

Aligning priorities – MH and BSW Model of Care

BSW Model Care

Working together to empower people to lead their best life

Starting well → Living well → Ageing well



Developing our workforce
Over 34,000 people work in health and care in BSW. We are establishing the BSW Academy to unite and develop our workforce by investing in leadership, learning, innovation, improvement and inclusion.



Using digital by default
We will make full use of digital technology and data to improve health and care for people in BSW. We will make sure that all our teams and services are inclusive for people with limited access to technology.



Building facilities of the future
We will invest millions of pounds to improve our specialist centres, to build new community facilities and to buy more equipment.

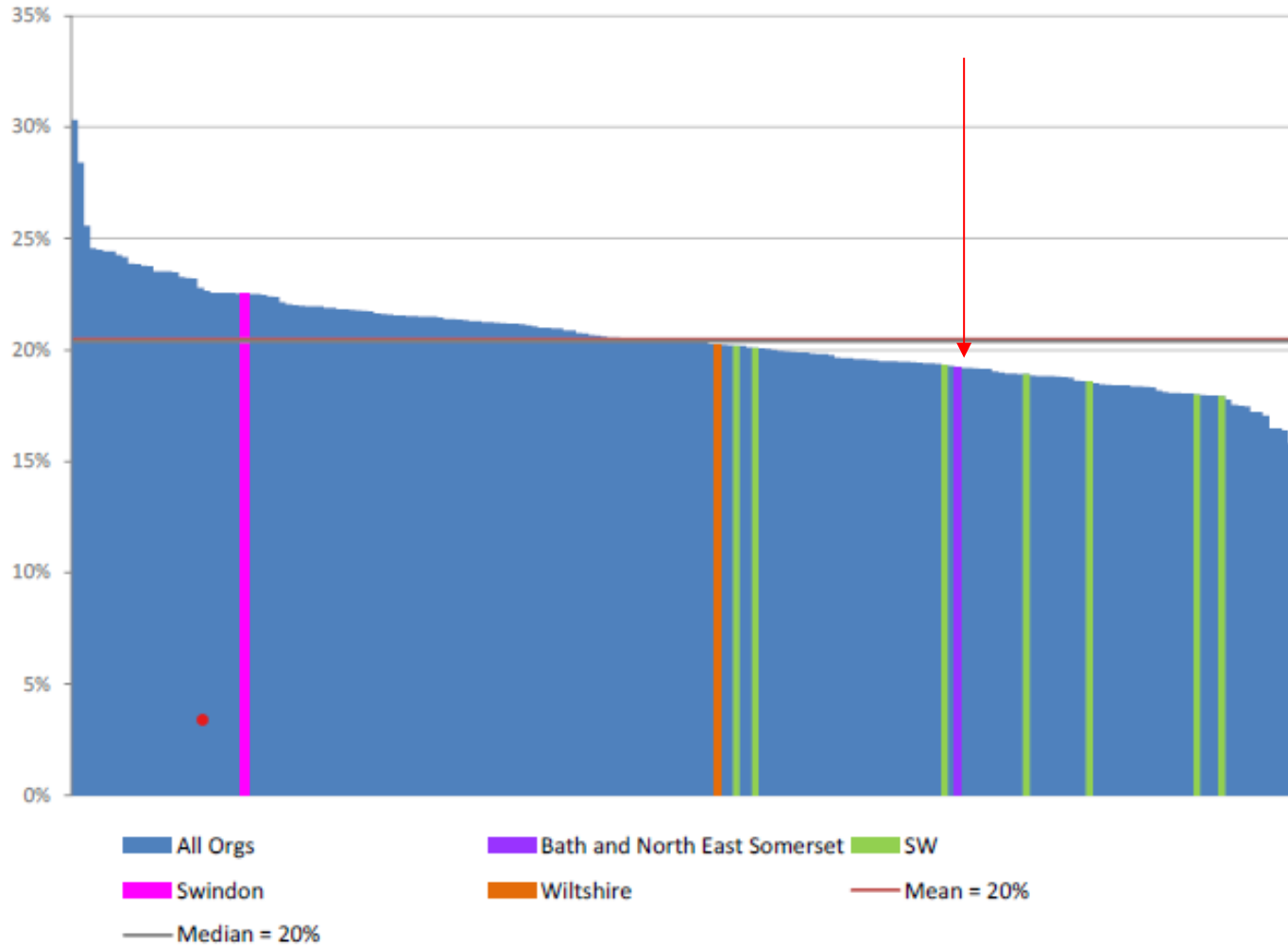


Financial sustainability
We will make the best use of our combined available resources to deliver high quality care.

