

# Proposed Implementation Plan

## HDUHB Transforming Mental Health

### Proposed Implementation Plan

#### 1. Background

The following Proposed Implementation Plan is subject to change and is a best estimate of the implementation process for Transforming Mental Health pending a decision of the Board to progress. The document provides an overarching/high level view of the implementation and expected goals and timescales. At this stage of the project, and prior to Board consideration, it is not possible to develop detailed plans. Furthermore, the implementation group and programme structure is not yet established and in place.

The indicative timescales contained with the proposed implementation plan are subject to Board approval and all timescales require detailed work-up with service and estates teams. Further, timescales will be influenced by a business case scoping meeting with Welsh Government Capital Team, to take place pending Board approval to progress and agreement on the source and timing of capital funding. A strategic outline business case (SOC) may need to be developed and agreed to overarch the proposed capital programme. The significant commitments which are already placed on the All Wales Capital Programme are likely to have an impact on this proposed implementation plan and the phasing of delivery. Consequently, subject to Board approval, the Health Board will progress with the development of a critical path for the proposed implementation programme, which will support any required phasing, scope wider opportunities to address funding constraints and allow sufficient time to test the solutions.

The Mental Health Implementation Group will provide governance and oversight of all aspects of the programme development.

The Transforming Mental Health proposals are focused on adult mental health services. Learning disability services, child and adolescent mental health services (CAMHS), older adult mental health services and substance misuse is not included. However the potential impact of any changes will be fully considered.

## 2. Proposals

Based on a public consultation and the co-developed findings from the consultation analysis the following were agreed:

- **24/7 Community Mental Health Centre (CMHC) in each county**

There will be one 24/7 Community Mental Health Centre in each county with a minimum of four crisis and recovery beds on site. These may be increased in response to demand. There will also be an additional CMHC in Carmarthen which will be open for 12 hours every day, however this may be extended to 24/7 if workforce and financial constraints allow. It is proposed that in Pembrokeshire the CMHC will be based at the existing mental health site in Haverfordwest. There are also CMHC's proposed for Aberystwyth, Carmarthen and Llanelli. The exact locations will be agreed as part of a transparent co-developed options appraisal. Core staff will include: doctors, psychologists, community psychiatric nurses, occupational therapists, pharmacists, social workers and support workers, including people with a lived experience of mental health problems to provide peer mentoring and befriending support. All staff, whether health, social care, or voluntary sector, will receive appropriate training and supervision for the roles they undertake.

- **Central Assessment Unit and Central Treatment Unit in Carmarthenshire**

### ***Central Assessment Unit (Glangwili)***

It is proposed that the Central Assessment Unit will be based at Glangwili General Hospital in Carmarthen and will be open 24/7. It will have 14 assessment beds and two dedicated beds for people detained under Section 136 of the Mental Health Act, to ensure capacity for people from across the three counties. The unit will be led by a consultant psychiatrist working with nurses, psychiatrists, occupational therapists and pharmacists. The team will be supported by peer mentors and family support workers, as well as social care professionals, and there will be facilities for families to visit. The unit will benefit from being located within the hospital where a wide range of experts will be on hand to provide the clinical expertise needed to quickly assess people with severe mental health problems. Specialist staff will enable short term admission and ensure that planning for people's needs after they leave the unit begins at the earliest possible stage. People will not stay in the Central Assessment Unit for over five days as if they need more hospital care they will be transferred to the Central Treatment Unit.

### ***Central Treatment Unit (Prince Philip)***

It is currently proposed that the Central Treatment Unit will be based at Prince Philip Hospital in Llanelli however a business case will be developed to explore the co-location of this with the Central Assessment Unit. It will be open 24/7 and will have 15 beds. It will be run by

specialist nursing, medical and support staff including occupational therapists, psychologists and a range of mental health workers from the voluntary sector. The team will be assisted by peer mentors and family support workers, as well as social care professionals, with connections to community services to help plan care for service users after a hospital stay.

