

MERIT

Mental Health Alliance for Excellence, Resilience, Innovation and Training

Birmingham and Solihull 
Mental Health NHS Foundation Trust

Coventry and Warwickshire Partnership 
NHS Trust

Black Country Partnership 
NHS Foundation Trust

Dudley and Walsall 
Mental Health Partnership NHS Trust

Background: The Five Year Forward View

- Published in October 2014
- A shared vision across seven national bodies
- New care models programme key to delivery
- Focuses on both NHS and care services



Five new care models

Multispecialty community providers
moving specialist care out of hospitals into the community

Enhanced health in care homes
offering older people better, joined up health, care and rehabilitation services

Integrated primary and acute care systems
joining up GP, hospital, community and mental health services

Acute care collaboration
local hospitals working together to enhance clinical and financial viability

Urgent and emergency care
8 new approaches to improve the coordination of services and reduce pressure on A&E departments announced in July 2015

Who is involved in MERIT?



■ Birmingham and Solihull Mental Health NHS Foundation Trust

■ Black Country Partnership NHS Foundation Trust

■ Coventry and Warwickshire Partnership NHS Trust

■ Dudley and Walsall Mental Health Partnership NHS Trust

Total population 3.4 million

Why have we come together?

2013 – Review into the death of 16 year old Christina Edkins.



Highlighted the need for:

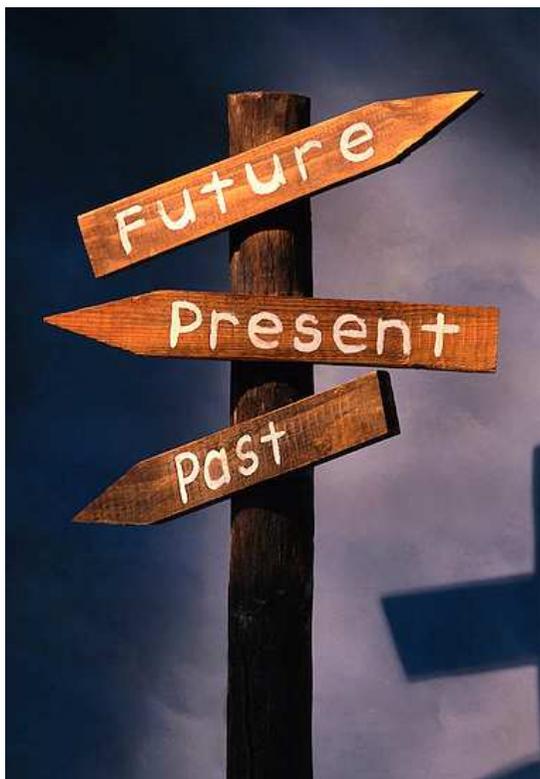
- Better working together
- Consistency of practice
- Further improvement of quality standards

Why the West Midlands?

- Distinct geographical area
- Urban conurbation – need to make services fit people's lives rather than people fitting around our services
- Similar diverse populations
- West Midlands Combined Authority
- Good relationships
- Examples of current joint working



