



Birmingham and Solihull
Mental Health
NHS Foundation Trust

The 2030 vision for mental health and priority partnerships for the future





What's our vision for the future of mental health?

Both the West Midlands Combined Authority and the Birmingham and Solihull Sustainability and Transformation Partnership (STP) are taking us into a new era and will change how the local health economy works. Over the next 2-3 years we will become more integrated, collaborative and place based in our approach across health, social care and the wider public sector. We will take more control of national resources and have a new model of commissioning. We will focus less on individual organisations and more on outcomes for local people.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) wants to be a system leader for mental health. This will mean we move beyond a leadership role for our organisation and into a space which develops, supports and enables other people from different organisations, agencies and sectors to have a role in mental health; leading us all to achieve a collective vision.

We have run vanguards and tested new ways of working in mental health for over two years now and we are convinced of the reforms we need to make. This is less about what the priorities are and more about how we need to work to deliver them. We believe that the future of mental health involves:

1. creating quality and efficiency by **delivering more together at a West Midlands level** and getting national resources devolved to the region
2. developing a new model of **integrated primary care for mental health** so that we maximise all the resources that could come together locally to prevent mental ill health, intervene early and aid recovery
3. creating new roles within the **workforce**, enhancing the use of **technology** to deliver services and continually developing new **innovations through research**
4. **changing how we commission** mental health services so financial resources are local, we are more strategic, use data and intelligence to plan and predict and we co-produce and collaborate.

Which partnerships are priorities to deliver our vision?

1. **Early intervention and recovery through place based, multi-agency partnerships:** Working with GPs, community services, local authorities, schools, housing providers, workplaces, job centres and the voluntary sector in an integrated way in local areas to provide joined up responses. Having a collective focus and role in promoting positive mental wellbeing, identifying and managing problems early, supporting people's recovery from mental ill health.
2. **Partnerships to help safely discharge service users from acute and urgent care:** These include alternative supported living solutions; rehabilitation; in-reach teams and managed discharge; with the purpose of partners working together to increase the choice in the market and the effectiveness of recovery following discharge from hospital, specialist services and acute care.
3. **West Midlands partnerships:** Partnerships based on population groups that can be run on a West Midlands footprint to improve quality and increase efficiency. Including bed management, perinatal services, specialist and forensic CAMHS, secure care, RAIDPlus etc.
4. **Partnerships to improve outcomes for children and young people:** Bringing together the different services that support children and young people to develop a single model of care, reduce transitions and improve outcomes. For example, Forward Thinking Birmingham (FTB), BSMHFT, schools and colleges, special schools, higher education establishments, children's social care and disability services and children's charities.
5. **Partnerships to develop integrated services across drug and alcohol, criminal justice, homelessness and mental health:** Working with people with multiple complex needs who have a number of co-existing challenges. This could include services such as the housing and homelessness services, drug and alcohol providers, police, probation, courts, community rehabilitation companies, youth offending, prisons, secure and forensic services for mental health.
6. **Partnerships that help integrate back office:** Bringing services together across providers, public sectors and/or commissioners with the purpose of enhancing productivity while reducing cost. For example, workforce development, estates, bidding, legal, communication, data and intelligence, HR, ICT etc. This could include mental health trusts for the West Midlands and/or working locally with the STP health partners.



7. **Technology, research and innovation partnerships:** Working across national, regional and local partners to enhance what we do in terms of mental health research, development and innovation; and using technology to enhance service delivery and patient care. Enhancing the National Centre for Mental Health we already have at the Barberry to improve links across bodies such as the West Midlands Academic Health Science Network (WM AHSN), Clinical Research Network, National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care (CLAHRC), Community Education Provider Network, Universities, Research, Innovation and Development teams within providers, Institute for Mental Health and Birmingham Health Partners.
8. **Commissioning partnerships:** Developing partnerships that allow us to act strategically and use data and intelligence to make informed decisions. This also includes drawing down national and regional commissioning funds so that we can commission for mental health locally. Developing partnerships across commissioners and providers to allow us to operate new models of commissioning that reduce bureaucracy, focus on outcomes and bring decision making closer to the service user.
9. **Partnerships with staff, service users, communities and stakeholders:** Maturing our models of engagement and co-production. This means that staff, service users and stakeholders are fully engaged in the design and delivery of mental health provision, and where appropriate can take full control of services. Enhancing the levels of matrix working within and across departments and across organisations developing more thematic work that brings different professionals together.
10. **Partnerships to address workforce challenges:** Partnerships with national and regional NHS bodies, universities, the wider public sector and training and recruitment agencies to develop new skills we may require for the future and address the local challenges we face around a sustainable workforce.
11. **Partnerships that deliver an economic contribution:** Working together within mental health to optimise what we can all do to contribute to the local economy. For example increasing apprenticeships and jobs for the most vulnerable, promoting a clean and green environment, increasing prosperity and financial inclusion. We should all be contributing social value through our organisations and encouraging others to do the same.