- **Single Point of Contact to improve access for everyone**

The Single Point of Contact will be free, open 24/7 and people will be able to get in touch in a variety of ways, including using the telephone, email, online, letter or by text (SMS). The service will be delivered by skilled professional staff who will provide sensitive and specialist mental health screening before guiding people to the right place for their individual needs. The recommendation from the public consultation is that a central, easy to remember, number is commissioned that is linked to local expertise within each county.

A twelve-week consultation was open for public participation between 22<sup>nd</sup> June 2017 and 15<sup>th</sup> September 2017. Patients, staff, stakeholders and the general public were invited to contribute their views on the changes using a number of consultation strands. There is qualified support for the proposed co-designed model of care across all strands, with a recognition of the need to modernise mental health services, welcoming a 24/7 care model.

### **3. Assumptions**

- Service user, carer, community and stakeholder input will be integral to the delivery of the proposed Implementation Plan, and the design of detailed plans. Solutions to areas identified as part of the consultation process will be co-designed with service users and stakeholders, and will reflect the Health Board's commitment to maintain co-production values at the heart of the work throughout the process. The rationale for decision making will be explained to service users and stakeholders through open dialogue.
- The proposed co-designed service model includes the three key elements outlined above – Community Mental Health Centres (CMHC's), Assessment and Treatment Units, and a Single Point of Contact. The consultation process has indicated qualified support for the proposed model however the remaining elements and features of the future service model are still to be co-produced as part of the detailed design phase, pending Board approval to progress.
- Business Continuity and the maintenance of quality and safety throughout implementation will be essential. This will be monitored consistently and key individuals will be responsible for identifying, anticipating and mitigating against any gaps in service provision or increased demand on services prior to their occurrence.

- Micro-communities and links to existing community support networks will be key to the success of the proposed new ways of working.
- There will be a gradual phased implementation process that will be formally monitored throughout, underpinned by a clear governance structure and overseen by the MHPG.
- Opportunities to align with the emerging Transforming Clinical Services Programme will be maximised throughout the plan, as the Transforming Mental Health Programme will sit within the context of Hywel Dda's wider aim to deliver a healthcare system of the highest quality, with excellent outcomes for patients. Any delays resulting from the necessity to align the proposed implementation with the emerging Transforming Clinical Services Programme would need to be fully justified and carefully managed. The phasing of the proposed implementation will provide greater opportunity to align with the Transforming Clinical Services Programme, in particular by enhancing the scope to progress some early implementer sites.
- Equalities issues will be considered throughout the implementation process, which will be supported by a continual assessment of the equality impacts of changes/new models being delivered.
- Capital investment will be required to support the transformation programme with the potential sources being the All Wales Capital Programme (AWCP) and potentially the Health Board's Discretionary Capital Programme (DCP).

#### **4. Key Dependencies**

- Implementation of the proposed model is dependent on Board approval to progress.
- Business continuity will be critical throughout the implementation of the plan, with an assurance that adequate capacity will be maintained throughout each phase.
- Delivery of elements of the model are dependent on receipt of capital funding.

#### **5. Key Risks**

- Capital funding bids are unsuccessful or cannot be secured within proposed timescales.
- Service users, carers, communities and stakeholders do not have sufficient input into the co-design of the detailed future model.
- Aspects of the proposals highlighted as part of the consultation process are not adequately addressed through the detailed planning process.
- Progression of the proposed implementation plan is delayed as a result of alignment with the Transforming Clinical Services Programme.

## 6. Thematic Areas

The proposed implementation plan below sets out a number of thematic areas, within which are a series of proposed, high level actions to progress the Transforming Mental Health programme to the detailed design phase, taking consideration of feedback from the consultation process:

- Workforce Planning
- Commissioning
- Single Point of Contact Development
- Transport Solutions
- Technology Solutions and IT Infrastructure
- Estates and Infrastructure
- Future Ways of Working
- Governance

