Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative
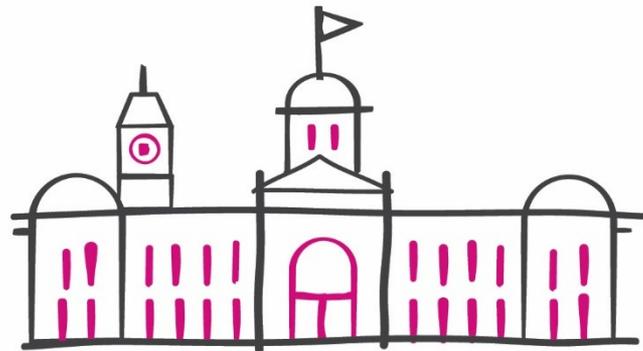
Joint Strategy Launch Event

Creating a Mentally Healthy City Strategy and the 5-Year Mental Health, Learning Disabilities and Autism Provider Collaborative Five Year Strategy for Mental Health

Today's Overview

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

- Fire escape and housekeeping
- We will be discussing topics of mental health and suicide today, if you at any stage are affected by what is being discussed, please check in with the team and please feel free to take time out if you do need
- Throughout the day, please engage with the sheets on the walls around the room
  - Sign up to steering groups
  - Commit to pledges – what can you do in your current role?
  - Comment on action plans
- You will be able to sign up to afternoon workshops at lunchtime

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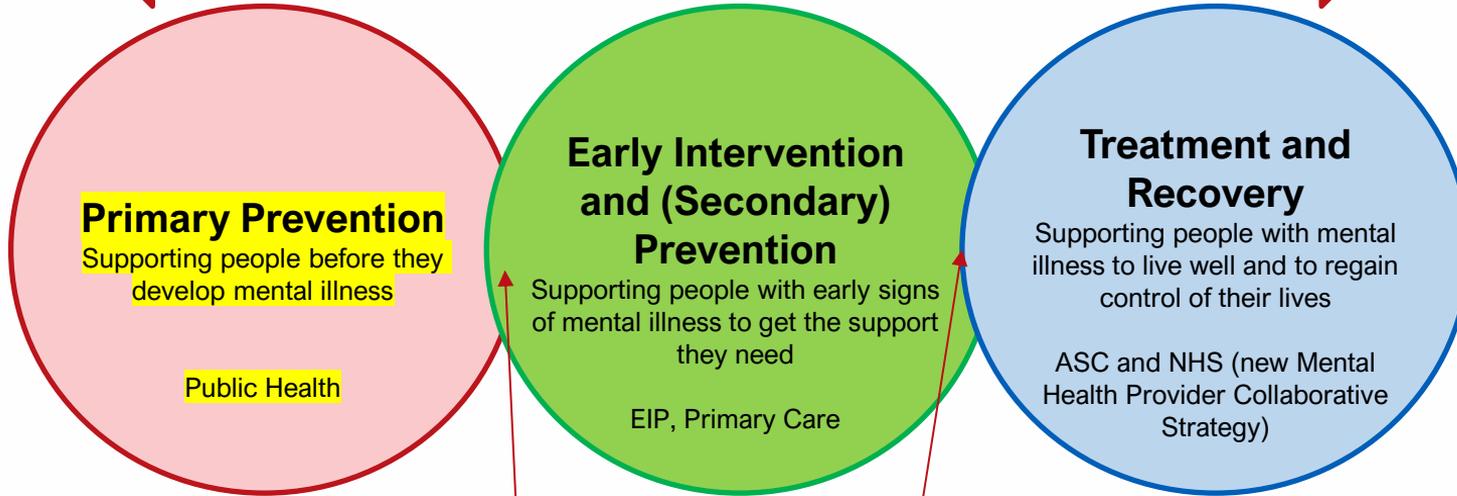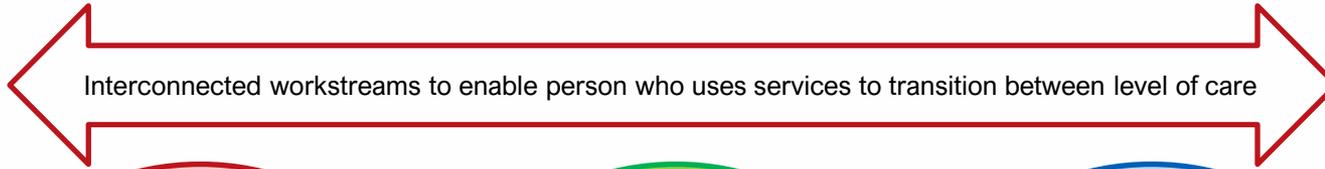
Agenda

Time	Event
09:45 – 10:30	Arrivals, registration and networking
10:30 – 10:40	Overview of the day and housekeeping
10:40 – 11:40	Creating a Mentally Healthy City Strategy: Strategy overview, action plans, Q&A and a range of videos to showcase public mental health work
11:40 – 12:00	BREAK
12:00 – 12:45	Five-Year Mental Health, Learning Disabilities and Autism Provider Collaborative Strategy: Strategy overview, implementation plans and Q&A
12:45 – 13:45	LUNCH
13:45 – 15:30	Afternoon workshops: Opportunity to participate in 2 out of 4 available workshops
15:30 – 16:00	Final information and close

Creating a Mentally Healthy City Strategy

Presenting: Joe Merriman – Service Lead for Mental Health and Wellbeing

Our Unique Opportunity – United Prevention

Interconnected workstreams to enable person who uses services to transition between level of care

Primary Prevention
Supporting people before they develop mental illness

Public Health

Early Intervention and (Secondary) Prevention
Supporting people with early signs of mental illness to get the support they need

EIP, Primary Care

Treatment and Recovery
Supporting people with mental illness to live well and to regain control of their lives

ASC and NHS (new Mental Health Provider Collaborative Strategy)

*Look out for some of our lead members:
- Public Health
- Provider Collaborative
- VCFSE Panel today*

