



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

2017

# Mental Health Division Operational Plan



**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

Goal  
**1**

Promote health and wellbeing as part of everything we do so that people will be healthier

Goal  
**2**

Provide fair, equitable and timely access to quality, safe health services that people need

Goal  
**3**

Foster a culture that is honest, compassionate, transparent and accountable

Goal  
**4**

Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal  
**5**

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money



# Mental Health Vision, Mission & Strategic Priorities



**Mental Health Strategic Priority:** Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide.



**Mental Health Strategic Priority:** Design integrated, evidence based and recovery focussed mental health services.

**Mental Health Strategic Priority:** Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.



**Mental Health Strategic Priority:** Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.



**Mental Health Strategic Priority:** Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure demonstrating maximum value for available resources.

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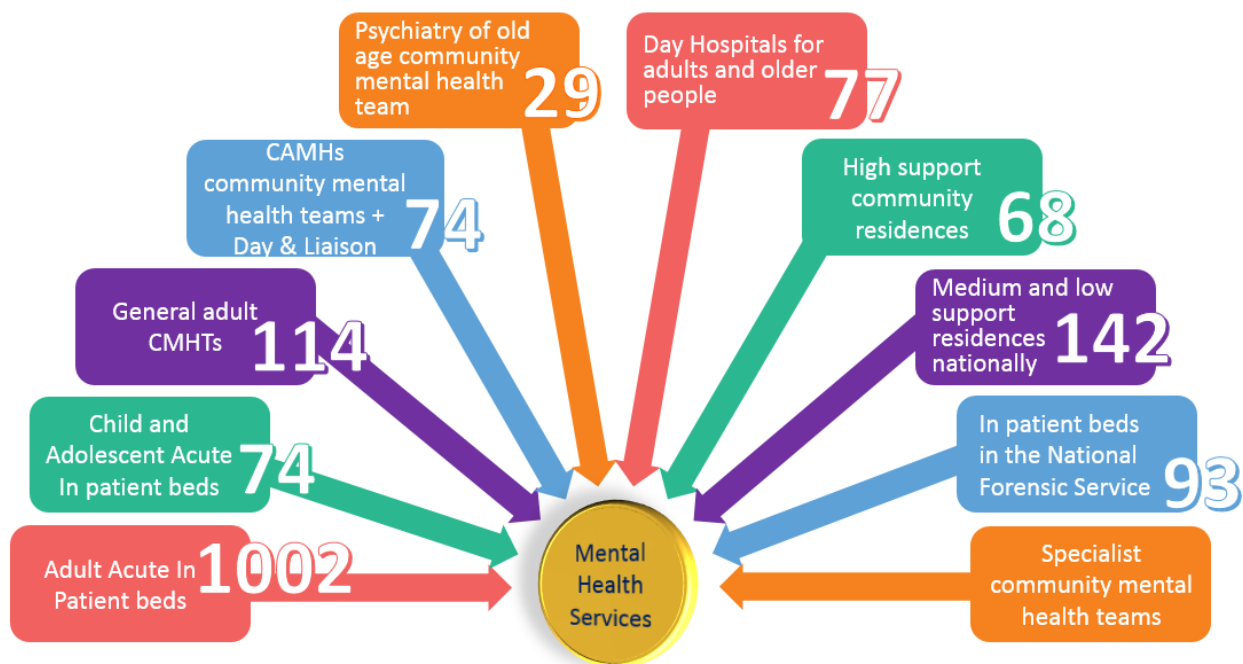
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# Executive Summary

## Introduction

The HSE Corporate Plan sets out our ambition for the Health Services over the three years 2015-2017. Delivery on our vision of a 'High Quality Health Service valued by all' is underpinned by the five key goals presented above. The Service Plan 2017 and now this Mental Health Division Operational Plan 2017 sets out the framework and actions that Mental Health services will put in place over the course of the year. These actions will deliver on these corporate goals, the priorities as set out in *A Programme for a Partnership Government* specific to mental health services and most significantly the mental health service vision, mission and strategic priorities, referenced above. This plan also recognises that underpinning all of these actions is the goal of improving the health and wellbeing of the population and of ensuring that the services we deliver are safe and of high quality.

The modern mental health service, integrated with other areas of the wider health service, extends from promoting positive mental health and suicide prevention through to supporting those experiencing severe and disabling mental illness. Services are provided within the 9 Community Health Organisations and the National Forensic Service and include specialised secondary care services for children and adolescents, adults, older persons and those with an intellectual disability and a mental illness.



The ten-year national policy, the Report of the Expert Group on Mental Health Policy - A Vision for Change (2006) is a progressive, evidence-based document that proposed a new model of service delivery which would be service user-centred, flexible and community based. The outcome of the review of A Vision for Change, commissioned by the Department of Health in 2016 will continue to inform the roadmap for the delivery of mental health services. Connecting for Life 2015–2020, Ireland's national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where

communities and individuals are empowered to improve their mental health and wellbeing. This vision will be achieved through the adoption of a number of goals set out later in this document.

Within the Division, the National Office for Suicide Prevention (NOSP) is responsible for driving the co-ordinated multi-annual implementation of the Strategy. Across the Division and mental health services, there are commitments in 2017 to mental health promotion including co-ordinated communication campaigns, development of consistent signposting to improve access to services when required, continued participation in anti-stigma initiatives and development of early intervention and psychological support for adults and young people.

With the establishment in 2016 of the National Youth Mental Health Taskforce and a cross Government Pathfinder Initiative focussed on Youth Mental Health, significant work was undertaken to examine both the factors impacting on the mental health of those aged 0-25 years and the provision of services to this age group. Within the HSE, the Mental Health Division will continue to lead on this work in 2017 with a view to developing a cross division integrated approach to the provision of mental health supports to this age group. Central to this work will be the continuation of a high level of collaboration with external partners to ensure a streamlined approach between statutory and funded agencies.

## Achievements 2016

2016 was a year in which the Division developed programmes of work to progress its multi-annual priorities. These included:-

- Promoting positive mental health via an integrated mass media campaign called Little Things has resulted in 1.5 million page views for yourmentalhealth.ie, 46,000 likes on Facebook and selection as GAA Health & Wellbeing Theme at the All Ireland Football Semi-final 2016. In addition, an independent evaluation of the campaign found that 73% of respondents said the campaign adverts make you think differently about feeling down.
- Working with service users to design, plan and inform improvements to the mental health services including publication of the *Listening Meeting Report* in April 2016  
[www.hse.ie/eng/services/publications/Mentalhealth/listeningmeetingsreport.pdf](http://www.hse.ie/eng/services/publications/Mentalhealth/listeningmeetingsreport.pdf), appointment of the National Head of Mental Health Engagement and recruitment of local Leads for Mental Health Engagement.
- Focusing on quality and safety in the mental health services through development of a set of quality standards for mental health.
- Progressing implementation of the suicide strategy Connecting for Life 2015-2020 in partnership with the community and mental health sector through development of local Connecting for Life action plans in CHOs and appointment of additional Suicide Resource Officers. On-going training provided in 2016 included 6,500 individuals completing safeTALK training and 2,500 completing the ASIST training. In addition to continued funding for clinical and non-clinical services to those in distress, research and evaluation has been commissioned on these, including services for priority groups identified in CfL.
- Standardising evidence based clinical practices in the mental health services during 2016 through the launch of Self Harm Programme, the implementation of the Early Intervention Psychosis and interventions for Eating Disorders, extensive training on these programmes and the start of the new clinical programme for Attention Deficit Hyperactivity Disorder.

- Participation in new National Youth Mental Health Taskforce, Pathfinder Initiative as well as establishment of HSE Youth Mental Health Consultative Group.
- Reduced waiting lists in CAMHs and increased capacity in in-patient services.
- Developing new and expanding existing community based mental health services, including a specific focus on enhanced services for those with Mental illness and an intellectual disability.
- Continuing to improve the places where mental health services are delivered.
- New Acute and/or High Observation Units opened in Galway and Drogheda.
- Development of a Service Improvement function providing dedicated resources and supports to prioritised mental health service improvement projects.
- Embedding of a functioning Programme Management Office dedicated to supporting standardised approaches and methods in the improvement of Mental Health Services.
- Reduced waiting lists in CAMHs and increased capacity in in-patient services.
- Developing new and expanding existing community based mental health services, including a specific focus on enhanced services for those with Mental illness and an intellectual disability.
- Publication of the first Mental Health Services Overview report building on reports previously published for CAMH services.

<http://www.hse.ie/eng/services/publications/Mentalhealth/delivering-specialist-mental-health-services-2014-2015-final.pdf>

## Demographic Trends

In 2016 an exercise was undertaken by the HSE to further increase the knowledge and evidence base in relation to the demographic cost pressure which the health system is experiencing in the short term period 2016 - 2017. The purpose of the exercise to estimate the additional cost pressures generated by the demographic pressure in providing publicly - funded health services in 2017. The approach adopted is generally referred to as the measurement of the 'pure' demographic effect. In practice this means projecting the demographic impact on the health service costs of providing the same level of services in 2017 as in 2016. The underlying assumption is that all other factors affecting costs remain constant over the projection period. Some of the more important variables influencing expenditure on public health services include medical inflation, the health of the population, the state of the national economy, changes in policies on eligibility and utilisation and the expectations of the public. Demographic pressure can be described as the increase in our population, and demographic cost pressure represents the increase in funding required to continue to provide the same services to the increased population.

A number of methodologies<sup>1</sup> and data sets were used in the exercise to ensure that the most appropriate estimate of demographic cost pressures was captured. The exercise established that it is no longer reasonable to use population growth (0.7%) as an estimate and this is replaced with demographic cost pressure (1.4%). Clearly, this is twice the projected rate of growth in the population (0.7%) over the same time period. Further, from 2016 - 2017 a cost pressure of 3.4% is projected for our population aged 65

<sup>1</sup> Two distinct methodologically approaches were used (a) a top down approach and (b) a bottom up approach. Evaluating the merits and outputs of these methodologies a hybrid model was selected to reflect service specific demographic cost pressure. Inherent in this hybrid approach is the use of both solid epidemiological analysis of age-specific utilisation and cost data in services areas where it is available (Casemix and Primary Care Reimbursement Service (PCRS)). However, in other areas of the service where age-specific utilisation and cost data is not available, extrapolations and assumptions are made to develop a best guesstimate for the estimates.



years and over. It should be noted that current unmet demand, current unmet need or implementation of new services or initiatives were not included in reaching the estimates.

### **Mental Health Services Projected Demographic Cost Pressures 2016 to 2017**

Mental Health services include both hospital admission and community mental health teams. The projected demographic effect must take into account both services. The exercise concluded that it was reasonable to take the general population demographic cost pressure of 1.4% as applying to adult Mental Health services. However, the expected increase in the population of over 65 years and 85 years and over will have significant implications for the Psychiatry of Old Age (POA) services. Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have special needs. There is an increase in the number of older people with dementia which can be associated with significant behavioural and psychotic symptoms where psychiatry of old age services are required. The projected cost pressure of 3.4% projected for the population aged 65 years and over may have a significant impact on service provision for this cohort. Additionally, the population of children nationally is expected to increase by 8,530 between 2016 and 2017 creating an additional demand on child and adolescent mental health services (CAMHS).

### **Priorities 2017**

Our priority in 2017 will continue to be the delivery of services to the population in line with our strategic priorities as set out above. With an increasing demand for mental health services, particularly among those aged >65 and < 25, the Programme of Reform currently underway across Mental Health will be critical to the on-going delivery of services that are accessible, effective and safe. Our work in 2016 in respect of Youth Mental Health will inform the coordinated delivery of services in 2017.

Our programmatic approach to the improvement of services, underpinned by a commitment to Recovery will be supported by engagement with those who use our services and their families. Actions to be undertaken in 2017 to demonstrate our commitment to Recovery and Engagement include the appointment of 9 CHO Area Leads of Engagement, the recruitment of Peer Support Workers and continuing to mainstream ARI across services nationally.

The detail of the work to be undertaken is set out in the later sections of this document, however, examples of particular Service Improvement initiatives that are prioritised in 2017 include:

- Development of a national strategic framework for an agreed recovery approach for Irish Mental Health Services
- Planning and implementation of comprehensive training programme for staff on new National Mental Health Quality Standards
- The development of a model for the provision of enhanced 7 day services
- The provision of integrated mental health services to people experiencing homelessness
- The development of a model of care for people with co morbid mental illness and substance misuse

- The development at CHO level of consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide
- The review, update and full implementation of the Standard Operating Procedure in CAMHS services
- The appointment and embedding of team co-ordinators in all Community Mental Health Teams
- Development of a model of care for delivery of consistent Mental Health of Intellectual Disability services
- Enhancement of standardised data collection and performance monitoring and management systems

Work will also continue on improving mental health infrastructure nationally. With approval now received to progress the new National Forensic Hospital, this landmark development will mark the most significant Mental Health capital development of recent decades.

In 2017, we will seek to engage with staff working in our mental health services in a more coordinated way, through their involvement in service improvement initiatives. Their experience and the experience of those using services will inform our continued improvement agenda with a view to improving the quality of all mental health services.

### Risks to the Delivery of the Operational Plan

The National Service Plan 2017, on page 2, sets out the general potential risks at a high level for the wider health service in delivering on the plan for 2017. In identifying the more specific potential risks to the delivery of this Operational Plan for Mental Health Services, the Division acknowledges that the following will need close management as we seek to implement this operational plan. We will actively monitor and assess all of these and other risks that emerge as 2017 proceeds and while every effort will be made to mitigate the risks, it may not be possible to eliminate them in full

- The capacity to comply with regulatory requirements for mental health services within the limits of the revenue and capital funding available.
- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties.
- The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.
- The budget and staffing assigned to Mental Health provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services.
- The limitations of our clinical, business information, financial and HR systems. Specifically, the delivery of the plan is impeded by the lack of a robust performance management culture supported by good data in Mental Health Services. This is exacerbated by the absence of a single national Mental Health Information system and the dependence on a multitude of recording systems and processes

- The significant requirement to reduce agency and overtime expenditure given the scale and complexity of the task including the scale of recruitment required and the information systems constraints.
- Unavoidable public pay policy and approved pay cost growth in areas that have not been funded including staff increments.
- Risks associated with our capacity to invest in and maintain our infrastructure and equipment.
- The capacity for programme management and change management of the mental health services due to both a shortage of these skill sets and the need to continue to deliver “business as usual” i.e. our core services.
- The challenge in achieving the culture change required in mental health services to move to genuinely recovery focused services with full service user, carer and family member involvement.
- Any failure to develop fully functioning CHO and community mental health teams will impact adversely on overall delivery of this plan and the adequacy of the service response.

**Signed**

*Anne O'Connor*

**Anne O'Connor**

**National Director Mental Health Services**

# Building a Better Mental Health Service

## Quality and Service User Safety (QSUS)

Ensuring that the mental health services provided to our population are safe and high quality is a central, service-user-focused goal for the HSE. Last year in the National Service Plan 2016 and again in 2017 quality and safety are core themes and clear objectives for the Division are described. There have been significant investments and progress related to our 2016 quality and safety objectives – and these are built upon for 2017 ensuring continued improvements in quality, increased service user safety and engagement.

The Quality and Service User Safety (QSUS) Team within the Division has grown and is now fully operational. The Mental Health Incident Support and Learning Team continue to provide a vital quality assurance function reporting to the National Director. A Community of Practice in mental health quality and safety will be established during 2017 connecting the national QSUS team and quality and safety staff at regional and local level. At an inaugural Mental Health Quality and Safety Seminar in 2017 we will bring together all of the safety and quality professionals within mental health to reflect on progress to date, hear from leaders in the field of mental health quality and safety, and work collaboratively to achieve our 2017 objectives. This will mark a move to strengthen the learning function of QSUS, feeding back information to the service in order to facilitate intelligence led regional and local level safety interventions.

The 2016 objectives were focused broadly on increasing the Divisions ability to be responsive to trends and emerging priorities in quality and safety. This is in turn aimed at enabling the provision of effective targeted support and interventions, so assuring not only quality and safety but compliance with our regulatory obligations e.g. the capital work invested in to make the physical environment safer. 2017 will see the launch of our Standards for Mental Health Services as a direct result of our 2016 objective to develop a standardised self-assessment and monitoring framework for mental health services.

