

Developing a Provider Collaborative for Mental Health in Birmingham and Solihull – presentation for Solihull Health and Wellbeing Board

Jo Carney

Director of Joint Commissioning

Birmingham and Solihull Clinical Commissioning Group

Background and Context

- NHS England and NHS Improvement has confirmed that Birmingham and Solihull Sustainability and Transformation Partnership's (STPs) application to become an **Integrated Care System** (ICS) has been approved. The ICS will now move forward at pace, to enable it to deliver its full ambition by April 2022.
- In an integrated care system, NHS organisations, in partnership with local councils and other partners, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve.
- *Integrating Care – The next steps to building strong and effective integrated care systems across England*. Builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel
- Within the ICS care will be provided through **Provider Collaboratives**. This will include an 'All-age' Mental Health Provider Collaborative. The **scope** of this Collaborative will be to include all NHS funded mental health provision. The Collaborative will also seek to work in partnership with local authority funded provision which seek to prevent or respond to poor mental health.
- Provider organisations will play an active and strong leadership role in systems. Through their mandated representation in ICS leadership and decision-making, they will help to set system priorities and allocate resources.
- Enabling decisions to be made **closer to communities** and facilitating collaboration in a '**place**' will be key facets of this work

Key Principles

- Working more effectively together across teams, services, organisations and sectors results in better outcomes for patients
- A Provider Collaborative is first and foremost about a commitment to working together for the benefit of the people of Birmingham and Solihull.
- We will work increasingly closely with partners in 'places' and neighbourhoods to ensure our services meet people's needs. Only by doing this can we meet the diverse needs of the population.
- We don't know exactly what our Provider Collaborative will look like. Its development will be driven by understanding and addressing the things that currently prevent us from better meeting people's needs.
- To do this we need to find out what you think makes working together difficult, what makes it work well and how this affects the outcomes and experience of people requiring support.
- Like any good relationship our collaborative will need commitment over time, honesty and mutual respect

Building a Case for Change



- Each question represents a theme to be explored within the case for change.
- The questions are intended to ensure that the *form* of the provider collaborative is developed *in response* to local needs, context and challenges.

Collaboration with 'Place' at every level

Activity

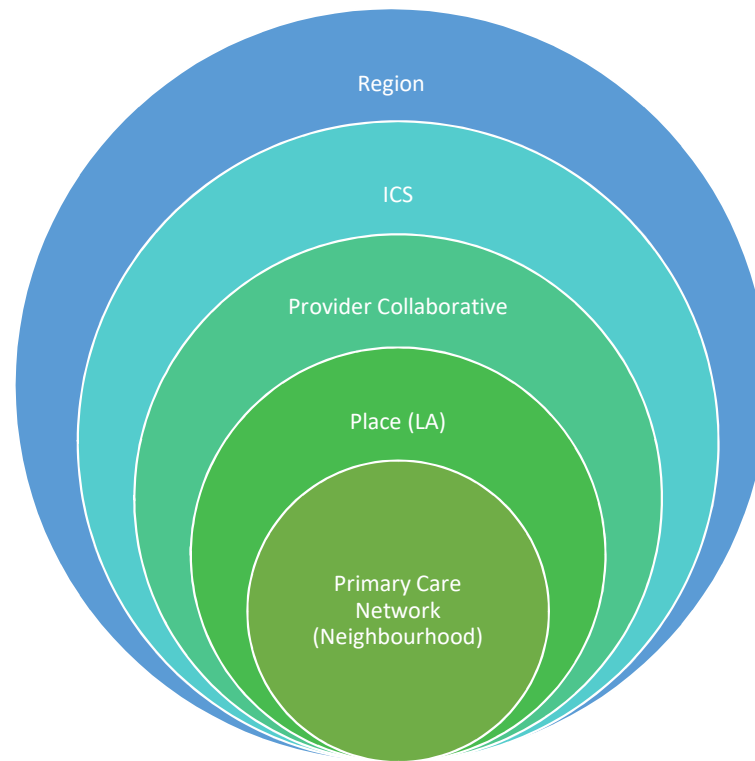
Tertiary highly specialist provision

Strategic alignment and planning across system partners

Coordinated 'Crisis' support inc. Helplines, Psych Liaison and Crisis Houses.

Community-based 'Secondary' mental health services

Mental Health and VCS professionals working alongside Primary Care and neighbours



Engagement

Combined Authority

BSOL ICS Board

Mental Health Provider Collaborative Programme Board

Provider-led engagement in development of Transformation and Integrated Pathways [Solihull Pod]

Working with PCNs to adapt models to local need

Developing a Provider Collaborative for Mental Health across Birmingham and Solihull [Phase One, Oct 20 – March 21]

- We are all committed to improving access, safety and outcomes for our diverse population whilst managing demand and achieving sustainability. Improving our ability to work in a more integrated and collaborative way will be critical to achieving this.
- Change takes time so this will need to be an evolving and iterative approach
- However, we can start to think and behave as ‘one system’ from today
- The transformational change to achieve the outcomes we want to see is the central activity and driver. What shape and form integration takes will need to develop in response as an enabler of improvement. Ensuring that decision-making and design reflects the needs of local areas and neighbourhoods will be critical.
- Adopting a ‘theory of change’ model will help focus effort towards changes that address underpinning and systemic barriers and issues
- The case for change produced at the end of the initial development phase should articulate our collective view of ‘what a mental health provider collaborative should look like for Birmingham and Solihull’– this could include any proposed changes in the roles and responsibilities of system partners, contracting approaches, digital infrastructure etc.

MH Provider Collaborative Programme Structure and Approach

Transformational Change Delivery of transformation programmes and LTP ambition

- **Transformation Teams** comprise individuals from provider, VCS, local authorities, primary care and commissioning organisations alongside clinical and lived-experience experts. Teams work across organisational boundaries and report to a Mental Health Transformation Programme Board. Critically, transformation should be aligned to interdependent agendas including SEND, Children and Young Peoples' Services, Safeguarding, Education and Vulnerable Adult provision and Drug and Alcohol Services

Enablers Finance & contracts, Workforce & OD, Digital, Business Intelligence, Estates

- **Enabler workstreams** develop approaches to the management of these key functions within a provider collaborative. They seek to address current 'limiting factors' which negatively affect our ability to achieve our desired results.

Cross Cutting Themes Co-production & Engagement, Equality, Diversity & Inclusion

- It will be important to ensure that these **Cross Cutting Themes** are reflected across all of our work. We will need to provide a resource to support Transformation and Enabler work drawing together literature and evidence and acting as critical friend.

Case for Change Describing the approach and form of a future provider collaborative

- A small team working across organisations will co-produce a 'case for change' that will set out a proposed approach to collaboration and integration. This work will take place alongside the ongoing response to Covid-19 and supports action to ensure that provision is able to respond to the additional demand resulting from the pandemic.

Phase One: Key Milestones

Month	Milestone
January 21	<ul style="list-style-type: none">• Patient, Staff and Stakeholder Focus Groups• Collation of system intelligence• Engagement with existing 'enabler' activity (Digital, Estates, Workforce)• Understand collaborative structure options and evidence from other areas
February 20	<ul style="list-style-type: none">• Collation of draft case for change and initial 'testing' with stakeholders• Iterative process of revision
March 21	<ul style="list-style-type: none">• Final draft Case for Change• Formal review through organisational governance structures