Detailed project plans will be co-developed for each thematic area. The plans will be formally reviewed and monitored throughout, underpinned by the proposed governance structure and overseen by the Mental Health Implementation Group.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Review all proposed options with reference to consultation feedback; and develop recommendations for areas requiring further refinement within the proposed co-designed model.	Mental Health Implementation Group	2017/18	Detail to better inform the project briefs.	Service user representation to be included on workshop.
Establish programme sub-groups and focus groups to support the detailed design phase.	Mental Health Implementation Group	January 2018	An advisory and reference mechanism is in place.	Subject to approval of Governance structure by the Transforming Mental Health Implementation Group.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Develop a critical path for the proposed implementation, detailing key deliverables and dependencies.	Planning Department	2017/18	Support for phasing requirements.	Subject to Board approval.  Alignment with the Transforming Clinical Services Programme.
Ensure full alignment with the Transforming Clinical Services Programme in order to: <ul style="list-style-type: none"> <li>- identify and maximise opportunities to deliver aspects of the proposed model as part of the wider transformation of services;</li> <li>- influence the design of new, whole-systems models emerging</li> <li>- strengthen focus on community and preventative approaches</li> </ul>	Head of Clinical Innovation and Strategy (Mental Health)	2017/18 2018/19	Mental Health service design takes place in alignment with wider service transformation.  Enhanced scope to progress early implementer sites.	Timescales for Transforming Clinical Services may inform the further development of proposals.  Delays resulting from alignment would need to be fully justified and carefully managed
<b><u>Workforce Planning</u></b>				
This thematic area will explore the approach to the necessary workforce reconfiguration and re-design required to deliver the proposed model. This will include in particular co-production of the training approach with the third sector.				
Increase compliance with mandatory training to develop workforce readiness for training associated with the proposed model.	Workforce Roles and Cultural Change Group	Throughout the project.	Enable staff to engage with service development specific training.	
Build on initial discussions regarding the Organisational Change Process and develop a project plan to progress.	Workforce Roles and Cultural Change Group	2017/18 2018/19	Job descriptions prepared in line with the proposed service model.	Pending Board approval to progress.
Develop a programme of co-produced training for all agencies forming the workforce. Progress discussions around the	Workforce Roles and Cultural Change Group	2017/18 2018/19	Staff delivering the new model of service to have received co-produced	

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Recovery Education Centre model, with particular reference to the Dorset Healthcare approach, and establish a Steering Group with representation from all stakeholders.			training which is recovery focused and enhances understanding of the roles required.	
Agree a training plan and range of modules for all mental health workforce (including voluntary and primary care) and identify key trainers.	Workforce Roles and Cultural Change Group	2018/19	Training plan in place.	
Prepare tenders for training provision and advertise these.	Workforce Roles and Cultural Change Group	2018/19	Training providers identified.	
Explore links with academic institutions within the Health Board footprint to enhance workforce opportunities.	Workforce Roles and Cultural Change Group	2017/18	Maximise opportunities for local training.	
Address issues highlighted through the consultation relating to patient safety, governance, accountability, and maintaining professional registrations.	Workforce Roles and Cultural Change Group	2017/18	Governance, professional and supervision structure to be embedded to meet the requirements of all agencies and professional bodies.	
Evaluate the impact of the supervision, training, coaching and mentoring programme.	Workforce Roles and Cultural Change Group	2018/19	Programme evaluation.	
Explore and agree paid employment and unpaid volunteer opportunities for people with lived experience and carers in relation to service improvement and transformation. Scope out the options in relation to time credits to enhance this and identify the additional investment required.	Workforce Roles and Cultural Change Group	2017/18	Model for remuneration is developed for people with lived experience and carers.	



Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Agree the activities and therapies to be offered via the Walk In Service, Recovery beds, Treatment and Assessment Centres and via the SPOC, involving Service Users and Carers in these discussions. Pilot a Walk in Centre and Recovery Beds.	Workforce Roles and Cultural Change Group	2018/19	The model is piloted.	
<b><u>Commissioning</u></b>				
This thematic area will review the types of support and services that are commissioned from the third or voluntary sector and identify opportunities to invest differently in the future.				
Undertake a review of all existing third sector contracts/Service Level Agreements (SLA).	Finance Team, and Commissioning Team	2018/19	Identification of opportunities to commission services to support the proposed model.	
Develop and agree SLA's where they not currently in place.	Finance Team, and Commissioning Team	2018/19	Gaps in service provision are addressed.	Review of existing contracts has taken place.
Work in collaboration with Local Authorities to develop a joint Adult Mental Health Commissioning Strategy for health and social care.	Finance Team, and Commissioning Team	2018/19	Improved collaboration and opportunities for integrated working to improve outcomes, minimise duplication and maximise resources.	
Pending the outcome of the review, update third sector commissioned contracts, where needed, in line with service identified needs and priorities and the Joint Commissioning Strategy. Open up opportunities for commissioning to additional third sector providers where appropriate.	Finance Team, and Commissioning Team	2018/19 2019/20	Services commissioned support the proposed model, meet service requirements and more effectively meet need and demand.	Joint Adult Mental Health Commissioning Strategy has been agreed.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Commission new services/roles in line with the proposed model e.g. transport/third sector.	Finance Team, and Commissioning Team	2018/19 2019/20	Design of more sustainable service models.	Will be co-designed/co-produced.
<b><u>Single Point of Contact Development</u></b>				
This thematic area will progress the proposals for a Single Point of Contact to improve access for everyone, and will address feedback from the consultation on the preferred approach.				
Work with local partners and service users to co-produce an approach which meets the requirements for a single number and provides access to local knowledge and expertise, but which also builds on existing best practice across the region.	Estate, IT & Infrastructure Design Group  Helpline Focus Group	2018/19	A solution which meets service-user requirements but makes best use of resources available regionally.	
Explore opportunities to link the Single Point of Contact with existing Local Authority solutions designed to meet Information, Assistance and Advice requirements under the Social Services and Wellbeing Act.	Estate, IT & Infrastructure Design Group	2018/19	Potential reduction in duplication and maximisation of resources	
<b><u>Transport Solutions</u></b>				
This thematic area will respond to feedback from the consultation relating to transport and will outline the next steps to be taken to identify transport solutions. Further options for providing transport will be developed, considered and explained in detail. This will include the development of a transport system to assist with transporting service users to CMHC's and inpatient units as well as assisting families and carers to visit loved ones within the Central Assessment and Treatment Units.				
Scope in detail the transport implications of the proposed model, including a profile of patient flow; and configuration of proposed sites.	Transport and Community Networks Reference Group	2017/18	Output will inform detailed design.	Locations identified and clear briefs in place for each facility.

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Establish a focus group to include representatives of the Health Board, local authorities, WAST, police, service users and carers.	Transport and Community Networks Reference Group	2017/18	Forum through which to co-design/co-produce the transport solution.	
Develop an Action Plan to: <ul style="list-style-type: none"> <li>- identify potential interim solutions to address existing transport demands</li> <li>- address transport issues arising from the consultation, and co-design a menu of transport options to support the proposed model.</li> </ul>	Transport and Community Networks Reference Group	2018/19	Transport solutions meet local need and respond to local issues.	Transport solutions must be in place prior to opening of Central Assessment and Treatment Units.
Further develop the idea of working with voluntary sector partners to design a new community transport model, with service user and stakeholder input.	Transport and Community Networks Reference Group	2018/19		
Prepare a tender and advertise for Community Transport schemes. Involve Transport organisations, Service Users and Carers in these discussions.	Transport and Community Networks Reference Group	2018/19	Community transport scheme in place.	
Develop linkages with potential transport solutions emerging as part of the Transforming Clinical Services Programme.	Transport and Community Networks Reference Group	2018/19 2019/10	Maximisation of resources and reduction of duplication.	Transport solutions are considered as part of Transforming Clinical Services options development.
Progress discussions with the Head of Strategic Partnerships Development regarding wider regional focus on transport and infrastructure through Public Service Boards.	Transport and Community Networks Reference Group	2018/19	The implications of wider regional planning and decision making is taken into consideration.	
<b><u>Technology Solutions and IT Infrastructure</u></b>				