While the progress described above has been impactful and there is strong strategic oversight of quality and safety, there is more to be done. The priorities below outline the areas on which the QSUS team and the Division will be working on in a structured programme as part of the 2017 operational plan. Some of these priorities are carried forward from 2016 as they warrant multi-annual attention. In addition to these priorities, cross divisional work and work with our stakeholders will ensure that new policy and legislation is operationalized safely and effectively across mental health services as and when it is launched.

### QSUS Priorities 2017

- Implement the HIQA/MHC patient safety incident standards.
- Establish a Community of Practice in mental health quality and safety linking national, regional and local HSE mental health staff working in quality and safety – providing support, mentorship and sharing best practice.
- Improve the level of service user engagement in the quality and service user safety programme of work, to include a collaborative review of complaints management with the Quality Assurance & Verification Division.

- Launch the Standards for Mental Health Services designed during 2016.
- Develop a national compliance monitoring function against the Mental Health Commissions regulatory requirements.
- Support the development and implementation of a framework of assurance relating to incident and risk management, aligned to revised HSE policy - including the roll out of NIMS.
- Increase the cadre of trained System Analysis Investigators in mental health.
- Increase risk and risk management literacy and capacity across mental health services.
- Implement a service wide Quality & Safety Learning Framework – providing targeted resources and support to address priority issues such as physical health monitoring and management, the physical environment and other themes as they emerge in year.

## Improving the health and wellbeing of the population

The introduction above refers to the demographic changes and their impact on mental health services and in addition, life expectancy in Ireland has increased and is above the EU average at 83 years for a woman and 79 years for a man. We are living longer through advances in medicine, technology and improved models of care. The population will grow by 34,800 (0.7%) people between 2016 and 2017, up to 19,800 (3.2%) more people over 65 years, 8,940 (5.7%) more people between the ages of 70 and 75 years and 2,600 (3.7% more people over 85 years. The Healthy Ireland Framework sets out a vision for how people can live fulfilled lives and be as healthy as they can and NSP 2017 set outs what we will do at HSE level in this regard and this plan identifies specific actions in the later sections relating to promoting good physical and mental health and the move towards illness prevention, early detection and self-management into our services.

## Mental Health Engagement (MHE)

The National Service Plan 2017 continues to identify learning from service user experience as one of its key quality priorities in 2017. In keeping with this priority, the Mental Health Services will incorporate and take action on the views of service users, family members and carers, thereby, making them central to the design and delivery of mental health services.

Building on the innovative achievements of 2016, including:

- the appointment of the Head of MHE,
- the launch of the report into the work of the Reference Group of service users and family members, A Partnership for Change,
- the publication of the Listening Meetings Report,
- extensive contact and partnering, where appropriate, with relevant Government Departments and bodies, Non-Governmental Organisations (NGOs) and academic institutions

Mental Health Engagement will, in 2017, work to establish structures, systems and mechanisms, and to provide capacity building and training, for effective and meaningful service user, family member and carer engagement and participation. Moreover, Mental Health Engagement will continue to develop its knowledge and expertise in how best to listen to, and engage with, people who use our services and their families and carers.

### MHE priorities for 2017 will focus on:

- On-going development of the Office of MHE nationally.
- Continued contact and partnering, where appropriate, with relevant Government Departments and bodies, NGOs and academic institutions.
- Appointment and embedding of an Area Lead for MHE in each CHO Mental Health Management Team.
- Establishment of area forums and development of local forums to enhance MHE in the 9 CHOs, as recommended by the Reference Group Report, A Partnership for Change.
- Further development of the evidence base for effective practice in service user, family member and carer engagement.
- Develop standards and support better practice for engagement with service users and their supporters.
- Progression of the National Carers Strategy in mental health services, with particular reference to the needs of family members of service users when their loved ones come in contact with the services.
- Appointment and embedding of Peer Support Workers.

### Mental Health Service Improvement

Health services are provided across the country in large urban centres and smaller local communities. It is essential that these services are organised in a way that ensures they are capable of responding to the needs of these communities. The national Programme for Health Service Improvement will be key to enabling a more integrated care delivery model.

The MHD continues to develop the overarching conditions that are essential for good governance, accountability and delivering sustainable change. Specifically, to this end, the Division will continue to invest in change management and programme management capacity to ensure that the pace and changes required are sustainable and consistent with organisational reform priorities and standards.

The Mental Health Division, Strategic Portfolio and Programme Management Office (MHD SPPMO) was established by the HSE Mental Health Division (MHD) in conjunction with the Centre for Effective Services who provide value-added experience in service improvement and implementation science. This collaborative initiative supports the delivery of a structured sustainable programme of change throughout mental health services. During 2016 in collaboration with the National Management Team and MHD staff, the SPPMO has completed its design stage and is now fully operational. It has produced a project management guide, an implementation plan and a register of core projects to inform the direction of future work. This programme of work is approved and monitored through a specific Change Board to promote greater integration and collaborative change structures across the wider mental health system. The Change Board provides robust governance structures, oversight and control of change initiatives across mental health services. The SPPMO online tools and resources were made live and available to the HSE to further support their project management capacity. It continues to develop tools which will be made available over the coming year.

Since the establishment of the Mental Health Division three years ago, many people have been involved in supporting and driving improvement of mental health services nationally. The range and scale of this work and the resulting achievements are considerable across the spectrum of service user engagement, quality and safety, clinical programmes, operational performance and improved resource management and infrastructure. In addition to the SPPMO above, which provides a structure to support and deliver a framework for successful implementation and continued improvement, the most recent development is the appointment of Service Improvement Leads and establishment of a Service Improvement function to continue this momentum for improvement, providing additional dedicated delivery capacity for the reform of mental health services. As well as managing and providing change management and subject expertise to service improvement projects, service improvement leads will have a key role in promoting a service improvement and learning organisation culture in mental health services.

The Service Reform Fund (SRF) is a €45m fund which has been established to support the implementation of reforms in the Disability and Mental Health Service in Ireland from 2016 to 2018 in a partnership between the Department of Health, Atlantic Philanthropies, Genio and the HSE. In Mental Health the fund will promote the reform of services in line with recovery and person-centred principles. There is approval for an €18m fund for Mental Health services and this will be allocated competitively at CHO level in a number of funding rounds against specific objectives advancing Recovery focused initiatives, supporting individual placement and supports, supporting users transition from HSE provided accommodation and meeting the mental health needs of those who are Homeless. Proposals will be judged on the capacity of the CHO to deliver sustainable, coherent, integrated, recovery-focused changes and will be assessed against transparent criteria by a grants committee comprising of HSE, Genio and independent members. The fund provides a further welcome opportunity to resource change management and improvement in line with the objectives of the Division.

Recovery remains a key improvement focus for the Division and has been driven through the Advancing Recovery in Ireland (ARI) initiative in recent years. The ARI national office works with local services to develop service improvement committees with representation from all relevant MH stakeholders. Encompassing adult education principles, ARI leads on a number of recovery innovations including recovery colleges, recovery principles and practice workshops, peer support workers and peer led involvement centres. As evidence begins to emerge of the transformative effect of these innovations on services ARI is developing a national recovery framework for local services to benchmark themselves against supported by a comprehensive evaluation of the approach.

## National Clinical and Integrated Care Programme

The National Clinical Programmes are central to the reform underway within our health services. Programmes, which are clinically led, provide a strategic approach to the reform of a broad range of services in the primary care, acute care, mental health, community and social care sectors. Key priorities for 2017 included designing and implementing a number of integrated care models spanning all operational services. These integrated care programmes are being implemented on a phased basis in the areas of patient flow, children, maternity, older people and prevention and management of chronic disease. The Integrated Care Programmes represent a new phase in health care reform and look at where these individual clinical programmes need to be joined up to provide a more effective end-to-end patient journey, particularly where patient needs are complex and involve multiple encounters delivered across providers.



Within Mental Health there are five clinical programmes namely

- Management of Self Harm Presentations to Emergency Department Clinical Programme
- Eating Disorders
- Early intervention in Psychosis
- ADHD
- Co morbid Mental Illness and Substance Misuse (Dual Diagnosis)

All our clinical programmes are co-produced with service users, heads of clinical disciplines, the College of Psychiatrists of Ireland and the HSE. During 2016 The Model of Care for the management of Self Harm presentations in ED was launched together with a Standard Operating Procedure (SOP) to guide services in its implementation. 21 ED sites were delivering the programme by the end of 2016. Clinical Leads were appointed for all programmes during 2016 and they have commenced work on designing the relevant Model of Care. In addition, training was provided for front line staff with a follow up day on Family Based therapy for CAMHS, Behavioural Family Therapy supervision sessions for trainers and an induction day for all new staff delivering the self-harm clinical programme. We continue to monitor progress on implementation and have collected relevant data from services on what clinical interventions are being delivered.

In 2017 the focus will be on:

- Continuing the collection of data from local services to demonstrate that staff use the evidence based interventions to the benefit of service users and families.
- Finalising the Models of Care for Eating Disorders and Early Intervention in Psychosis and commencing implementation across the country
- Completing the design of the clinical programme for ADHD and Co morbid Mental Illness and Substance Misuse (Dual Diagnosis).

## The National Office for Suicide Prevention

*Connecting for Life 2015–2020 (CFL)* is the national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. This vision will be achieved through the adoption of a number of goals including; a better understanding of the factors that are linked to suicidal behaviour; supporting communities to prevent and respond to recognised risks for suicide at community and individual level; targeted approaches for those vulnerable to suicide; improved access, consistency and integration of services; safe and high quality services; reduced access to means; and better data and *research*.

The National Office for Suicide Prevention (NOSP) provides cross-sectoral support for the implementation of CFL. The NOSP is a core part of the MHD, providing strong alignment with mental health promotion and specialist mental health services delivery as appropriate. In order to be effective it relies on strong working relationships with HSE Health and Wellbeing, HSE Primary Care and other HSE divisions as well as with other statutory, non-statutory and community partners. As part of NOSP's remit under CFL, it has responsibility for the following:

- Co-ordinate the implementation of CFL;



- Track and monitor the implementation and outcomes of the strategy to support evidence based approaches;
- Provide an advisory function and oversee the quality assurance frameworks on suicide prevention practice;
- Undertake and commission research and evaluation;
- Ensure effective communication on suicide prevention to the agencies responsible for implementation of the strategy and the public;
- Share, with target audiences, the learning emerging from the implementation of the strategy;
- Co-ordinate media monitoring activity and stigma reduction campaigns;
- Develop and coordinate the implementation of the National Training and Educational Plan;
- Commission the provision of services and supports.

Key priorities and actions to deliver on CFL goals in 2017 are detailed in the Actions section in this plan as;

- Implementation of Connecting for Life Communications Plan;
- Implementation of a National Education and Training Plan and support its delivery;
- Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure;
- Develop a national research and evaluation plan to support the monitoring and evaluation of CFL;
- Support the consistent development of local suicide prevention action plans.

### Developing a performing and accountable health service

We will continue to focus on improving the performance of our services and our accountability for those services in relation to Access to services, the Quality and Safety of those services, doing this within the Financial resources available and by effectively harnessing the efforts of our Workforce.

With the goal of improving services, our Performance and Accountability Framework 2017 sets out the means by which the HSE and in particular the national divisions, Hospital Groups, CHOs, NAS, PCRS, and individual managers are held to account for their achievable performance. The focus of the performance and accountability framework is on recognising good outcomes while continually improving the performance within our services. In 2017 we will:

- Implement the HSE's Performance and Accountability Framework 2017, including strengthened processes for escalation, support to and intervention in underperforming service areas.
- Establish a Performance Management Unit to support implementation of the Performance and Accountability Framework including addressing the requirement to create optimum performance conditions.
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle.
- Continue to strengthen and oversee the HSE's Governance Framework with its funded section 38 and section 39 agencies through the national Compliance Unit and strengthen the management of the HSE's relationship with its funded agencies at CHO and Hospital Group level.
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

# OPERATIONAL FRAMEWORK

# Cross cutting priorities

## A multi-year system-wide approach

These system-wide priorities will be delivered across the organisation. Further detail on 2017 actions will be reflected in Operational Plans 2017 for each of the relevant service areas.

### Promote health and wellbeing as part of everything we do

- Implement the Healthy Ireland in the Health Service Implementation Plan 2015–2017
- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health
- Progress implementation of Making Every Contact Count
- Implement Connecting for Life
- Increase support for staff health and wellbeing.

### Quality, safety and service improvement

- Implement integrated care programmes, with an emphasis on chronic disease and frail elderly
- Implement priorities of the national clinical programmes
- Implement the National Safety Programme initiatives including those for HCAI and medication safety
- Implement the HSE's Framework for Improving Quality
- Measure and respond to service user experience including complaints

- Carry out patient experience surveys and implement findings.
- Continue to implement open disclosure and assisted decision-making processes
- Implement *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*
- Report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents
- Implement programmes of clinical audit
- Implement National Clinical Effectiveness Guidelines
- Continue to implement the *National Standards for Safer Better Healthcare*
- Carry out the Programme for Health Service Improvement
- Put *Children First* legislation into action
- Implement *eHealth Ireland* programmes.

### Finance, governance and compliance

- Implement the HSE's Performance and Accountability Framework
- Comply with governance arrangements for the non-statutory sector
- Implement and monitor internal and external audit recommendations
- Progress the new finance operating model and further embed activity based funding
- Implement the Protected Disclosures legislation
- Put in place standards / guidelines to ensure reputational and communications stewardship.

### Workforce

- Implement the 2017 priorities of the *People Strategy*
- Implement the Pay and Numbers Strategy 2017
- Carry out a staff survey and use findings
- Progress the use of appropriate skill mix across the health service

# Delivery of Services 2017

The Mental Health Division carries operational and financial authority and accountability for all mental health services, covering:

- CHO based Mental Health Services including approved centres, community based teams (Child and Adolescent Mental Health, General Adult, Psychiatry of Old Age etc) and specialist services.
- National Forensic Mental Health Service
- National Office for Suicide Prevention

The work of the division is supported through specific roles and functions including:- The Office of the National Director; Mental Health Engagement; Quality and Service User Safety; Operations; National Clinical Programme Lead for Mental Health; and Planning and Service Improvement. The Division has specific Finance, HR, Communications, HBS and ICT support available to it within these separate support Divisions. The Health Service Improvement Unit collaborates with the Divisions in respect of the elements of our overall work programme that form part of the Health Services Improvement programme. The Programme Management and Service Improvement functions report operationally to the divisional Head of Planning and Service Improvement.

Mental Health Type and Volume of Services			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
<b>CAMHs</b>			
No. of children attending CAMHs	-	17,794	18,496
No. of CAMHs referrals seen by mental health services	-	12,415	14,365
No. of CAMHs inpatient units	-	4	4
No. of CAMHS inpatient beds	-	74	74
No. of admissions to CAMHs acute inpatient units	-	306	335
Total no. to be seen for a first appointment at the end of each month	2,449	2,643	2,599
Total no. to be seen 0-3 months	1,308	1,344	1,546
Total no. on waiting list for a first appointment waiting > 3 months	1,141	1,299	1,053
Total no. on waiting list for a first appointment waiting > 12 months	0	235	0
No. of CAMHS Day Hospitals	-	4	4
No. of Community Child and Adolescent Mental Health Teams	-	74	74
<b>General Adult</b>			
No. of adult referrals seen by mental health services	-	28,875	39,321
No. of adult inpatient units, including psychiatry of old age	-	31	31
No. of adult inpatient beds, including psychiatry of old age	-	997	1,002
No. of admissions to adult acute inpatient units	-	13,104	13,104
No. of Day Hospitals, including psychiatry of old age	-	77	77
No. of High Support Community Residences	-	68	68

<b>Mental Health Type and Volume of Services</b>			
<b>Area of service provision</b>	<b>NSP 2016 Expected Activity</b>	<b>Projected Outturn 2016</b>	<b>Expected Activity 2017</b>
No. of Medium and Low Support Community Residences	-	142	142
No. of Community Mental Health Teams	-	114	114
<b>Psychiatry of Old Age</b>			
No. of Community Teams	-	29	29
No. of psychiatry of old age referrals seen by mental health services	-	8,908	10,013
<b>All</b>			
No. of MHID Teams	-	13	13
No. of Homeless Teams	-	2	2
No. of external placements	-	194	194
<b>Forensics</b>			
No. of forensic inpatient beds	-	93	97 <sup>(i)</sup>
No. of forensic teams	-	7	7
No. of admissions to forensic inpatient beds	-	31	32 <sup>(i)</sup>
No. of referrals seen by community forensic teams	-	100	120
No. of patient reviews by prison in-reach services	-	5,132	5,234
<b>Counselling</b>			
No. of adults seen by Counselling in Primary Care Service	-	8,680	8,897
No. of adults seen by National Counselling Service	-	3,030	3,090
<i>(i) Planned opening of additional beds which may provide for further admissions</i>			

# Programme for Government Funding

The later section setting out the Financial Plan provides significant detail in relation to the total funding available for the delivery and development of Mental Health services, inclusive of the 2012-2016 PfG funding, and the mechanisms to meet the commitment to meet a balanced financial position in 2017. Previous National Service and Mental Health Division Operational Plans have outlined significant detail on the investment of the 2012-2015 PfG funding of €125m providing for over 1,500 new posts to develop increased services and teams, as well as funding partner agencies with additional funding to expand their range of services.