Intersections for maximum change and or/intervention (e.g., Creating a Mentally Healthy City Strategy, Provider Collaborative Strategy, VCFSE collective

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Local and National Strategic Drivers

CORPORATE PLAN 2025 - 2028

Mental Health Provider Collaborative Strategy (in development)

Birmingham and Solihull Integrated Care System
Caring about healthier lives

NHS Birmingham and Solihull

A Bolder, Healthier Future for the People of Birmingham and Solihull

Strategy for Health and Care 2023 - 2033

BIRMINGHAM JOINT HEALTH AND WELLBEING STRATEGY

CREATING A BOLDER, HEALTHIER CITY 2022-2030

BIRMINGHAM HEALTH AND WELLBEING BOARD

A BOLDER HEALTHIER BIRMINGHAM

FIT FOR THE FUTURE

10 Year Health Plan for England

NHS

The Families First Partnership (FFP) Programme Guide

Delivery expectations for safeguarding partners in England

March 2025

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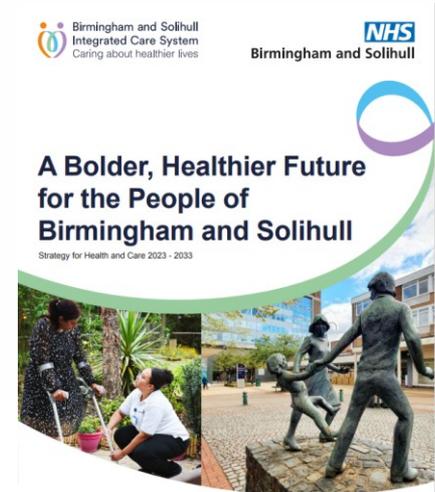
Our Approach

1: REVIEWING LOCAL EVIDENCE AND NEED

Mental Health & Wellbeing

Factors influencing positive and negative mental health

Groups more at risk of poor mental health

Evidence-based services / programmes that improve wellbeing

Suicide Prevention

Risk and protective factors

Impact of suicide on individuals and communities

Effective public health interventions

Coronial Audit (2016-21): Understanding local suicide cases

2: INVOLVING OUR PEOPLE AND PARTNERS

Mental Health & Wellbeing

Stakeholder Workshops & Interviews
Participants: 35

Community Event (delivered by ICE Creates)
Participants: 157
Focus: What Mental Health Means & What People Want In The Strategy

Citizen Survey
Responses: 307
Explored: Mental Health Status, Influencing Factors, Vision For A Mentally Healthy Birmingham

Suicide Prevention

Lived Experience: Suicide Bereavement (with The Delicate Mind)
Participants: 20

Lived Experience: Suicide & Self-Harm
Participants: 16

Suicide Prevention Advisory Group (SPAG)
Participants: 19

3: CONSULTATION ON THE DRAFT STRATEGY

Incorporated all feedback into draft strategy.

Consultation Survey
Responses: 212

In-Person & Virtual Engagements
Discussions in libraries, meetings, MS Teams drop-ins
Participants: 440

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Our Priorities – Mental Health and Wellbeing

PRIORITY AREA 1: MENTALLY HEALTHY PEOPLE

We will work with partners to build positive strategies and behaviours and behaviours to support good mental health and wellbeing throughout the life course and enable access to appropriate services when needed.

PRIORITY AREA 2: MENTALLY HEALTHY FAMILIES

We will work to strengthen family bonds, empower families to support each other and provide targeted support to those in need, ensuring that every family has the resources to thrive together.

PRIORITY AREA 3: MENTALLY HEALTHY COMMUNITIES

We will work with communities to ensure they are actively involved in shaping the services we provide, create supportive and safe spaces, and make mental health and wellbeing resources easier to find and access for everyone.

PRIORITY AREA 4: MENTALLY HEALTHY PLACES

We will work with partners to create greener, safer, and more accessible physical environments and provide support for mental health and wellbeing in workplaces and educational settings.

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Mental Health and Wellbeing – Overview of Key Actions

Mentally Healthy People. **(7 Actions)**	**Mentally Healthy Families,** **(9 Actions)**	**Mentally Healthy Communities.** **(15 Actions)**	**Mentally Healthy Places,** **(17 Actions)**
•Encourage healthy behaviours through promoting and embedding the 5 **Ways to Wellbeing.** •Tackle and address unhealthy behaviours through **commissioned services.** •**Reduce stigma** and improve knowledge and access to self-help through campaigns.	•Deliver and promote **cultural competence training** for people who work with families. •Help carers in need through the **Connected Communities offer.** •Offer advice and guidance and link **in mental health support into key family spaces** such as Family Hubs.	•Strengthen and promote **community-based peer support** •Train community leaders with **better mental health awareness** and breaking stigma •Provide **resources and support at community** spaces such as libraries, faith settings	•Promote and support whole school and college approaches to mental health and wellbeing **(Healthy Schools and Thrive at College)** •Incorporate mental health and **wellbeing in policy** decisions through health impact assessments •Support regional initiatives such as the **Mentally Healthy Council Framework** programme to improve mental health support at workplaces

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Our Priorities - Suicide Prevention

IMPROVING DATA & EVIDENCE

We will ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.

PROVIDING SUPPORT TO PEOPLE WHO SELF-HARM

We will provide information and support to reduce the prevalence of self-harm.

TAILORED, TARGETED SUPPORT TO PRIORITY GROUPS

We will deliver tailored, targeted support to priority groups to ensure there is bespoke action and that interventions are effective and accessible for everyone.

INCREASING TRAINING & SKILLS

We will increase training and skills opportunities so that more people can spot the signs of a suicidal crisis and provide appropriate support.

PROVIDING EFFECTIVE CRISIS SUPPORT

We will provide effective crisis support across sectors for those who reach crisis point.

REDUCING ACCESS TO MEANS & METHODS OF SUICIDE

We will reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.

PROVIDING EFFECTIVE BEREAVEMENT SUPPORT

We will provide effective bereavement support to those affected by suicide.

MAKING SUICIDE EVERYONE'S BUSINESS

We will make suicide everyone's business so that we can maximise our collective impact and support to prevent suicides.

