

Prioritisation and phasing of mental health improvement and transformation in Surrey

Workplan

This is a potentially complex exercise...

- In order to prioritise a diverse range of programmes/interventions we will need to consider:
 - **Reach** – what cohort of residents have this need, and how many of them will be impacted? Where does this arise (e.g. priority populations)?
 - **Impact** – what improvement in outcomes will we see for the affected residents? Are there wider impacts, e.g. operational savings?
 - **Resourcing** – financial and non-financial, and where it may be available
 - **Ethical considerations** – what is the ethical approach to take for our citizens? What is the balance between different needs where resources are limited? How does the principle of non-Maleficence (not doing harm) affect what we might do?
 - **Interdependencies** – where do programmes/actions intersect? How does the partnership of providers for MH best work together?
- It must be developed with users, people with lived experience and carers – both to get it right and to ensure buy-in from across the system

... and requires a clear, straightforward and timely output

- Clearly linked to ICS priorities, including the Fuller Stocktake
- Set out a manageable number of system priorities and phasing of our overall programme
- Describe how these will achieve our co-produced vision and delivery of the overall MH improvement and transformation agenda
- Enable us to quickly focus on delivery

Our initial approach will be based around interviews and workshops

- There is much existing knowledge in the system. We believe that the key gap is not a lack of evidence or support for existing plans, but a lack of comparable, joined up information to enable decision-making across the breadth of the agenda
- Interviews and workshops provide an effective and time-efficient way of drawing this information together

A simple prioritisation framework will structure our decision-making

- This is to enable comparison across the range of plans and projects and will use existing information, as provided by interviewees

Engagement with users and people with lived experience and carers will happen throughout

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The voice of users and those with lived experience is embedded in our decision-making, i.e. through membership of MHSDB

Interviews and workshops will include a range of people who bring this input, as a result of their existing participation in the MHIP, e.g. as workstream leads or members of the Co-Production and Insight Group

Groups such as the Independent Mental Health Network, Healthwatch and our third sector partners provide insight and evidence which will be incorporated alongside information from other sources. We also plan additional session(s) with these groups to get their input into our proposals as they develop

Data analysis at this stage will be limited

- We do not anticipate conducting detailed data analysis or a ‘deep-dive’ into the evidence base at this stage, as readily available information is expected to be sufficient to prioritise and phase our work. We will assess the need for further analysis when this is complete.
- Evaluation of delivery will depend on good data – measuring the right thing in the right way. This may require further attention after the initial prioritisation.

We will explain what we are doing, why and what the impact of those choices is

- A smaller number of immediate, focused priorities which can be demonstrably delivered
- Phasing of the whole programme
- Set out the reach and impact we expect our interventions to have, the cohorts/populations we are targeting and the potential consequences of actions deferred
- Expected resourcing requirements, and the extent to which resourcing is already secured

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Link our mental health priorities to wider system work

Set out how our work dovetails in to:

- Fuller stocktake
- Critical 5
- Financial sustainability plans

Further work will be needed to support effective implementation

- Further discussions are likely to be required on resource/funding
- Clear link to data and information to monitor progress and measure success
- Dock in to other areas, e.g. Frimley, children's structures

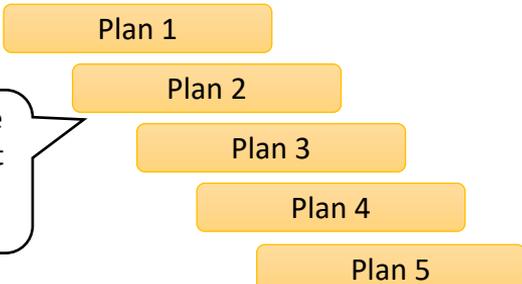
Phasing of priorities

System priorities

- Priority 1
- Priority 2
- Priority 3
- Priority 4

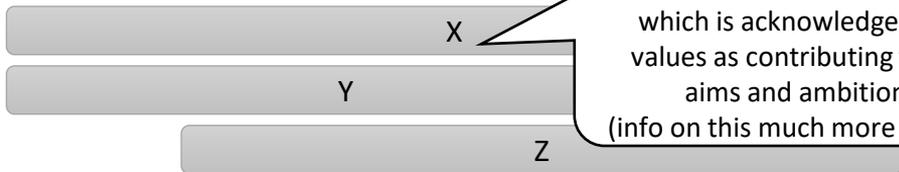
The initial focus of our system resources and effort