Specifically during 2016, Programme for Government (PfG) funding of a further €35m was received by the HSE for the continued development of new and existing services. This provided for both recurring service developments in mental health already started in 2015 and/or starting in 2016 as outlined below, as well as the opportunity for enhanced funding for the Mental Health capital programme in addition to once-off investment during 2016 in existing service infrastructure towards improved safety and compliance.

## Investment of PfG 2016 funding

In addition to the continued delivery of existing services and design and implementation of new models of care that are not dependent on new monies, this additional funding has provided for continued investment in services aligned to our strategic priorities, requiring potentially another 400 staff to be recruited to Mental Health services over and above the 1500 posts funded through 2012 to 2015 PfG investment.

- Funding of €2m for enhanced service user engagement, participation and direct employment of Peer Support Workers across our services.
- Collaboration between mental health and primary care on the continued development of early intervention and prevention counselling services by mental health and primary care, specifically for young people under 18 years of age. This €5m investment provides for over 120 new posts to be recruited for the provision of psychological supports for these young people.
- Up to €5m for the enhanced provision of Jigsaw services nationally providing for new services in Dublin, Limerick and Cork as well as enhancing and embedding existing 10 sites nationally.
- Funding of nearly €7m was provided for the opening of new Acute and High Observation Units in Galway, Drogheda and Limerick, Deer Lodge Continuing Care Unit, Killarney and also increased in-patient capacity in Dublin South East and Kildare.
- Continuing to address the current service gap for low secure acute care and rehabilitation services for service users with complex needs through an additional €5m investment in placements with partner providers specific to the service user and/or enhancement of our current statutory provision.
- A €2m investment to develop responses and supports for those moving out of homelessness.

- Additional posts across existing and new specialist teams e.g. CAMHs Eating Disorders, DeafHear etc. costing €3.8m.
- Investment of €2.6m in ICT systems and infrastructure to improve availability and management of information on resource usage e.g. staff access to desktop technologies, E-Rostering etc.
- A range of additional services such as €0.5m for enhanced Perinatal Mental Health Services, €0.3m for additional counselling services, €0.3m to start design of the new clinical programmes for ADHD and Dual Diagnosis.
- Training of €0.7m for post graduate placements for nursing and psychology.
- As the range of approved recurring funding could not be spent in full in the first year of allocation of 2016, there has been significant once-off investment allowing
  - approved Capital projects to be delivered sooner than would have otherwise been possible due to making €7m available for Kerry Acute Unit development which will open in 2018, upgrade of Lakeview Acute Unit in Naas and design stage to start on replacement of current Blackwater House Continuing Care Unit in Monaghan;
  - enhancement and improved safety of a range of mental health facilities across the country due to once-off investment of €6m;
  - joint investment with Atlantic Philanthropies in a multi-annual service reform fund resulting in a net investment by both partners of €18m in mental health services 2016- 2018;
  - in excess of €2m funding provided once-off to partner agencies and services for improved training and supports.

### Prioritisation of PfPG 2017

The detail provided in the Action Plan section of this document sets out the range of initiatives required to enhance services to respond to the current and changing needs of our population. The 2017 PfPG funding provides for additional spending for enhanced services up to €35m on a full year basis. This will enable further improvements to services across a number of age groups and specialties, and assist the continuing development of integrated approaches to youth mental health and suicide reduction initiatives. As projects initiated in 2017 will require certain lead-in times to achieve full scale operation, an allocation of €15m is set aside for these services in 2017. In addition to the PfPG 2017 funding, the full resources should continue to address the multi-year strategic priorities including a continued focus on prevention and recovery oriented models of care as outlined in the key actions below. The national forensic mental health service will also receive the benefit of significant capital investment in 2017.

As indicated in NSP 2017, priority will be given to the following in the welcome investment of the new PfPG 2017 funding and detailed service development proposals in line with these priorities and detailed Actions as outlined in the later section, will be submitted to the Department of Health for release of this new funding.

- A continued focus on service user, family and carer engagement through implementation of the *Reference Group Recommendations* as well as development of peer support service models.
- The increased safety of mental health services, including improved regulatory compliance and incident management.

- The promotion of positive mental health and implementation of the health sector actions in the *Connecting for Life 2015-2020 Suicide Reduction Strategy (CFL)*, Actions arising from the work of the National Youth Mental Health Taskforce will also be advanced.
- The continued re-configuration and development of CAMHS, Adult and POA community mental health teams at a consistent level across all areas within available resources.
- A continued focus on ensuring appropriate access by older adolescents to specialist mental health services and, for those requiring acute admission, their continued appropriate placement and care in child and adolescent-specific settings.
- The enhancement of specialist services using new 2017 and previous PFG funding together
  - to provide 7-day service responses for known mental health users in crisis including provision of a weekend service in nine locations nationally,
  - to continue to increase services to meet the needs of those with severe and enduring mental illness with complex presentations,
  - to continue the multi-year development of acute care, including opening of new acute units in Kerry and Letterkenny,
  - to provide and fund counselling/therapeutic supports for those with mental illness,
  - to further enhance responses to those who are homeless and mentally ill,
  - to improve mental health service responses to those with eating disorders,
  - to enhance community based Forensic In-Reach teams,
  - to embed the specialist clinical responses through the existing mental health clinical programmes.
- The strengthening of governance arrangements through the HSE's Performance and Accountability Framework to improve performance and effective use of human, financial and infrastructural resources, including the on-going roll-out of ICT infrastructure and systems.
- In accordance with the WRC agreement of August 2016, funding arrangements will be put in place to increase the number of undergraduate psychiatric nursing places by 60 in autumn 2017. The Department will work with the HSE to develop a sustainable approach to the continued funding of the increased undergraduate psychiatric nursing places.



# Financial Plan

## Key Points

- The 2017 funding provides for additional spending for enhanced services up to €35m in a full year, with a maximum additional spend in 2017 of €15m. This will be made available to the HSE once these developments are agreed and will bring the total revenue budget to €853.1m. This represents an overall increase in budget of €24.5m and equates to 3% compared to the equivalent net closing budget figure in 2016.
- The Division will fully deliver on its financial commitment in 2017 i.e. a balanced financial position. The goal for 2017, similar to 2016, is to give managers a realistic 2017 budget that represents a “stretched” but deliverable target. This is part of our multi-year process to ensure equity of service provision across the regions.
- The Division recognises and is concerned about Existing Level of Service (ELS) Costs that will need to be funded in 2017 through close management of the timing of development funding.

## Financial Context

This table details the key components of the 2017 Budget which includes the additional €15m held by the Department of Health for priority new developments in 2017. This €15m will be made available to the HSE once these developments are agreed and the costs related to these posts come on stream. Detail by Community Health Organisation is outlined in the table at the end of this section. There were a number of remapping changes required to correctly align costs to Mental Health and these amounted to approximately €2.0m.

SUMMARY OF MENTAL HEALTH KEY FINANCIALS 2016 & 2017	€m
<b>2016 Starting Budget</b>	<b>791.6</b>
2016 Programme for Government	35.0
Re-mapping	2.0
<b>2016 Closing Budget</b>	<b>828.6</b>
Pay Cost Pressures Adjustments	10.1
<b>2017 Opening Budget</b>	<b>838.7</b>
<b>2017 Programme for Government</b>	<b>15.0</b>
<b>2017 Maximum Budget</b>	<b>853.7</b>

## Existing Level of Service

The cost of providing the existing services at the 2016 level will grow in 2017 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, and price rises etc. (See expanded detail in Pay and Non Pay Cost Pressures sections below). The HSE will prioritise its efforts around strengthening payroll controls, reducing waste and increasing productivity in order to mitigate the continuing annual growth in health and social care costs pressures being experienced in Ireland and internationally. Thereafter to the greatest extent practical and consistent with the safe delivery of services we will deliver services at 2016 levels or at an increased level where this is supported by the funding available. The Division

recognises and is concerned about Existing Level of Service Costs that will need to be funded in 2017 from close management of the timing of Development Funding.

## New Monies

The 2017 Opening Budget – maximum Spend of €838.7m (before the additional €15m in 2017) will allow for an increase in spending from €825m in 2016 to €838.7m in 2017 as set out in this table. This increase is mainly driven by the full year costs of posts / initiatives related to the Programme for Government (PFG) Investments. The timing of the PFG posts in particular will need to be carefully managed to ensure that the Division delivers a balanced budget in 2017.

<b>SUMMARY OF MOVEMENTS IN MENTAL HEALTH NET SPEND FROM 2016 to 2017</b>	<b>€m</b>
2016 Recurring Spend	803.9
Capital/Minor Works and other MH Allocations 2016 – Once off	21.1
<b>2016 Total Spend</b>	<b>825.0</b>
<b>2017 Starting Spend Limit</b>	<b>838.7</b>
2017 Programme for Government limit	15.0
<b>2017 Maximum Mental Health Spend 20</b>	<b>853.7</b>

The inclusion of the further €15m from the 2017 Programme for Partnership Government allows the maximum spend to increase to €853.7m, an increase in spend in 2017 of €28.7m equating to 3.5%

The Division continues to refine its detailed analysis of resources (staff & facilities) and the populations to which these resources are allocated. This has informed the wider allocation process for the 2015 and 2016 development monies across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2017 development funds of €15m maximising equity across regions, age and social need as appropriate.

## Approach to Financial Challenge

The HSE has identified a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified for 2017.

The key components of the HSE approach to addressing this challenge involve achieving increased efficiency, budgetary management and include:

- Governance – intense focus on budgetary management through enhanced accountability framework
- Pay – continue to meet the requirements of the Pay & Numbers Strategy in place across the HSE which integrates recruitment, agency conversion and workforce planning
- Non-Pay – implement targeted cost management programmes for specific high-growth categories as relevant
- Income – standardise and, where possible, improve the level of income generation achieved in 2016
- Activity – examine efficiency, effectiveness and value as part of the performance management process.

All services will need to operate within the planned cost level for 2017 in order for the HSE to deliver a balanced position and there is extremely limited scope to address any overrun in one area by compensating underspends in another area. The underlying cost pressures faced by mental health services (including increases to consultant pay scales, the cost of increments, unavoidable agency costs and emergency placements) will be dealt with in 2017 from within the current base budget. This will be facilitated by the continued implementation of the multi-year programme for delivering improved models of care, including staffing and skill mix improvements already underway. It requires the agreed and appropriate utilisation of available development funding from prior years to address issues such as the premia cost in medical agency and the cost of external placements, pending the development of more sustainable solutions. It has been assumed that 2017 development monies will only be released to meet the agreed additional costs of new developments continuing this multi-year programme of service improvement.

### Pay Cost Pressures

The Division received €10.1m additional funding to off-set the growth in pay costs associated with the Landsdowne Road Agreement (LRA), Labour Relations Commission recommendations and other pay pressures. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The key items being -

- 1) Cost of Pay Pressures beyond additional allocation, which must be paid in line with approved public pay policy, quantified at €2.2m;
- 2) Unavoidable Agency Costs. Increasing Medical and Nursing Agency costs in Mental Health remain a feature due to the on-going market and availability issues in recruiting and retaining these staff despite considerable efforts and initiatives;
- 3) Staff Levels cost pressures have arisen due to the net impact of the numbers of replacement posts coming on stream at any one time in Mental Health Services (approximately 350 WTEs) outweighing the offset of natural attrition and conversion of Agency and Overtime where feasible.

The Division will implement measures to enable compliance with public pay policy without impacting services or giving rise to a funding deficit. The HSE will continue to engage with the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) during 2017 to seek a sustainable solution for this on-going issue in time for implementation in 2018. It also needs to be acknowledged that there are a variety of factors, including quality and safety issues, driving upward pressure on staff numbers overall.

## Non Pay Cost Pressures

The key Non Pay Cost Pressure in Mental Health relates to Private Placements, which although always a feature of our expenditure, have increased significantly in recent years due to more complex presentations, including Eating Disorders, Challenging Behaviour etc., as well as significantly increased costs per placement arising from regulatory based requirements. The Division acknowledges the requirement to create a model of care that reduces the need for private placements and ensures that skill mix becomes engrained across all locations. It will take time to achieve these efficiencies and the Division will therefore continue to consolidate its financial position to ensure continued provision of safe services whilst continuing to further develop services within the overall financial envelope – including existing and development funding.

## Income Focus

Income – the MHD will ensure compliance with the 2011 Health (Charges for In-Patient Services) Regulations and the National Guidelines for Long Stay Charges. A long-stay contribution is an affordable contribution towards the maintenance and accommodation costs in certain HSE, or HSE-funded, residential settings. It will apply from 1 January 2017. If a service user paid long stay charges before 1 January 2017 in full-time and part-time nursing settings, they will instead make long-stay contributions from that date onwards. The long-stay contribution rates in these settings will be identical to the existing long-stay charges rates. The long-stay contributions system also sets affordable maximum contribution rates in non-nursing settings where accommodation is provided or where upkeep costs (for example, food and utility bills) are funded by or on behalf of the HSE. The HSE are working through financial assessments with its service users and the financial impact cannot be fully gauged at this stage.

Budget by Category	Pay Budget 2017	Non Pay Budget 2017	Income Budget 2017	2017 Opening Budget
	000's	000's	000's	000's
CHO 1	63,163	10,487	-1,995	71,654
CHO 2	80,287	17,360	-1,974	95,674
CHO 3	53,384	10,085	-620	62,849
CHO 4	96,507	17,069	-2,825	110,751
CHO 5	80,880	15,680	-1,980	94,580
CHO 6	42,475	15,614	-2,147	55,942
CHO 7	59,326	22,404	-1,610	80,120
CHO 8	74,445	14,972	-1,529	87,888
CHO 9	82,740	30,177	-4,173	108,744
National Forensic Service	21,108	4,198	-169	25,137
National Office of Suicide Prevention	1,074	9,492		10,567
National Services	2,090	14,044		16,134
PFG 2013 - 2016	9,577	9,069		18,646

<b>Grand Total</b>	<b>667,057</b>	<b>190,651</b>	<b>-19,022</b>	<b>838,685</b>
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## Financial Risk Areas

In identifying potential risks to the delivery of the Financial Plan, it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. These financial risks largely resulting from increased demand for services, increased regulatory requirements and staff recruitment and retention issues are outlined in the previous Risks section of this plan.

	2014 Actual Net Spend	2015 Actual Net Spend	2016 Actual Net Spend	2017 Opening Budget	PFG Posts 2013-2015	Other Pay & Non Pay Once offs	2017 Closing Budget
	000's	000's	000's	000's	000's	000's	000's
CHO 1 Total	64,860	68,221	67,867	67,295	3,359	1,000	71,654
CHO 2 Total	88,718	93,850	98,972	93,342	1,754	578	95,674
CHO 3 Total	56,147	60,070	61,995	59,530	2,596	722	62,849
CHO 4 Total	102,148	105,061	108,555	106,031	3,651	1,068	110,751
CHO 5 Total	87,394	91,681	92,720	91,052	2,035	1,493	94,580
CHO 6 Total	51,016	52,551	55,324	53,717	1,793	432	55,942
CHO 7 Total	68,558	72,561	78,106	74,246	3,673	2,200	80,120
CHO 8 Total	76,911	83,495	89,062	82,772	2,216	2,900	87,888
CHO 9 Total	101,310	104,087	105,154	105,191	2,053	1,500	108,744
National Forensic Service	23,799	24,550	24,419	24,440	698	0	25,137
National Office of Suicide Prevention	8,554	9,452	9,443	10,567	0	0	10,567
National & Regional Services	6,402	14,632	12,082	16,133	0	0	16,133
PFG 2013 - 2016	0	0	21,000	54,369	-23,829	-11,893	18,647
Social care adj		7,070					-
<b>Grand Total</b>	<b>735,817</b>	<b>787,281</b>	<b>824,700</b>	<b>838,685</b>	<b>0</b>	<b>0</b>	<b>838,685</b>

# Workforce Plan

## Introduction

The Mental Health Division recognises and acknowledges the workforce as key to service delivery. The Division will continue to cultivate, develop and sustain its workforce to be committed to excellence and innovation and to promote inclusiveness and diversity. Through supporting and facilitating continuous professional development and learning, embracing leadership and teamwork and accepting and managing change, service delivery will improve.