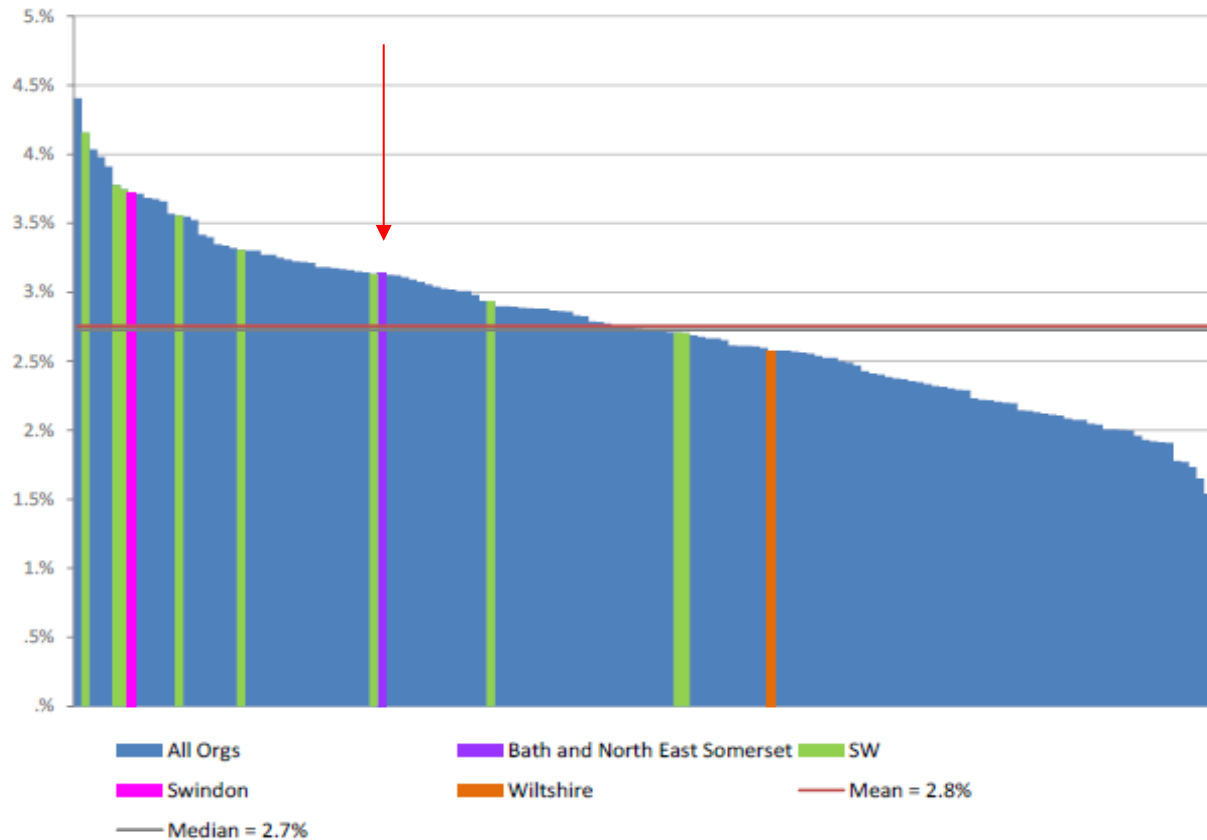
1. Personalised care
 - We want health and care to be right for every individual – not “one size fits all”
2. Healthier communities
 - We want people to live in communities that help them to live healthier lives
3. Joined-up local teams
 - People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
4. Local specialist services
 - We will provide more access to routine appointments, tests and treatments closer to where you live
5. Specialist centres
 - Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

