation. The achievements of our colleagues across Team BSMHFT have been significant, and we have continued to strengthen our commitment to co-production, with around 100 Experts by Experience now playing an integral role in shaping our services. As a system leader and the lead provider for the Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative, we have deepened our partnerships to address the needs of our population. A key milestone in this journey was reached in June 2025, when we became the single NHS mental health provider for Birmingham and Solihull, welcoming 500 new colleagues into the

organisation from Birmingham children and young people's community mental health services. While we are proud of the progress made, we are equally clear about the challenges that remain. Variations in access, experience and outcomes persist, and inequalities continue to impact those we serve. We also recognise the importance of ensuring that every colleague feels valued, included and supported to thrive. At the same time, the shift towards community-based, neighbourhood focused care presents a significant opportunity to further improve mental health and wellbeing across our population.

Taking all of this into account, this is the right moment to reset our strategic priorities. With a strong foundation, clear ambition and collective commitment, we are confident that this strategy will guide our direction of travel and enable us to deliver meaningful, sustained improvement over the next five years.



**Roisín Fallon-Williams**  
Chief Executive



**Philip Gayle**  
Chair

# About us

We provide a wide range of mental healthcare services for adults, children and young people who live in Birmingham and Solihull, as well as some specialist regional and national services to communities in the West Midlands and beyond.

There have been some big changes in our Trust over the past five years. Our workforce has grown from around 4,000 staff in 2021 to over 6,000 today, in part due to the transfer of Birmingham children and young people's mental health services to our Trust in July 2025 which has also seen the number of sites we provide care from rise to nearly 50. Our income has grown from c£260m in 2020/21 to over £700m in 2024/25 due to taking on commissioning responsibilities as lead provider for two mental health, learning disability and autism provider collaboratives.

We pride ourselves on our wide range of local and regional partnerships across the NHS, primary care, voluntary, community and charitable sector, local government, education and private sector to make sure we have the education, skills, integrated services and pathways to meet the needs of the people we serve.

We have a proud history and track record of leading innovation and improvement in mental healthcare, having been at the forefront of developing new services such as early intervention in psychosis, home treatment and liaison psychiatry, which are now a standard part of mental health provision across the country. The compassion and commitment that led to those key developments carry through to this new strategy, which has at its core the provision of high-quality, personalised care at the best time and place for those who need it, now and in the future.



**1.3m**  
population



**c145,000**  
service users in the last 12 months  
**c72,000**  
current service users



**c6,000**  
staff



**over £700m**  
annual income



**48**  
sites



**c700**  
inpatient beds



## Lead provider

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

West Midlands Provider  
Collaborative for adult secure  
mental health, learning disability  
and autism services (Reach Out)

# Our approach to developing the strategy



## Understanding our national context

including national strategies, regulatory and legal requirements as well as political, social, technological, economic and environmental changes and opportunities

## Understanding our local context

including local health strategies, gaps in services, feedback from service users, carers and colleagues, performance, quality and financial data

## BSOL Mental Health, Learning Disabilities and Autism Provider Collaborative Strategy engagement

January 2024–February 2025

Strategy events

Experience of Care campaign

Community Connexions engagement

Creating a Mentally Healthy City Strategy engagement

Healthwatch reports and investigations

Surveys and feedback forms (national/local)

## Help brew our new strategy

June–December 2025

## It's time to Taste our Brew

January–February 2026

**113** visits / events    **1,750+** people engaged



**43**

Site visits



**14**

Corporate teams



**4**

Board sessions



**22**

Other sessions



**246**

Comment cards



**5**

Professional focus groups



**18**

Clinical/Ops sessions



Service user engagement and 3 EBE workshops



**4**

Senior leader sessions



**5**

Staff networks



**57**

Survey responses

## A range of engagement methods



## Experience of Care Campaign

In developing its five-year strategy, the Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative 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?

Views were captured via 15 in person focus groups, 4 video call engagement sessions, 14 one to one discussions and 245 survey responses across a diverse range of individuals and communities. The Collaborative also held a range of community engagement events attended by a range of stakeholders including local voluntary, community, faith and social enterprise organisations, partner agencies, service users and carers and members of the public. All the feedback gathered fed into our Trust Strategy.



## ‘Help brew our new strategy’

We invited colleagues to tell us over a cuppa:

- About their achievements over the past five years and what they are most proud of
- What they think we need to focus on to build on those achievements and further improve.
- What they would like to be different in five years’ time.

We did this through visits to 43 Trust sites where we talked to colleagues and left comment cards for them to complete. We also held focus groups for medical, nursing, psychological, allied health and social work professions, engagement sessions with corporate teams, an online survey and a whole range of other events and engagement opportunities.



## ‘It’s time to Taste our Brew’

All of the feedback received and information gathered about the national and local landscape led to our strategy ‘blueprint’, an outline of what we proposed to put into our strategy. Before finalising the strategy, we wanted to check and get feedback from people on whether they felt it focused on the right areas.



# Our journey since 2021 and where we are now



We have made a great deal of progress across our organisation, for example:

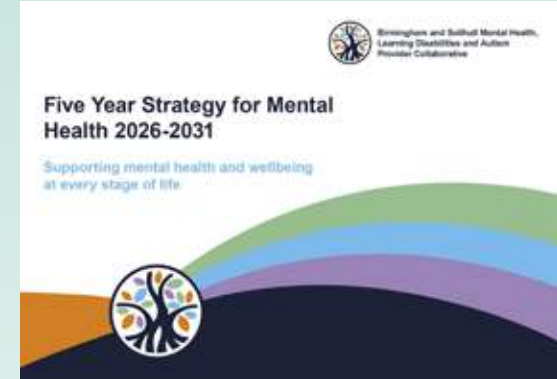
- Retaining and growing services.
- Increasing co-production and participation opportunities for experts by experience.
- Work to reduce inequalities for service users, carers and colleagues.
- Positive shifts in staff survey scores.
- Strengthened partnership working through development of provider collaboratives and other new partnerships.
- Reducing the number of vacant posts and agency usage.
- Building quality improvement capability and capacity.
- Embedding approaches to improve patient safety.
- Use of digital technology, for example launching our Patient Portal and leading development of the Birmingham and Solihull Shared Care Record.

You will read more about our achievements later in this strategy as we describe how we'll build on these to further transform our services.

# Our local and national context



**The 10 Year Health Plan for England** was published in July 2025 by the Department of Health and Social Care and NHS England. It was developed together with the public and health and care staff and aims to transform health services and improve equitable, accessible, and high-quality care for all. The Plan is based around three shifts in how services are provided, all of which align to key priorities in our strategy. There is also a renewed focus on ensuring productivity and efficiency whilst continuing to improve quality of care.



**The Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative** has co-produced an all-age five-year mental health strategy for 2026-31. This strategy commits to reducing health inequalities and building a mental health system that is fair, compassionate, and easy to access, no matter who you are or where you live. It moves beyond traditional models to deliver a step change in how mental health services are planned, funded, and delivered to truly focus on helping people recover and thrive by bringing services closer to home, making support available earlier, with more joined-up easier to navigate care, and more personalised, compassionate, treatment.