The People Strategy 2015-2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The Division will continue to support the implementation of the priorities as set out in the strategy, which is underpinned by the commitment to engage, develop, value and support the workforce. The Division will engage with developments in Workforce planning, Learning & Development and Coaching and Mentoring with National HR.

The Mental Health Division Workforce Action Plan is aimed at the development of existing staff and recruitment of new staff in meeting our critical staffing needs to deliver a safe and quality mental health service. The Mental Health Division will align its Workforce Plan with its operating budget process and monitor and evaluate commitment and progress regularly with appropriate stakeholders.

The Workforce plan represents the current challenges faced by the MHD such as the potential for additional budget constraints, increased workload, rising costs, employee recruitment and retention, and the transfer of organisational knowledge. The greatest internal challenge that faces the Mental Health Division workforce is to recruit new talent while retaining current staff to support the transformation underway in the division.

Recruiting and retaining motivated and skilled staff remains vital for the delivery of increasingly demanding and challenging mental health services to an expanding and varying demographic population. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation redesign and organisational development support.

## The Workforce Position

The Division will ensure that the number of employees remain within the available pay budget, in line with government policy on public service numbers and costs. This will be achieved through the management and compliance of a funded workforce plan and in the context of the Accountability Framework. Service delivery units will continue to receive support from the Division, with regard to the challenges that exist in managing the workforce. In addition to continuing the transition from the employment control framework to a funded workforce plan and ensuring existing levels of services are maintained and service priorities addressed, services must optimise the capacity and capability of their workforce. This requires an integrated approach that must be managed in the context of compliance with public sector pay arrangements and policy while identifying opportunities for savings.

At the end of December 2016 there were 9,594 WTE positions in place delivering Mental Health Services as shown in the table here and also broken down by CHO in the table below.

Employment controls in 2017 will be based on the configuration of the workforce that is within funded levels. The funded workforce also includes agency and overtime expenditure.

Staff Category	Dec '11 Direct Staff	Dec '12 Direct Staff	Dec '13 Direct Staff	Dec '14 Direct Staff	Dec '15 Direct Staff	Dec '16 Direct Staff
Medical	721	715	715	712	756	784
Nursing	4,813	4,628	4,572	4,591	4,705	4,755
Health & Social Care Professionals	742	750	1,034	1,154	1,223	1,276
Management/ Admin	803	769	759	755	806	830
General Support Staff	1,123	1,038	986	932	844	819
Patient & Client Care	1,071	1,021	998	1,047	1,070	1,131
<b>Total</b>	<b>9,274</b>	<b>8,921</b>	<b>9,064</b>	<b>9,191</b>	<b>9,404</b>	<b>9,594</b>

Service Area	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16	% Total
CHO 1	72	502	107	92	93	83	948.0	9.9%
CHO 2	89	565	137	130	81	281	1,282.8	13.4%
CHO 3	58	385	147	66	47	78	781.5	8.1%
CHO 4	114	777	195	94	103	124	1,407.0	14.7%
CHO 5	68	647	121	98	211	76	1,220.9	12.7%
CHO 6	57	242	110	56	50	45	559.5	5.8%
CHO 7	101	362	136	67	26	136	827.7	8.6%
CHO 8	81	505	134	101	58	163	1,041.1	10.9%
CHO 9	124	572	166	113	138	111	1,224.3	12.8%
Other Non-Acute	21	196	23	14	13	35	301.8	3.1%
<b>Total</b>	<b>784</b>	<b>4,754</b>	<b>1,276</b>	<b>830</b>	<b>819</b>	<b>1,131</b>	<b>9,594</b>	<b>100%</b>

The funded workforce for Mental Health Services, before inclusion of posts the 2017 €15m development spend, provides for as many as 11,077 WTEs, including conversion of all overtime and agency. The aim is to provide for a stable workforce which will support the continuity of care required for safe, integrated service delivery. This requires an integrated approach, with service management being supported by HR and Finance. It further requires finance and HR workforce data, monitoring and reporting to be aligned. Planned service developments under the Programme for Government and prioritised internal initiatives will also require targeted recruitment in 2017.

### Public Service Stability Agreement 2013-2018

The *Lansdowne Road Agreement*, concluded in May 2015, represents an extension of the *Haddington Road Agreement (HRA)* until 2018. The enablers that existed under the HRA and subsequent



agreements will continue to be used to effect the transformation of the workforce and organisational change. This will involve skill mix initiatives; systematic review of rosters; delayering management structures; restructuring and redeployment of existing workforce; new organisation structures and service delivery models. The Division will support service delivery to shape a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes. This will be achieved through the use of these enablers, which will continue to provide flexible measures to assist clinical and service managers in managing their workforce and support the reform, reconfiguration and integration of services. Furthermore, the Division will continue its work with the WRC Implementation group and engage with the recommendations as set out for nurses in the WRC agreement, 2016.

### Pay and Numbers Strategy 2017

Government policy focuses on ensuring that the numbers of people employed are within the pay budgets available. The management of funding for human resources in 2017 will continue to be based on the Paybill Management and Control Framework. The Mental Health Division will continue to operate the robust control mechanism established in 2015 to monitor staff numbers working directly with our CHO colleagues. This will include the evaluation of staffing requirements in the context of workforce composition, skill mix, cost and capacity to deliver services. The Mental Health Division will continue to focus on further reductions in the cost and reliance on agency staff and overtime in 2017 where feasible with pay costs managed and monitored through funded workforce plans within the CHOs. This will involve services delivering on plans for agency conversion and reduction in overtime expenditure where appropriate to deliver cost effective services. Further support will continue to be provided to progress the development and implementation of management tools, including implementation of e-rostering and the division will continue to support the review of management structures and changes to skill mix within and across staff disciplines to ensure the delivery of efficient and effective services, which demonstrates value for money.

### Developments and Other Workforce Additions

This plan provides specific additional funding available under *Programme for Government 2012 to 2016* for service development posts in Mental Health Services as set out in this table. This comprises of the balance of 2013 to 2015 posts amounting currently to 379 WTEs. The Division continues to analyse its resources (staff & facilities) and the populations to which these resources are allocated in order to maximise equity across regions, age and social need as appropriate. This analysis has informed the wider allocation process for the 2016 development monies of €35m across services and teams. This approach is being enhanced and

Staffing Details	Total
WTE at December 2016	9,594
2013 to 2015 Development Posts yet to start	379
2016 Posts yet to start	350
Agency – equivalent WTE based on 2016 cost	474
Overtime – equivalent WTE based on 2016 cost	280
<b>Total</b>	<b>11,077</b>



systemised and will continue to be used to allocate the 2017 development funds. The allocation of the PfG 2016 funding of €35m provides for up to a further approximate 350 posts which will continue to be appointed during 2017 assuming successful recruitment. Once the Department of Health have agreed release of the PfPG 2017 funding, further posts will be agreed subject to the prioritisation of this funding and further increase this total WTEs figure.

## Workforce Planning

The Mental Health Division has established a Workforce Planning Steering Group. This will support the work of the Health Service People Strategy 2015-2018. The purpose of the group is to develop and sign off on a Workforce Plan for the delivery of Mental Health Services and to provide advice to the Mental Health Division on workforce planning and development matters with regards to all staffing grades within the Mental Health Division. The Workforce Planning Steering Group provides an opportunity for senior representatives of all staffing grades to contribute their expertise and professional knowledge to the planning and decision making process for workforce development in Mental Health Services throughout the country.

Support will be given by HR to the development of a national Integrated Strategic Framework for health workforce planning. A national working group commenced work on workforce planning in line with the HSE People Strategy and the MHD are contributing to the work of this group. Specific initiatives are being progressed during 2017 in the MHD to develop succession plans that provide for the management of the high rate of natural attrition in some disciplines and/or services, improving recruitment and retention in order to maintain a safe level of service and also ensuring that the future required capacity and capability is in place to meet expected service demands and models of care. The Mental Health Division will also continue the rollout of the Enhancing Teamwork Programme to Community Mental Health Teams supporting the emphasis by the organisation on teamwork, communication and innovation. Progress will continue with regard to the development of a framework on staffing and skill mix for specific groups as appropriate. Support and guidance continues to be available in this process through access to the Mental Health Workforce Planner.

Further support will be given by HR to workforce design based on service design and delivery, driven by patient pathways and efficient and effective staff deployment and the development of leadership and management competencies. In 2016 nurse training places have been increased and a post graduate course has been developed. Further education initiatives are being explored and work will continue to develop appropriately skilled staff in partnership with professional bodies and third level organisations in the context of a workforce development strategy, through the development of increased capacity at Third level; enhanced professional training; specialist training; continuous professional development (CPD) and succession planning initiatives.

## Recruitment

Mental health services continue to work with national HR, the National Recruitment Service, the Public Appointment Service and the Consultant Approval Committee, to recruit and retain highly skilled staff to approved positions. The Division will continue to support this work specifically to address the

operational and administrative barriers to successful recruitment and retention. In 2016 the MHD supported the work of the Consultant Recruitment Group which improved the structures in this area and in 2017 we will continue to support this ongoing work. Work has also commenced on a Health Care Assistant National Review and the MHD are contributing to this work.

### European Working Time Directive (EWTD)

The Mental Health Division will continue to progress EWTD compliance for NCHD's through the work of the national verification group. The Division will engage with services to support the achievement of full compliance of maximum 24 hour shift, maximum average 48 hour working week, 30 minute breaks, 11 hour daily rest/equivalent compensatory rest and 35 hour weekly/59 hour fortnightly/equivalent compensatory rest.

### Attendance and Absence Management

Service managers will continue to receive the necessary support required to manage attendance and reduce absenteeism rates of their staff. Work will continue by services to ensure the absenteeism rate for mental health services reach the national target of 3.5%. In addition, the Division will continue to support the implementation of agreed performance management mechanism, at both a national and local level. In doing so, managers will receive support to manage "presenteeism" and performance appropriately.

### Employee Engagement

The People Strategy 2015-2018 places a particular emphasis on improved communication, staff engagement and people management skills. In this context, the Mental Health Division will continue to actively engage with staff and will continuously seek to identify opportunities to involve more staff in planning and decision making. Mechanisms will be developed to improve internal communication and facilitate learning through listening to others. This will enable responsiveness and change necessary to improve service delivery. The Division will continue to embed existing processes to regularly communicate and engage with staff. Such processes will include bi-annual meetings with professional groups, site visits, events and seminars. These methods will inform and involve staff in planning and developing. The staff survey completed in 2016 will issue an action plan and the Division will work with the CHO areas to progress this.

# Action Plan 2017

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>		
Develop structures for implementation of <i>Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2020</i> recommendations in mental health services across all CHOs [Relates to MHD CfL Action 2.1.1]	Integrate CHO implementation plans with National Implementation Plan	Q1 - Q4
	NOSP to provide guidance and support to ensure the development of implementation plans aligned with the national action plan	Q1 - Q4
	Report on activities of CfL through the national cross sectoral steering and implementation groups quarterly	Q1 - Q4
Develop and implement CFL Communications Plan ensuring key stakeholders are informed, supported and engaged about the delivery of CfL	Evaluate current media monitoring and make recommendations for improvement monitoring	Q2
	Complete scoping exercise of existing stigma reduction campaigns that align with CfL towards assuring effectiveness	Q3
Deliver evaluated evidence-based programmes through non-governmental organisations including services for priority groups in line with <i>Connecting for Life</i>	Review current NGO service provision to ascertain whether services provided are aligned to the implementation of CfL.	Q3
Develop enhanced suicide bereavement support services in line with agreed standards and practices [Relates to MHD CfL Action 4.3.1]	Enhance and implement standard operating procedures based on existing evaluations of these services	Q4
	Bereavement training programmes will be tested in four sites across the country	Q1
	Training Programme will be delivered to identified staff at CHO level in 2017	Q1
	Provide standardised bereavement training to professions working with people bereaved by suicide	Q1
Ensure knowledge transfer for those working in suicide prevention	Provide up to date suicide and self-harm data to all organisations working in a suicide prevention sector	Q3
Implement the National Training Plan for suicide reduction	Phased delivery of suicide prevention STORM and 4T4 training for Mental Health Services and other frontline services Staff	Q1
	600 Gardai to receive training in safeTALK and ASIST as part of Garda recruit core training	Q1
	Write a Training for Trainers for the newly developed national standardised 2 hour suicide prevention awareness training programme	Q3
Reduce stigma and increase community capacity to respond to suicide and self - harm	An on-line suicide awareness training programme developed by NOSP will be launched to replace current on-line programme	Q1
Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure	Identification of an evidence informed model for the implementation and monitoring of standards for mental health	Q2
	Identification and development of guidance and protocols	Q3
	Development of standards	Q1
	Pilot standards	Q3
Develop a national research and evaluation plan to support the monitoring and evaluation of	Research function in place within NOSP including monitoring and evaluation	Q1
	Conduct/Commission research on priority groups as set out under Goal 3 of	Q3

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>		
Connecting for Life	CfL	
	Conduct proportionate evaluations of all major activities conducted under the aegis of CfL; disseminate findings and share lessons learned with programme practitioners and partners on activities that may reduce suicidal behaviours	Q2
	NOSP to support innovation in the development of suicide prevention initiatives	Q4
	NOSP to develop an Outcomes Framework aligning with CfL	Q2
Ensure appropriate pathways in place to support the physical health needs of mental health service users	Pilot guidelines agreed in 2016 in to be identified sites	
	Further the work started in 2016, in collaboration with Health & Wellbeing, to develop a guide to healthy eating and implement a programme of education towards increased capacity for staff and service users on awareness of physical activity for people with mental health issues	Ongoing
Improve access by Young People to appropriate locally based early intervention and prevention services [Relates to MHD CfL Actions 3.3.6 (PC Led) and 4.2.1]	Implement agreed actions arising from the work of the National Youth Mental Health Taskforce towards a national position on aligned services accessible to young people and identify initial implementation sites	Q3
Deliver evidence based integrated communications campaigns that promote positive mental health across the population and focus on protective behaviours and signposting to relevant support services [Relates to MHD CfL Actions 1.1.3 and 1.2.1]	Continue the roll-out and development of www.yourmentalhealth.ie and the #littletings campaign through audit of current website in terms of content, accessibility as well as independent evaluation of campaigns	Q3

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services</b>		
Develop perinatal mental health service capacity (funded from 2016 programme for Government)	Report from National Group on Specialist Perinatal Mental Health Service design	Q2
	Appoint CNS resources to relevant maternity hospitals	Q4
	Develop service for CUH and Limerick	Q4
Complete the model of care for Early Intervention in Psychosis	Draft Model of Care available	Q1
	Final draft MOC for approval	Q2
	Complete Standard Operating Procedure (SOP) on Cognitive Behavioural Therapy (CBTp)	Q2
	Complete SOP on Individual Placement Support (IPS)	Q2
To continue to monitor and review the implementation of named EIP interventions	Collate monthly data from sites on Behavioural Family Therapy (BFT) activity	Ongoing
	Appoint IPS workers to CHO's as per SOP	Q3