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Outcomes – How will we know we're successful?

Short-term	Medium-term	Long-term
• Improved individual mental wellbeing (WEMWBS) • Increased mental health literacy and reduced stigma (Mental Health Literacy Questionnaire Short Form) • Increased resilience and coping strategies (The Brief Resilience Scale) • Improved physical activity (International Physical Activity Questionnaire) • Reduced loneliness (UCLA Loneliness Scale) • Culturally competent assessment scales (DSM)	• Improved workplace and educational wellbeing (workplace surveys and Breathe – schools) • Improved social capital and belonging (ONS Social Capital Indicators and Neighbourhood Belonging Scale) • Improved and more equitable access and recovery to NHS Talking Therapies (MHPC Data) • Reduced population loneliness (People who feel lonely often or always, ONS)	• Improved population wellbeing scores (higher rates of self-reported happiness, worthwhileness, life satisfaction, lower rates of self-reported anxiety, ONS) • Reduced prevalence of depression (OHID, Fingertips) • Reduced hospital admission for self-harm (OHID, Fingertips) • Reduced death by suicide (ONS)

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Developing the Mental Health & Wellbeing Framework for Actions

What is our Framework for Action?

Our Framework for Action will be a living plan, designed to:

- **Adapt** to the evolving needs of Birmingham's diverse population.
- **Respond** to changes in policies, systems, and environments.
- **Support long-term**, sustainable improvements in mental health and wellbeing

Purpose:

- To improve the Health and Wellbeing of the city by providing positive sustainable change
- To focus the efforts of the strategy on where it **adds value by understanding need** in our city.
- To guide the work of the strategy towards a set **of agreed priorities** detailed in an action plan
- Enabling work of the strategy via **collective action** of members of the partnership and the wider partnerships.

How are we structuring it?

- **Data-Driven & Inclusive** – Incorporating insights from the consultation, citizens and stakeholder's engagements, lived experiences, literature reviews and emerging trends.
- **Collaborative** – Engaging partners, providers, stakeholders, and communities to co-design actions and interventions.
- **Flexible & Scalable** –By reviewing and stress testing action plans to ensure it remains relevant and responsive to shifting challenges and opportunities.
- **Developed and Design with Behavioural Science** – To ensure that any interventions or support that we deliver or advocate for are effective, encourage citizen participation and built community value, support positive policy changes and most importantly that right support are implemented based on the needs.

Our Action Development Process Overview
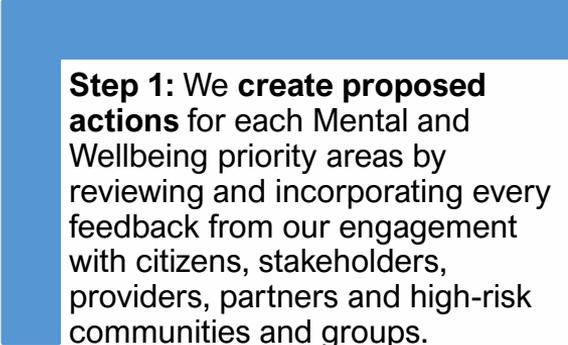
Step 1: We **create proposed actions** for each Mental and Wellbeing priority areas by reviewing and incorporating every feedback from our engagement with citizens, stakeholders, providers, partners and high-risk communities and groups.
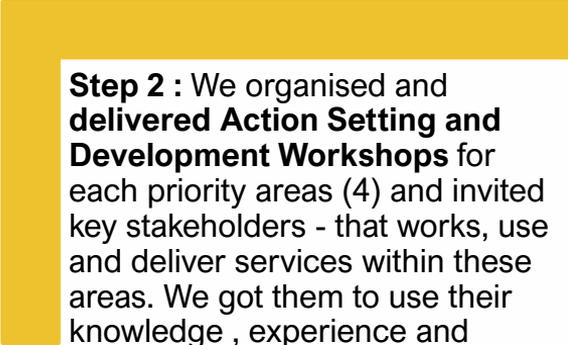
Step 2 : We organised and **delivered Action Setting and Development Workshops** for each priority areas (4) and invited key stakeholders - that works, use and deliver services within these areas. We got them to use their knowledge , experience and expertise to review & test the proposed actions within a **Red Teaming exercise** to ensure the Actions were fit for purpose.
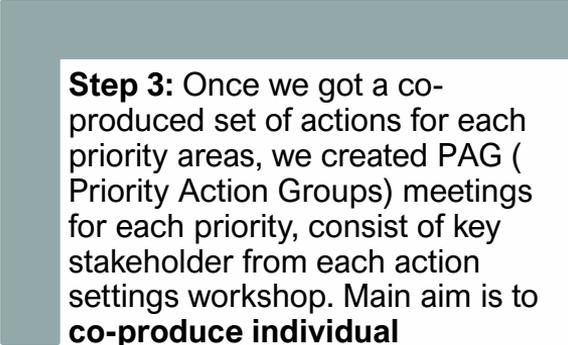
Step 3: Once we got a co-produced set of actions for each priority areas, we created PAG (Priority Action Groups) meetings for each priority, consist of key stakeholder from each action settings workshop. Main aim is to **co-produce individual implementation and delivery action plans** for each agreed actions, by using the behavioural science modal **5Ws and 1H**.

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Red Teaming Overview

What is it ?

Red teaming is a structured way to **challenge ideas, plans, or actions** by looking at them from an outsider's or adversary's perspective.