So what? What difference will working in partnership really make to people's lives?

- We will respond to people and communities rather than fit them into 'services', their care and support will be more personalised.
- We will save money by removing duplication and working more efficiently, which means we have more money to spend on our local people.
- When people need our help and support they will get it locally, as soon as it's required and receive help in a more joined up way.
- What we commission will be more relevant as individuals and communities will be more involved in the design and delivery of what we do.
- The way help and support is offered will be modernised, so that people can use technology should they choose to.
- We will start to manage demand, which means that people will get the right help and support from the right people first time.
- People have more choice and control over their care and have it delivered locally.
- Access to support and help should be quicker, communication improved and information shared.
- People's recovery and self-management of long term conditions will be even better.

What are strategic partnerships and why do we need them to deliver the vision?

No one organisation holds all of the levers necessary to prevent, support or help people recover from mental ill health. It requires providers, commissioners, the private sector, local authorities and the third sector to work together. We cannot deliver the vision for mental health on our own.

- Mental health is everyone's business including employers, schools, families and communities and public services.
- Demand is increasing and demography is changing and we need to make the best use of all available resources.
- People want to live at home in their own communities supported locally by people they know and trust.
- Partnering is and will continue to be a central component of efforts to improve services for the foreseeable future locally and nationally.

Strategic partnerships can be described as:

- two or more agencies, organisations or sectors working on a common problem
- those who are affected by a complex problem and/or have a responsibility for developing solutions working in new ways
- changing how we do something to improve outcomes
- a formalised relationship that has purpose, a shared vision, strategy and plan
- joint responsibility with shared risk and gain
- collective leadership.

A strategic partnership is not day-to-day working with other agencies, a way of working that's based solely on personal relationships or a focus on one organisation's output. There are many types of strategic partnerships that exist and more and more examples across the UK.



How do we take this forward – the action plan

Priory Actions	Deliverables
1. To develop joint ownership of the vision for mental health and mature partnership working as a means of delivering it.	<ul style="list-style-type: none"> a. To develop the joint ownership of the vision for mental health. b. To develop and promote 'partnership working' across the mental health system. c. To develop the wider system leadership capacity for mental health. d. To support the development of care partnerships and place based delivery partnerships for mental health as a system approach in West Midlands and Birmingham and Solihull. e. To enhance mental health providers' role of corporate social responsibility (CSR) and encourage others to maximise CSR for mental health. f. To maximise inclusive growth and social value for mental health.
2. To develop partnership capabilities, behaviours, capacity, competencies and structures for partnership working.	<ul style="list-style-type: none"> a. To identify, develop and embed the required partnership values, skills and capabilities across the mental health system. b. To move from a culture of project management to one of change leadership. c. To develop a new model of working between commissioners and providers. d. To develop strategic commissioning capabilities across the system. e. To develop the capabilities of trusts taking on care partnership functions. f. To mature models of communication, engagement and strategic relationship management. g. To mature our model of co-design and co-production with staff and service users. h. To explore and develop new financial streams (e.g. social investment, joint bidding teams) broadening how we approach business opportunities. i. To align Thrive, the STP and provider strategies and action plans to make the best use of total resources for mental health. j. To develop the capacity and governance required to operate new models of care for mental health.
3. To create the mental health partnerships required for the future and to deliver against long standing system challenges.	<ul style="list-style-type: none"> a. To develop the key partnerships required for the future: <ul style="list-style-type: none"> ▸ Early intervention and recovery through place based, multi-agency partnerships. ▸ Partnerships to help safely discharge service users from acute and urgent care. ▸ West Midlands partnerships. ▸ Partnerships to improve outcomes for children and young people. ▸ Partnerships to develop integrated services across drug and alcohol, criminal justice, homelessness and mental health. ▸ Partnerships that help integrate back office. ▸ Technology, research and innovation partnerships. ▸ Commissioning partnerships. ▸ Partnerships with staff, service users and stakeholders. ▸ Partnerships to address workforce challenges. ▸ Partnerships that deliver an economic contribution. b. To act on and maximise relevant opportunities for partnership working.