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
<p>This thematic area will identify the technology and infrastructure solutions to support the proposed model, in order to ensure that the IT requirements are factored in from the outset. This workstream will also look at future opportunities around the utilisation of new technologies to deliver mental health services across the Hywel Dda region, which may minimise the impact of travel.</p>				
Map the proposals to the informatics strategic enablers for development, to identify the informatics initiatives which may assist the delivery of the proposed model.	Informatics Department	2017/18	IT is recognised as a major enabler of change and transformation from the outset of the implementation, and existing initiatives are maximised.	
<p>Scope out technology requirements in detail and include in project briefs for each capital project:</p> <ul style="list-style-type: none"> <li>- Infrastructure within buildings</li> <li>- Staff solutions: <ul style="list-style-type: none"> <li>o Hardware</li> <li>o Mobilisation</li> </ul> </li> </ul>	Estate, IT & Infrastructure Design Group	2018/19	Detailed brief to inform site surveys.	<p>Proposed sites are identified.</p> <p>Workforce is established (staff numbers/locations)</p>
Undertake site surveys and prepare detailed costings and timescales for the IT elements of each capital project.	Informatics Department	2018/19	Infrastructure development costs and timescales are identified.	<p>Proposed sites are identified.</p> <p>Workforce is established (staff numbers/locations)</p>
Include all IT infrastructure requirements in capital bids/business cases.	Informatics Department	2018/19	IT requirements are budgeted.	
Factor capital projects in to informatics annual work plans.	Informatics Department	2018/19	IT input is appropriately scheduled.	
Fully investigate the opportunities offered through digital tools and assess how digital technology will most effectively result in benefits for Mental Health patients and staff.	Estate, IT & Infrastructure Design Group	2018/19	Identification of the digital tools that will support the delivery of the proposed model.	

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Ensure that the benefits offered through implementation of the Welsh Community Care System (WCCIS) are maximised to support the delivery of the new model.	Estate, IT & Infrastructure Design Group	2018/19	IT systems effectively support new models. Access to data on capacity and demand is more readily available.	
<p><b><u>Estates and Infrastructure</u></b></p> <p>This thematic area will progress the estates and infrastructure developments required to deliver the proposed model. There are five projects within this thematic area:</p> <ul style="list-style-type: none"> <li>• Central Assessment Unit (Carmarthen)</li> <li>• Central Treatment Unit (Llanelli)</li> <li>• Ceredigion 24 hour Community Mental Health Centre (Aberystwyth)</li> <li>• Carmarthenshire 24 hour Community Mental Health Centre (Llanelli)</li> <li>• Pembrokeshire 24 Hour Community Mental Health Centre (Haverfordwest)</li> <li>• Carmarthenshire 12 Hour Community Mental Health Centre (Carmarthen)</li> </ul> <p>All timeframes for delivery of capital related developments are dependent upon the source of capital funds and business case requirements which will need to be agreed with Welsh Government.</p>				
Hold a business case scoping meeting with Welsh Government.	Planning Department	2017/18	Clarity on business case requirements to access All Wales Capital.	Subject to Board approval to proceed.
Dependent on the outcome of the meeting above, commence the development of a strategic outline business case (SOC) to overarch the proposed capital programme.	Planning Department	2017/18	Development of strategic outline business case.	Subject to outcome of the business case scoping meeting.
Co-produce an appraisal, reviewing each proposed facility/site with reference to consultation feedback; and re-consider	Estate, IT & Infrastructure Design Group	2017/18	Due consideration is given to consultation feedback and the proposed co-designed model is refined.	