It helps identify **weaknesses, blind spots, and unintended consequences** before decisions are finalised.
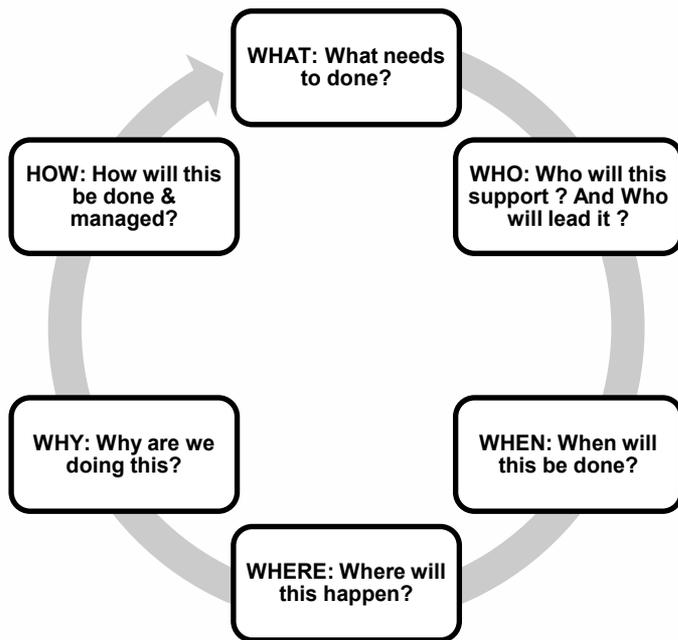
What's the Purpose ?

Ensure the framework is **resilient**, **adaptable**, and **effective.**

Improve our **decision-making** and **implementation strategies**.

Stress-test the proposed actions to ensure its focus, prioritisation, and implementation are effective.

How We Create the Implementation and Delivery Plan

5 W's and 1 H" Framework

MHP1: Promote the 5 Ways to Wellbeing in an Inclusive and Culturally Competent Way

What: Deliver inclusive, culturally competent wellbeing resources

Who: Public Health + community partners
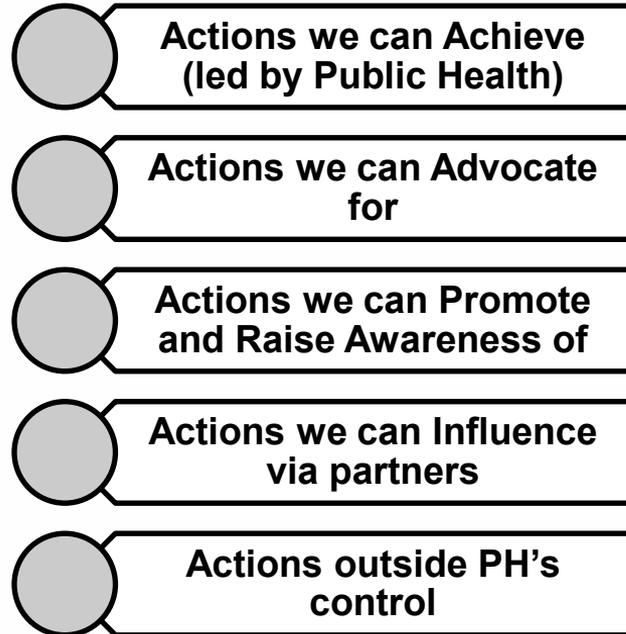
When: Year-round campaign

Where: Digital platforms, community hubs, libraries, care homes, faith groups

Why: To localise abstract wellbeing concepts and address barriers like anxiety, poverty, and health conditions

How: Community-led delivery, training, multimedia resources

Live Framework for Action - Mapping Overview

We categorise each action into:

Actions we can Achieve (led by Public Health)

Actions we can Advocate for

Actions we can Promote and Raise Awareness of

Actions we can Influence via partners

Actions outside PH's control

Timeframe and KPI's Mapping

- Map actions to lifespan stages
- Map delivery timeframes:
  - **Quick wins**
  - **Short-term**
  - **Long-term**

Map KPI's around the **"Why & How"** sections of the Implementation and Delivery Plans.

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Governance & Approval Pathway

Once the PAGs has finalise their Implementation and Delivery Action Plans, they will need to be approved.

Pathway:

1. Submit to Strategy Delivery Group for review and endorsement.

2. Presented to Mental Health Partnership Meeting for scrutiny and approval.

3. Submit to Health and Wellbeing Board for final inclusion in the Live Framework for Action Planning and Implementation.

Where are we now?

What have we done so far ?

- Conducted 4 Priority Action Setting Workshops & 5 Red Teaming Exercise with stakeholders and providers.
- Organised and Chair PAG (Priority Action Groups) meetings on a bi-weekly schedule for all 4 priority areas.
- Finished the People's Implementation and drafted action plan
- Draft the first draft of the Communities Action's Implementation Plan
- In the final stage of finishing the families Action's Implementation Plan

Next Steps

- Sign-off of the People's Action Plan
- Arrange Communities' action implementation and delivery plan 2nd red teaming workshop.
- Arrange 2 specialised deep dive workshop for families' actions
- Create and organise the FFA (Framework for Action) Delivery and Steering Group (DAS)

Small Area Mental Health Index (SAMHI)

The Small Area Mental Health Index **(SAMHI)** is a composite annual measure of population mental health for each Lower Super Output Area **(LSOA)** in England.

The SAMHI combines data on mental health from multiple sources:

- **NHS -** Mental health related hospital attendances, Prescribing data – Antidepressants.

- **QOF -** Depression, and Anxiety.

- **DWP -** Claimants of Disability Living Allowance (DLA) and Personal Independence Payment (PIP) for mental health reasons and learning difficulties).

Data :

Latest data is from **2022**

Results on map:

Dark pink areas highlight greater mental health needs

Small Area Mental Health Index (SAMHI

This map compares the 2025 Index of Multiple Deprivation (IMD) with the 2022 Small Area Mental Health Index (SAMHI).

Areas in pink show high levels of deprivation and low levels of mental health support provided.

SAMHI and populations

- This map compares the 2025 Index of Multiple Deprivation (IMD) with the 2022 Small Area Mental Health Index (SAMHI).

- It then combines this with the data from the Census 2021, particularly with demographic information from citizens form an **ethnic minority / global majority background**.

Key Insights:

- The scale and volume of mental health need in Birmingham's global majority population is likely to be acute, but also **unmet in respect of service provision**.