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services</b>		
	Map training needs based on Model of care	Q3
	Develop Hub teams in line with MOC	Q4
Complete the Model of Care for Eating Disorders	Draft MOC for eating disorders available	Q1
	Final draft for approval	Q3
Support the establishment of the Eating Disorders programme	Continue to deliver Enhanced Cognitive Behavioural Therapy (CBTE) clinical governance to identified staff	Q4
	Establish clinical governance for Family Based Therapy (FBT)	Q2
Continue the development of specialist Eating Disorder CAMHs and Adult Mental Health services [Relates to MHD CfL Action 3.3.7]	CAMHS Dublin CHO6 and 7 (original team proposed and funded through 2015/2016)	Q2
	Adult CHO6 and 7 and part of CHO 8	Q2
	CAMHS Cork CHO4 and 5	Q2
Further develop DeafHear national service	Recruit and appoint additional posts to service using 2016 funding	Q2
To continue to monitor and review the implementation of the SH in ED programme [Relates to CfL Action 4.1.5]	Collate monthly data from all ED's delivering clinical programme	Q4
	Complete site visits by clinical lead	Q2
	Progress ongoing training for staff based on need	Q4
	Expand programme to cover extended hours and weekend cover	Q4
Complete the Model of Care for ADHD	Draft MOC for ADHD available	Q2
	Final draft for approval	Q4
Support the establishment of the ADHD clinical programme	Identify staff to be recruited based on MOC	Q2
	Identify training needs	Q2
	Commence training	Q4
To design Model of Care for Dual Diagnosis [Relates to MHD CfL Action 4.1.2]	Complete appointment of Clinical Lead	Q1
	Appoint a national working group to develop MOC	Q3
	Draft MOC available	Q4

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick.[Relates to MHD CfL Actions 3.3.6 (PC Led) and 4.2.1]	Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick.	Q2 to Q3
Establish Cross Divisional Governance arrangements for the development and delivery of counselling services for <18s in Primary Care [Relates to MHD CfL Actions 3.3.6 and 4.2.1]	Cross Divisional Governance arrangements in place for the development of counselling services for under 18 in Primary Care	Q1

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
Complete provision of 5 High Observation Units	Expanding on additional High Obs capacity funded in 2016 for Galway, Limerick and Drogheda, provide for further High Observation Units in Donegal and Kerry	Q4
Design, develop and further invest in low secure, high dependency rehab services for service users with severe illness and complex needs	Implement a targeted initiative to transfer individuals currently in National Forensic Services or inappropriately placed in Acute Units to private settings	Q4
	Model of care for Specialist Rehab Unit agreed	Q2
	Cohort of population for Specialist Rehab Unit identified	Q2
	Locations/solutions for Specialist Rehab Unit identified	Q3
Increased capacity in CMH beds for those admitted under section 21(2)	Open 21/2 beds funded in 2015	Q1
Increase prison in-reach services nationally.	Establish in-reach teams	Q3
Improve governance and planning for new NFS	Appoint required staff to support the NFS including programme management of the move to the new service and location	Q2
Enhance CAMHS community based Forensic services [Relates to MHD CfL Action 3.3.7]	Recruit and establish CAMHS community based forensic mental health team provided for by PFG funding 2015	Q1
Expand provision of mental health services for those experiencing homelessness and travellers through improved multi agency approach provided for by PFG funding 2015	Expand provision of mental health services for people experiencing homelessness through improved multi agency approach	Q2
	Recruit Traveller Co-ordinators in each CHO funded in 2015	Q2
	Developed Stepped Model of Care jointly across MH and Primary Care	Q3
Enhance provision of independent supported living for mental health service users through implementation of relevant actions for mental health of the Housing Strategy for People with a Disability	Implement targeted Mental Health tenancy supports through employment of tenancy support workers	Q4
Develop and roll out Recovery Strategy. Embed ARI support in all CHO mental health services and in each CHO supporting the implementation of Service Reform Fund Initiatives	Agreed ARI contract with each CHO on delivery of programme of education and capacity building to support development of recovery oriented services in support of Service Reform Fund Initiatives	Q2
Continued evaluation to ensure effective implementation of recovery initiatives	Evaluation steering group established and evaluation plan agreed	Q2
Recovery education and wellbeing programme advanced	Recovery education programme agreed with ARI and implementation commenced in each CHO	Q3
	Implementation of CAWT Recovery College Network (subject to successful Interreg 5-year European funding)	Q4
Accelerate development of more recovery oriented services through use of the Service Reform Fund	Action plans for round 1 funding from CHO's approved and implemented. Substantive applications for Round 2 funding received, negotiated and approved for implementation	Q1 & Q3
Implement Tobacco Free Campus Policy in Mental Health Settings	100% of Approved Centres; and 50% of community residences implementing the Tobacco Free Campus Policy	Q3
	Promote the up-skilling of staff in the mental health services to screen and support smokers to quit	Q4



Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
Residential Support Services Maintenance and Accommodation Contributions (Long Stay Contributions)in each CHO	All financial assessments to be completed in accordance with legislative timeframes.	Q2
Support the implementation of Children First in line with national plan as it relates to mental health staff.	Ensure compliance with phased enactment - all mental health staff are facilitated to complete e- learning training in 2017.	Q3
Recruit and train 20 WTE Peer Support Workers provided for by PFG funding 2016	20 WTE peer trainee Support Workers recruited	Q1
	Trained Peer Support Workers in post in selected areas	Q4
	Evaluation of the initial PrSW project in place	Q3
Develop a clear clinical governance interface between local mental health services and the acute hospitals in the relevant catchment area	Finalise proposed governance structure (Clinical Advisor AH + MH)	Q1
	Report with implementation recommendations agreed by AH and MH Divisions	Q2
Improved 7 day responses in Mental Health Services through increased capacity in Community Services [Relates to MHD CfI Action 4.1.1]	Map existing services	Q1
	Develop implementation plan	Q1
	Design model for improved service response nationally	Q4
	Develop weekend services in 9 locations	Q4
Improved responses in Mental Health Services through increased Liaison Psychiatry capacity (Waterford, Kerry, Cavan, Donegal, Sligo, Mayo) [Relates to MHD CfI Action 4.1.1]	Services operational in: Waterford, Kerry, Cavan, Donegal, Sligo, Mayo and Naas	Q1-4
Lead NCHD and implementation of McCraith recommendations	Appoint lead NCHDs funded by MHD (15) and NDTP (4 Posts)	Q3
Design service governance and service delivery model for MHID	Agreed document on service governance and delivery in place	Q1
	Completion of mapping process	Q3
Commence the development of MHID CMHTs for adult and children	MHID CMHTs for adults available in 6 CHOs and in at least 4 CHOs for children	Q4
Per VFC, further enhance the community mental health team capacity for CAMHS, general adult, psychiatry of old age [Relates to MHD CfL Action 3.3.7]	Enhanced team provision towards VFC requirements	Q1-4
	Support implementation of CAMHS SOP based on review of current level of implementation across teams, including 16/17 years protocol	Q4
Enhance CAMHS services	Improve On-Call provision in CAMHS to emergency departments	Q4
Ensure integration of CAMHS in New Paediatric Hospital	Continue to progress through the existing established working group	Q2
Coordination and delivery of Service Reform fund initiative	Ensure CHO based plans submitted and approved to maximise use of significant new funding available from this fund.	Q2
Residential Support Services Maintenance and Accommodation Contributions (Long Stay Contributions)in each CHO	All financial assessments to be completed in accordance with legislative timeframes.	Q2
Implementation of HIQA & MHC Patient safety incident standards [Relates to MHD CfL Action 5.2.3]	Training, mentoring and roll out of the implementation plan	Q4

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
Launch of the HSE National Standards for Mental Health Services [Relates to MHD CfL Action 5.2.3]	Phased implementation during 2017. ICT platform launch in Q1 supported by comms and training plan through to Q4.	Q4 & 2018
Develop national compliance reporting and monitoring framework against the Mental Health Commission (MHC) regulatory framework	Realtime oversight and monitoring of compliance with intensive support for services facing regulatory action by the MHC.	Q4
Support the development and implementation of a framework of assurance relating to incident and risk management.	Ongoing monitoring of the national policy and its implementation - Including the roll out of NIMS in Mental Health	Q4
To support QAVD with a review of complaints management in Mental Health	A review of compliance with "Your Service, Your Say" in Mental Health.	Q3
Implement a service wide learning framework – providing targeted products and support to address priority issues identified such as physical health monitoring and management	Establish mental health quality and safety Community of Practice (National, regional and local QSUS and QPS staff). Present trends from national quality and safety data to inform local safety interventions. Supported by seminars in Q2 and Q4	Q4

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</b>		
Enhance the service user carer engagement structures at national and CHO level. Appoint a Service User/Family Member/Carer (SUFMC) as Area Lead for MHE to each CHO area Mental Health team	The appointment of a Service User/Family Member/Carer (SUFMC) as Area Lead for MHE to each CHO Area Mental Health Management Team	Q1
	Support and Development structures established for the Area Leads for MHE	Q2
	Capacity building model developed and training available	Q4
	Examine feedback and data collection systems for CHOs, and support development of structures with the Area Leads of MHE	Q4
	Support the establishment of the role of the Area Lead through close work with CHOs	Q2
	Establishment of 9 Area Forums	Q3
	Locum Forums operating in 50% of County Areas	Q4
Progress the implementation of the National Carers Strategy as it relates to mental health services	MHD engagement with the HSE Multi Divisional Carers Strategy Implementation Group in place	Q1
Promote awareness for all MHD sections on the inclusion and involvement of MHE in all areas of design and delivery of services including specific areas of staff training and development.	Agree a standard approach for engagement with HR	Q3
Develop standardised approach to inclusion of family members in care planning for service users	Agree actions with MHNMT and CHOs on approach	Q2



Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</b>		
Development of national standards for SUFC engagement for all stakeholders	Establish working group across National Division and CHOs	Q2
Develop plan for establishing access to advocacy for young people using CAMHS.	Service tender agreed	Q4

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>		
Continue to support the design and implementation of Performance Indicators [Relates to MHD CfL Action 5.2.3]	POA pilot completed and included in published performance metrics 2018	Q1-Q4
	MHID pilot progressed through agreement of data set	Q1-Q4
	Forensic in reach team pilot progressed through agreed data set	Q1-Q4
	DNA Mapping and improvement Project completed	Q1-Q4
	Approved Centre Reporting Enhanced	Q1-Q4
	Review current PIs and assure accuracy and completeness	Q1-Q4
	Publish MH Overview Report 2016	Q2
Further develop Workforce Plan for nursing, medical, Allied Health Professional and Admin/Support staff	Lead NCHD Initiative completed.	Q1
	Workforce Action Plans agreed for all professional groups.	Q1
	Mental Health Workforce Strategy in place based on consolidated and aligned above action plans.	Q3
	Work with Health Business Services (HBS) to develop data and reporting capability on HR SAP system	Q3
	Optimise the recruitment and retention of staff and maximise the available skill sets	Ongoing
Implement the Post Graduate Nursing Programme, develop Post Graduate Non Nursing Post Graduate Program and increase Under Graduate Nursing Numbers	- Post Grad Nursing Programme started Jan 2017 - Post Grad Non-nursing programme scoped and specification agreed - Undergraduate placements increased by 60 places - ANP posts advanced	Q1 to Q4
Continue to develop Comparative Resource Model by developing an agreed Mental Health Framework for the governance of devolved budgets	Model developed and implemented aligned to national pay and non pay frameworks	Ongoing
Further develop process to maximise the allocation of resources on an equitable basis aligned to population and deprivation	Update and extend the resource allocation model for latest census data and aligned to VFC	Q1
Develop the communications capacity in the MHD to ensure more effective delivery of our	Appointment of supports to improve the quality of information provided by MHD managed through established governance structure	Q3

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>		
programmes	Develop service mapping towards Directory of Service on-line facility	Q3
Progress the implementation of the National Mental Health ICT Framework Programme	eRostering Project begin implementation of Phase 1	Q2
	Complete Infrastructure Project implementation	Q4
	Progress the national Mental Health Electronic Health Record Project to tender	Q2
Strengthen accountability with the voluntary agencies funded by the HSE including accountability for the clinical services they are mandated to provide.	Review of nationally funded mental health agencies completed	Q2
Participate in the development of the HSE strategy and programme for the implementation of the Assisted Decision making legislation in mental health services delivery	Programme in place	Ongoing
Commission survey of Mental Health capital stock to scope future infrastructural needs of services.	Commission survey of MH capital stock to scope future infrastructural needs of services.	Q2
	Develop capacity planning tool to assess available space	Q4
Progress initiatives to address the significant shortage of clinical space from which community based services can be delivered and to refurbish existing Approved Centres [Relates to MHD CfL Action 6.2.2]	Repeat Minor Works funding initiative subject to DoH approval.	Q4
Team Coordinator Implementation	Scope current implementation of Team Coordinators to improve uptake and standardised approach in implementation	Q3
Enhance programme management and service improvement capacity of Mental Health Services	Progress implementation of SPPPMO and embed Service Improvement Function	Ongoing

# OPERATIONAL SERVICE DELIVERY

# National Forensic Mental Health Services

## Introduction

The National Forensic Mental Health Service (NFMHS) provides specialist forensic mental health services to people who are referred, from the nine CHO areas in the HSE, the Irish Prison Service (IPS) and from the Irish Youth Justice Service (IYJS).

In addition, the service provides consultation and advice to the Garda Síochána and the Courts Service of Ireland. It is the only service in the state designated to meet the needs of those individuals found not guilty by reason of insanity.

The demand for forensic mental health services continues to increase in line with a growing and ageing & cosmopolitan population. There has been an increase in the number of people found NGRI by the courts, a high rate of referrals from the IPS including those with high security needs and a high rate of referrals from CHOs with increased lengths of stay prior to their admission to the CMH. This has significant implications for the HSE as all these groups have complex and co morbid conditions with significant risks and in multiple settings. The service has seen a new development in the rise of cases of autism & homicide while the expanded role to the IPS has identified the gap between prison and local services with an increased risk of homelessness and loss of contact with mental health services.

The National Forensic Mental Health Division has set a number of multi-annual priorities which will be progressed further in 2017.

## Priorities for 2017

- To open Unit 5 within the Hospital to meet the needs of patients requiring admission to the CMH from Approved Centres, under Section 21(2) of the Mental Health Act (2001)
- To complete recruitment for and operationalise the new Forensic Child and Adolescent Mental Health Team (FCAMH)
- To improve current bed capacity & quality of care in the Central Mental Hospital (CMH) through;
  - The sourcing of appropriate placements for long stay patients in CMH who no longer require the therapeutic security of the CMH.
  - The diversion of low risk patients from the IPS and CMH to CHO services where feasible
- To develop a project management approach for the move of the CMH to new site in Portrane in late 2019 vis;
  - The support of the MHD Project Management Office to secure dedicated programme management resources in the development and delivery of Work Force Planning, ICT Infrastructure, Shared Services, Change Management etc
  - The recruitment of key posts to including QSUS and Hospital administration.

