

A lead provider for mental health, learning disabilities and autism



Context

Changes to commissioning (outlined in Health and Care Bill) creates new opportunities for providers and partners to work much closely together in joint committees and other collaborative arrangements alongside the developments of the new statutory Integrated Care Boards.

There are already such arrangements in place for example through the specialised mental health and learning disability and autism provider collaboratives where NHSE commissioning responsibilities have transferred to a collaborative Lead Provider (LP) model.

The ambition for the Black Country and a key aim of the Integrated Care System (ICS) is to bring commissioning and service provision closer together in order to improve collaboration across system partners.



Case for change

- Variation in commissioning and provision of mental health services across the Black Country
- Continues to be some inappropriate out-of-area placements
- Health inequalities and barriers to access for mental health support
- Greater resilience is needed across the system
- Need to develop and retain our workforce



A lead provider model for mental health and learning disabilities and autism in the Black Country

Clinical Commissioning Group (CCG) commissions the entirety of the (in-scope) mental health, and learning disabilities and autism pathway for the Black Country population from BCHFT

CCG retains its statutory responsibilities including those relating to quality assurance

CCG and BCHFT agree the 'outcomes' that BCHFT as the lead provider will deliver

Lead Provider determines the best arrangements to deliver these outcomes through collaborative working with partners and engagement of local communities

Clinical teams are encouraged and incentivised to lead, innovate and transform services to enhance access, experience and outcomes for all

Some of the transferring responsibilities will be aligned to clinical delivery (e.g. complex case management) to join-up decision making between professionals



Lead Provider model

The new duties for the Trust under the Lead Provider contract are:

- **Strategic system planning**, transformation, performance management and resource allocation in order to meet the systems strategic objectives for mental health, learning disabilities and autism.
- **Management of the additional NHS standard sub-contracts** for a range of NHS and non-NHS providers including quality assurance oversight.
- **Management of long-term placements** (complex care and S117 as well as other associated funding); this includes the budget and managing the contractual relationship.
- **Managing acute overflow and PICU placements:** the Trust acts as the clinical decision maker for these placements; as part of the new contract it will hold the budget and make payments through the new contracts it will need to put in place.



Journey to lead provider – a more collaborative approach

Transforming community mental health services

More joined-up, patient-centred care which is comprehensive, easy to access and giving people greater choice and control. Enhancing the offer for community rehabilitation and personality disorder.

Eliminating inappropriate out-of-area placements

Working with partners to ensure when people need a mental health bed, this is within the Black Country, strengthening support for people during times of crisis across a range of settings.

Suicide prevention

Building on already strengthened practices, policies and training, and continuing to strive for zero inpatient suicide, working with others to reduce death by suicide across the Black Country.

Individual Placement and Support (IPS) services

Increasing access to Individual Placement and Support services to increase access to, and retention in employment.

Psychological therapies

Expanding access to psychological therapies for mild to moderate mental illness, including a focus on supporting those with long-term conditions.

Perinatal services

Expanding perinatal services, supporting more women with mental health difficulties during and after pregnancy.

Early Intervention in Psychosis (EIP)

Increasing access to, and range of interventions through Early Intervention in Psychosis services.

Dormitory accommodation

Eradicate dormitory accommodation in our older adult wards.

Children and young people - access/support

Increase access and support for children and young people, including in educational settings, and at times of crisis. Ensuring an equitable service offer across the Black Country.

Children and young people - crisis

Strengthen alternatives to hospital admission for children and young people experiencing a mental health crisis.

Eating disorder services

Embedding an all-age eating disorders service offer across all areas of the Black Country.

Autism

Improving support and access for people with autism by developing service offer, knowledge and expertise.



Benefits of scale

Reductions in unwarranted variation in outcomes and access to services through evidence-based models of care and standardised processes

Reductions in health inequalities through embedding joint accountability, improving equity of access and ensuring needs of underserved communities are considered across the whole pathways of care

Workforce: more collaboration through combined use of capacity and capability; leadership support across providers to stabilise and improve quality; more flexibility and opportunities for staff development and a more diverse pool from which to identify and develop future leaders

Greater resilience across systems

Efficiencies and economies of scale



Benefits of the lead provider approach



Benefits for our people, their families, and carers

- Integration of all elements of specialist healthcare into one place, enabling more seamless delivery of care;
- Strong coordination and alignment of support at a local level, with access to the more specialist services that would not be accessible at the preferred level of quality to individual places in isolation;
- Reduce inequalities of access to provision - people should not be disadvantaged and should be able to access high quality care and support wherever they live across the Black Country
- Focus on 'Life Plan' – looking at the person through the lens of their end-to-end journey rather than individual episodes
- Reduction in unnecessary admissions to hospital, and for those that do require hospitalisation, ensure they are only in hospital for as long as they need to be.



Benefits for the health and care system

- A clear focus on those with mental health, learning disability and/or autism, ensuring their needs have equal priority;
- Enhanced opportunity to realise benefit of the intended NHS Long Term Plan (LTP) investment;
- Right structure and capacity to deliver good outcomes for our population;
- More effective and efficient use of resource, particularly where there is currently duplication;
- Closer links and working relationship with third sector providers;
- Dilution of organisational barriers and improved alignment;
- Opportunity to refocus the contracting approach to one which prioritises service user experience and quality metrics – leading to greater quality and positive outcomes for individuals.



Benefits evidenced in Learning Disabilities

- Much richer knowledge of the citizens we support
- Significant progress against national targets
- Development of new models of care and support
- Positive citizen and family feedback
- Confidence of staff and teams
- Trust management of staff resource has enabled us to work at pace (e.g. National Key Worker pilot)

Benefits for our staff



- Strengthening relationships across the system;
- Integrated multidisciplinary team working – working together with a clear sense of common purpose and a collective responsibility for our mental health cohort;
- Improves sharing of skills, knowledge, and expertise;
- Sharing ideas and best practice - learning and problem solving together;
- Greater stability, increasing capacity and capabilities, and more robust structures.



Next steps

- Lead provider business case agreed by Trust Board, CCG Strategic Commissioning Committee and CCG governing body subject to satisfactory delivery and readiness associated with a number of assurance steps specified within the transition plan
- Transition plan: January – June 2022 - preparing for the change
- Increased collaborative/joint/shadow-working during the transition period
- Developing an enhanced alliance model of working with partners across the system