- How we support the global majority population is based on our ability to **identify mental health needs**, as well as ensuring **everyone can access** the right support, this will be a key part of our delivery plan with aid of this tool.
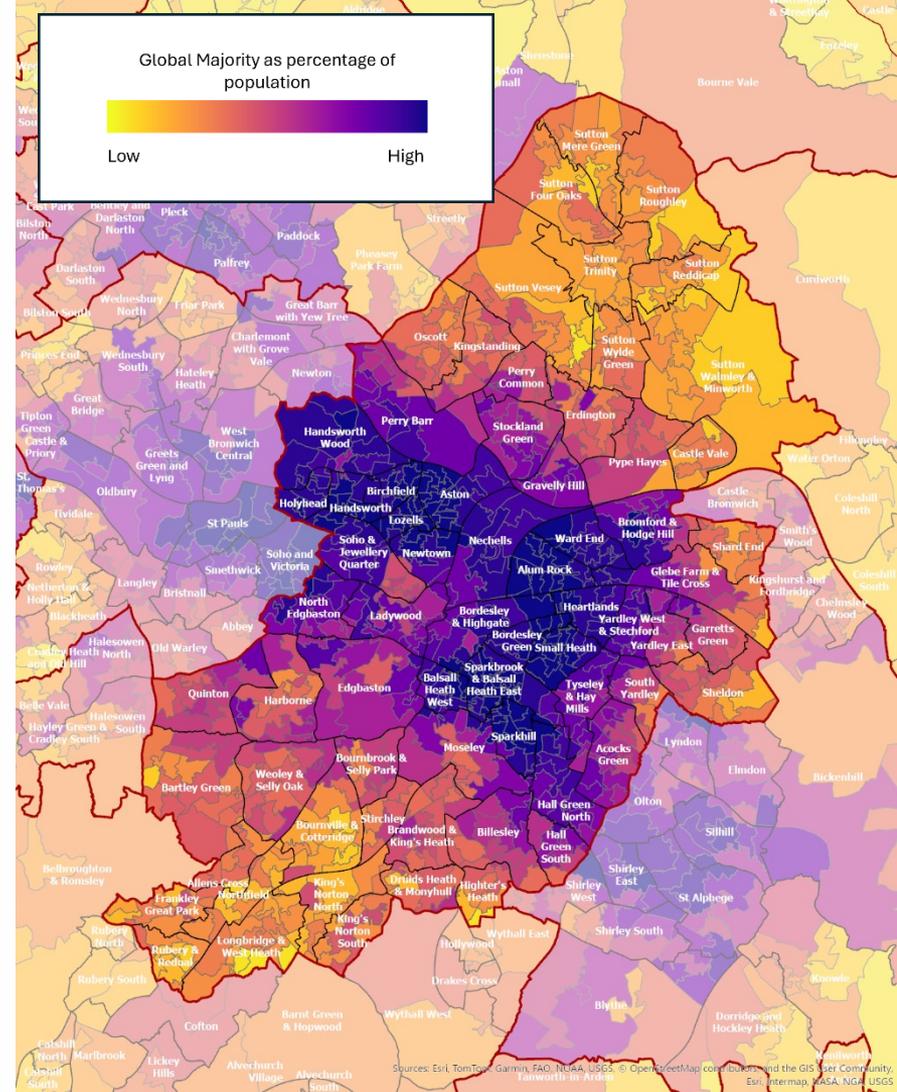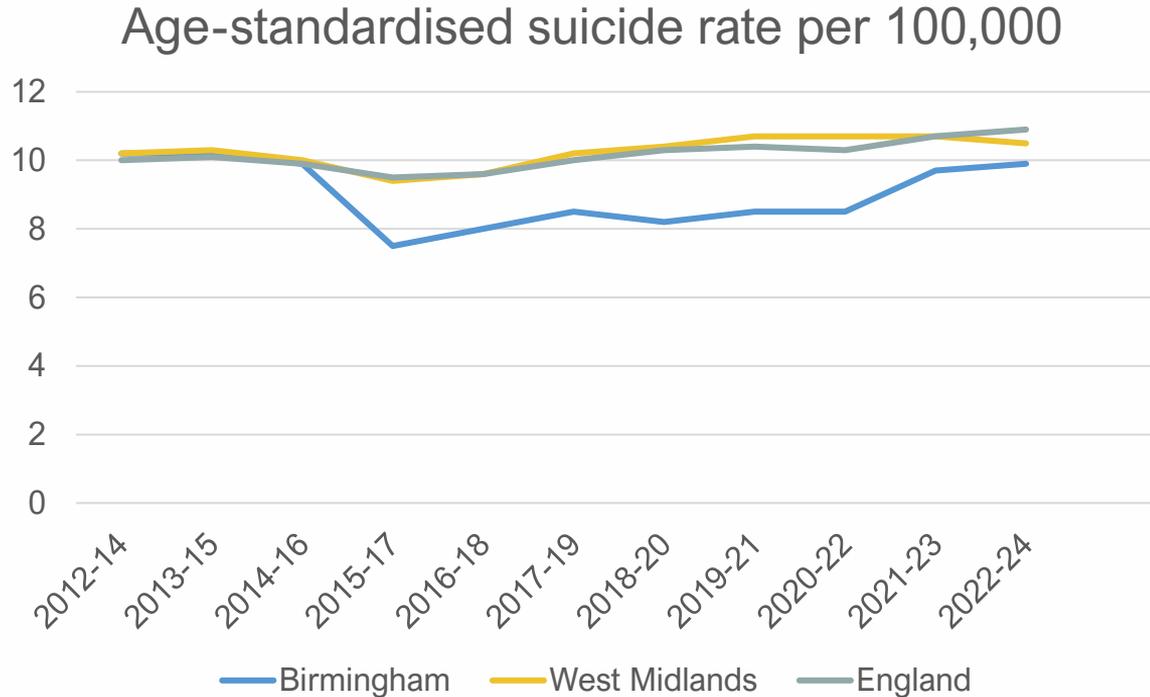

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Suicide in Birmingham

Age-standardised suicide rate per 100,000

- 89 people died by suicide in 2024
- Over ¾ of those who died were male

Coronial audit of 51 cases (2017-2021)