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elements required for inclusion in the proposed model design briefs.	Designing Environments focus group			
Explore the potential to co-locate mental health and community hub facilities as part of the Transforming Clinical Services programme throughout the design stages.	Estate, IT & Infrastructure Design Group	2017/18 2019/20	Opportunities are maximised to co-locate services.	TCS programme will not delay implementation for TMH but this will need to be flexible and phase implementation where changes are inter-related.
<b>Central Assessment Unit (Carmarthen)</b>				
Commence a review of the proposed location of the Central Assessment and Central Treatment Units alongside technical documentation and consultation feedback and re-consider the feasibility of a co-located model.	Estate, IT & Infrastructure Design Group	2017/18	Re-consideration of options following consultation feedback resulting in potential re-design of model.	
Subject to the outcome of the review, co-produce a business case for co-locating the Central Treatment Unit with the Central Assessment Unit.	Estate, IT & Infrastructure Design Group	2018/19	A business case for co-locating the Central Treatment Unit with the Central Assessment Unit.	Outcome of the review.
Prepare a detailed brief for proposals to develop the Central Assessment Unit (Carmarthen) through the transformation of the current building (Morlais). Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT & Infrastructure Design Group  Designing Environments Focus Group	2018/19	A co-designed, detailed brief to inform costings and timescales for structural works.	Outcome of the potential business case to co-locate the Central Treatment Unit with the Central Assessment Unit may impact on the proposals.
Prepare detailed costings and timescales for structural works, on the basis of the brief supplied.	Property Department	2018/19	Costed brief to inform the capital bid.	Detailed brief has been prepared.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2018/19	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Commence works to refurbish the identified site.	TBC	TBC	Site developed into the co-designed facility.	Capital funding is approved.  Planning is approved (if required).
Proposed opening of the Central Assessment Unit (Carmarthen)	NA	January – June 2020.	Central Assessment Unit is operational.	Transport solutions are in place.
<b>Central Treatment Unit (Llanelli)</b>				
<i>[Refer to actions above regarding potential co-location of the Central Assessment and Central Treatment Units]</i>	NA	NA	NA	<i>N.B. Existing proposals for the siting of the Central Treatment Unit in Llanelli would be progressed as an interim measure, pending the outcome of the review/business case and any consequent capital bid/development (see above).</i>
Prepare a detailed brief to develop the Central Treatment Unit (Llanelli) through the adaptation of the current building (Bryngofal). Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT & Infrastructure Design Group  Designing Environments Focus Group	2018/19	A co-designed, detailed brief to inform costings and timescales for structural works.	Bryngofal will remain operational as an Acute Mental Health ward until the Assessment Unit is operational (in order to maintain safe levels of bed capacity).

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Prepare detailed costings and timescales for minor structural works, on the basis of the brief supplied.	Property Department	2018/19	Costed brief to inform the capital bid.	Detailed brief has been prepared.
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2018/19	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Commence works to renovate the identified site.	TBC	TBC	Site developed into the co-designed facility.	Capital funding is approved.  Planning is approved (if required).
Proposed opening of the Central Treatment Unit.	NA	January – June 2020.	Central Treatment Unit is operational	No reduction in beds until the Central Assessment Unit is open.  Transport solutions are in place.
<b>Ceredigion 24 hour Community Mental Health Centre (Aberystwyth)</b>				
Undertake an option appraisal on the basis of the identified potential buildings in Aberystwyth. Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT & Infrastructure Design Group  Pathways and Access Design Group	2018/19	Preferred option identified.	
Once a preferred option has been identified commence preparation of a detailed brief to develop the Ceredigion CMHC. Service users/carers will be involved in the 'Designing	Estate, IT & Infrastructure Design Group  Designing Environments Focus Group	2018/19	A co-designed, detailed brief to inform costings and timescales for structural works.	Preferred option is identified.



Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Environments' focus group to support with this process.				
Ensure that the design brief builds in flexibility regarding crisis bed capacity in order to respond to changing need and demand over time.	Estate, IT and Infrastructure and Design Group  Pathways and Access Design Group	2018/19	Bed capacity is able to flex as required.	Preferred option has sufficient capacity.
Prepare detailed costings and timescales for any required purchase and structural works, on the basis of the brief supplied.	Property Department	2018/19	Costed brief to inform the capital bid.	Detailed brief has been prepared.
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2018/19	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Develop/purchase building and commence works to develop the identified site.	TBC	2019/20 2020/21	Site developed into the co-designed facility.	Capital funding is approved.  Planning is approved.
Proposed opening of the Ceredigion CMHC.	NA	March 2021	Ceredigion CMHC is operational.	Central Assessment and Central Treatment Units are operational.  Transport solutions are in place.
<b>Carmarthenshire 24 hour Community Mental Health Centre (Llanelli)</b>				
Explore opportunities to site the Carmarthenshire 24 hour Community Mental Health Centre at the Llanelli Wellness Village.	Estate, IT and Infrastructure and Design Group	2017/18	Decision around the feasibility of locating the	Llanelli Wellness Village building works to commence in 2018/19 therefore option

