Mental Health Community Service Framework

Claire Edgar

Director Adult Social Care Operations
(Mental Health and Learning Disabilities)

What the CSF is:

This briefing provides an update on our co-created system response to the national Community Mental Health Services (CSF) Framework. This is the vehicle to deliver at pace revolutionary change to the community provision of support for people (over 18) across the BSW area.

How this will happen:

The proposed new model has been co-created across the system and will be based on a Primary Care Network geographical footprint. A total of £10.3million is available for BSW across three years to support delivery via a non-competitive bid process. This will include investment in the third sector, primary care, community and secondary mental health provision. Our initial response needs to be submitted on Nov 18th 2020 with a final submission on March 3rd 2021.

What does the model need to deliver?

- The following are the nationally mandated delivery elements:
- Deliver flexible, easy and clear means of access across emotional wellbeing and mental illness
- Timely access – work to achieve max 4 week referral to assessment
- Adopt a single assessor/trusted assessment approach
- Maximise continuity of care
- Remove cliff-edge pathways

And:

- Work with people who have the most complex and debilitation longer-term care needs.
- Demonstrate a system approach which addresses wider social determinants of mental health
- Addresses both non-clinical and social needs
- Be co-produced
- Address inequalities
- Meet NICE guidance and pathways
- Have full system buy-in – formal sign off of plans

Criteria is:

All proposals for new ‘core’ models will need to adopt the principle of inclusivity and must have consideration and plans for the following groups:

- Older adults
- Young adults up to 25 years old
- People with complex mental health difficulties
- People with eating disorders
- People with co-existing substance misuse difficulties
- People with co-existing neurological conditions
- People coming back into their local communities
- People who self harm

BSW proposed model will:

- Move from [often repeated] assessment to intervention
- Self-directed support and intervention
- Warm transitions along pathway with removal of referral and discharge thresholds, and inclusion/exclusion access criteria
- Collaborative "one team" partnership working along whole community pathway
- *Syncing approach that brings in more intervention and expertise based on need to enable resource, expertise and specialisms to be drawn to a person supporting them directly in an adjust way, or to provide supervision, training and/or consultation to the multi-disciplinary team/cog working with them directly i.e. ED, LD/autism, CAMHS

And:

- The Model will enable enhanced support for relapse prevention by community services, with the capacity and expertise to proactively follow up and ensure wellbeing gains are maintained, circling people back into support as required
- Pathway flows from PCNs – system model that is locally adapted
- Access by 16+
- Cessation of cliff ages – through being needs led, warm hand overs and proactive follow up the model with ensure that all requiring support receive appropriate needs based care, support and treatment as required.

Next Steps