Mental Health Strategy

Birmingham and Solihull Clinical Commissioning Group

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Context

- Increasing numbers of people seeking support
- Increase in prevalence of poor mental health amongst young people
- Rising use of in-patient admissions and Mental Health Act
- Suicide rates low compared to Core cities to other areas but work to do
- High numbers of people on ESA for mental health issues
- Workforce challenges in relation to supply and retention
- Many people with severe mental health needs not in stable housing

Birmingham's Mental Health Strategies

- STP strategy in place **'Live Healthy, Live Happy'** mental health embedded and implicit. Life course approach across childhood and adolescence, adulthood and work, ageing and later life

- **Statement of Purpose for Improved Mental Health in Birmingham** in place – agreed across Birmingham partners

- Development of **CCG Commissioning Strategy for Mental Health** by Q1 2019/20

Mental Health in the STP

Children

- Roll out community perinatal mental health support for mothers through multi-disciplinary teams
- Increase access to children's and young people's mental health services by 35%, in line with the national ambition
- Reduce the number who have to go out of the area to be admitted to hospital for psychiatric care
- Offer targeted services, such as health checks and other preventative services, to promote well being and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities

Working aged Adults

- Staff health and wellbeing as the health and social care organisations of Birmingham and Solihull, we are major regional employers, with some 45,000 staff between us
- Make mental health first aid widely available within workforce training and ensure our managers have the skills to support staff with mental health problems
- Breaking the cycle of deprivation – ACE's; There are about 2,500 people least three markers of extreme disadvantage, including homelessness, severe mental illness, substance misuse, or having been offenders
- Implement the WMCA Mental Health Commission concordat and deliver the Thrive West Midlands action plan across our organisations to improve mental health

Older People

- Promote awareness so that our community becomes more dementia friendly.
- Coordinate health and social care into a locality framework, aligning mental health, and primary, secondary and community care with the local authorities, independent social care providers and third sector.
- Establish multidisciplinary teams to remove barriers in the care system that cause delays when people need care urgently.
- Establish specialist care centres for older people in Birmingham to bridge the gap between hospital and home

Alignment of Birmingham's Mental Health Strategies

Document	Aligned themes		
CCG Commissioning Strategy	Tackle and reduce health inequalities	Rebalance investment from Crisis to prevention	Closer integration between health and social care
Statement of Purpose for Improved Mental Health in Birmingham	Protect those most vulnerable to mental ill health. We will do this by better understanding the needs of local communities and adapting approaches to achieve a best fit.	Prevent poor mental health by working with our partners to identify and respond at the earliest opportunity. For many people this will mean helping them access support to address the social determinants of poor health like homelessness, debt and substance misuse.	Better manage mental ill health, always in the least restrictive environment by personalising care planning with a focus on meaningful recovery and greater independence.

How will we know we are making difference?

Reduction of Out of Area Placements to zero by 2021

Increased equity of access and outcomes by ethnic group

Improved levels of self-reported recovery

Less deaths from suicide or undetermined intent

Reduced gap in mortality between people with severe mental illness and the general population

More people with mental illness in employment

More people with mental illness in stable housing

Mental Health Transformational Pathway

Access	Triage and Assess	Enhanced Primary care	SMI Pathways	Acute Beds	Rehabilitation
• Range of access routes: • Employer • Schools and colleges • Primary care • Self-referral • Drop-in • Urgent Care • NHS 111	• Multi-disciplinary Teams in Primary Care Networks • Locality based triage and assessment hubs • Crisis café's, Pause	• Mental health liaison model in primary care • Redesigned VCS offer • Greater use of shared care • Shift of resources and activity downstream • Single care and support plan • Alignment with neighbourhood networks	• Intervention focused treatment pathways for psychosis and mood disorders • New model of care for people with a diagnosis of personality disorder • Recovery focused • Integration of recovery centres and employment support	• People always supported in least restrictive environment • Development of alternatives to admission • Integrated Urgent Care Centre • Ending use of out of area placements	• Support and treatment close to home • Personalised support planning • The goal of each person having their own front-door with the right support • he opportunity for employment • Support to be an active and engaged citizen

Taking this work forward

- Increased use of Joint Commissioning (co-location at Woodcock St)
- Review of 0-25 mental health model to inform future commissioning
- Development of Strategic Commissioning Framework
- Relationship commissioning
- Revised governance structure
  - Mental Health Executive
  - Transformation Board
- Service Development and Improvement Plans within contracts