Moving more care from hospitals to communities	Making better use of technology	Preventing sickness, not just treating it
Moving care from hospitals into homes, closer to the places people live and their community.	Using digital technology promises faster, higher-quality, more connected care.	Preventing rather than simply treating sickness will keep people healthier for longer.



# About Birmingham and Solihull and its people



Over 1.3 million people live in Birmingham and Solihull. We have vibrant, dynamic, resilient and diverse communities. But with that diversity comes deep-rooted inequalities and challenges that adversely impact the mental health and wellbeing of our population. In developing this strategy, we have drawn on the mental health needs assessment that was commissioned by Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative and published in 2025, some key facts from which are shown below.

## Our population is growing

- The population is set to grow by c2% by 2030.
- The largest growth of 3.9% is predicted in the 20-39 age group and the 80+ group is the fastest growing and is predicted to rise by 11% up by 2030.
- Solihull's 80+ population is set to grow at twice the rate of Birmingham's.
- Birmingham has one of the youngest populations in Europe, with nearly 36% under the age of 25.
- 21% of Solihull residents are 65+, compared to 13% in Birmingham.

## We are diverse

- Over 51% of Birmingham's population are Black, Asian or other minority ethnic background.
- Solihull's population is 82% white, although the proportion of minority ethnic groups is over 20% in some electoral wards.
- In 2021, over 23,200 people in Birmingham and over 3,200 in Solihull identified as bisexual, gay or lesbian.
- In 2025 2,500 asylum seekers were in receipt of local authority support in Birmingham and 260 in Solihull.

## There are complex needs

- The inpatient rate for people with Learning Disabilities and Autism is highest in the country.
- An estimated 14,500 people in Birmingham have co-current substance misuse and mental health problems.
- Domestic abuse related incidents and crimes in the West Midlands are above national average at 36 per 1,000 population.
- The Veteran population is estimated to be c31,900 in Birmingham and c6,000 in Solihull.

## Mental illness is becoming more common

- Depression prevalence has risen in line with national trends.
- Severe Mental Illness prevalence has increased.
- An estimated 18% of adults aged 18-64 had a common mental health condition in 2019, projected to rise by 5% by 2030.
- National prevalence suggests 24,000 Solihull working age adults have a common mental health condition.
- The number of 0-24 year olds in contact with mental health services in Birmingham and Solihull rose by 44% from January 2020 to December 2024.
- An estimated 13,000 people are living with dementia in Birmingham and Solihull, estimated to rise to 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 this number will be over 1,400.
- Across Birmingham and Solihull there is a high prevalence of perinatal mental health conditions and evidence of unmet need.

## We have areas of deprivation and inequality

- Birmingham is the 7th most deprived local authority in England, with 43 of 69 wards in the top 20% most deprived.
- People live on average 7.5 years less (and up to 17 less in good health) in Birmingham's most deprived areas than in the least deprived. In Solihull the gap is 10 years.
- 42% of children are living in relative poverty in Birmingham and the number of Solihull children living in low-income households increased by over 25% in the five years to 2021.
- 1 in 71 people in Birmingham are homeless and 1 in 353 in Solihull.
- Birmingham has higher rates of unemployment and a lower proportion of the population who are economically active compared to the national average whilst the reverse is true in Solihull.

Source: Birmingham and Solihull Mental Health Needs Assessment 2025

# Drivers for improvement



## Population



Highly diverse with pockets of deprivation

Community expectations vs our service offer

Both ageing and young population

Deep-rooted health inequalities

Growing population

Inequities in access, experience and outcomes

## Finance



Funding for transformation

Birmingham City Council – financial situation

Parity between physical health and mental health funding

Capital under-investment

Funding has not kept pace with demand and inflation

A financial landscape under pressure

Gaps in early help and intervention

Over-reliance on urgent and crisis care

Technology and systems

Community services not always tailored to local need

Inpatient flow, long lengths of stay and out of area placements



## Services and performance

Some ageing estate and infrastructure

Service user and carer experience

Long wait times

Rise in mental health A&E attendances

Focus on performance – CQC and NHS Outcomes Framework



## Local partners

VCFSE reliance on short term contracts/grants

VCFSE sector sustainability



## Political and legal

Political shift

10 Year Plan

Mental Health Act changes



## Workforce

Workforce legislation

Staff safety

Culture

Workforce availability

Career progression and development

Some difficult to recruit roles and workforce shortages



## Prevalence and acuity

Increase in acuity

Rising demand for services

Increased prevalence of mental illness

# Our vision, mission and values

**Our vision and mission** have been developed for 2026–31 and encompass our purpose and aspirations as a mental health trust, and how we intend to achieve them. The focus on people and communities reflects the national and local context we are working in and the feedback from our engagement across the Trust:

**Our vision:**  
**Excellent care, empowered people, thriving communities**

**Our mission:** We will support people to live well through delivering innovative, high-quality services across our communities and providing the best possible experience for our service users, carers and colleagues.

**Our values** describe how we treat and care for ourselves, one another, our service users, families and carers, and partners we work with. They are supported by an everyday behaviours guide that describes what our values look like in practice.

## Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to ourselves and others.
- Showing empathy for others and appreciating vulnerability in each of us.

## Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

## Committed

- Striving to deliver the best work and keeping service users at the heart.
- Taking responsibility for our work and doing what we say we will.
- Courage to question to help us learn, improve and grow together.

# Our strategic priorities



## Our guiding principles

For everything we do

### Service user led

- Have we listened to service users' and carers' views?
- Is our work co-produced with them?
- Are we meeting their specific needs?

### Clinically informed

- Are we being guided by evidence-based best practice?
- Have we sought learning from outside our organisation?
- Are we committed to multi-professional clinical excellence?

### Data driven

- Are our decisions informed by reliable and timely data?
- Do we know how we compare locally and nationally?
- Are we using data to identify improvement opportunities?

### Financially responsible

- Are we living within our means?
- Have resources been used fairly and effectively with measurable benefits?
- Are we looking for efficiencies to support improvement?

## Our strategic priorities

What we want to achieve



### Care

Creating simpler, more connected, high-quality and responsive services where care is safe and inclusive, with service users and carers at the centre



### Communities

Working with and understanding our diverse local communities so that we are responsive to their specific needs



### Culture

Building a values-led culture where people and teams feel supported, skilled and confident throughout their employment journey



### Creativity

Empowering and enabling people to make positive and bold change through innovation, improvement and research

## Our strategic aims

How we will get there

Transforming services  
Focusing on service user, family and carer experience  
Creating a culture of care

Understanding communities  
Meeting diverse needs  
Supporting our local communities to succeed