Context - Population

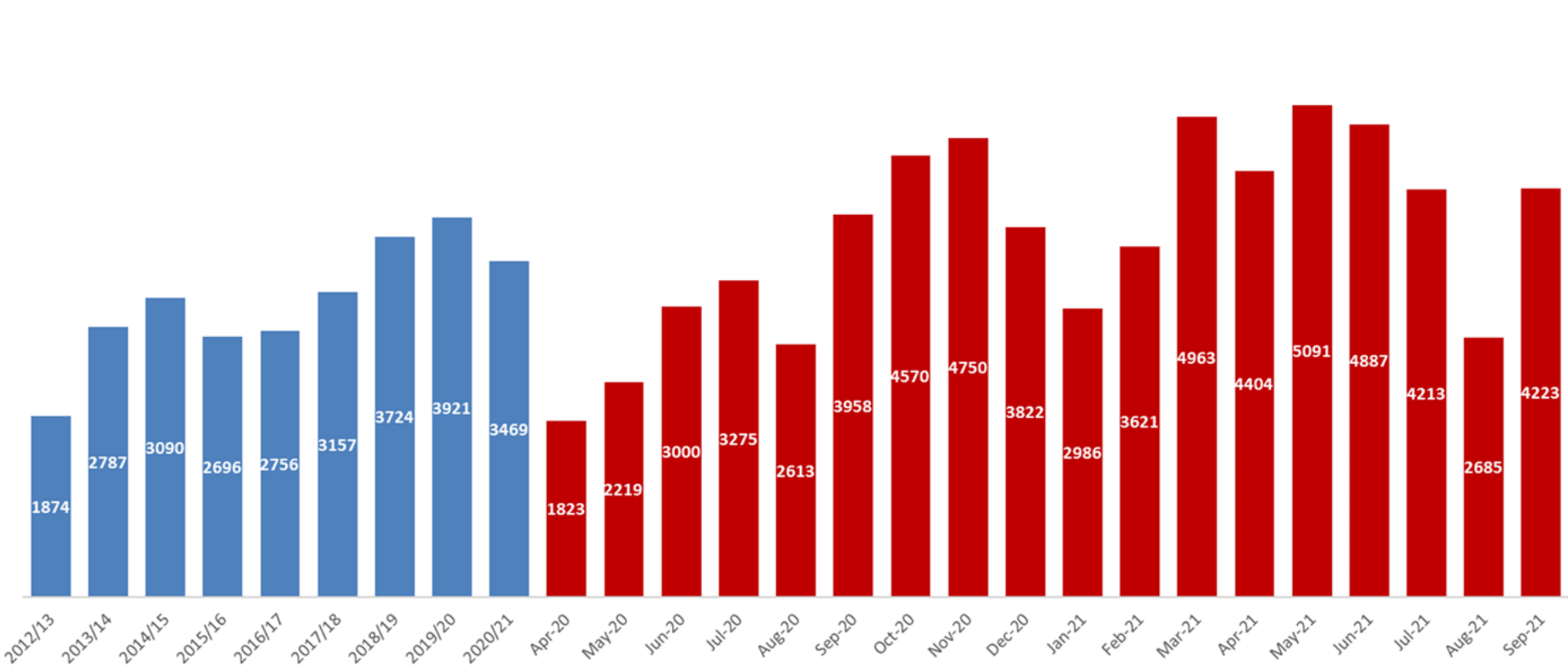
Percentage of the population aged 0-18, 2019/20 (Source: NHS England)



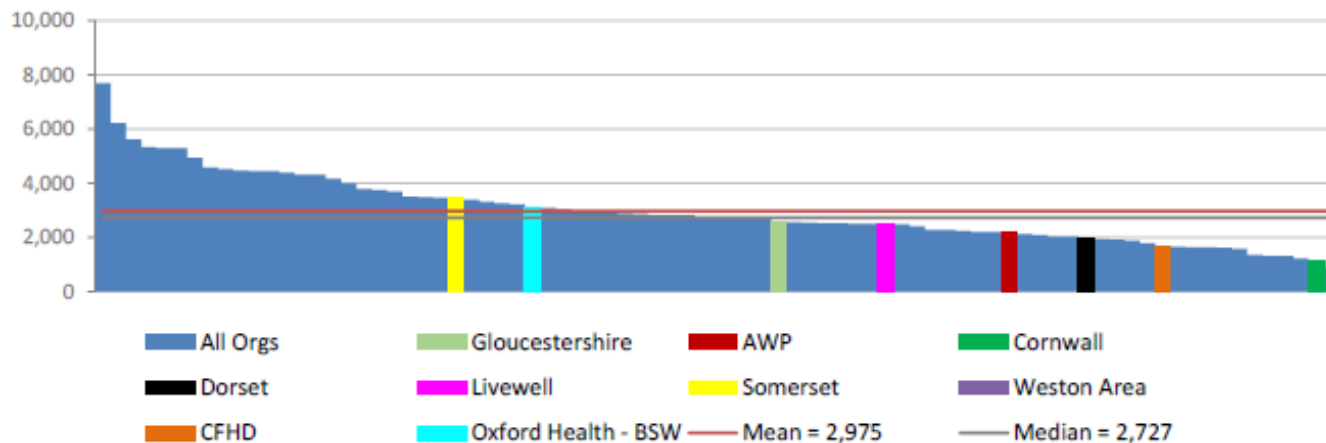
Percentage of school pupils with social, emotional and mental health needs, 2020 (Source: PHE)