Future prioritised



Later phases, where resources and effort will be directed in future

Other work



Work which is not our focus, but which is acknowledged and values as contributing to our aims and ambitions (info on this much more limited)

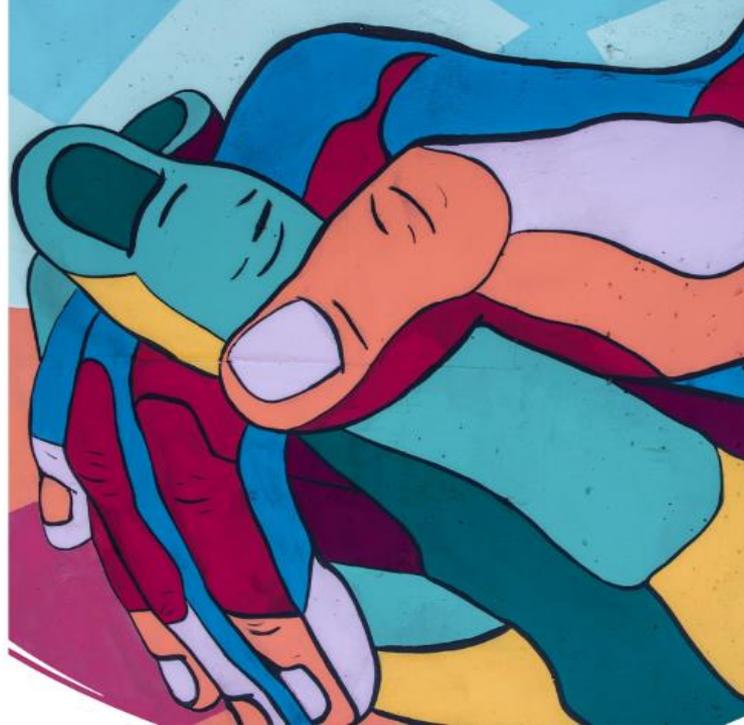
Which elements of our overall vision does this contribute to?

Critical 5	MHIP 19 recs	Fuller stocktake
Critical 1	Rec 1	Neighbourhood
Critical 2	Recs 1, 3 & 8	Place
Critical 5	Recs 4, 7 & 10	System
Etc.	Etc.	Etc.
Critical 1	Rec 1	Neighbourhood
Critical 2	Recs 1, 3 & 8	Place
Critical 5	Recs 4, 7 & 10	System
Critical 1	Recs 1, 3 & 8	Neighbourhood
Etc.	Etc.	Etc.
Critical 2	Recs 1, 3 & 8	Place
Critical 5	Recs 4, 7 & 10	System
Etc.	Etc.	Etc.

Appendix

The re-worked draft vision

“Together, we build and nurture good mental health and emotional wellbeing for all. If anyone needs help, they will find services on offer for themselves, their family and carers, which are welcoming, simple to access and timely. No-one is turned away from a service without being given support to get the help they need”



Mental health improvement and transformation in Surrey is a broad agenda with many activities and plans in need of prioritisation and phasing

- The scope of mental health improvement and transformation covers:
 - i. The 19 recommendations underpinning the Mental Health Improvement Programme ('MHIP');
 - ii. 'Priority 2' of Surrey's Health and Wellbeing Strategy;
 - iii. 10 year plan for Mental Health (currently being prepared by NHS England);
 - iv. Sustainability and financial recovery requirements of the health systems in Surrey;
 - v. Delivery of the NHS Long Term Plan; and
 - vi. System ambitions around place, in line with local priorities and the Fuller Stocktake

This broad range of activities, plans and priorities cannot all be delivered at once, and a lack of system focus on the most critical issues will hold us back

The Mental Health System Delivery Board has commissioned an exercise to prioritise and phasing system work