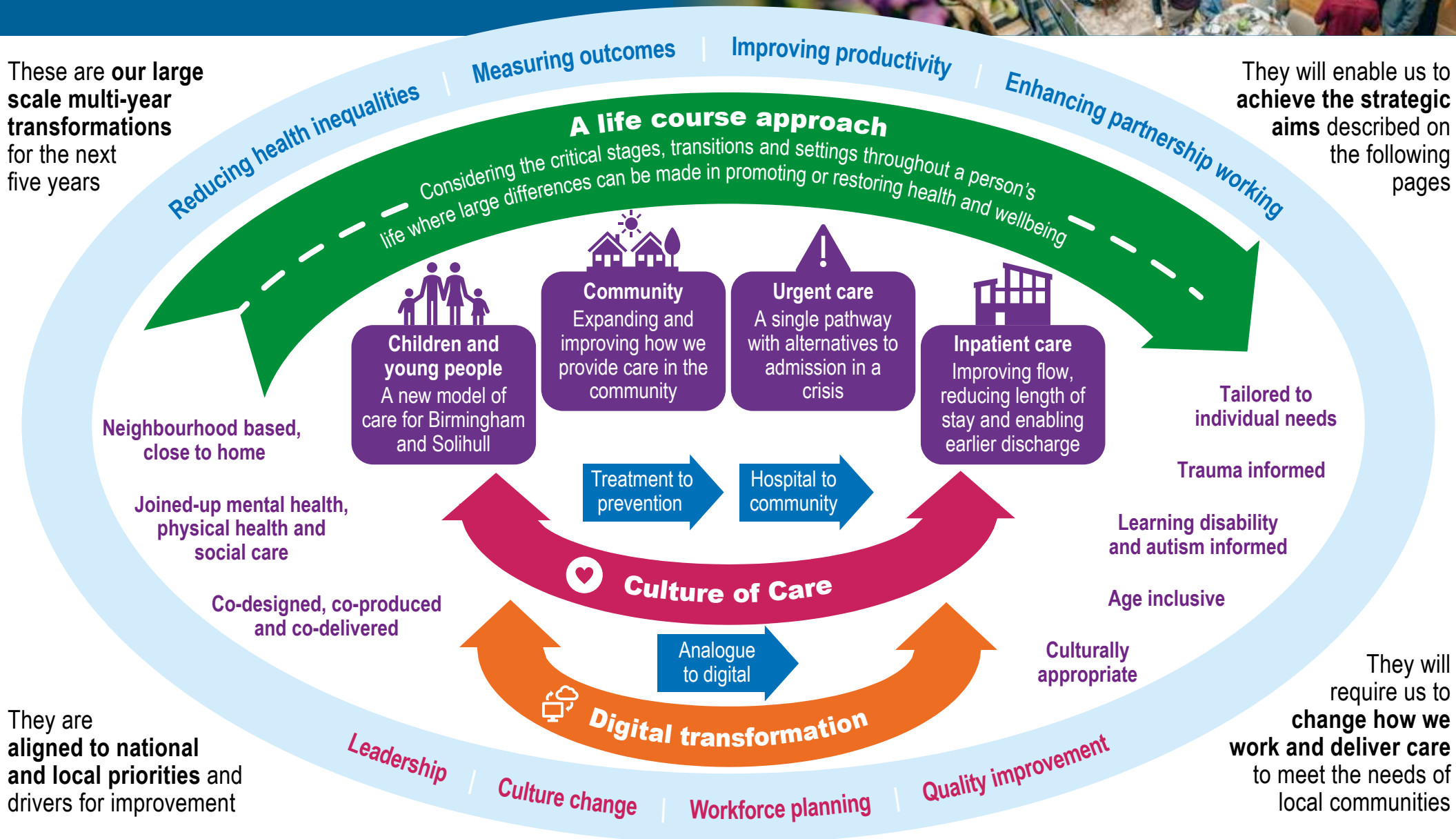
Shaping a future-ready workforce  
Transforming culture and experience  
Empowering our talent, professional and leadership capabilities

Leading use of new digital technology  
Championing innovation and improvement  
Seizing the potential of partnerships

# Our key transformations for 2026–31

These are our large scale multi-year transformations for the next five years

They will enable us to achieve the strategic aims described on the following pages





## Adopting a life course approach

A life course approach acknowledges that health and wellbeing depend on the interaction of multiple protective and risk factors, particularly during sensitive and critical periods throughout people’s lives and across generations, from preconception to early years and adolescence, working age, and into older age, where large differences can be made in shaping, promoting or restoring health and wellbeing. (See page 17 for more)



## A new model of care for children and young people

An ambitious new model of care for Birmingham and Solihull will bring better outcomes through prevention and early help and having a whole child and family approach, with parents, carers, children and young adults as equal partners. (See page 17 for more)



## Enhancing our urgent and emergency care pathways

A single all-age pathway to remove duplication and provide support at the earliest possible point will reduce the number of people reaching crisis, and for those in crisis there will be alternatives to A&E, including creation of Mental Health Emergency Departments at acute hospital sites. (See page 17 for more)



## Culture of Care

Underpinning our transformations is our Culture of Care programme, which celebrates and recognises high-quality, safe, therapeutic and equitable care and experience. (See pages 18/19 for more)



## Developing how we provide services in the community

Bringing mental and physical healthcare closer together, developing locality working within our Trust to enhance relationships and pathways between services and communities, and moving to a 24/7 neighbourhood care model with fast, coordinated, community-based support to meet diverse needs. (See page 17 for more)



## Improving inpatient flow and facilitating earlier discharge

Eliminating avoidable admissions through robust urgent care and ensuring inpatient stays are therapeutic with proactive discharge planning and post-discharge support, thereby reducing length of stay and use of non-contracted beds. (See page 17 for more)



## Digital transformation

More widespread and innovative use of digital technology will support all our transformations. (See page 29 for more)

## Our six localities in Birmingham and Solihull



# Strategic priority: Care

Creating simpler, more connected, high-quality and responsive services where care is safe and inclusive, with service users and carers at the centre

## Some highlights to celebrate since 2021



### Retaining services

e.g. HMP Birmingham, Liaison and Diversion, Veterans, Wolverhampton drug and alcohol



### New services and pilots

e.g. 24/7 Neighbourhood Mental Health Centre, Urgent Care Centre, British Transport Police liaison, Call before you Convey, Maternal Mental Health, Enhanced Reconnect



### Community transformation

saw new Neighbourhood Mental Health Teams contribute to a c3,000 reduction in CMHT referrals vs 2021/22 and a new Integrated Community Rehabilitation Team support c130 people to live in the community rather than an inpatient setting



### Reduction in out of area placements

has improved continuity of care, closer to home and reduced spend by £24m



### Peer support hub

was launched providing lived experience roles and support



### 100+ Experts by Experience

are now supporting co-production, recruitment, new developments and quality improvement



### A new enhanced support team

for learning disability and autism was established

## Drivers for improvement for 2026–31



### A 58% increase

in referrals to secondary mental health services since 2020 saw the number reach 180,000 in 2024

We are in the upper quartile nationally for:



### Length of stay

in adult acute and older adult wards



### % bed days lost

for patients who are clinically ready for discharge



### Children and young people

experience long waits and high thresholds for mental health services



### Caseloads

for community mental health teams

## What will be different in five years' time

- ✓ More people will have trust in us to provide high quality care and support their recovery.
- ✓ Service users, families and carers will be more involved in individual care planning and in shaping and delivering services.
- ✓ We will be less reliant on inpatient beds as our community services will provide earlier intervention and rapid crisis care.
- ✓ Service users and colleagues will feel safe, with environments and activities that meet individual needs and enhance therapeutic relationships.