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
This will be considered as an option within a wider option appraisal for Llanelli.			Carmarthenshire CMHC in the Llanelli Wellness Village.	to be fully appraised prior to works commencing.
If the Wellness Village option is not feasible, undertake an options appraisal on the basis of the identified potential locations in Llanelli.	Estate, IT and Infrastructure and Design Group	2018/19	Preferred option identified.	
Once a preferred option has been identified commence preparation of a detailed brief to develop the Carmarthenshire CMHC. Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT & Infrastructure Design Group  Designing Environments Focus Group	2018/19	A co-designed, detailed brief to inform costings and timescales for structural works.	
Ensure that the design brief builds in flexibility regarding crisis bed capacity in order to respond to changing need and demand over time.	Estate, IT and Infrastructure and Design Group  Pathways and Access Design Group	2018/19	Bed capacity is able to flex as required.	Preferred option has sufficient capacity.
Prepare detailed costings and timescales for any required purchase and structural works, on the basis of the brief supplied.	Property Department	2018/19	Costed brief to inform the capital bid.	Detailed brief has been prepared.
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2018/19	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Develop/purchase building and commence works to develop the identified site.	TBC	2019/20	Site developed into the co-designed facility.	Capital funding is approved.  Planning is approved.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Proposed opening of the Carmarthenshire CMHC	NA	2020/21	Carmarthenshire CMHC is operational.	Central Assessment and Central Treatment Units are operational.  Transport solutions are in place.
<b>Pembrokeshire 24 Hour Community Mental Health Centre (Haverfordwest)</b>				
Prepare a detailed brief to develop the Pembrokeshire CMHC, through the refurbishment of the current facility (St Carradog). Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT and Infrastructure and Design Group	2019/20	A co-designed, detailed brief to inform costings and timescales for structural works.	
Ensure that the design brief builds in flexibility regarding crisis bed capacity in order to respond to changing need and demand over time.	Estate, IT and Infrastructure and Design Group  Pathways and Access Design Group	2019/20	Bed capacity is able to flex as required.	Preferred option has sufficient capacity.
Prepare detailed costings and timescales for refurbishment on the basis of the brief supplied.	Property Department	2019/20	Costed brief to inform the capital bid.	
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2019/20	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Commence works to refurbish the identified site.	TBC	2019/20 (Phase 1)	Site developed into the co-designed facility.	Capital funding is approved.

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
		2020/2021 (Phase 2)		Planning is approved (if required).
Proposed opening of the Pembrokeshire CMHC	NA	March 2021	Pembrokeshire CMHC is operational.	Central Assessment and Central Treatment Units are operational.  Transport solutions are in place.
<b>Carmarthenshire 12 Hour Community Mental Health Centre (Carmarthen)</b>				
Undertake a review of the proposed hours of operation of the 12 Hour CMHC in Carmarthen, with reference to utilisation of/demand for the 24 hour facility, in order to ensure sufficient capacity within Carmarthenshire.	Transforming Mental Health Implementation Group	2019/20	Hours of operation of the facility will respond to demand and need.	
Undertake an options appraisal for the 12 hour CMHC in Carmarthen, in partnership with the 'Designing Environments' focus group.	Estate, IT and Infrastructure and Design Group  Designing Environments Focus Group	2019/20	Preferred option identified.	
Once a preferred option has been identified commence preparation of a detailed brief to develop the Carmarthenshire 12 hour CMHC. Service users/carers will be involved in the 'Designing Environments' focus group to support with this process.	Estate, IT & Infrastructure Design Group  Designing Environments Focus Group	2019/20	A co-designed, detailed brief to inform costings and timescales for structural works.	