Key Result Area	Actions to Achieve Key Results	Target Q
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>		
Implement a no smoking campus	Implementing smoking cessation programmes in accordance with HSE strategic plan. Identify key lead for service	Q4
Provision of primary care systematically with specified standards in line with best practice and mental health commission requirements.	Continue with National Screening Programmes for all patients Implement targeted actions to improve the physical health of patients with severe mental illness	Q4
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services &amp; Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
Opening of Unit 5- 21(2) Unit.	To develop standard operational policy for the unit. To work with the NRS to ensure a full staffing establishment with appropriate skills mix to safely open the unit and offer a quality service in line with operational policy and recovery model.	Q1
Implement a targeted initiative to transfer individuals currently inappropriately placed within the CMH & the IPS	Review the legal process to enable transfer Continue to work with CHO's to enhance diversion from the IPS and discharge from the CMH to CHOs To monitor and assess the increased workload on the forensic recovery and rehabilitation team	Ongoing (case by case)
Review care pathway and services for female patients within the CMH	Complete needs analysis and subsequently revise operational policy for female patients. To finalise minor capital works to enhance privacy, dignity and rehabilitation programmes. To further develop pathway to community care for female Service users.	Q1
Further development of recovery based services	To develop individual placement and support within the forensic recovery and rehabilitation team utilising the service reform fund to support implementation.	Q4
Review care pathway for MHID patients within the CMH	To review and develop community pathways for MHID Service Users	Q2
Develop early intervention and prevention services for adolescents to ensure timely access	Operationalise F- CAMH team offering a tertiary service to forensic adolescent services and local HSE CAMHS services. Development of MOU with IYJS at Obertstown	Q1

Key Result Area	Actions to Achieve Key Results	Target Q
	<p>Develop SOP for service to HSE CAMHS</p> <p>To progress the MOU with the IPS to prioritise 17 yr olds and 18 to 24yr old age groups in the IPS.</p>	
To progress the development of a national service to the IPS	<p>Finalise MOU with IPS</p> <p>Appoint Prison In-reach teams in conjunction with CHO 2, 3 and 4 to Castlerea, Limerick and Cork Prisons</p> <p>To re-engage with the Interdepartmental meeting with the Dept of Justice</p> <p>To progress the review of the security requirements of the CMH to admit Violent &amp; Disruptive Prisoners with the IPS and the Gardai.</p>	Q1
<b>Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</b>		
Identify, and promote the development of programmes which enhance collaboration and partnership with service users, family members and carers	<p>Implementation of Eolas/ ARI and associated programmes</p> <p>Further develop training for staff that includes a focus on service users and their families and carers</p> <p>Adopt National Carers strategy as applicable to mental health</p> <p>Implement as appropriate the Victims Charter</p> <p>Continue to involve residents and carers in policy, feedback programmes and steering group for the new build</p>	Q4
<p>Implement HSE Open Disclosure policy</p> <p>Review the implementation of the national policy on <i>Safeguarding Vulnerable Persons at Risk of Abuse</i>.</p>	<p>Progress training for staff</p> <p>Review service policies</p>	
<b>Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>		
Develop appropriately skilled staff in partnership with professional bodies, the HSE & the DoH&C; and third level organisations in the context of a work force development strategy	<p>Implement a change programme for the development of the existing service to transition to the new NFS in 2019 including appointment of required dedicated programme management staff and supported by the MH National PMO</p> <p>Adopt an e-learning programme to complement existing training programmes</p> <p>Progress stakeholder meetings within existing clinical</p>	Q4

Key Result Area	Actions to Achieve Key Results	Target Q
	<p>governance structures and Industrial Relation processes with Unions</p> <p>Implement nurse post graduate 1 year training programme for MH nursing in collaboration with ONMSD &amp; UCD</p> <p>Procure undergraduate training programme for MH nursing with ONSMD &amp; DoH&amp;C</p> <p>Implement Advanced Nurse Practitioner and AHP roles in specialist and advanced practice commensurate with regulations</p> <p>Enhance resources for modern psychological and occupational interventions assessment of functional outcomes</p>	
Support the implementation of Children's First training in line with the HSE national plan as it relates to mental health staff	All staff to utilise HSE- land to complete children's first training	Q1
<p>Development of QSUS and Risk Management Infrastructure</p> <p>Support implementation of National Adverse Events Management System (NAEMS)</p>	<p>Review the implementation of the HSE Policy for the management of serious incidents &amp; Serious Reportable Events (SREs)</p> <p>Appoint a Quality Safety and Risk post to support the SMT</p>	Q1
Monitor and implement guidelines for the management of aggression linked to performance assurance.	Continue to progress a whole system approach to the reduction of coercive practices, risk management and training ensuring the safety of patients, staff and the public	Q1

# CHO 1

## Cavan, Donegal, Leitrim, Monaghan and Sligo

### Introduction

The Healthy Ireland, 2012 report and Healthy Ireland Framework for Improved Health and Wellbeing (2013-2015) both indicate that the health pressures experienced by the population in CHO 1 are similar to those of the national population of Ireland. These include living with co-morbidities such as circulatory and respiratory diseases, cancer, lifestyle behaviours of smoking and alcohol and mental health related diseases. These major health concerns are strongly correlated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing. The planning and delivery of mental health services in CHO 1 will take account of both the current and the future health priorities of our population and we are committed to involving and engaging with our service users of all ages to ensure their views and experiences guide the direction of our strategic priorities and operational planning. We recognise that a 'recovery' approach is one of the fundamental principles in Ireland's mental health policy A Vision for Change (2006-2016). The concept of recovery moves the primary focus from the professional as expert to the person as expert-by-experience. Looking forward to a positive future the organisational change and innovative opportunities that will arise from the formation of CHO 1 (Cavan, Donegal, Leitrim, Monaghan and Sligo) will be maximised to the benefit of our population. We will conduct a review of the current Mental Health provision and put a plan in place to meet the changing need under the new business operating model. This review will also inform the development of a 5 year strategic plan for Mental Health Services in CHO 1 aligned to national priorities and plans.

Our staff will be included in leading and delivering the organisational change and the formation of new operating models. They will receive recognition for their innovation and ambitions to deliver high quality standards of care which are delivering improved outcomes for our service users and their families. We will work closely with the National Mental Health Division on developing Best Practice Guidance for Mental Health and also work with the Mental Health Commission to ensure our Approved Centres achieve improved levels of compliance with the Mental Health Regulations.

The spectrum of mental health services provided through CHO 1 extends from promoting positive mental health through to supporting those experiencing severe and disabling mental illness. It includes specialised secondary care services for children and adolescents, adults, older persons and those with an intellectual disability and a mental illness. The National suicide rate published by the National Suicide Research Foundation in 2015 was 9.7 per 100,000. The area suicide rates also published for counties within CHO 1 indicate that Cavan has the 3<sup>rd</sup> highest rate in the country 18.2 per 100,000 followed closely by Monaghan 10.4 (per 100,000). The figures for the other counties are: Donegal 7.9 (per 100,000), Leitrim 6.7 (per 100,000) and Sligo 4.8 (per 100,000). Implementing suicide reduction strategies will form a significant part of our operational plan.



## Population

As part of the Health Reform Programme; the development of the Community Health Organisations has led to the catchment area of CHO 1 being agreed as Cavan, Donegal, Leitrim, Monaghan and Sligo. This diverse geographical spread has been nationally acknowledged as one of the core challenges to us all in providing equitable access to service users and ensuring the identified priority needs of the service users will be appropriately met. CHO 1 has a population of 389,048 and it is sparsely populated. It is a rural area and has a low population density of 35 per km<sup>2</sup>, whereas Ireland has a population density of 67 per km<sup>2</sup>.

## Services Provided \*(CM = Cavan Monaghan, SL = Sligo Leitrim, D = Donegal)

No. Provided				No. Provided			
Service	CM	SL	D	Service	CM	SL	D
<b>No. of Adult Acute In Patient Beds</b>	25 (incl 7 POA beds)	28 +4 high observation beds (incl POA)	34 (incl 6 POA)	<b>Psychiatry of Old Age</b>			
<b>General Adult</b>				POA Acute Inpatient Beds	7	0	6
No. of non acute beds for adults	18	65	69	Number of Day Hospitals	1	1	0
No. of Day Hospitals	1	4 at different stages of development in CMHT centres	1	No. of Community Mental Health Teams	1	1	1
No. of Community Mental Health Teams	2	2	5	Number of Day Centres	0	0	0
Number of Day Centres	0	1 (does not include Dochas clubhouse. All day centres are integrated with OPS, probably final day centre to be transferred to SLA by year end.	7	<b>Specialist Mental Health Services</b>			
No. of High Support Community Residences	2	3	4	<b>No. of Rehab and Recovery Teams</b>	1	1	1
No. of Low and	5	10	9	<b>No. of Liaison</b>	3 staff	0	0

No. Provided				No. Provided			
Service	CM	SL	D	Service	CM	SL	D
Medium support Community Residences				<b>Psychiatry Teams</b>	commenced 3/10/16		
<b>CAMHS</b>				<b>No. of MHID Teams</b>	1 (team shared with Louth Meath)	1	1
Number of In Patient Beds	0	0	0				
No. of Day Hospitals	0	0	0	<b>Other</b>		Addiction family therapy	
No. of Community Mental Health Teams	2	1	2			CBT Eating disorder	

### Priorities for 2017

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Embed Advancing Recovery Ireland and progress the implementation of the service reform project proposal
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Enhance the service user and carer engagement structures and progress the implementation of the National carers strategy
- Enable the provision of mental health services including the establishment of a governance and accountability structure for MHS, staff and infrastructure. A key enabling step will be to establish interim governance and accountability structures including management team.
- Conduct a review and mapping of the "as is" in Mental Health services across CHO 1
- Develop a robust change management plan to support the required transition to the new operating model and informed by national models for provision of standardised safe mental health services.

## 2017 Mental Health Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
<b>Priority 1 – promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide</b>			
Further build on learning from the National Suicide Research Foundation Report	Head of Service	Q1-Q4	1
Develop and implement County suicide reduction plans taking cognisance of opportunity to enhance Mental Health Services for the Traveller community	General Manager	Q1-Q4	G1
Implement the CHO 1 plans for Connecting for Life working in partnership with Non Governmental Organisations and continue to deliver ASIST and SafeTALK training	Head of Service/GM	Q1-Q4	G1
Further develop suicide Bereavement Support Services	Head of Service /GM	Q1-Q4	G1
Participate in the National Pilot for STORM and implement the STORM training programme	AMHMTs	Q1-Q4	G1
Research other established mental health websites and develop proposal for an effective, accessible, interactive and informative CHO 1 website for mental health aligned with the new national directory for completion in 2017	Head of Service	Q4	G1
Reconfigure National counselling service in line with CHO 1 structures	Regional Director of Counselling	Q1-Q4	G1
Investigate development of an activity for long term mental health service users /clients which focus on the benefits of woodland and green space	Head of service	Q4	G1
Begin work on reversing the current separation between physical health and wellbeing and mental health and wellbeing	Head of service/GM	Q4	G1
Implement agreed actions relevant to CHO 1 arising from the work of the National Youth Mental Health Taskforce and host a youth mental health themed conference	Head of service	Q4	G1
<b>Priority 2 - Design integrated, evidence based recovery focused mental health</b>			
Embed Advancing Recovery Ireland support in all mental health teams in CHO 1 by developing a recovery college in CHO 1 and cross border	AMHMTs	Q2	G2
Progress the implementation of the Service Reform project proposal	Service Reform stakeholder group	Q4	G2
<b>Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>			

Priority Actions	Lead	Q	Corporate Plan Goal
Commence operation of High Observation Unit, Donegal	ECD, Donegal	Q1	G2
Establish need and justification for service model to meet the needs of those with complex mental health issues and challenging behaviour	ECD, CHO 1 & GM	Q4	G2
Participate in national pilot for Peer Support	ADON, Cavan Monaghan	Q1	G2
Formulate and develop a CHO 1 youth mental health model, (based on the model and principles of jigsaw) to reflect local population needs	GM/AMHMTs	Q4	G1
Establish an integrated forum between CHO 1 Mental Health Services, Acute and Primary Care Services	Head of Service	Q3	G2
Increase liaison psychiatry capacity in Cavan, Donegal and Sligo – contingent on additional resources to fund necessary investment	Head of Service	Q4	G2
Conduct a needs analysis and prepare business case to improve 7 day response in mental health services.	Head of Service	Q1	G2
Implement when launched; the HIQA /MHC Patient Safety Incident Standards	QSUS & Head of Service	Q4	G2
Roll out the implementation of the National Quality Assessment and Improvement Framework in CHO 1 when launched in 2017.	QSUS & Head of Service	Q4 & 2018	G2
Participate in the National compliance reporting and monitoring framework against the Mental Health Commission regulatory framework	QSUS & Head of Service	Q4	G2
Develop and implement a framework of assurance for incident management	QSUS & Head of Service	Q4	G2
Undertake a CHO 1 bespoke recruitment campaign to fill funded development posts in General Adult, Psychiatry of Old Age, CAMHS and MHID	Head of Service/Head of HR	Q1-Q4	G2
Review current practices and strengthen integrated care pathway between emergency department staff and mental health staff in the management of patients who attempt suicide and present to Emergency Departments (ED)	Mental Health staff in Acute Mental health service (on site) / RSCI CEO/ Hospital GM	Q1	G2
<b>Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>			
Enhance the service user and Carer Engagement structures at CHO level and local MHS Management team level through AMHMTs appointment of a service user / family member / carer area lead and establishment of an area forum.	Head of service	Q1-Q4	G3

Priority Actions	Lead	Q	Corporate Plan Goal
Progress the implementation of the National Carers Strategy by Head of Service and extending the provision of carers support groups and continue AMHMTs provision of carers WRAP group	General Manager	Q1-Q4	G3
<b>Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>			
Participate in the national survey of mental health capital stock (premises and buildings) to scope future infrastructural needs of services in CHO 1.	General Manager	Q1-Q4	G5
In conjunction with service managers undertake an externally supported Enhancing Teamwork Programme – including review of management team arrangements /effectiveness	Head of Service/GM	Q1-Q4	G5
Develop a CHO 1 Performance assurance process which will support local service verification of performance against national metrics	Head of Service /GM	Q1	G5
Enable participation of mental health staff in the Leadership Development programme which is currently being developed	Head of Service	Q2	G2

# CHO 2

## Galway, Roscommon and Mayo

### Introduction

The CHO2 Mental Health service covers a catchment area of Counties Galway, Mayo and Roscommon with a population of approximately 445,299. This area is broken into 9 sectors which range in population from 33,375 to 59,568.

In 2016 the CHO2 Head of Service (HoS) in Mental Health Services was appointed. The Head of Mental Health will lead the implementation of reforms at Community Healthcare Organisation Level. The reform programme reaffirms the move from the traditional institutional model of mental health care, towards a recovery focussed, clinical excellent model that involves service users in all aspects of the design and delivery of the service in line with *Vision for Change* policy. This appointment is a key element of the management team that will oversee the delivery of Mental Health Services across Galway, Mayo and Roscommon

Our vision for mental health services is to support the population to achieve their optimal mental health through five strategic multi annual priorities. In 2017 these will continue to be delivered through the following specific priorities that build capacity for sustained service improvement and mental health reform.

### Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	99	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	28
No. of non acute beds for adults	287	Number of Day Hospitals	(50 places)
No. of Day Hospitals	7	No. of Community Mental Health Teams	5
No. of Community Mental Health Teams	9 (Sectors)	Number of Day Centres	0
Number of Day Centres	16	Specialist Mental Health Services	
No. of High Support Community Residences	11	No. of Rehab and Recovery Teams	3
No. of Low and Medium support Community Residences	45 ( 10 med Sup 26 Low Sup & 9	No. of Liaison Psychiatry Teams	1

Service	No. Provided	Service	No. Provided
	Ind living)		
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	20		
No. of Day Hospitals	1	Other, Training Centres	10
		ID High Support Hotels	03
		ID Medium Independent	06
No. of Community Mental Health Teams	6		

### Service Priorities

- Implement the Reference Group recommendations towards enhanced service user and carer engagement
- Implement the suicide reduction policy Connecting for Life
- Improve Early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s
- Increase Community Mental Health Service capacity across all specialties
- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations
- Develop specialist clinical responses through the Mental Health Clinical Programmes.
- Increase safety of mental health services, including improved regulatory compliance and incident management.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.