## Transforming services



- **We will adopt a life course approach** to deliver seamless, age-inclusive care rooted in communities and neighbourhoods and shaped by individual needs. Integrated care pathways will reduce barriers to access and support smooth transitions between services, ensuring timely, coordinated care and improved outcomes at every stage of life. We will reduce the time to access treatment for service users waiting in community, criminal justice, urgent or crisis care settings, ensuring best practice in health and Mental Health Act assessment.
- **We will strengthen and expand how we provide services in the community** through a new locality working model that will bring care closer to home in each of the six localities in Birmingham and Solihull. This will enhance relationships and pathways across our services and improve our understanding of the needs of different communities to enable more prevention and early intervention. We will work more closely with GPs and primary care, local authorities, physical health services and local voluntary, community, faith and social enterprise (VCFSE) organisations to provide wraparound care, with mental health workers in Locality Co-ordination Centres and Integrated Neighbourhood Teams. Moving towards a 24/7 neighbourhood mental health model in all localities will enable fast, co-ordinated community-based support, building on our pilot in East Birmingham. Our assertive and intensive action plan will ensure safe and proactive care for people with more complex needs, and we will further embed community rehabilitation services and enhance our talking therapies offer to improve access and outcomes.

For the process of transitioning to discharge planning is more co produced and patients feeling they have the right support in the community

Better integration of community teams within the ward teams

- **We will enhance urgent and emergency care** through a single, all-age urgent care pathway, reducing duplication and inappropriate attendances in A&E. This will include the development of our first Mental Health Emergency Department. Our Recovery House, redesigned Street Triage service, pilot with British Transport Police and partnerships with local VCFSE provision, will divert people from A&E to more appropriate care settings, while strengthened Home Treatment Teams will help prevent unnecessary admissions.
- **We will reduce inpatient length of stay** across adult acute, older adult, rehabilitation and secure care wards by shifting care from hospital to community, through actions including robust gatekeeping to ensure admissions are appropriate and the best option for the individual, therapeutic inpatient care and proactive discharge planning undertaken in partnership with social care and housing providers. Coupled with the opening of the new Highcroft Hospital development in late 2027 this will reduce reliance on out of area and non-NHS beds and improve continuity of care and outcomes.
- **We will implement a new model of care for children and young people**, focused on prevention and early help. Care will be trauma-informed and multi-agency, with seamless transitions and parity across Birmingham and Solihull. There will also be a focus on improving waiting times, expanding Mental Health Support Teams in schools, providing effective alternatives to inpatient admission and faster admission when it is needed.

Our service users getting help before they get to crisis



Strategic aim:

## Focusing on service user, carer and family experience

Ensuring the service user and their family/carers are involved

Regular outcome measures that we then communicated to all teams, e.g. staff satisfaction, patient feedback

I feel decisions are made without me



- **We will use service user and carer experience to drive improvements in care** through Trustwide implementation of Patient Reported Experience and Outcome Measures (PREOMs) to measure quality of care, identify gaps and enhance service delivery, as well as introduction of service user-led accreditation for services. Tools such as the 15 Steps will enable leaders to build visibility, trust and confidence within services and to identify good, patient-centred practice and areas for improvement.

- **We will value lived experience** by providing more meaningful involvement opportunities for experts by experience as partners in co-design, co-production and co-delivery of services and as an integral part of quality improvement projects and programmes. We will encourage wider service user involvement and effective engagement through mechanisms such as patient councils and daily ward meetings. This will ensure that service users and carers are at the centre of all our developments and improvements.

- **We will be recovery and outcomes focused** through adoption of the core principles of the Personalised Care Framework, ensuring least restrictive practice and promoting inclusion and human rights in line with new Mental Health Act legislation.

This will ensure that service users know what they should expect from services, irrespective of their diagnosis, and have a care and support plan that is current, reflective of their needs and reviewed when things change. It will be underpinned by the Trustwide spread and adoption of patient reported outcome measures (PROMs) – DIALOG+ for care planning to support recovery-focused conversations and goal-based outcomes, and ReQoL for safety planning. We will also co-produce a model of female care excellence to improve outcomes for women and girls in our care.

- **We will improve the experience of families and carers** and focus on spreading the 'Think Family' approach beyond just safeguarding so that it is integrated across all aspects of delivering care. This will involve identifying and recognising families and carers and working in partnership with them to support prevention, early intervention, recovery and improved outcomes. It will include appropriate information sharing and family and carer involvement in an individual's care and safety planning and recovery, alongside high-quality, compassionate support and care pathways for families and carers based on their individual needs.

## Creating a culture of care



- **We will celebrate high-quality care through our Culture of Care programme** across our inpatient and community settings and will provide assurance and accreditation through our Culture of Care Excellence Framework. This will enable us to provide the consistent quality of care we aspire to as healthcare professionals across all wards and services with excellent outcomes for our service users, their families and carers.
- **We will create the right therapeutic environments for our colleagues and service users to thrive**, with trauma-informed and sensory-friendly spaces and a range of meaningful activities and events at different times to support recovery. These will be therapeutic and fun, bringing staff and service users together and enhancing therapeutic relationships as well as physical and mental health. Alongside this, our responsiveness and care for service users at night and at weekends will achieve the same standards of care as during the day.
- **People will feel safe and cared for and we will actively avoid harm** through a robust approach to safeguarding and further embedding of the Patient Safety Incident Response Framework to ensure continuous learning and improvement in service user, staff and public safety. We will

reduce the gap in early deaths that exists due to the impact of serious mental illness on physical health, by implementing an improved model of health promotion and proactive identification and management of long-term physical health conditions. We will support suicide prevention through providing more seamless and personalised care across our services. Proactive and effective communication between clinicians and service users, along with promotion of choice where possible, will lead to a reduction in restrictive practice.

- **All care will be led by the individual needs of our service users**, for example ensuring we meet the needs of individuals who are neurodivergent. We will achieve accreditation against the National Standards for Learning Disability and Autism, ensuring every person within our care with a learning disability or autism has a named care co-ordinator, and a safety and recovery plan. We will use public health locality data to reduce health inequalities in community settings through the neighbourhood locality model of multi-disciplinary care, which will align closely to the Patient Carer Race Equality Framework and a new Recovery College model that will support locality-based working.

Having things to do... it reminds me that I am more than my illness

Developing person-centred planning to achieve sustainable discharges

Focus more on delivering the services that patients would like and listening to their needs and wants



# Strategic priority: Communities

Working with and understanding our diverse local communities so that we are responsive to their specific needs



## Some highlights to celebrate since 2021



### Health inequalities plans

have been developed and implemented by all divisions



### One of four national pilots

for the Patient and Carer Race Equality Framework in co-production with a range of organisations representing different communities



**9 underserved communities** were identified through our community transformation programme and plans to improve access, experience and outcomes were co-produced with organisations for each community



### Service user demographics explorer

was launched and provides data on demographics and protected characteristics of our service users by service vs local population and deprivation indices data



### 71% of Global Majority

service users now report feeling culturally respected, up from 61%



### Recruitment events

held in local communities that are under-represented in our workforce



### Widening participation ambassadors

from a range of roles and professions support recruitment from local communities by attending careers events and mock interviews in schools and colleges



### Stark health inequalities

exist in Birmingham and Solihull, depending on where people live, ethnicity, income, disabilities and social circumstances



### Material disadvantage and unemployment

are strong factors affecting mental health and wellbeing in working age adults

### Child poverty

is a major risk factor for poor mental health



### Barriers to accessing mental health support

include stigma, language, historic mistrust, embarrassment, anxiety and a lack of support from services



### Black Caribbean service users

have higher rates of Mental Health Act detention and anti-psychotic medication prescription vs other groups

## What will be different in five years' time

- ✓ Our services will be tailored to the needs of our local communities and localities, who will be working alongside us to co-design, co-produce and co-deliver care that meets their needs.
- ✓ By improving access, experience and outcomes for our service users we will support a reduction in the stark health inequalities that currently exist in Birmingham and Solihull.
- ✓ We will attract and retain the best from our local areas, who will be proud to be part of Team BSMHFT.