37 recorded a mental health problem

15 experiencing harmful or dependent substance misuse

13 experienced childhood adversity and trauma

9 interacting with criminal justice system

6 identified as LGBTQIA+

11 experiencing a relationship breakdown

19 had a physical health condition

7 a victim of violence or abuse

8 experiencing work stress

OVER ¾ either single, divorced or widowed

8 household history of mental health problems

NEARLY ¾ deaths took place in the person's own home

7 experiencing debt or financial problems

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How we have developed our action plan

1. Reviewing our previous Suicide Prevention Action Plan, learning from previous successes and areas for improvement with feedback of Suicide Prevention Advisory Group (SPAG)
2. Aligning our existing work to the 8 priority areas and mapping
3. Mapping out future projects and aligning them to appropriate timelines
4. Creating draft action plan and receiving feedback from SPAG
5. Final live action plan

Improving data and evidence

- Establish real-time suspected suicide surveillance system
- Develop system for using ICB intelligence to understand the healthcare pathways of people who die by suicide
- Work with Knowledge and Evidence teams to understand prevalence of non-fatal self-harm and suicide presentations.

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Providing support to people who self-harm

- Use frequent or recent A&E presentations for self-harm or suicide attempt to red-flag as high risk on systems for a period after the incident
- Develop self-harm toolkit for schools
- Promote 'Stay Alive' and 'Calm Harm' apps

Supporting priority groups

|	
Middle-aged men:	• Training/signposting resources for organisations to help identify and support people at risk during divorce or child custody proceedings
Children and young people:	• Delivery of resources around results day
People under care of mental health services:	• Transition current risk assessments model to care and safety planning form (in connection with Dialogue Plus)
Areas with high need	• Commission local suicide prevention initiatives in areas of high deprivation which experience high suicide rates
People with experiences of trauma	• Implementation of the Domestic Abuse Suicide Safeguarding Toolkit (DASST)

Increased training and skills

- Delivery of orange button suicide alertness training
- Delivery of SCHEMA and WISESTEPS training
- Commissioning evidence-based training for primary care clinicians on suicide prevention in general practice
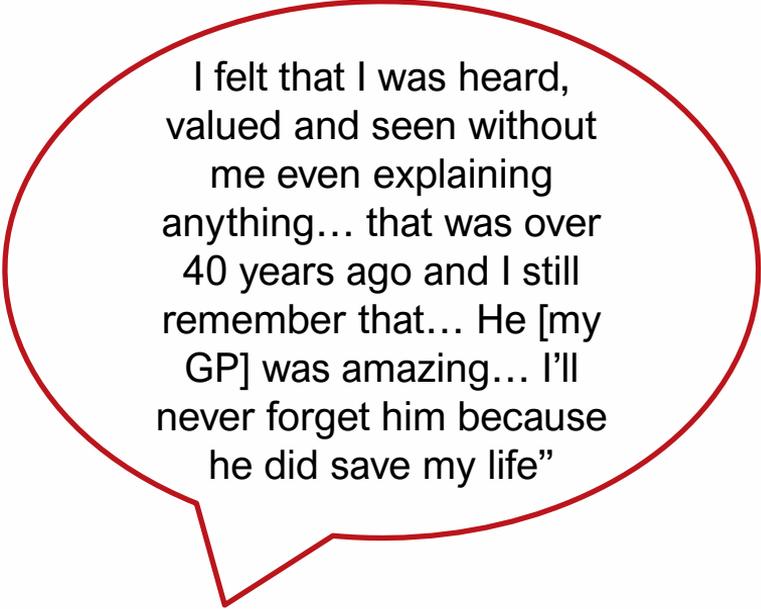
I felt that I was heard, valued and seen without me even explaining anything… that was over 40 years ago and I still remember that… He [my GP] was amazing… I'll never forget him because he did save my life"

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Providing effective crisis support

- Establish and influence delivery of 24/7 hub in East Birmingham
- Explore alternative support for people who don't meet diagnostic criteria after harming themselves
- Establishment of James' Place Birmingham Centre

disjointed
isolated
overwhelmed
hopeless
disbelief
regret
scared
shame confused
unlovable
dejected
useless
numb
triggered
fearful
consumed
misunderstood
frightened
judged
alone
lost
worthless
angry

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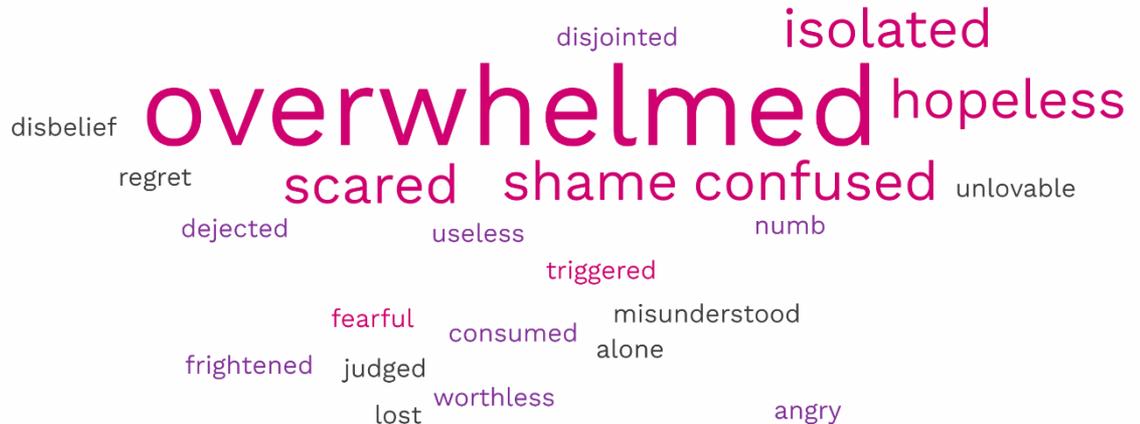
Reducing access to methods and means of suicide

