### SCNs Vision

Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

### Domains

<table>
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<tr>
<th>Overarching Aims and Objectives</th>
<th>Strategic Context</th>
<th>Stakeholder Engagement</th>
<th>Organisational Development</th>
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</table>
|                                 | National Dementia Strategy; Prime Ministers Dementia Challenge; NICE Dementia/ MH/ neurology pathways and standards; National Mental Health Strategy & Vision; NHS Outcomes Framework, Public Health Social Care Outcomes Framework; CCG indicators; Everyone Counts; Role of Health Educators HEE; Carers Strategy; NSF for long term conditions; National Audit Office report neurological conditions; Public Accounts Committee report neurology services. | *Act upon the views of experts and people affected by MHDN in a variety of settings, establishments and organisations.*
*Ensure the delivery of structured local events to obtain consensus regarding the setting of priorities that will improve patient and carer outcomes.*
*Engage with communities to support a culture change and to promote cross cutting approaches* | *Aligning the strategic objectives with the integrated clinical pathways for MHDN across Cheshire and Merseyside.*
*Building capacity in the system through best practice models and transferable education.*
*Utilise the evidence from key performance indicators to rationalise change*  
*Developing MHDN commissioning and provider leadership across C&M* |

### Emerging Priorities

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<tr>
<th>Work Stream</th>
<th>Mental Health</th>
<th>Dementia</th>
<th>Neurological Conditions</th>
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| **1. Prevent Premature Death** | *Develop a modular competency development programme for MH & Dementia*  
*Improve the pathway of services for Children and young people and CAMHS*  
*Ensure network wide pathways for MH specialist areas of care*  
*Benchmark data to identify variations and cross cutting disparities and prioritise key interventions*  
*IAPT*  
*Improve mental wellbeing*  
*Improve service user experience and carer support* | *Develop a modular competency framework for MH and Dementia*  
*Raise public and professional awareness*  
*Ensure timely diagnosis and support*  
*Living well with dementia*  
*Encourage patient participation in research*  
*Improve carer support and access to crisis response* | *Develop pathways to improve the management of epilepsy, in response to NASH (National Audit on Seizure Management in Hospitals)*  
*Benchmark data to identify variations, cross cutting disparities – and use this to inform priorities and strategic plans*  
*Coordinated, person centred care for people with neurological conditions – shared decision making, access to good information* |

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<tr>
<th>Emerging Priorities</th>
<th>Anticipated Outcomes</th>
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| **Mental Health** | (Improve suicide prevention ASIST training, reducing stigma, leadership development)  
*Ensure comprehensive pathways are robust for adolescent to adult transitional services*  
*T4 Psychotherapies, schizophrenia, PICU*  
*Improve access to NICE stepped care interventions in primary care & reductions in exclusions from care*  
*Reduce MH inequalities (E.g. BME, veterans, homeless, offenders, disease specific inequalities)*  
*Improved access to step 4 psychological therapies*  
*Evidence of collaboration with Health and Wellbeing Boards aligning priorities in JSNAs*  
*Improve service user and carer health and wellbeing and satisfaction* |
| **Dementia** | *(Reduce stigma, improve education to professional staff in acute, intermediate and community care settings)*  
*Establish more dementia action alliances/ dementia friends*  
*Improve health checks and screening/ improved access to memory clinics*  
*Improve access to care interventions across the care pathway*  
*Increase access to clinical trials*  
*A single point of contact for carers* |
| **Neurological Conditions** | *(Demonstrate improved outcomes for patients)*  
*Reduce unplanned admissions and length of stay*  
*Reach consensus on safe, evidence based and effective pathways across organisations to ensure well-coordinated care, and good clinical outcomes*  
*Clear priorities and plans for the neurological conditions network, which are articulated and included in planning cycles and priorities for 14/15* |