## Understanding communities

- **We will reach into our communities to understand and respond to their specific needs and expectations** through the development of locality and neighbourhood working which will bring us closer to the diverse populations we serve in the places where they live. This will build on the work we have already done to understand the needs of different groups, for example through our focused co-production work with nine communities of focus as part of our community transformation programme and through our pilot Neighbourhood Mental Health Centre.
- **We will use data and intelligence to identify under-served and under-represented communities** using the Core20PLUS5 approach to identify and reduce health inequalities, as well as further developing tools such as our service user demographics explorer to gain a deep understanding of who is using our services and where the gaps are, at a service and locality level. Applying an intersectional lens to our data will recognise and understand how multiple factors combine to shape access, experience and outcomes, for example ethnicity, deprivation, disability, migration status and gender. We will

work in partnership with system partners and local community organisations to understand the barriers to access that exist in different communities and consider future and emerging inequalities, such as digital exclusion, climate and environmental inequality and migration and immigration status.

- **We will continue to fully embed the Patient and Carer Race Equality Framework** across our services to improve access, experience and outcomes for racialised communities and support our commitment to being an anti-racist organisation by co-producing and implementing tangible actions to reduce racial inequalities within our services.



Co-production with partners enabling better discharge pathways

Support with housing



More joined up working with charities and community support

Being more culturally aware and sensitive to suit the diverse demographic



More community based,  
community facing and  
responsive

Sensory spaces  
appropriate for the wards



## Strategic aim: **Meeting diverse needs**

- **We will co-produce and co-deliver new services and ways of working** in partnership with our local communities in localities and neighbourhoods, to ensure that we meet their needs. This will draw on the expertise and experience of local grass roots organisations that are trusted by local people and are an anchor in their local communities, especially for marginalised and racialised groups, and prioritise community-led early intervention to reduce crisis driven, coercive and criminal justice pathways into care.
- **We will develop tools, training and materials in partnership with communities** that supports cultural humility, anti-racist practice and critical reflection on power, privilege and structural inequality in care delivery. This will help us to address the inequalities that see Global Majority service users more likely to be detained under the Mental Health Act, more likely to be detained in hospital for longer and more likely to enter our services via the criminal justice system. This will build further on the work we have undertaken as one of the national pilot trusts for the Patient and Carer Race Equality Framework with a range of community partners.
- **We will work with system partners in our local communities** to ensure a joined-up approach to addressing the wider health,

social, economic and cultural factors that impact on people's mental health and increase health inequalities. These factors include education, training, employment and housing as well as neurodivergence, substance misuse, poor physical health and levels of multiple deprivation and poverty. We will work together with GPs, local authorities, housing providers, schools and colleges, police, VCFSE and other local healthcare providers to address these.

- **We will provide physical environments that are welcoming for everyone** in inpatient and community services and that are sensory friendly, trauma informed and culturally sensitive. Through our locality working model, these will be located closer to people's homes in their communities where they can meet the specific needs of the local population.
- **We will address the specific mental health needs of individuals in marginalised groups** including those with multiple and complex needs such as people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the criminal justice system, victims of modern slavery, veterans and other socially excluded groups.



- **We will provide greater work opportunities for local people** by continuing our engagement with local schools and colleges, working with local employers to promote mental health careers for young people, expanding access to employment through work experience, and maximising use of the apprenticeship levy. We will have a targeted plan to increase uptake of apprenticeships to support recruitment and career progress of local people. This will include supporting communities through apprenticeship levy gifting to local organisations that support our work.
- **We will increase representation in our workforce** by recognising diversity and lived experience roles as a core mechanism for reducing health inequalities and improving trust, access and outcomes. Targeted recruitment activity in under-represented communities will ensure we attract people from all diverse backgrounds and localities to join us. We will expand opportunities for people with lived experience to bring their expertise to our Trust by growing the number of paid peer support and lived experience roles within our workforce models.
- **We will work in partnership to create opportunities** to bring colleagues who are employed by local voluntary and community organisations to work as part of our teams to

co-deliver services, recognising the range of expertise and experience within our communities and enhancing quality of care and service user outcomes. This will build on the successful examples already within the Trust, for example within our rehabilitation services and 24/7 Neighbourhood Mental Health Centre pilot.

- **We will improve our local environment** through implementation of our refreshed Green Plan for 2025-29 and working towards achievement of the national NHS carbon net zero ambitions in partnership with our wholly owned subsidiary, SSL. This will involve further embedding environmental and sustainability principles as business as usual and a core part of the delivery of healthcare within our premises and in the community. We will work with our local system to support awareness and recognition of the unequal mental health impacts of climate change and environmental degradation on deprived and marginalised communities.

Keep upgrading to eco friendly practices

Inclusivity – ensuring diverse group – and representation to support quality and sustainability

Embracing the next generation



# Strategic priority: Culture

Building a values-led culture where people and teams feel supported, skilled and confident throughout their employment journey



## Some highlights to celebrate since 2021



**Anti-racist framework and No Hate Zone** were launched along with training such as Active Bystander



**Health and wellbeing offer** enhanced and champions are in place across the Trust



**Staff turnover and vacancy rates** have reduced significantly since 2021, with turnover dropping from 9.8% to 5.9% by November 2025



**Agency use** has fallen to just 1% of total pay spend, improving quality of care and reducing spend



**Values Awards and Team of the Month** introduced to recognise teams and colleagues who demonstrate compassion, inclusion and commitment



**When asked if their manager asks for their opinion** before making decisions that affect their work, 71% of colleagues in the 2025 staff survey said they did, vs 66.84% national average



**5 staff networks** have influenced policy development with two new networks formed since 2021



**Likelihood of appointment** from shortlisting data shows that white colleagues are now 0.7 times more likely to be appointed compared to Global Majority colleagues, in 2021 this was 2.02 times

## Drivers for improvement for 2026–31



**Some roles are still difficult to recruit** for example, Band 6 nurses



**51% of our workforce are Global Majority** however, this drops to 35% for Band 7 and above



**Raising concerns, diversity, equality and inclusion, and bullying and harassment** are particular areas where we have work to do, according to the 2025 staff survey



**Opportunities for career progression** were highlighted as important for colleagues so they can remain in the Trust



**Sickness absence** led to an average of over 9,000 days lost per month in 2025

## What will be different in five years' time

- ✓ We will have a just and anti-discriminatory culture across the Trust where everyone feels included.
- ✓ Colleagues will feel safe and confident to speak up so that we can learn and improve.
- ✓ There will be opportunities for all colleagues to develop their careers so that more are able to remain within the Trust.
- ✓ Our current and future leaders will have a range of educational and professional support to enable them to lead high-performing teams.