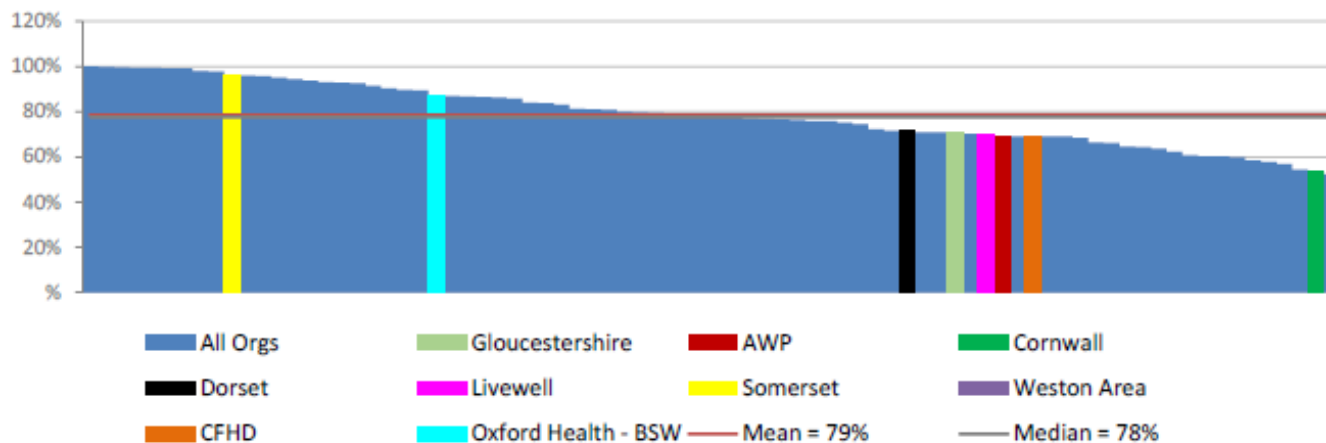
Referrals received per 100,000 population (age 0-18)