The way forward

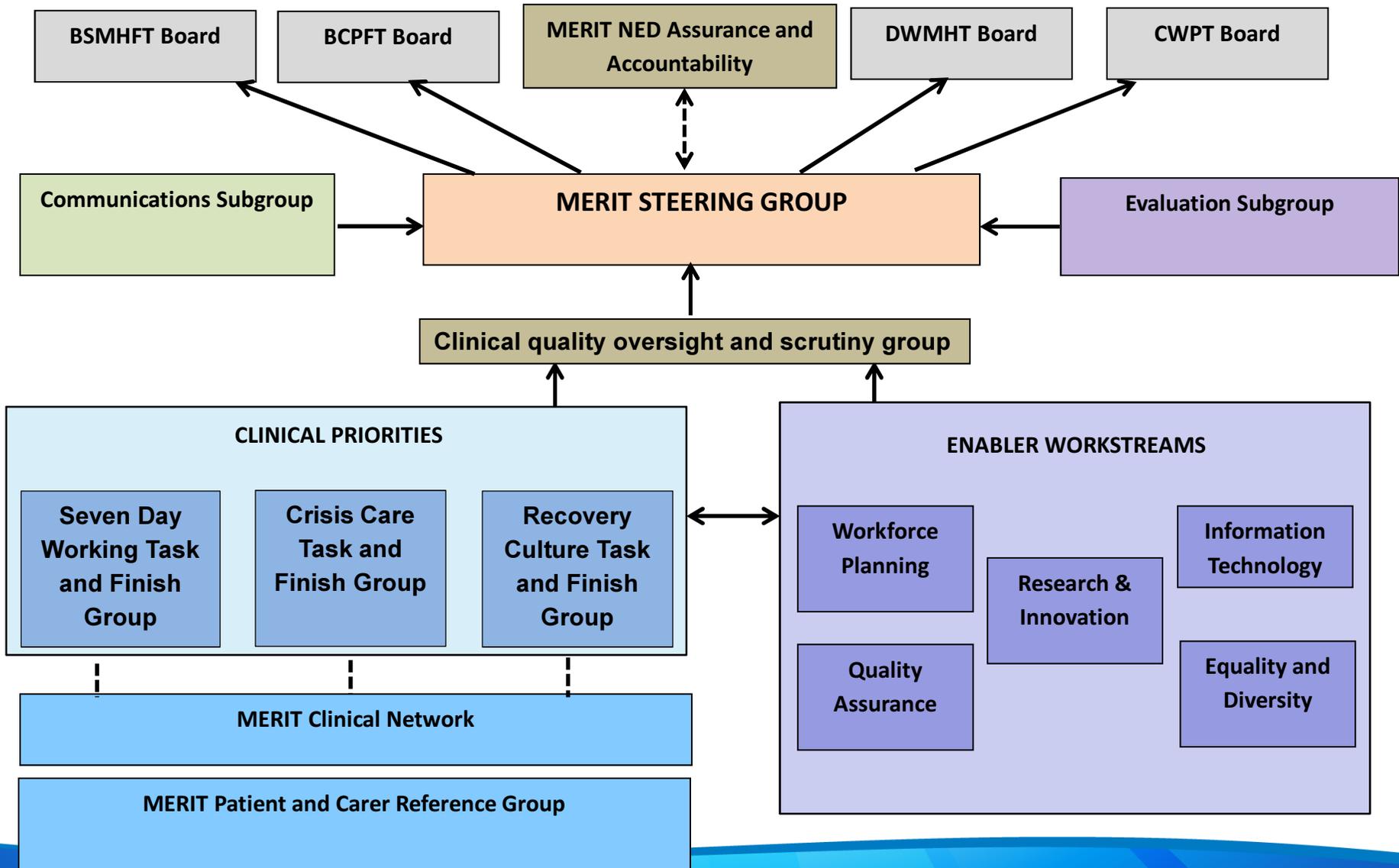


- Sovereign organisations with local focus
- Urban model of care
- Reach potential through scale of developments
- Replicability
- Need for new commissioning structures
 - Accountable care?
 - Personal health budgets?

About us

Trust	Population	Income	Staff
Birmingham and Solihull Mental Health NHS Foundation Trust	c1.2 million	£240m	>4,100
Black Country Partnership NHS Foundation Trust	c600,000	£100m	>2,000
Coventry and Warwickshire Partnership NHS Trust	c1 million	£200m	>4,000
Dudley and Walsall Mental Health Partnership NHS Trust	c600,000	£65m	>1,100

Original Governance structure



Revised Plans – April 2016

- National funding reductions - Bid for £3.3m but offered £1.7m
- Funding for 2017/18 onwards through Sustainable Transformational Plans (STPs)
- Reviewed offer – combination of reduced scope, delayed delivery, postponed

Our workstreams

Crisis Care

Across our Alliance we have all of the recognised components of an urgent care system not operating consistently. We will develop a crisis care blueprint for a replicable clinical model that delivers the Crisis Care Concordat for those aged 16 plus. Implementing a single bed management function with streamlined, clear and efficient processes to maximise and increase flexibility of our bed utilisation. Technology used by users to assist clinicians identify those at risk of reaching a crisis

Recovery Culture

Our Alliance will explore different dynamic models/frameworks of rehabilitation and recovery, with a range of stakeholders, including users, carers, clinicians and communities. We will review best practice with the aim of reducing dependency, preventing relapse/readmission back to secondary care, and support an increase in take up of personal social care and health budgets. We will work with third sector partners to ensure that our services are the best possible value for money and respond to local needs.

Our workstreams

Research and Innovation

Clinical Programmes will be evidence based through the utilisation of systematic reviews and the devising of a standard evaluation plan. This will lead to further investment of research activity, and thus increased income and publications.

Workforce

Carry out joint workforce planning to allow us to respond quicker and more effectively to national and local issues, including recruitment, retention and new roles.

To develop and deliver joint training programmes and implement shared flexible staffing arrangements to give critical mass and reduction of agency usage.

Quality Governance

Sharing experiences from CQC visits we can implement joint methodology for mock inspections, peer review and programmes of work to ensure all trusts achieve excellent feedback from reviews and patients.

Our workstreams

Information Technology

We will deliver a shared patient record system which will bring clinical benefits and support our standardised crisis and acute care systems.

We will support other workstreams to deliver coordinating contracts, procurement, technical support, knowledge sharing and training.

Equality, Diversity & Inclusion

We will pool our resources to coordinate our work plans, best practice and Equality Impact Assessments leading to greater engagement with mental health services from our communities to support the clinical emphasis on prevention and improved recovery outcomes. We can work jointly on responses to emerging issues.

Engagement

Clinical Network

The Clinical Network will ensure robust clinical engagement and input to the workstreams, ensuring that delivery implementation plans have a clear evidence base and reflect quality and safety principles. It will contain a range of professional representatives including medical, nursing, psychology and allied health professionals.

Patient and Carer Reference Group

A forum through which the workstreams can engage with patients and carers to ensure ideas are shared and views represented in delivery implementation plans.

Communications Group

Will develop and implement a communications plan ensuring regular channels for internal and external communications to all stakeholders.

MERIT

**A mental health trust alliance to
transform acute care in the West
Midlands**

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