## Shaping a future-ready workforce



- **We will attract, recruit and retain high-calibre people** through co-designed, values-based, inclusive recruitment processes which are streamlined and candidate friendly, will reduce time to recruit, actively mitigate bias, value lived experience and promote equity of access. Leaders will be trained and accountable for fair decision making, transparent progression, trauma-informed onboarding and retention approaches including stay conversations, coaching, internal career pathways and targeted retention premiums where appropriate.
- **We will embed proactive, system-wide learning and data-led workforce planning** aligned to service transformation, population need and equality impact. By combining workforce data with staff experience and lived-experience insight we will anticipate risk and address inequity. Based on agreed principles for workforce planning this will include, for example, scenario planning and a workforce planning toolkit to anticipate demand and emerging risks and underpin long-term organisational resilience.
- **We will co-design and adopt new workforce models, roles and partnerships** to meet the changing needs of our population. These will engage colleagues, lived experience, system and VCFSE partners to ensure equity-by-design in role development, skill mix and deployment. As part of service redesign, skill mix reviews will ensure the right people are in the right place with the right skills. Piloting and evaluation of innovative and flexible staffing models, including lived experience and VCFSE roles, will be informed by learning and feedback.

Fairer opportunities for all staff employed with relevant experience

Support managers to ensure staff retention

- **We will build the workforce skills and capabilities for a modern, future-focused NHS** through a learning, education and development framework that promotes equitable access to learning, clear career pathways and psychologically safe development environments. Employees, including under-represented groups, will be supported through mentoring, coaching, reflective practice and clinical supervision and we will use e-learning platforms, simulation and virtual training to reach and support more colleagues.
- **We will build digital literacy and confidence**, ensuring safe and ethical use of data and technology through co-produced digital skills training that will address digital exclusion, data ethics and algorithmic bias. Digital and artificial intelligence tools will support service delivery, efficiency and productivity with clear governance and guidance, staff engagement and safety assurance.
- **Reciprocal, cross-generational relationships will enable effective knowledge transfer and organisational learning** by valuing experience, diversity and new thinking equally. Use of mentoring, retire-and-return, communities of practice and structured role handovers will protect organisational memory during change and transformation.
- **We will redesign and consolidate our HR systems** in line with the national direction, using user-centred design and continuous feedback to reduce bureaucracy, with equality impact assessments to avoid unintended exclusion.

We need greater representation of LGBTQ+ and ethnicity

Retaining skilled staff



Strategic aim:

## Transforming culture and experience

- **We will embed new NHS workforce standards** through clear behaviours, reflective assurance and learning-led governance rather than compliance alone. Organisational divisions and teams will be supported to apply standards locally while remaining accountable for outcomes and the standards will be embedded in our assurance frameworks and codes of practice.
- **Culture change, collaboration and teamwork will be supported** by delivering organisational development (OD) informed culture programmes focused on psychological safety, trust and inclusive behaviours. We will use conversational and restorative approaches to improve team functioning and lived experience of work.
- **We will prioritise the health and wellbeing of our people** through a trauma-informed health and wellbeing framework that addresses systemic drivers of stress such as workload, relationships, control and recognition, with targeted support informed by data and staff insight. We will offer targeted interventions for high-stress services and increase the visibility of health and wellbeing officers and champions.
- **We will embed anti-racist and anti-discriminatory practice** across all workforce processes using data, lived-experience insight and explicit leadership accountability, with a focus on the structural causes of inequity, not solely individual behaviour. Alongside this, our five staff networks will continue to be empowered to influence policies and decision making.

Staff being listened to more

Staff to practice empathy, show compassion and not discriminate

Staff need to have more time – this will help with recovery and stop flash points on wards

Working as a team and put differences aside

- **We will involve and inform colleagues through excellent communications and engagement** using multiple channels, methods and two-way engagement approaches that enable staff to influence decisions and understand the rationale for change. Visible and continuous feedback loops will demonstrate listening, learning and action.
- **We will value our people and recognise their contributions and successes** in fair, transparent ways aligned to our values. In doing this we will ensure under-recognised roles and groups are visible, reinforce inclusive behaviours and positive cultural norms and make the clear link to service user and carer experience.
- **Everyone will be given the confidence to speak up and raise concerns** to improve quality by creating psychologically safe, restorative systems for speaking up where concerns are welcomed, responded to fairly and lead to learning. Leaders will be trained and supported to respond without defensiveness or detriment to individuals who speak up.



Strategic aim:

## Empowering our talent, professional and leadership capabilities



- **We will have appropriate and high-quality levels of education, standards and accountability** across our professions, strengthening professional governance through supportive supervision, reflective practice and equitable access to continuing professional development. This will be aligned to national standards and focused on improvement, with professional skills, confidence and standards also increased through the establishment of professional schools.
- **We will develop and support current and future talent and leadership** by having inclusive talent pipelines and career opportunities that address under-representation and remove informal advantage. Transparent pathways will be supported by coaching, sponsorship and stretch opportunities through our Flourish programme which focuses on staff development, inclusivity and organisational culture.
- **We will build values-aligned partnerships with education providers and key stakeholders** through co-design, shared learning and mutual accountability, to strengthen workforce pipelines and system capability. This will include increasing student and placement capacity, joint appointments or research collaborations and better promotion of the education offers that are available.
- **We will champion equitable access to high-quality learning and development opportunities** for all staff groups by monitoring and addressing disparities in learning access using intersectional data. Adapting delivery models will ensure inclusion across roles, locations and working patterns, for example by expanding online learning

libraries, bite-size modules and flexible access to learning opportunities.

- **Managers will be equipped with skills, confidence and support** to lead inclusively, manage complexity and sustain high-performing teams through practical learning such as our management essentials programme and masterclasses as well as coaching and reflection.

Staff to receive more training

Higher up managers should visit wards more often

Recognition... maybe small appreciation reward

Flexible working is the reason I stay

More opportunities to develop

Internal career pathways / progression

Accessible training



# Strategic priority: Creativity

Empowering and enabling people to make positive and bold change through innovation, improvement and research



## Some highlights to celebrate since 2021



### Birmingham and Solihull Shared Care Record

was launched, with development led by our Trust



### Patient Portal

developed and launched giving service users access to information about their care



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

developed and went live with our Trust as Lead Provider and a VCFSE collective of over 160 members



### Reach Out

West Midlands secure care provider collaborative, led by BSMHFT, took on commissioning responsibility



### Quality improvement training

has been attended in some form by 3,000+ colleagues with many putting it into practice



### 42% carbon reduction

has been achieved vs our 2019/20 baseline



### A range of digital applications

introduced to support quality of care and efficiency, e.g. Loop workforce engagement and rostering app, AMaT audit management and tracking tool and OnBase document management

## Drivers for improvement for 2026–31



### The 10 Year Plan for Health

has 'analogue to digital' as one of its core three shifts and includes expectations around use of AI, digital access for service users to manage their care, use of data to drive and deliver impact, and a reduction in bureaucracy



### Innovation and continuous improvement

are critical to release time, improve productivity and deliver sustainable high quality services



### Innovation and improvement activity

is something colleagues are keen to engage in and offering opportunities to do this aids staff retention



### New and enhanced partnerships

are essential to support prevention and early intervention, reduce inequalities and provide culturally-responsive, holistic care, all of which are key to our strategy

## What will be different in five years' time

- ✓ We will be at the forefront of innovation, improvement and use of new digital technology for mental healthcare.
- ✓ We will have a range of strategic partnerships – e.g. health, academic, community, VCFSE and business partners – being a leader in mental health in bringing different organisations together to improve the experience of our service users, carers and colleagues.
- ✓ Decisions we make will be driven by robust data with service user and carer experience at the centre.