### 2017 Mental Health Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
<b>Mental Health Strategic Priority 1 - Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>			
Develop CHO Connecting for Life Plan in conjunction with suicide prevention officers and aligned to national frameworks.	Head of Service (HoS)	4	1
Continue to work with existing county based structures and organisations delivering supports in line with the connecting for life strategy.	Suicide Officer	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
The NCS will run two Eden programmes (26 weeks with 12 participants in each programme), of suicide intervention in collaboration with SOS (Suicide or Survive). The programme will be open to referral from psychiatry, primary care and the community.	Director of Adult Counselling	4	1
Review the role & responsibility of voluntary partners in the CHO and ensure that they are aligned to the service planning process.	HoS	2	1
Develop a plan for the further rollout of the Littlethings campaign across CHO2.	AMT	4	1
Map the existing state of Mental Health promotion across the CHO2. Establish a working group to review best practice programmes in conjunction with Health & Wellbeing division to raise mental health awareness across the population.	Named Management Team rep	3	1
Psycho-education for families using Eolas Project materials and co-facilitation training for staff and service user/carer/ and families.	Social work Dept	3	1
Develop the role of CNS for Self Harm which was introduced as part of the Vision for Change. The service offers Bio-psycho-social assessment to people (over the age of 18) attending A&E after an episode of self harm or an expression of suicide reducing the necessity for hospital admission.	Self Harm Nurses	4	2
<b>Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services</b>			
CAMHS Psychologist will continue to lead a working group to develop clear pathways and agreed protocols across agencies for children and adolescents with ADHD.	Psychologist	4	2
Review existing Out of Hours services and explore ways to improve 24/7 crisis intervention arrangements and consider pilot sites.	DONs	2	2
Design and develop psycho-educational groups for clients awaiting entry into one to one therapy. Deliver two psycho educational groups for patients awaiting entry into therapy.	Head of Adult Counselling	4	2
Further develop the delivery of service through the roll out of CORE net in the CIPC (Counselling in Primary Care), programme. Design and establish an ending therapy evaluation and after care plan for each client.	Head of Adult Counselling	3	2
Continue development and implementation of BFT across CHO2.	AMT	4	1
<b>Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>			
Mental Health Psychology services across CHO2 will support Mindspace as a way of improving access to services for 15-25 year old service users.	Psychologist	4	2
Further develop access to counselling and early intervention services such as APSI, CIPC, JigSaw and MindSpace.	Management team rep	3	2
Implement NCHD lead in Mental Health initiative in line with McCraith Report	ECD	4	2



Priority Actions	Lead	Q	Corporate Plan Goal
<p><b>National Clinical Programmes in Mental Health</b></p> <p>Assessment and Management of Self Harm Presentations in Emergency Department:</p> <ul style="list-style-type: none"> <li>▶ Continue implementation of this clinical programme in line with standard operating procedure(SOP).</li> <li>▶ Continue to report monthly data to national office</li> </ul> <p>Early Intervention in Psychosis:</p> <ul style="list-style-type: none"> <li>▶ Establish Hub team</li> <li>▶ Continue implementation of Behavioural Family Therapy (BFT) including engaging with supervision structure in line with SOP and returning monthly data.</li> <li>▶ Commence implementation of Individual Placement Support (IPS)</li> </ul> <p>Eating Disorders:</p> <ul style="list-style-type: none"> <li>▶ Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups</li> <li>▶ Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage with monthly supervision provided nationally</li> </ul> <p>MHID:</p> <ul style="list-style-type: none"> <li>▶ Continue development of MHID services in line with Mental Health Divisions model of care.</li> </ul>	ECD	4	2
<p>Development of Quality and Patient Safety Department by implementing the following actions in 2017; Establish a Quality and Patient Safety Committee for Mental Health. Progress the recruitment of Quality and Patient Safety Advisors for mental health Ensure a comprehensive, functioning, risk register in place in Mental Health. Build capacity and capability for leadership and improvement in quality through formal education and training programmes and support staff to implement quality improvement initiatives in their services.</p>	QPS Manager	4	2
<p>Participate in phased implementation of national best practice guidance for mental health services</p>	AMT	4	2
<p>In 2017 the NCS will standardise and utilise therapeutic evaluation. Design and implement improved client evaluation model for the service</p>	Head of Adult Counselling	4	2
<p>Further Implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.</p>	AMT	4	2
<p>Further implementation of guidelines for the management of aggression and violence in the mental health services, linked to performance assurance.</p>	AMT	4	2
<p>Implementation of the Tobacco Free Campus policy in all approved centres and 25% of Community Residences.</p>	AMT	1	2

Priority Actions	Lead	Q	Corporate Plan Goal
<b>Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>			
Arrange the assessment of need in line with the service reform fund project objective with a view to identifying priority areas in need of reform leading to service enhancement across CHO2.	HoS	3	3
Roll out of MHE (Mental Health Engagement) across CHO2 by appointment of Mental Health Engagement Rep.	HoS	1	3
Put in place a plan to consistently reconfigure services across the CHO in line with the Rehab & Recovery principles.	ECD	2	5
Review Day Centre & Day Hospital requirements in conjunction with Community Residences project. Identify specific pilot sites.			
Continue to support the improvement leadership project for service users, carers and providers through the DCU, HSE and Irish Advocacy Network Partnership arrangement.	Nurse Management	1	3
Further Enhance Service User Engagement with the further implementation of weekly Patient Protected Time in AMHU's across CHO2 allowing patients to raise issues and make suggestions re their care.	AAMHU ADON	4	2
Map the existing state of service user engagement across the CHO and agree a structure and mechanism for service user, family member and carer engagement.	Service engagement lead/ HoS	4	1
Jointly explore with clients their progress and needs during and when ending therapy.	Head of Counselling	4	1
Continue in National (NCS), client evaluation.	Head of Counselling	4	3
Reform and consolidate the Consumer Panel structure within CHO2 in line with recommendations made by the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement (2015)	AMT	4	3
Further development of Relative Peer Support within Adult Services.	Principal Social Worker	4	3
Progress the introduction of peer support workers which will allow Further development of Service User and peer support to Adult Services to support families and enhance teams.	AMT	4	1
Further develop Recovery Colleges in CHO2.	Area Mgt Team	4	5
Progress the Service Reform Fund Initiative with the set up of the SRF consortium made of interested stakeholders who will identify suitable projects for implementation that will deliver optimum reform and integration of services across CHO2 Mental Health.	HoS	3	5
To further progress the Implementation of the Expert Review Group Report on Community Residences across Galway and Roscommon.	Steering Group	4	1

**Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.**

Explore possible service solutions with National Mental Health Division, identifying service gaps and suitable solutions to address issues raised when complex cases present for a service.	HoS	4	3
Implement a review of I.D. services in CHO2 Mental Health with a view to identifying the optimum approach for the provision of supports to service users with an I.D. diagnosis.	HoS & AMT	1	3
Develop the HOS regional office and CHO2 Mental Area Management and staff structures.	AMT	4	3
Recruit a Lead NCHD for CHO2 Mental Health Services	AMT	3	3
Continue to develop the Counselling in Primary Care (CIPC) service and strategically locate resources in areas of high need. We will provide further ongoing in house training for the sessional staff providing the service.	Head of Counselling	4	3
Develop a supervisory and reflective practice group in line with national NCS initiative.	Head of Counselling	4	3
Link national division in the development of Forensic Psychiatry requirements for Castlerea Prison and local services.	ECD	2	4
Link with national division to explore possibility of placing a slow stream recovery unit in Ballinasloe.	GM	2	5
Evaluate the use of I.T. within Mental Health to assist with the capture of relevant data, maintenance & reporting of KPI's to improve quality of services.	GM	2	5
Put in place a local recruitment strategy to promote the west of Ireland and CHO2 services in order to attract scarce professions to work in CHO2. (Medical, Nursing, Psychology are highest priority)	HR Head of Service	3	4
Develop a Health and Safety framework for implementation by H&S Reps across CHO2	AMT	4	2
Prepare and submit a Business Case to get an approved WTE for Infection Control	AMT	4	2
Further develop links with HR, Finance, Estates, Quality and Patient Safety and other support services in providing mental health services across CHO2	AMT	4	3

# CHO 3

## Clare, Limerick and North Tipperary

### Introduction

The HSE Mid-West Catchment area provides a comprehensive, accessible community based service to a population of 379,327 persons, which comprises geographically of Limerick (191,809 population), Clare (117,196 population) and North Tipperary (70,322 population).

### Adult Services

In this CHO there are eleven discrete sectors encompassing 13 CMHT's which are spread across a large geographical area providing mental health assessment, interventions, treatment and outreach support services, which meet the needs of individuals in terms of their age, location and specialist care requirements. Community Mental Health Centres and Day Care Centres are a feature of our community services. The service spectrum takes a lifespan approach to mental health care delivery and includes Adult Community Mental Health Services, Rehabilitation Services, Liaison Psychiatry Services, Psychiatry of Older Persons, Forensic Services and Psychotherapy Services. There are currently four Approved Centres in the Mid-West.

### Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services are consultant led community based services provided by five multidisciplinary teams in Limerick City, Limerick County and Clare (0-18 age group) and North Tipperary (0-17 age group). The service provides assessment, diagnosis and treatment for children and adolescents and their families with mental health requirements. The service operates an emergency referral system 24 / 7 and children and adolescents presenting in crisis are generally responded to within 24 hours.

### National Counselling Service / Counselling in Primary Care (CIPC)

This service helps adults who have experienced abuse, neglect or trauma in their childhood to cope better in their life and relationships now and in the future. Currently, the service is providing counselling services and developing linkages through the delivery of counselling services in primary care (CIPC) in response to development funding received in recent years.

### Services Provided

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	89 (currently operating between 79 and 84) pending commissioning of	<b>Psychiatry of Old Age</b>	5 beds designated in APU Limerick
		<b>POA Acute Inpatient Beds</b>	

Service	No. Provided	Service	No. Provided
	High Observation Area in the APU Limerick.		5 beds designated in APU Ennis, Clare.
<b>General Adult</b>			
No. of non acute beds for adults	52	Number of Day Hospitals	Day hospital operates 1 day per week in Limerick
No. of Day Hospitals/ Community Mental Health Headquarters	11	No. of Community Mental Health Teams	4*
No. of Community Mental Health Teams	13	Number of Day Centres	0
Number of Day Centres	10	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	9	<b>No. of Rehab and Recovery Teams</b>	2
No. of Low and Medium support Community Residences	16	<b>No. of Liaison Psychiatry Teams</b>	1
<b>CAMHS</b>		<b>No. of MHID Teams</b>	0**
Number of In Patient Beds	0		
No. of Day Hospitals	0	<b>Other</b>	Forensic In-reach to Limerick Prison
Community Mental Health Teams	6		

\* The 4<sup>th</sup> Psychiatry of Old Age Team is currently in development

\*\* The MHID Team is currently in development

## Key Priorities and Actions to Deliver on Goals in 2017

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>		
<b>Implement Tobacco Free Campus Policy in Mental Health settings</b>	100% of Approved Centres and community residences implementing the <i>Tobacco Free Campus Policy</i>	<b>Q1</b>
	Continue our efforts in ensuring compliance with Tobacco Free Campus Policy	<b>Q1 – Q4</b>
<b>Promote the up-skilling of staff in the mental</b>	Uptake improved and staff facilitated to attend Brief	<b>Q4</b>

Key Result Area	Actions to Achieve Key Results	Qtr
health services to screen and support smokers to quit.	Intervention Smoking Cessation Training.	
Develop structures for implementation of <i>Connecting for Life</i> recommendations in mental health services and support the implementation of local CHO suicide prevention action plans by regional suicide prevention officers	Finalise development of the Mid West action plan and commence implementation of same aligned to agreed national framework. Monitor progress against actions.	Q1 - Q4
Ensure knowledge transfer among those working in suicide prevention across all sectors.	Provide the most up to date suicide and self-harm data in Ireland. (CFL Strategic Goal 1, 101.1-101.2 , 101.3)	Q4
	Share knowledge on Suicide Prevention including supporting and Promoting the #littlethings campaign across a variety of platforms and with groups and communities in the Mid West	Q1-Q4
	Resource Officers to undergo media training to support knowledge transfer and awareness raising with the general public	Q1
Deliver NOSP training and awareness programmes in line with the National Training Plan.	Relevant training programmes delivered to statutory and community organisations. (CFL Strategic Goal 2,102.3)	Q1-Q4
	Improve training opportunities through Identifying new Trainers to participate in available Training 4 Trainers and consolidating skills through shadowing current ASIST Trainers	Q2
	Deliver New Training Programmes and Support Templemore Garda Training College in delivering training to new recruits and existing gardai in co-operation with the NOSP Training Strategy.	Q1-Q4
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services</b>		
Embed ARI support in all mental health teams and support the implementation of	Provide ARI support to all mental health teams in the CHO supporting the implementation of the Service Reform Fund Initiative.	Q1

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Service Reform Fund Initiative</b>	Complete the roll -out of recovery principles training for all staff with particular emphasis on acute services and specialist teams.	<b>Q4</b>
<b>Further implement, following evaluation, the Advancing Recovery in Ireland Project</b>	The completion of the development phase of the ARIES Genio funded project of co-produced recovery – oriented education modules across the community and on the professional programmes attached to the University of Limerick.	<b>Q4</b>
	Identify the methods and resources required to ensure the ongoing delivery and evaluation of the modules developed within the ARIES project.	<b>Q4</b>
	Provide evidence engagement of service users and family members across the majority of CMHT's and the acute services.	<b>Q4</b>
<b>Implement the Clinical Programme for First Episode Psychosis</b>	Behavioural Family Therapy in place for all families on first episode psychosis programme	<b>Q4</b>
<b>Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>		
<b>Traveller Health</b>	Develop engagement with Traveller groups when the appointment of the Traveller Mental Health Co-Ordinator is made.	<b>Q4</b>
<b>Improve access to primary care for the physical health care of people with severe and enduring mental illness with particular reference to Physiotherapy, SLT, Dietetics and Chiropody.</b>	Head of Services (Mental Health & Primary Care) to set up a cross divisional working group to examine and agree improved access arrangements.	<b>Q4</b>
	Care pathways will be developed between the relevant services.	<b>Q4</b>
<b>CAMHS: Increase Capacity of Teams to 75% recommended workforce per Vision for Change.</b>	All approved posts which are currently vacant are filled as speedily as possible and prioritise approval of new posts to assist in achieving 75% capacity on each CAMHS Team.	<b>Q2</b>
<b>Develop Adult and CAMHS MHID teams</b>	Mid West Mental Health Intellectual Disability Service developed under the management and governance of Mid West Mental Health Services in line with national agreed model of care.	<b>Q4</b>
<b>Increase Forensic Capacity</b>	Forensic Service capacity increased by bedding in new resources acquired from 2015 and 2016 NSP funding.	<b>Q3</b>
<b>Complete development of a Specialist Mental</b>	Finalise arrangements for the transfer of a Specialist Mental Health Dementia unit in Clare under the remit of Mental	<b>Q3</b>

Key Result Area	Actions to Achieve Key Results	Qtr
Health Dementia Unit in Clare	Health.	
Further develop Community Mental Health Teams and Psychiatry of Later Life Teams.	Continue to fill vacant posts and posts approved from 2015 development monies provided in 2016 for the new NR Tipperary Later Life Team.	Q3
Develop Peri-natal Mental Health Services capacity funded from 2016 Programme for Government	Recruit required staff for Peri-Natal Mental Health Services in line with national agreed model of care.	Q4
Strengthen communications between Management, Clinical Directors and NCHD's.	Appoint a lead NCHD in line with proposals from the NDPT and HR Division to enhance communication between Management, Clinical Directors and NCHD's.	Q1
Implement the Eating Disorders Clinical Programme	Multi-disciplinary steering group will assimilate information with a view to developing an implementation plan appropriate to available resources and to provide some clinical review on a case by case basis.	Q3
Implement the Self Harm Clinical Programme	Progress the implementation of the self harm clinical programme in line with national direction in the Mid West.	Q1-Q4
Support Implementation of the National Incident Management System	Continue to utilise the National Incident Management System and monitor our compliance against the standards.	Q4
Ensure all recommendations from Systems Analysis Investigations are implemented	Review and enhance the system currently in place to ensure recommendations are implemented in a timely manner.	Q1-Q4
Support the implementation of Children First in line with national plan as it relates to mental health staff	Ensure regulatory requirements in relation to Children First are notified to all Mental Health Staff and that staff undertake the Children First E-Learning programme and provide the appropriate evidence of certification to their line managers and in line with the new best practice guidance for mental health services.	Q4
Continue our efforts to achieve optimal Legal and Regulatory compliance requirements as governed by the Mental Health Commission by communicating the requirements, implementing action plans to achieve regulatory compliance and undertaking regular audits with specific reference to Individual Care Plans- Complete audits on a monthly basis.	Ensure CAPA's are developed and implemented following each inspection of our mental health approved centres.	Q1
	Ongoing monitoring and auditing of CAPA's.	Q1-Q4
Finalise the reconfiguration of the General	Sectors agreed and established	Q4



Key Result Area	Actions to Achieve Key Results	Qtr
Adult CMHTs to serve populations of 50,000 as recommended in A Vision for Change and in line with the requirements of the Community Health Care Organisations Report. Prioritise the recruitment of the two additional Consultant Psychiatrist posts allocated from 2014 development funding and develop a business case for additional funding / posts from 2015 development funding to fill gaps.	Identify gaps and reallocate existing staff if appropriate to maximise capacity within Community Mental Health Teams.	Q3
	Develop a business case and seek additional funding from 2017 development funds as required.	Q3
Enable the extension of services to 17 year olds in Tipperary NR	Develop a business case and seek additional funding from 2017 development funds as required.	Q2
Incrementally open new High Observation Unit in Limerick APU	Prioritise recruitment of new posts and fill as speedily as possible.	Q2
Provision of counselling service to adults who have experienced childhood abuse	Offer initial assessment to 60% referred within a 2 month period	Q1-Q4
Develop Early Intervention and Prevention services to ensure that children and young people can access assessments and interventions at the appropriate stage	Support the introduction of the Jigsaw programme in Limerick as a member of the implementation team alongside the Head of Service who supports the Jigsaw programme in their endeavours to commence the project and recruit the required staff	Q4
<b>Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</b>		
Implement the Reference Group recommendations, including the appointment of a Service User/Family Member/Carer (SUFMC) to each CHO Area Mental Health Management Team	Implement the Reference Group recommendations in relation to engaging with Service User Family Member Carer across the region by appointing a Mental Health Engagement Lead to the Mid West Mental Health Management Team and following the appointment of the Mental Health Engagement Lead to establish the existing structures for engagement and to draft a plan to further develop the family member and carer engagement in line with local needs through the establishment of Local Area Forums	Q1 – Q4
Identify, and promote the development of, programmes which enhance collaboration and partnership with service users, family members and carers.	Service Users / Family Members and carers co producing and actively participating in the development and delivery of recovery oriented programmes by completing the development of recovery orientated modules for delivery to community, staff and students.	Q4Q
	Complete the Evaluation of the FRIENDS model of family peer	Q4

