Mental Health Services Plan – 2025

	Objective	Key Actions	Timescales	SLT Lead	Measures
Quality Improvement (Inpatient)	Implement Quality Improvement Programme for inpatient services (including Safe Wards programme) with evaluation of impact	• Safewards programme commenced • Formal QI plan for inpatient service delivered through steering group	January 2025 End 2025	Head of Inpatient Services	Safewards programme in place Programme Board overseeing QI plan delivery
Quality Improvement (Community)	Review and implement planned improvements across agreed areas of community service	• CMHT configuration • Review of CARF and CMHT interventions • HTT review • CMHT Leadership development • Review of Psychology model	End Quarter 2 Quarter 1 End Quarter 2 End Quarter 2 Quarter 1	Head of Community Services	Agreed models for CMHT and HTT in place Q3 Leadership development programme underway
Quality Improvement (Rehabilitation)	Implement Quality Improvement Programme for rehab services	• Formal QI plan for rehab pathway delivered through steering group	End 2025	Lead Social Worker	Programme Board overseeing QI plan delivery
Suicide Prevention Strategy	Implementation of Suicide Prevention Strategy, including staff training programme	• Publish Strategy • Establish implementation group • Agree 2025 priorities and work plan • Annual report at end 2025	Quarter 1 Quarter 4	Director of Mental Health, Social Care & Community Services	Strategy published, 2025 plan agreed and overseen by implementation group
ADHD & autism service	Review and restructure ADHD & autism service & pathways to deliver an efficient, integrated clinical service	• Review of service models and pathway • Recruitment to team manager role	Quarter 2 Quarter 1	Head of Specialist Services	Review completed; new model and team in place
Dementia	Actively participate in the development of specialist	• Rosewood House – open new beds & clinical model	End Quarter 1	Head of Inpatient Services	Additional bed capacity open &

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	dementia services for people with nursing needs (links to Dementia Strategy)	• Engage in planning for additional nursing capacity	Quarter 4		operational Plans developed for additional nursing capacity through dementia strategy model
Off island approach	Review and develop off-island processes, ensuring effective authorisation, monitoring and repatriation processes and best value for money	• Develop a SOP for off-island • Implement financial controls & reporting • Introduce complex case reviews	Quarter 2 Quarter 1	General Manager	SOP in place Systems operating in line with SOP Activity & finance reporting
Mental Health Strategy	Complete and publish a refresh of the previous Mental Health Strategy for Jersey	• Strategy Group established & plan developed • Public Health JNSA • Refreshed strategy completed	Quarter 1 Quarter 2 End Quarter 3	Director of Mental Health, Social Care & Community Services & Clinical Lead	Project plan agreed & implemented Draft strategy finalised
PD pathway	Develop and implement a Personality Disorder pathway within adult mental health services	• Working group inc lived experience to be established • Pathway document agreed & published • Training / KUF delivered to support implementation	Quarter 1 Quarter 2 Quarter 3	Lead Consultant Psychologist	Pathway document agreed, published Implementation Q4 as per plan
Recovery Hub	Establish and develop a Recovery Hub that delivers group and other recovery-orientated activities, facilitated by co-production and delivery	• Funding agreed • Role recruited to • Curriculum developed • Prospectus and website • Evaluation & feedback embedded	Quarter 1 Quarter 2	Lead Social Worker	Recovery hub up & running with agreed prospectus, range of groups, activity monitoring and governance

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Carer Support	Implement and embed carers assessment and training, and participate in commissioning / development of carer support services	• Implementation of carer assessment & outcomes • Moving forward with triangle of care • New carer support arrangements commissioned	Quarter 1 Quarter 3 Quarter 2	Lead Social Worker	Assessment themes result in actions Triangle of care introduced New carers support work commissioned
Joint Working with the General Hospital	Review & implement approach to development of joint working between mental health services and the General Hospital	• Review of approach to date and consider alternatives • Establish structures for joint working moving forward • Governance processes (eg swarm & feedback) in place	Quarter 2	Clinical Lead	Clear processes In place with outcomes / actions identified and followed through
Peer Support	Continue to embed and develop Peer Support work both within adult mental health services and across the wider system (through development of Peer Network)	• Agree & implement Peer Work competencies • Review & agree future role & leadership of Peer Network • Review current MIND contracted Peer Support arrangements • Initial Review of implementation to date of peer support team	Quarter 4 Quarter 2 March 2026 Quarter 1	Peer Support Coordinator	• Supervision & quarterly appraisal • Partnership Board updates on Peer Network • Contracts reviewed and agreed • Report from initial review to SLT
Legislation	Continue to improve and monitor effectiveness of use of Mental Health Legislation	• Reduce number of errors on MHL detention papers • Audit of service user rights • Finalise Tranche 1 and development of Tranche 2 law changes	End 2025	Director of Mental Health, Social Care & Community Services	• % mental health law papers errors per quarter • Audit completed & reported • Law changes drafted & progressed

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Workforce	To ensure we develop and maintain a skilled, motivated and effective workforce	• Appraisal - 85% target • Training – needs analysis and review • Staff Survey – implement action plan • Supervision ensure all staff are receiving supervision	Each stage Quarter 2 Quarter 1 Quarter 3	General Manager	KPIs / targets monitored and achieved Training needs assessment & plan developed
Service Development: Alcohol & Drug Service	Implement agreed service plan for Alcohol & Drug services across 2025	• Implement New EPR paperwork • Submit business case for complex needs services • Establish & develop new prison provision • Completion of policies • Develop new PRETOX group	July 20205 April 2025 March 2025 Quarter 2 Quarter 3	Head of Alcohol & Drug Services	new documentation fully implemented with audit Prison provision and staffing in place – monitor via prison governance mtg Policies in place Group established
Governance: Medicines	Complete a QI programme on reduction of prescribing & use of Benzodiazepines across adult MH services	• QI programme developed and implemented in accordance with agreed plan	Quarter 2	Governance Lead & Consultant Pharmacist	QI plan agreed & implemented in line with plan
Preparation of regulation	To undertake programme of self assessment & peer assessment to support services to be prepared for JCC regulation	• Engage in review of proposed standards with JCC • Develop staff awareness comms • Implement programme of self-assessment across services • Implement programme of peer review	Jan 2025 April 2025 Quarter 3 Quarter 4	General Manager	Standards agreed & positive relationship with JCC Self assessment completed Peer review underway

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Electronic Patient Record	Support the implementation of the EPR programme for the development and roll out of the new Electronic Patient Record	• Project Board in place • Project plan agreed • Active engagement in project work, including mapping processes	End Q4 in line with project plan	Head of Informatics & Performance & Director of Mental Health, Social Care & Community Services (SRO)	Project plan deliverables met. Implementation on target.