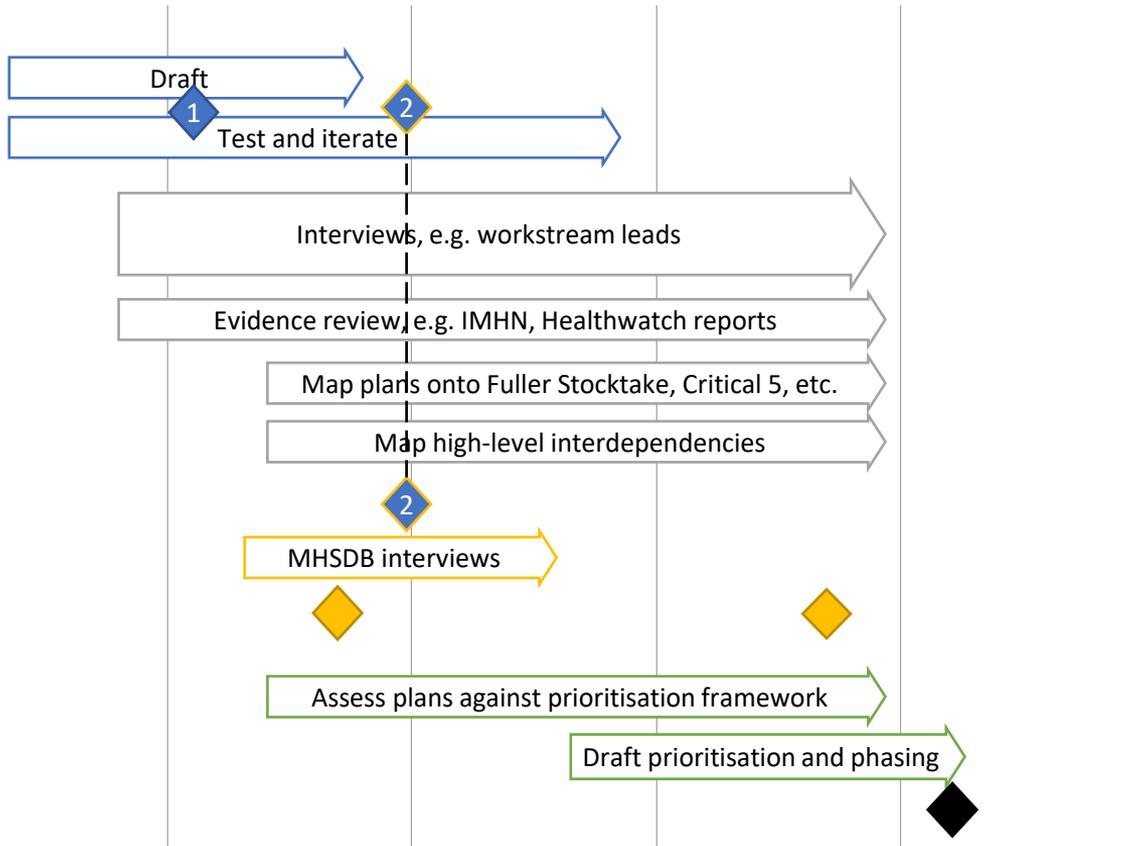
- This will restate our commitment to delivering the full agenda for our users and residents, while making clear the most critical areas which will be the focus of our effort and resources.
- This will form the foundation of a plan which will set out:
 - a) When interventions are able to be delivered
 - b) What resources are required to deliver and where they will be drawn from
 - c) The impact and reach of our choices
- This exercise is being led by the System Convenors (Liz Williams and Kate Barker) and MHIP Programme Director (Tim Beasley)

Prioritisation framework

'Fieldwork'
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Engagement

Prioritisation and phasing



- Initial workshop
- CPIG
- User voice, lived experience sessions
- MHSDB for decision

1) Workstream leads (or equivalent) from MHIP, LTP and HWB strategy and children's

- To collate consistent, comparable information for decision-making
- Includes 10 MHIP workstreams (although some overlap between areas)

2) MH System Delivery Board members

To capture input of those members not represented via workstreams, etc.

3) User voice, people with lived experience and carers

- Additional, dedicated session(s) planned to reinforce the voice of these groups throughout
- User voice, lived experience and carers are also represented in workstreams, CPIG, etc. and will be engaged in the same way as other stakeholders

1) Initial workshop

- Small number of MHSDB members or deputies representing a range of system partners
- To test initial and develop initial ideas prior to wider circulation
- Focus on prioritisation framework and high level priorities

2) Co-Production and Insight Group

Opportunity for wide stakeholder group to provide input and influence development

- Potential to explore specific areas with different sub-groups

3) Potential further sessions

- If required as work develops

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