



New Dawn

A needs and value based
model of care

Hope – Recovery – Opportunity



Why change? **Service users and carers say...**

- Help in a crisis
- Help close to home – and in good time
- Involvement – understanding the problem and finding a solution
- Interventions – skilled, engaging staff
- To be understood “as a person”
- Hope
- To live their life – recovery





Why change? Staff say...

- More time with service users and carers
- Opportunities for developing skills
- Work in partnership
- Given resources to do the job
- Do their best and feel appreciated and recognised





Why change? Stakeholders and partners say...

Very clinical
and traditional

What about
excluded groups?

Don't know
how best to
work with you

- Routes for better information sharing
- Opportunities for better collaboration
- Joint skills training
- Sharing resources



Outcomes

Service user and carer





What's new?

Primary care

- Specialist interventions in primary care
- Support back in primary care or re-access
- Services in GP practices (e.g. dementia diagnosis or specialist psychological assessment) previously only available in secondary care
- Locally tailored and reflecting the community
- Collaborative partnerships





What's new? Community hubs

- Close working and integration with primary care
- Collaborative working - **all** aspects of health for all ages
- Change the way work to meet needs e.g. appointments
- Planning for crisis - written by service users, their network and the service
- Care pathways & keeping track of progress
- Planning for discharge/moving on
- Rapid re-access
- Staff and partnerships reflecting and working with local community



What's new?

Urgent care



- 24/7 crisis access within 4 hours
- Range of options – to be in the right place
- Partnerships now – police, ambulance, acute hospitals, carers – leaders in the crisis concordat
- Partnerships for future – peer support/crisis house
- Crisis planning – shared and understood



What's new?

Acute care

- Home treatment 7 days a week
- Whole person
- A bed as close to home as possible
- No stand alone acute wards
- New roles e.g. peer support in all teams and wards
- Discharge link workers – in partnership





What's new? Rehabilitation & AOT



- Change building - improved facilities for independent living where possible
- Recovery – hope and opportunity ethos throughout
- Clear link to outcomes for service users
- Family engagement
- Partnerships – support for living fulfilling lives



Walking through a pathway



New Dawn

- Guaranteed response time
- One assessment
- Personal recovery plan written by service user and/or co-produced
- Focus on the person and their network
- Interventions to meet goals and evidence-based
- Focus on goals and outcomes for living life
- Options outside BSMHFT



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What is your story?