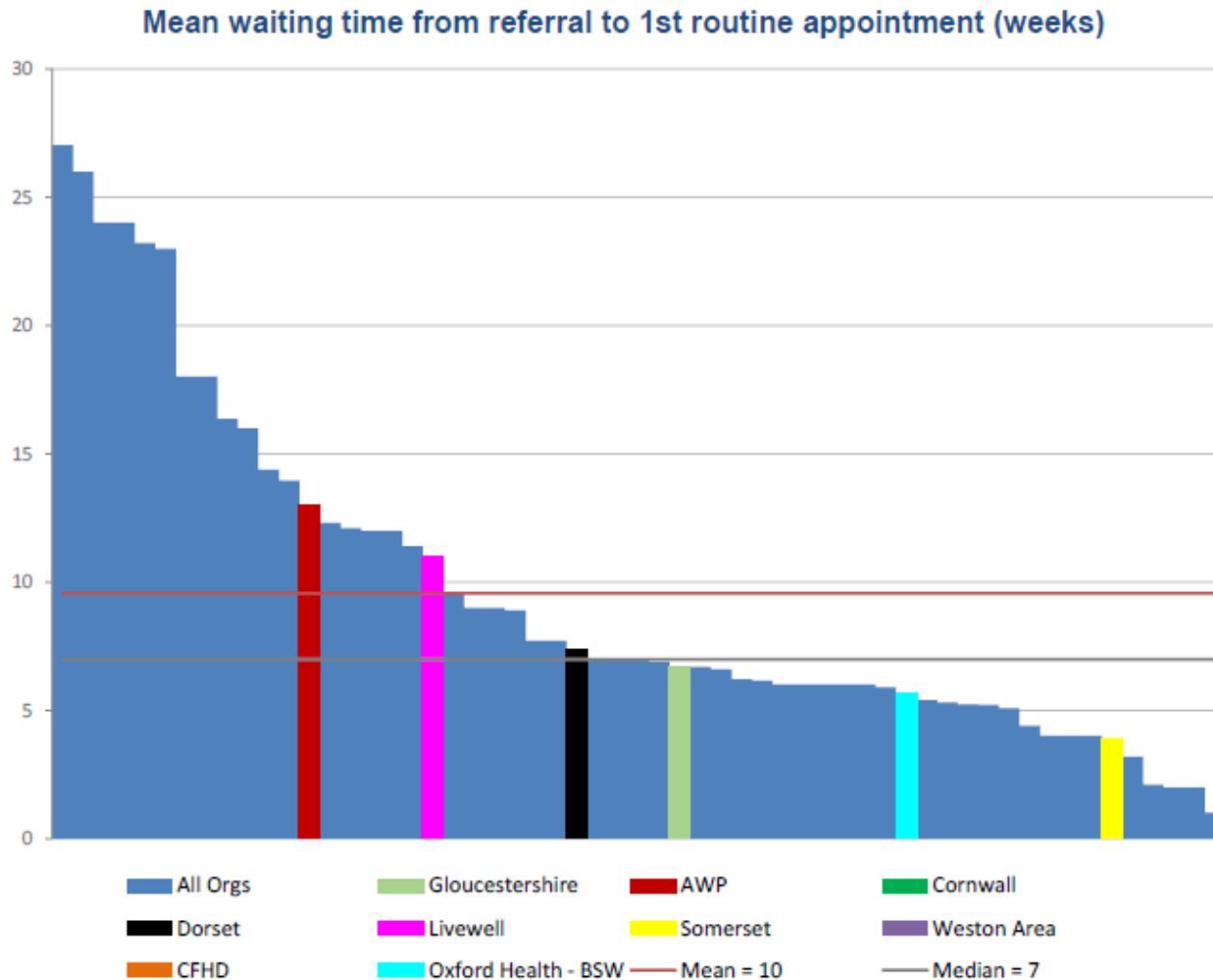
Number of referrals accepted per 100,000 population (0-18) 2019/20