- Identification and reduction of High Frequency Locations on the rail network with Samaritans and Network Rail
- Embed suicide prevention in planning and design policy
- Embed online safety (R;pple) software across public service sites

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Providing effective bereavement support

- Commission video to improve grief literacy around suicide bereavement
- Increased referrals of specialist bereavement support to those bereaved by suicide through assumed consent policy
- Development of Community Suicide Response Plan
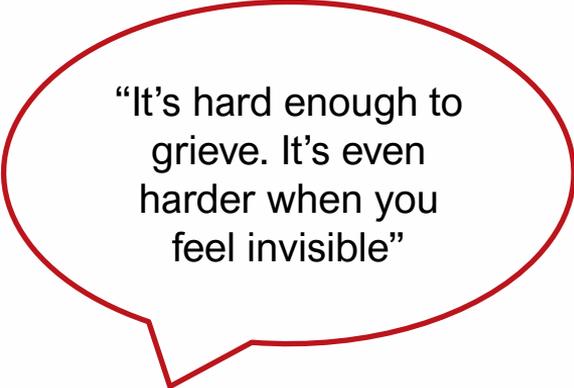
"It's hard enough to grieve. It's even harder when you feel invisible"

Making suicide everybody's business

- Delivery of public campaigns including Suicide Prevention Week
- Display of assets in key strategic locations
- Promote guidance and resources to employers on being a suicide-safe organisation

"I was quite scared and in disbelief…I was scared to speak up that something was wrong"

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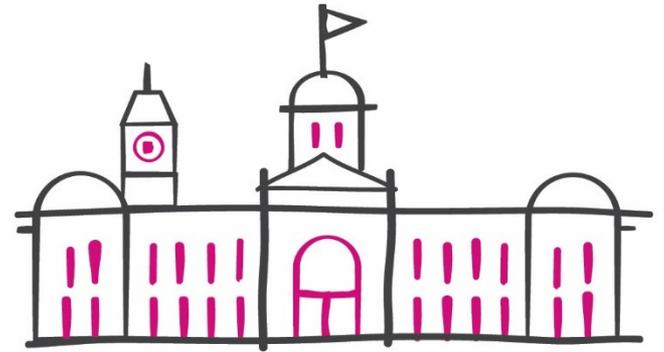
BREAK

10-15 minute break

Background

- The Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative has led the co-production of a new **mental health strategy**.

- Our ambition was for the strategy to reflect the views of our communities, service users, parents and carers, partner organisations, and other stakeholders.

- Based on everything we have heard, we have developed a **strategy** which explains our vision, ambitions and priorities for the future.

About the strategy

- A **life course mental health** strategy for **Birmingham and Solihull**.
- Direction of travel for next **five years.**
- Setting out our ambitions for what we want mental health services and integrated pathways to look like, and the **improvements to access, experience and outcomes** we want to see.
- **Identifies enablers** such as estates, digital, workforce, communications, coproduction.
- Everyone across the system will be able to **understand the part they have to play** in delivering the strategy.
- It will **inform** commissioning plans, programmes of work and use of resources.
- There will be clear co-produced **measures of success** to assess impact and outcomes and hold the Provider Collaborative to account.
- Underpinned with a local Birmingham **Mental Health Delivery Plan**.

How we have developed the strategy

Coproduction, engagement and feedback

- Experience of care campaign
- CYP model of care coproduction
- Community transformation coproduction with 8 underserved communities
- Specific strategy engagement

- Community Connexions engagement
- No health without mental health event
- Developing a mentally health city strategy engagement (Bham)
- ICS strategy engagement

- Healthwatch reports and investigations
- Surveys and feedback forms (national/ local)
- BLACHIR report
- Compliments & complaints

National drivers

- NHS Long Term Plan and emerging themes from the new 10 Year Plan
- NHS People Plan
- Specific national strategies e.g. Children & Young People
- Advancing MH Inequalities Strategy
- PESTLE analysis (political, economic, social, technological, legal, environmental)

Local drivers

- BSOL ICS Strategy
- MHPC Case for Change
- Strategies and plans from other collaboratives: CAMHS Tier 4, Community, Acute & Emergency Care
- Other relevant strategies: e.g. Health and Wellbeing, Early Help, Prevention, Inequalities
- Existing programmes of work
- Financial position

Data and Intelligence

- Health Needs Assessment
- Performance data and interrogation of commissioner datasets
- Quality data including themes from serious incidents, complaints, compliments
- Insights and intelligence from other providers
- Provider and system risks, issues and challenges

Strategy engagement – what we have done

MHPC Governance

- 13 Jan Commissioning team
- 15 Jan VCFSE Panel
- 16 Jan Strategy Reference Group
- 16 Jan People Leadership and Culture Group
- 21 Jan Executive Steering Group
- 28 Jan Quality Surveillance Group
- 24 Feb Finance, Contracts and Commissioning Group
- 26 Feb VCFSE Collective

Upcoming
- 25 Mar VCFSE Collective Workshop on Delivery Plans

Stakeholders

- 21 Jan ICB commissioning team
- 24 Jan Solihull commissioning/ public health team
- 28 Jan Solihull Health and Wellbeing Board
- 6 Feb Community Collaborative leads
- 12 Mar BCC public health team
- 27 Mar Birmingham HWBB

Upcoming
- Apr BCC social care
- TBC primary care
- 7 Apr BSMHFT senior leader team

Community engagement

- 25 Feb Birmingham event
- 28 Feb Solihull event
- 4 Mar Online event

- Mix of service users, carers, members of the public, experts by experience, VCFSE representatives, other stakeholder representatives e.g. GP, education etc
- Around 30 people at each event

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

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

Feedback from our 2025 community engagement strategy events

Strategy Overview

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

Our ambition for the future

Our guiding principles

- Collaborate and co-produce
- Prevention and early intervention
- Locality based care

- Improve access
- Keep people safe
- Person-centred care

- Reduce health inequalities
- Achieve better outcomes
- Deliver better value

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

Our transformation priorities

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

A life course approach

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

Our delivery and performance

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

Our enablers

Workforce   VCFSE sector   Digital   Estate   Governance   Communications

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

Our Transformation Priorities (1)

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

Children and young people

- Mental ill health amongst children and young people is increasing, we have long waiting lists for care and support in some services, health inequalities and inequities exist across our system in relation to access, experience and outcomes, and we need to provide more help to parents and carers.

