

Birmingham Children's Hospital response to consultation on 0-25 Mental Health Services in Birmingham

Summary

Birmingham Children's Hospital (BCH) is committed to achieving parity of esteem between physical and mental health, and ensuring that the future of Birmingham - its Children and Young People - have access to the preventative, support and treatment services required to achieve best possible mental health and wellbeing. We recognise that there are gaps in current provision, and that the journey from childhood to adulthood through mental health services has barriers and weaknesses. We appreciate the focus being given to this area of services in Birmingham by the commissioning groups.

We welcome the commitment to focus on outcomes, and on investing in a service that is optimised and adequately resourced for the needs of children and young people. We particularly support the desire to address gaps in currently commissioned provision, and to provide better interfaces between different phases of care.

Achieving significant change often has risks, and we commend the business case for quantifying the risks of the different options proposed within the case for change. We are keen to work with the Clinical Commissioning Groups in identifying and pursuing a process of service development that delivers the services required, through a financially viable model, achieved in a way that maximises benefit whilst avoiding unnecessary disruption or harms to patients.

Having completed a review of the business case, we have some concern that the evidence interpretation within the case for change, and methodological problems with the benefits assessment, mean that the preferred option (C) has been over represented in the public consultation. Given the greater risk associated with this approach, our assessment is that a partial re-commissioning of services around transition ages, along with a principle of integration and a collaborative development of providers, could accomplish the commissioning group's aims whilst providing greater stability of services, and we believe this approach should be given fair reconsideration.

Whatever approach is chosen, we agree that there are systems of care and pathways that can be rapidly improved, and look forward to opportunities where we can support you in further developing and improving services for the children and young people in Birmingham. We have already begun exploring how we might prepare a proposal to meet the needs of your

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aspirations for an integrated 0-25 service model, and hope we are able to collaborate with you in delivering excellent mental health and wellbeing services for the young people of our city.