## Leading use of new digital technology

- **We will be at the forefront of identifying and trialling new and emerging technologies** to improve care and experience, in line with the ambitions in the 10 Year Plan for Health. We will continually keep abreast of new developments and refresh our digital roadmap. A system approach to assessing, developing and implementing digital solutions will transform care to benefit of our whole population.
- **We will build digital capability and culture** through proactive training and development to ensure that colleagues and teams across the organisation maximise the potential and realise the full benefits of our digital systems and are equipped with the digital skills and literacy in readiness for implementation of new technologies. They will feel empowered to re-imagine services in a digital world and identify clinically-led opportunities for technology to transform care and experience.
- **Digital solutions will be co-produced to support our five key transformations** and provide clear benefits for service users. For example, having remote monitoring, virtual wards and digital triage as a part of core community service delivery, maximising use of technology for children and young people, promoting digital apps and tools for self-care, and using predictive analytics to gain clinical insights and prevent deterioration or relapse. Clinically-informed solutions, based on individual service user needs and preferences, will support personalised care, ensuring safe and ethical use of data and technology through clear leadership, guidance and governance.

Using technology and automate or organise work more effectively

Ensure the technology we are expected to use to do the job, is up to standard

- **We will develop and support digital access to our services** to improve service user and carer engagement, making community appointments visible, bookable, and trackable through digital channels such as our Patient Portal and NHS App. A range of communications methods will give people faster access to services and information about their care, including text, video, email and virtual reality. This will be based on service user choice and capacity and we will link with local VCFSE organisations to support digital inclusion, knowledge and confidence for service users, families and carers who wish to use technology to support their care.
- **Accurate and timely data will help drive quality of care** through appropriate information sharing between clinicians, teams and organisations as well as use of shared care records, integrated dashboards, real-time information and analytics. This will support proactive care and understanding of demand and capacity, to aid short and long-term service planning and delivery. Working as a system we will collate and triangulate information from a range of sources to support the best possible decision making. We will enhance colleagues' understanding of how to use data to ensure that decisions and improvements are data driven at all levels.
- **We will use digital technology to improve efficiency** including ambient voice technology and AI to improve the quality of clinical documentation and streamline processes. This will reduce the administrative burden on staff, support productivity and release time for direct care, innovation, improvement and other value-added activities.

Invest in new technology

Streamline the infrastructure so we can spend our time on the delivery of clinical services

## Championing innovation and improvement



- **We will actively seek new and innovative opportunities and sources of funding**, such as national transformation funding, research grants, charitable and community funding and appropriate commercial opportunities. We will strengthen our capacity to develop robust business cases and partnerships that support innovation while remaining aligned to NHS values and our Trust priorities.
- **We will identify service gaps and solutions to address them** using population health data, engagement feedback and performance data, we will systematically identify gaps in current provision and inequalities in access, experience and outcomes. We will co-design innovative solutions with service users, carers, staff and system partners, ensuring that services are tailored to local need and focused on communities, prevention and early intervention.
- **We will be an early adopter of relevant national and regional initiatives**, guidance and evidence-based models of care continuing our track record as a pioneer in mental healthcare. Proactively testing and implementing new developments and approaches at pace will ensure our services remain at the forefront of mental health practice and aligned with NHS priorities and system transformation programmes.
- **We will use quality improvement tools and methods** to transform experience, safety, effectiveness and flow across our services with improvement work focused on our strategic priorities, driven by clear aims, measurable

Focus needs to be creation of a genuine innovation and QI culture at the heart of the organisation

Using IT and technology in the heart of and now, rather than projects becoming dated when it comes to launching these

To enable high-performing, inclusive services that make the most of technology and partnerships, it is crucial that the Trust is open to adopting innovative tools and approaches in a timely manner.

For the Trust to build truly sustainable, high-performing services, there must be proactive support for innovation, strategic investment in technology, and collaborative planning across teams. This will ensure that staff can access cutting-edge training, improve service delivery, and deliver better outcomes for patients.

outcomes and strong clinical and operational leadership, with learning shared transparently across the organisation.

- **We will encourage and sponsor the growth of research activity** to inform and improve our services by increasing participation in clinical research, strengthening links with academic partners, and ensuring that evidence and learning are translated into everyday practice. Research will be aligned to our local priorities and focused on improving outcomes for service users, families and carers.
- **We will empower our people to drive change** through creating space for staff at all levels to lead improvement work and test new ideas, fostering a culture where learning, curiosity and constructive challenge are encouraged. Successful improvements will be scaled up, spread, sustained and shared internally and externally with evaluation and learning mechanisms in place to maximise impact and realise benefits.
- **We will drive improvement and productivity through use of meaningful data and benchmarking** combining quantitative data with qualitative insight to better understand variation, measure impact and prioritise improvement activity. Benchmarking against peers and best practice will support informed decision making and continuous learning.

## Seizing the potential of partnerships



Partnership working is vital. Mental health services are not best placed to support the most excluded groups, they do not trust the system.

- **We will play a leading role in provider collaboratives and system partnerships** to improve quality, access and sustainability of services for our population. Our partnership approach will ensure that collaboration delivers demonstrable improvements in outcomes and experience. Shared clinical leadership and workforce planning will be used to reduce unwarranted variation and we will apply consistent standards and evidence-based practice across our partnership arrangements, ensuring that resources and expertise are used effectively to deliver long-term system sustainability.
- **We will build innovative cross-sector partnerships** to support high-quality care, reduce inequalities and strengthen prevention, earlier intervention, community wellbeing, inclusion and recovery, including with employers and sectors not traditionally linked to health such as transport, culture, leisure, sport, digital technology and academia. These partnerships will co-create new models of support that increase social connection and participation, as well as strengthening education, research, innovation and evaluation aligned to our clinical priorities.
- **We will enhance service user and carer experience through charitable partnerships** by maximising fundraising opportunities to enhance service user and carer experience and support innovation beyond core NHS funding, through our Trust charity Caring Minds and wider partnerships. This will include investing in therapeutic environments and recovery-focused initiatives, supporting staff and service user-led innovation, research and improvement projects, and strengthening community engagement and partnership funding opportunities.

- **We will partner with Global Majority organisations, networks and leaders** recognising their essential role in shaping culturally-responsive and trusted approaches to care. This involves collaboration with community organisations, faith groups, social enterprises and employers. This will include embedding co-production and shared leadership with Global Majority communities, improving cultural responsiveness and accessibility of mental health support, and promoting awareness and early intervention in community and workplace settings to reduce stigma and address inequalities in access, experience and outcomes.
- **We will deepen collaboration with voluntary, community, faith and social enterprise partners** to co-design and co-deliver services that reflect local priorities and lived experience. By combining clinical expertise with community knowledge and population data, we will develop accessible and innovative models of care closer to home. Working together to develop culturally appropriate and community-based care pathways will support community resilience, recovery and independence.