- Working in partnership with our local authorities, education providers, VCFSE and with our communities, our transformation programme will co-produce and implement **a new model of care** responding to these challenges.

- This new model of care will encompass:

- Whole child and family approach which is holistic, integrated and graduated.
- Meeting all needs, including Learning Disability and Autism.
- Multidisciplinary and multiagency working.
- Parents, carers, children and young adults as equal partners.
- A focus on prevention and early intervention
- Trauma informed care.
- Rooted in local communities.
- Seamless mental health care regardless of age.

Our Transformation Priorities (2)

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

Acute and urgent care

- Currently we have high bed usage and a large number of people placed out of area, as well as some long lengths of stay and delays to discharge for those who are clinically ready.

- Funding that could be invested in preventative and community-based services is tied up in bed provision and we want to change that.

- Through a bold and ambitious system wide response, and with a change in culture and practice we will target these three areas:

1. **Purposeful admissions and only when necessary**, making sure we have a robust urgent care and crisis alternatives offer.

2. **A therapeutic inpatient stay**.

3. **Proactive discharge planning and effective post-discharge support**.

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

Our Transformation Priorities (3)

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

Mental health services in the community

- Enhancing the mental health and wellbeing services we provide in local communities and doing this in a joined up and integrated way, so **services are easy to access, are without stigma, and aim to keep people as well as possible and out of hospital.**

- Tackling inequalities by being **rooted in communities, in-reaching into underserved communities** to really target approaches to what they want and need.

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

- Evaluating the impact of the 24/7 neighbourhood pilot in East Birmingham and considering sustainability and scalability.

- Older adults home first initiatives with system partners.

- Assertive and intensive community MH review

- Continuing community transformation plans (including community rehabilitation services).

- Enhancing our talking therapies offer.

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

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

Learning Disability and Autism

- 7 strategic priorities as set out in the LD&A strategic visioning document.

- **We know many of our service users have both mental health and LD&A needs.**

- Bringing LD&A and mental health closer together through the Collaborative will bring future opportunities to see where we have common priorities, identify any synergies from working together, and share our learning and best practice. Examples could include:
  - How we can support each other to achieve our strategic plans.
  - Reducing health equalities.
  - Integrated services and pathways of care.
  - Working with the VCFSE.
  - Workforce initiatives.

Specialist placement pathways

- This is an area with potentially big opportunities to use some of the the funding in a different way.
  - We want to:
- **Revise the s117 pathway and reshape the community offer.**
  - Address the culture around risk and discharge from s117 arrangements and placements.
  - Implement a framework with common guidelines and criteria to aid decision making.
  - Work with local authorities to make sure we have a regulated care marketplace that meets housing needs and has good quality standards.

How we will deliver the strategy and measure success

A communications plan for how you can continue to be involved in our strategy work, help us design our plans and services, and hold us to account for change

Understanding our baseline and what success looks like

Delivery plan for Birmingham

Delivery Plan for Solihull

Clear governance to oversee delivery

A co-produced evaluation framework

Qualitative and quantitative outcome measures

Regular review and monitoring

Strategy launch **Birmingham**, 11 Feb 2026
Delivery Plan development Feb/March 2026

Strategy launch **Solihull**, 26 March 2026
Delivery Plan development Feb/March 2026

Sign-up to workshops

1. Journey Mapping: Crisis Support (Public Health)

2. Public Health Prevention: Mental Illness (Public Health)

3. Fit for the Future Neighbourhood Models: 24/7 Neighbourhood Mental Health Centres (Provider Collaborative)

4. How Do We Transform Children and Young People's Mental Health Together? (Provider Collaborative)

LUNCH

45 minute lunch break – please visit our registration space to sign up for afternoon workshops
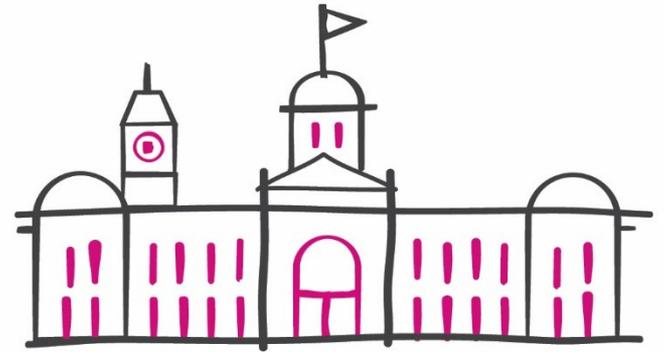
Afternoon Workshops

Presenting: Joe Merriman – Service Lead for Mental Health and Wellbeing

Workshop

1. Journey mapping: Crisis Support (CMHCS)

2. Public Health Prevention: Mental Illness (CMHCS)

3. Fit for the Future Neighbourhood Models: 24/7 Neighbourhood Mental Health Centres (PCS)

4. How Do We Transform Children and Young People's Mental Health Together? (PCS)

2 workshops – both 45 minutes long, opportunity to attend more than one workshop

Next Steps

- **CMHCS:**
  - Creating a Mentally Healthy City Partnership will continue to develop the mental health and wellbeing action plan
  - Suicide Prevention Advisory Group will be continuing to deliver the suicide prevention action plan
- **MHPC:**
  - Continue to promote the strategy at BCC ASC, primary care and within Solihull
  - VCFSE implementation plan sessions
- **Both Strategies:**
  - Continuing to work in partnership, present strategies at Boards (e.g., Health and Wellbeing Board
  - Work collaboratively, such as with the VCFSE Collective, on closely related areas to support whole-system response

Final and Close

- Sign up to pledges around the room

- Add post it notes to action plans around the room

- Network with people – continue the conversation

Birmingham
City Council