

SWL MH Strategy – 2023/24 (year 1) delivery plan

Our year 1 delivery plan focuses on two core improvement areas and enabling work. Significant enabling work is required in year 1 to set up for success. From year 2 onwards delivery will shift to being focused on outcomes and improvement at clinical, service and population levels.

Objective	Milestones	Outcomes	Strategy theme mapping ¹			
			PES	BPS	I	TA
Core areas						
1. To better support CYP and their families and improve available mental health offers.	<ul style="list-style-type: none"> Review SWL MH provision for CYP and families and identify gaps (Q2) Implement extended perinatal services (Q3) Implement additional support services for CYP and families whilst waiting for CAMHS (Q3) Implement revised communication protocols between CAMHS and wider partners (inc schools) (Q3) Optimise referrals from primary care increasing non-CAMHS signposting (Q3) Improve pathways within key CAMHS service areas – neurodevelopmental, eating disorders – to reduce waits (Q4) Agree investment areas and service expansion for 2024/25 (Q4) 	<ul style="list-style-type: none"> Access rates improved Waiting times reduced Increased support and signposting available Increased proportion of funding allocated to CYP MH 				
2. To transform SMI models for adults across SWL embedding new community models and evolving crisis support improving access, experience and outcomes.	<ul style="list-style-type: none"> Set up SWL group to share learning and develop core SMI adult model/ standards (Q1) Increase VCSE provision and peer support in adult SMI services (Q2) Pilot SWLSTG rapid and enhanced community response to support system flow (Q2) and expand if successful (Q4) 	<ul style="list-style-type: none"> Flow metrics improved (out of area placements, length of stay) Holistic care planning in place Access rates improved 				

¹ PES – Prevention and Early Support; BPS – Bio-psycho-social; I – Inequalities; TA – Timely Access

	<ul style="list-style-type: none"> • Delivery 100 day discharge challenge work (Q3) • Implement changes to crisis pathway under NHS 111 (Q3) • Enhance MH input into place neighbourhood teams structures (Q3) • Implement holistic care planning as move away from Care Programme Approach (Q3) • Confirm core offer for all 6 SWL boroughs (Q3) • Roll out community SMI model into all SWL boroughs (Q4) • Agree SMI 2024/25 plans (Q4) 	<ul style="list-style-type: none"> • SMI health checks increased • Standardised care model developed 				
Enabling work						
3. To develop a future investment model based on need and delivery to date.	<ul style="list-style-type: none"> • Agree strategic financial and delivery review scope and begin work in all partners – managed via SWL MH PDG (Q1) • Review return on investment (RoI) models and agree approach to MH for SWL (Q2) • Complete strategic financial and delivery review and develop recommendations on funding allocation for 2024/25 (Q2) • Review MH funding allocation models – SWL and external – and develop and discuss options for SWL change (Q3) and agree through place, provider and ICB structures (Q4) • Agree 2024/25 funding allocations through planning round (Q4) 	<ul style="list-style-type: none"> • Clear view on funding use and delivery to date • Ability to demonstrate RoI for MH funding • Revised funding model 				
4. To define the approach to public mental health,	<ul style="list-style-type: none"> • Review RCPsych work on public mental health interventions and approaches and identify all local initiatives (Q1) 	<ul style="list-style-type: none"> • SWL MH prevention and early support programmes increased. 				

prevention and early support.	<ul style="list-style-type: none"> • Develop collaborative view of interventions for SWL with clear funding and implementation plans and feed into 2024/25 planning round (Q3) 					
5. To shift towards outcomes-based commissioning and delivery.	<ul style="list-style-type: none"> • Review current outcome measure and data collection within commissioned services, and set against national expectations (Q2) • Agree standard outcome measurement for common service areas with providers and people who use our services (Q3) and implement these along with revised data collection (Q4) • Develop framework for service review and evaluation (Q3) and agree cycle of reviews to support Strategy delivery (Q4) • Integrate shift to outcomes measurement into 2024/25 contracting (Q4) 	<ul style="list-style-type: none"> • Outcome measures in place for services. • Data being collected to support measurement of change over time. 				
6. To confirm governance, resourcing and leadership structures to ensure successful delivery of the Strategy.	<ul style="list-style-type: none"> • Core strategy delivery group in place with nominated leads and workplans for all objectives; Strategy stakeholder (inc service users and carers) steering group in place to support wider input and review (Q1) • Existing ICB MH groups refreshed and supporting Strategy delivery; place alignment to plans completed (Q2) • Future MH leadership and resourcing proposed (Q3) and confirmed (Q4) • Roles, duties and functions of SWL MH PDG and SWL MHPC confirmed and in place and any agreed business cases for MHPC delegation agreed (Q4) • Year 2+ Strategy delivery plans confirmed (Q4) 	<ul style="list-style-type: none"> • Governance, leadership and delivery resourcing in place. • Responsibilities and roles confirmed. 				