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
Prepare detailed costings and timescales for refurbishment on the basis of the brief supplied.	Property Department	2019/20	Costed brief to inform the capital bid.	
Prepare a business case and submit a capital bid for funding (source TBC).	TBC	2019/20	If the bid is successful, capital funding is secured.	Subject to outcome of the business case scoping meeting, there may be a need to incorporate into an overarching business case.
Develop/purchase building and commence works to develop the identified site.	TBC	2020/21	Site developed into the co-designed facility.	Capital funding is approved.  Planning is approved.
Proposed opening of the Carmarthenshire 12 hour CMHC	NA	January 2022	Carmarthenshire 12 hour CMHC is operational	Central Assessment and Central Treatment Units are operational
<b><u>Future Ways of Working</u></b>				
This thematic area will support the exploration of new ways of working which will contribute to the delivery of the proposed model, and how the Health Board could work in partnership to deliver services jointly with local authorities, voluntary sector or other organisations including other Health Boards.				
Progress dialogue with partners regarding their contribution to the delivery of proposed new models and ways of working.	Pathways and Access Design Group	2017/18	Partners understand their contribution to the delivery of the proposed model.	
Ensure that the Area Plan is closely aligned to the Transforming Mental Health programme and reflects proposed changes to service delivery.	Head of Clinical Innovation and Strategy	2017/18	Partners understand their contribution to the delivery of the proposed model.	
Fully explore opportunities for the voluntary sector to deliver aspects of mental health support services within the	Pathways and Access Design Group	2018/19	A more joined-up approach which is beneficial for service users, families and carers and	

Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
community, and co-produce detailed delivery plans.			staff working within mental health care.	
Scope out opportunities to develop social enterprises aligned with the proposed model.	Pathways and Access Design Group	2018/19	A more joined-up approach which is beneficial for service users, families and carers and staff working within mental health care.	
Progress discussions with Head of Strategic Partnerships Development regarding wider regional focus on opportunities to work in partnership through Public Service Boards.	Pathways and Access Design Group	2018/19	The implications of wider regional planning and decision making is taken into consideration.	
Continue dialogue with the Mid and West Wales Health and Social Care Collaborative regarding ongoing regional commitment to collaborative working across West Wales.	Pathways and Access Design Group	Ongoing	Opportunities to work collaboratively to co-produce solutions are explored.	
Fully explore opportunities to work across regional health boundaries in order to develop solutions to issues including capacity; transport and location of services.	Pathways and Access Design Group	2018/19	Opportunities for collaborative working are maximised and provide the best options to patients.	
<b>Governance</b>				
This thematic area will support the governance activities that underpin the implementation plan, including resourcing, data, monitoring and evaluation.				
Identify the resource requirements needed to deliver the proposed implementation plan and seek to secure adequate input from internal partners and to commission external support where necessary. - Workforce	Mental Health Implementation Group	2017/18	The Implementation plan is appropriately resourced.	Pending Board Approval to progress.  Availability of resource.



Action	Lead Officer/Subgroup(s)	Timescale	Outcome/Output	Dependencies
<ul style="list-style-type: none"> <li>- Planning</li> <li>- Informatics</li> <li>- Estates</li> <li>- Transport</li> <li>- Service User and Carer Input</li> </ul>				
Establish a mechanism to ensure that business continuity remains a key focus for all sub-groups and across all workstreams and thematic areas throughout the implementation phase.	Mental Health Implementation Group	2017/18	Ongoing service delivery is secured throughout implementation, including maintenance of existing sites.	
Use existing health data to establish current capacity and project future demand in order to provide a baseline against which to measure change over time and support flexibility within the delivery model.	Mental Health Implementation Group	2018/19	<p>Evaluation of the impact of the programme.</p> <p>Provides a suite of underpinning evidence.</p>	
Communicate clearly throughout the implementation phase, through a variety of different mechanisms, including clear messages that local issues are being listened to carefully and all views are considered.	Mental Health Implementation Group	Ongoing	Assurance to service users, carers, communities and all stakeholders of the commitment to ongoing co-production.	
Formally review and monitor the implementation process throughout each phase.	Mental Health Implementation Group	Ongoing	Assurance that the implementation plan is on target.	
Undertake an evaluation of the programme implementation and review outcomes.	Mental Health Implementation Group	2020/2021	An assessment of whether the programme has delivered the intended outcomes.	Programme has been fully delivered.