Referral acceptance rate 2019/20

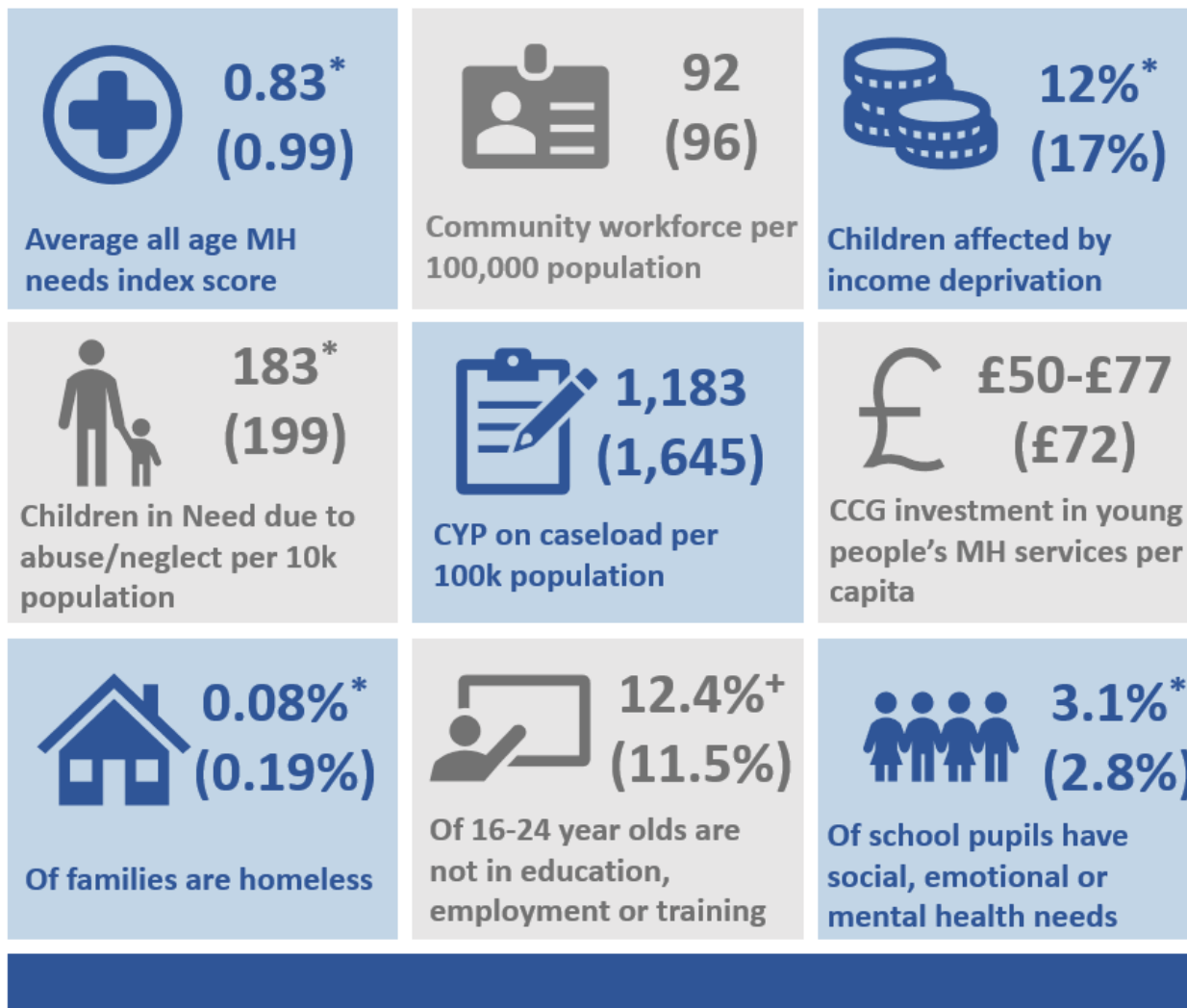


Context – Waiting times



Context – Key findings (BSW)

Oxford Health BSW - CYPMHS Benchmarking Analytics Key Findings



Meeting the challenge of CYP MH and Wellbeing in 2022



Vision of a CYP offer (Jane/ Andrea)

Place children, young people
and families at the heart.

Locally tailored version of the
nationally recognized 'i-Thrive
Model'

Accessible
integrated and
Flexible
targeted and specialist
community mental health
service

Evidence based support and
treatment
available close to home
in community settings.

Partnership working with
education
social care
voluntary and community sector

No wrong door
Good advice and support
at the front

Future model of provision – what are we working towards?



Principles that underpin all elements:

- **Common language** reflecting the framework – moving away from use of ‘Tiers’
- **Needs-Led** – making sure that care and treatment is personalised to the individual and their family and is not based on disease or severity
- **Shared decision-making** – in partnership with children, families and carers
- **Proactive prevention and promotion** – with a focus on whole community response and strengths based approaches
- **Partnership working** – cross-sector, with clear responsibilities and accountabilities
- **Outcome informed** – continuous review, goal based
- **Reducing stigma** – mental health and wellbeing is everyone’s business
- **Accessibility** – timely intervention for the child and family, where they are in their community

Where are we now



- **Community based support and one off contacts:** Local support offers in place (eg Off the Record), alongside Kooth – digital activity dropped post Covid
- **Mental Health Support Teams (MHSTs)** in place across BSW. B&NES: 2 Teams, referral rates at c. 60% for one team, 5.9% for other
- **Community CAMHS:** Demand increasing, with associated impact on access rates.
- **CAMHS Crisis:** Local CAMHS Liaison team in place at RUH, operating well but demand rising
- **CAMHS Inpatient:** National shortage of inpatient CAMHS provision, new approaches being taken to keep more children at home in the community

Ambitions for the coming year

- Embedding i-Thrive across our whole system – mapping community assets, linking with education and social care, supporting children and young people in their communities
- Developing Mental Health Support Teams and early support offers including in primary care
- Investment and improvement in access times for children and young people – meeting the NHS England Long Term Plan target
- Addressing the needs of children and young people with Eating Disorders – implementing:
 - FREED – First Episode Rapid Intervention for Eating Disorders
 - ARFID – Avoidant Restrictive Food Intake Disorder
 - ALPINE – Assessment and Liaison for Paediatric Inpatients with Eating Disorders
- Developing our 16-25 pathways, ensuring that we provide the right support that meets the specific needs of young people entering early adulthood
- Working with our Provider Collaborative (which oversees inpatient services across our geography) to implement a Hospital at Home service, keeping more children and young people at home but with the right support from CAMHS
- Working across providers to support children and young people who may have co-presenting neurodevelopmental and mental health needs