# Implementing the strategy

## How we will bring the strategy to life and make it real for everyone



We will regularly report progress against a range of qualitative and quantitative measures that tell us how we are doing against our 2026 baseline and what impact we are having on access, experience and outcomes.



We will set business plans that articulate the annual goals for each service area and support function, which will be aligned to our strategic priorities and aims. Goals will cascade through to team and individual objectives.



We will support our leaders to continually engage with their teams to collectively understand what the strategy means for them and how it will shape their local priorities over the next five years.



We will celebrate and share our successes and achievements with colleagues, service users and carers, partners and wider stakeholders.



We will have robust governance and oversight of delivery of the strategy, with assurance on progress provided to our Trust Board and Council of Governors.



There will be clear accountability for delivery and ownership of our programmes of work, including responsibility for monitoring against plans and escalating risks and issues.



We will prioritise our work programmes and initiatives, including programme management office, quality improvement and research, ensuring that effort and resource is focused on the priorities outlined in the strategy and in line with our guiding principles.

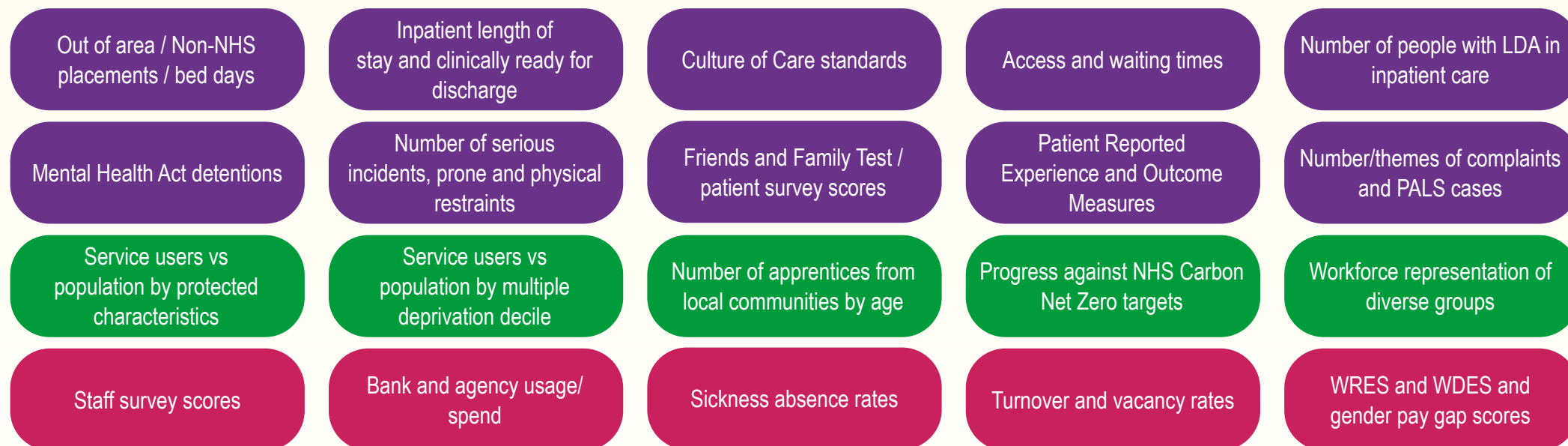
## How we will know if we have achieved our ambitions

A range of baseline metrics will enable us to understand the impact of our strategy as we move through the next five years. Alongside this, benchmarking data has enabled us to make some assumptions about where we want to be and what good will look like in five years' time.

Every key project and programme that will be aligned to our strategic priorities and aims will have a robust evaluation framework using quantitative and qualitative data to demonstrate impact and progress.

Regular checkpoints during the life of the strategy will enable us to review our assumptions, informed by the latest benchmarking and evaluation.

### Key overarching metrics we will use include:



We will track data across service areas to understand impact of changes and transformations, for example of neighbourhood services on CMHT referrals, of crisis alternatives on inpatient beds.

Proportion of total unique service users in each service

Caseloads

Contacts

Referrals

# Glossary



Where possible we have avoided the use of abbreviations and acronyms in this document. For terms where this has not been possible on every occasion they are mentioned, we have listed them in full below:

**AHPs** – Allied Health Professionals, qualified practitioners distinct from doctors and nurses, encompassing a range of key roles including occupational therapists, physiotherapists, art therapists, music therapists, drama therapists, dietitians and speech and language therapists, amongst others.

**A&E** – Accident and Emergency departments in acute hospitals.

**AI** – artificial intelligence, the development of systems to perform tasks typically associated with human intelligence.

**BSOL** – Birmingham and Solihull.

**CMHT** – Community Mental Health Teams, which provide secondary mental healthcare to service users in the community.

**EBEs** – Experts by Experience, who are current or recent service users and carers who have been trained and supported to be involved in a range of work across the Trust and ensure the views, expertise and experience of those who use our services are an integral part of service design and developments.

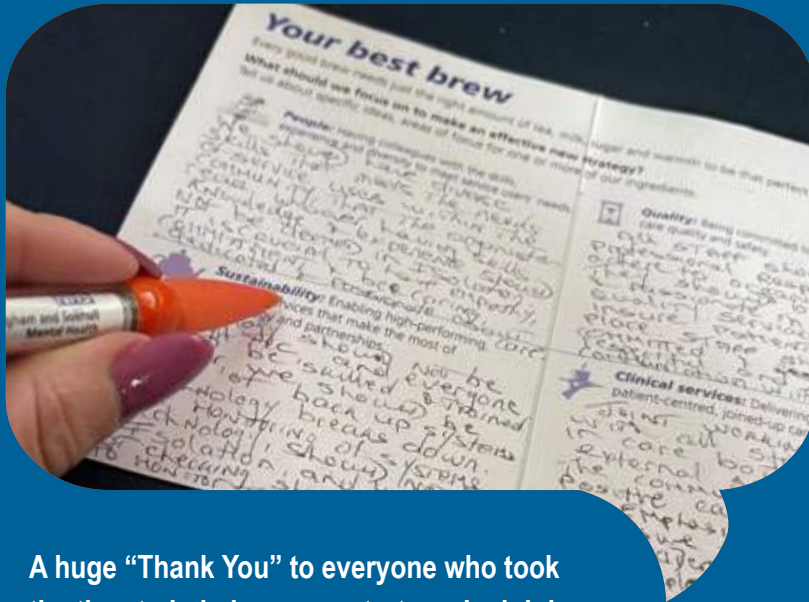
**Global Majority** – racialised groups that make up the majority of the global population.

**LDA/LD&A** – refers to people with a learning disability and autistic people.

**VCFSE** – Voluntary, Community, Faith and Social Enterprise, which covers a broad range of non-profit, charitable and other community focused local organisations, both large and small, that we work in partnership with.

**WRES/WDES** – Workforce Race Equality Standard and Workforce Disability Equality Standard, mandatory NHS England frameworks that include metrics, designed to improve equality, diversity, and inclusion for staff.





A huge "Thank You" to everyone who took the time to help brew our strategy, by joining a face to face or virtual meeting, focus group or workshop, talking to us at Trust sites, or completing a comment card or online survey.

This strategy would not exist without your openness and willingness to get involved and share your thoughts and ideas.

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