Key Result Area	Actions to Achieve Key Results	Qtr
	support within the local mental health service	
<b>Promote better service user, carer and family member involvement in service design and delivery of mental health services.</b>	Working with the National Directorate of Mental Health and have in place Mental Health Engagement Lead participation on Area Management Team in line with Vision for Change.	<b>Q1</b>
<b>Enhance and continue to improve Multi Disciplinary Team care planning with service user involvement</b>	Continue ensuring regulatory compliance with our care planning processes with service user involvement across the service in line with required National Standards.	<b>Q4</b>
	Continue our local monitoring of compliance with our quarterly audits of individual care plans	<b>Q1-4</b>
<b>Review current out of hours services.</b>	Carry out a review of current out of hours services.	<b>Q3</b>
<b>Finalise the review of the pilot on the role / benefits of team co-ordinators and action as appropriate.</b>	Work in conjunction with the National Division on the self improvement project and complete evaluation of the benefits of the existing Team Co-Ordinators’.	<b>Q1</b>
<b>Review and update the NCS client evaluation system</b>	Draft new questionnaire and collate results of returned client evaluation forms	<b>Q1-Q4</b>
<b>Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>		
<b>Optimise the recruitment and retention of staff and maximise the available skill sets</b>	Engagement with national recruitment services as required and utilise local HR if NRS are not able to action / progress posts	<b>Q1</b>
	Embed the enhancing team working approach across the mental health services	<b>Q1</b>
<b>Further develop training for staff that includes a focus on service users and their families and carers</b>	Service Users / Family Members and carers co producing and actively participating in the development and delivery of all recovery oriented training programmes including the Genio project and Mid West ARI.	<b>Q2</b>
<b>A prioritised maintenance plan will be prepared for each of our residential facilities.</b>	Prioritised maintenance plan in place for each of our residential facilities.	<b>Q1</b>
<b>Continue engagement / discussions with Estates Department to identify / upgrade facilities or provide appropriate alternative accommodation, as required and to refurbish existing Approved Centres</b>	Discussions with estates department held regularly to identify / upgrade facilities or provide appropriate alternative accommodation as required for services and develop plans as required.	<b>Q2</b>
	Complete Minor Works Initiative for existing projects in Tearmann and APU Ennis	<b>Q4</b>
<b>Prepare proposals / submissions for capital / minor capital funding as appropriate.</b>	Proposals / submissions for capital and minor capital funding prepared and submitted as appropriate.	<b>Q1</b>

Key Result Area	Actions to Achieve Key Results	Qtr
<b>Review nursing rosters across the region and implement changes to address where efficiencies are identified</b>	Roster review undertaken and efficiencies identified and implemented ahead of implementation of national e-rostering system for mental health.	<b>Q2</b>
<b>Develop the management capacity within the Mental Health Management Teams and ensure the Mid West Mental Health Service Management Team and the three Local Management Teams have the necessary skills, training, mentoring and support to deliver services.</b>	Management capacity enhanced with the appointment of the Mental Health Engagement Lead.	<b>Q1</b>
	Further capacity developed through provision of additional training following the Enhanced Teambuilding training which was provided to some teams to date.	<b>Q4</b>
<b>Complete the Audit of Community Mental Health Team to ensure they have returned a readiness questionnaire for inclusion on the Enhanced Teambuilding Programme</b>	Audit completed, results collated and analysed and readiness questionnaire completed for any team who has not previously submitted one.	<b>Q3</b>
<b>Progress the implementation of the National Mental Health ICT Framework Programme.</b>	Information provided to National Mental Health ICT framework re local ICT specifically with regard to the notifications from the EPEX software provider regarding the EPEX system becoming redundant on the 31/12/17.	<b>Q2</b>
<b>NCS: Further develop the business support infrastructure of the service to ensure a more user friendly, efficient and accessible service</b>	Improve access by auditing and reviewing referral and appointment management systems.	<b>Q3</b>
<b>Progress work to secure appropriate dedicated accommodation for delivery of Counselling and Psychotherapy</b>	Identify possible accommodation solutions in conjunction with Primary Care Services	<b>Q3</b>

# CHO 4

## Kerry, North Cork, North Lee, South Lee and West Cork

### Introduction

Mental Health Services in Cork and Kerry aim to promote and protect the mental health of the population and to provide effective services to those who need them. These services range from community based mental health teams (child and adolescent, general adult, psychiatry of old age mental health teams etc), acute inpatient units, day hospitals, out-patient clinics and community residential and continuing care settings. In recent years, specialist teams in Cork and Kerry have been developed to support certain patient populations including Mental Health ID Teams, Psychiatry of Old Age and an Assertive Outreach Team from the Psychiatric Intensive Care Unit in Cork.

A key focus for 2017 will be to develop and implement standardised pathways for the management of complex cases who require mental health services, along with input from other divisions, in particular social care, and to streamline processes with our acute hospital colleagues. 2017 will see the launch of local Connecting for Life (CfL) plans in Cork and Kerry. Aligned to the national CfL plan, the local plan outlines a multi-agency approach to achieve reductions in suicide and self-harm, and will be implemented in conjunction with colleagues from a variety of other agencies, community and voluntary groups and the HSE.

The expected increase in population for people older than 65 years (expected increase of 17.2% between 2016 and 2021) is expected to have a considerable impact on the newly established Psychiatry of Old Age services. In addition, the rise in the number of children will place a considerable demand on child & adolescent mental health teams (CAMHS) and on the regional children's inpatient unit (Eist Linn) which accepts children from the South East (CHO 5) in addition to children from the Cork and Kerry area.

2017 will see the opening of Deer Lodge, a purpose built '40' bedded residential unit in Killarney. The opening of Deer Lodge will provide for a modern, single room accommodation facility to replace the old O'Connor unit which is currently in use and of an inadequate standard. There will be an increase in the number of beds from 32 in the existing O'Connor Unit to 40 in Deer Lodge to provide for the needs of Kerry Mental Health Services.

The programme of ongoing refurbishment works in the acute unit in University Hospital Kerry which commenced in 2014, will be completed in 2017. Refurbishment works completed to date at the Sliabh Mis Acute Unit include development of a purpose built four-bedded close observation unit, dedicated therapy area, refurbishment of main reception, and full refurbishment of the Valentia ward in the unit. This work is now completed and the ward is fully functionally and operational. The next and final phase of the refurbishment includes refurbishment of Reask Ward, the main corridor and day room/ living areas. The high observation unit is currently functioning as general admission beds, to facilitate refurbishment of the rest of the Sliabh Mis Unit and will be available to transition to a high observation unit once all refurbishment works are complete.

The Head of Mental Health Engagement will be appointed in 2017 and will work closely with Mental Health Management Teams for Cork and Kerry. The Head of Mental Health Engagement will work closely with the National Lead for Mental Health Engagement and other members of the national team. The Cork and Kerry CHO lead will progress the development of local and area fora to improve engagement with service users, family members and carers.

### Priorities for 2017

Cork and Kerry Mental Health Services will continue to support the population to achieve their optimal mental health through five strategic multi annual priorities. These will continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform:

- Implement the Reference Group recommendations towards enhanced service user and carer engagement by appointing the local lead for Mental Health Engagement and progressing the development of local and area fora
- Finalise and launch the local Cork and Kerry plans for Connecting for Life, aligned to national frameworks and implement by adopting a multi-agency approach
- Continue to working with the clinical programmes to improve early intervention services within Cork and Kerry
- Improve youth mental health services, including opening of Jigsaw in Cork in early 2017 and development of primary care based therapeutic responses for under 18s
- Increase community mental health service capacity across all specialties throughout Cork and Kerry
- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations through improving links with other Divisions and in particular with local primary care services aligned to national model of care
- Continue to work with the mental health clinical programmes to implement specialist clinical responses
- Continue to enhance the safety of mental health services, including improved regulatory compliance and incident management
- Ensure a key focus on governance arrangements and performance improvement to ensure effective use of resources

Population	
<b>664,534</b>	Divided into 13 geographical sectors, varying in population size from 26,000 to 90,000 (Larger geographical areas divided in two for operational purposes). All teams are aligned to PCT's & networks.

### Services Provided

Services Provided – Cork & Kerry			
Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	153 – Cork (18 beds PICU/Forensic)		

	38 – Kerry		
<b>General Adult</b>		<b>Psychiatry of Old Age</b>	
No. of non acute beds for adults	182 - Cork 32 – Kerry	Number of Day Hospitals	1
No. of Acute Day Services	6 – Cork 3 – Kerry	No. of Community Mental Health Teams	2 enhanced teams – Cork 1 team in Kerry
No. of Community Mental Health Teams	13	Number of Day Centres	0
Number of Day Services	14 – Cork 8 – Kerry	Specialist Mental Health Services	
No. of High Support Community Residences	10 (146 places) - Cork 4 – Kerry	<b>No. of Rehab and Recovery Teams</b>	1 – Cork 1 – Kerry
No. of Low and Medium support Community Residences	14 Medium – Kerry	<b>No. of Liaison Psychiatry Teams</b>	Cork 1 Adult Team with enhanced support from self harm developments 13' + 1 CAMHS Team from 2014 developments Kerry 0 (Development of 1 team with 2014 dev funding)
<b>CAMHS</b>		<b>No. of MHID Teams</b>	Cork 1 Kerry 0 (Development of 1 team with 2014 dev funding)
Number of In Patient Beds	20		
No. of Day Hospitals	0	<b>Other – Home Based treatment teams</b>	3 (2 Cork + 1 Kerry)
No. of Community Mental Health Teams	10		

## Mental Health

### Priority Actions

Lead

Q

CP Goal

### Mental Health Strategic Priority 1 – Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide

<ul style="list-style-type: none"> <li>▶ Implement 'Connecting for Life' Strategy - promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide <ul style="list-style-type: none"> <li>– Complete local suicide prevention plans for Cork &amp; Kerry</li> <li>– Align with actions, objectives and goals of national plan</li> <li>– Commence implementation of local suicide prevention plan</li> </ul> </li> <li>▶ In line with 'Connecting for Life' training strategy, provide the following types of training to target numbers outlined: <ul style="list-style-type: none"> <li>– Two-hour suicide prevention awareness to 300 people</li> <li>– Half day Safe Talk programme to 1,000 people</li> <li>– One day understanding self harm programme to 320 people</li> <li>– Two day Applied Suicide Intervention Skills (ASIST)11 programme to 200 people</li> <li>– One day STORM® Suicide Programme to 108 people</li> <li>– One day STORM® Self Injury Programme to 108 people</li> <li>– Two hour postvention training for communities in the aftermath of suicide to 300</li> </ul> </li> </ul>	<p>HMHS</p> <p>SPO's</p> <p>HMHS</p> <p>SPO's</p>	<p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q1-Q4</p>	1
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Mental Health			
Priority Actions	Lead	Q	CP Goal
<ul style="list-style-type: none"> <li>people</li> <li>– One day postvention training for frontline staff to 150 people</li> </ul>			
▶ Cork & Kerry MHS will work with community and voluntary partners to develop health promotion and recovery capacity	HMHS	Q1-Q4	
▶ Ensure appropriate pathways are in place to support the physical health needs of mental health service users	HMHS	Q1-Q4	1
▶ Cork & Kerry CHO has been identified as an ICGP pilot project site on prevention / early intervention	National Division	Q1-Q4	1
<b>Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services</b>			
▶ Implement Team-Coordinator Standard Operating Procedure (SOP) for Cork General Adult MHS through: <ul style="list-style-type: none"> <li>– Review of existing SOP</li> <li>– Amend and 'sign off' revised SOP</li> <li>– Roll out standardised role of Team Co-ordinator</li> </ul>	HMHS, ECD, Area DON  HOD	Q1  Q2  Q3	2
▶ Work with the national team to scope implementation of Team Co-ordinators to improve uptake and standardised approach in implementation	HMHS	Q3	2
▶ Support implementation of CAMHS SOP based on review of current level of implementation across teams, including 16/17 years protocol	HMHS, ECD, Area DON	Q1-Q4	2
▶ Investigate the feasibility of developing rapid access Autism Spectrum Disorder (ASD) assessments for children in Mental Health Services in conjunction with Disability Services	HMHS  HSC	Q2	2
▶ Implement lead NCHD initiative in Cork & Kerry CHO	ECD	Q2	2
▶ Implement perinatal initiative in Cork & Kerry CHO aligned to national model of care	HMHS	Q1-Q4	2
▶ Appointment of individual placement support workers in line with First Episode Psychosis Clinical Programme	CD North Lee	Q4	2
▶ Enhance Self Harm responses in Emergency Departments in line with Self Harm Clinical Programme	CDs	Q1-Q4	2
▶ Ensure continued focus on patient recovery through further roll out of Dialectical Behavioural Therapy (DBT) across Cork and Kerry, including: <ul style="list-style-type: none"> <li>– Completion of a gap analysis to investigate the need for a CAMHS DBT service in Kerry</li> <li>– Roll out further DBT training to additional team members for all existing teams in Cork and to train CAMHS team (West Cork)</li> </ul>	HMHS in conjunction with  National DBT Team	Q1  Q4	2
▶ Ensure continued focus on implementing a routine outcomes monitoring system in CAMHS teams: <ul style="list-style-type: none"> <li>- Disseminate learning from the 12 month pilot project implemented across 3 Cork CAMHS teams in 2016</li> </ul>	Head of Psychology Cork	Q2	2



Mental Health			
Priority Actions	Lead	Q	CP Goal
- Extend routine outcomes monitoring system to the remaining CAMHS teams in Cork and Kerry		Q4	
▶ Build on relationships with county councils and housing agencies so as to promote Tenancy Sustainment Models of support for service users living in community residences	HMHS	Q1-Q4	2
▶ Through funding from the Service Reform Fund and working with Genio, we will: <ul style="list-style-type: none"> <li>- Provide training in Open Dialogue for 8 regional team leaders.</li> <li>- Support service users to look beyond mental health accommodation to explore opportunities to live more independently in the wider community, and in doing so free up capacity in high support hostels.</li> <li>- Expand the roll out of Integrating Employment and Mental Health Supports from its current site in West Cork to the wider CHO, targeting adults with severe mental health difficulties who are not working.</li> <li>- Develop new initiatives in conjunction with other agencies to help homeless individuals with mental health issues to secure and maintain tenancies.</li> </ul>	HMHS	Q4	2
▶ Building on existing work in Cork and Kerry, roll out the Advancing Recovery Ireland Project into North Cork (Mallow and Kanturk Community Mental Health Teams)	HMHS ECD	Q4	3
▶ Current mental health education services 'City Links' will be placed under the umbrella of the Institute of Recovery which will co-ordinate education and training for service users, connected others, the general public and mental health staff for the Cork Area.	Area DON Cork	Q1	2
▶ The launch of the Institute of Recovery in the Cork city area will take place by June 2017		Q2	
▶ The Institute of Recovery in conjunction with the Cork Mental Health Services will commence the roll out of the EOLAS project in 2017. Proposed roll out is as follows:		Q1	
- Site 1 Early interventions team: March 2017 involving 10 service users and 10 family members		Q3	
- Site 2 North Lee EOLAS: September 2017 involving 10 service users and 10 family members	Q3		
- Site 3 South Lee EOLAS : September 2017 involving 10 service users and 10 family members			
<b>Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>			
▶ Strive to achieve compliance across all domains of Mental Health Commission (MHC) inspections at good or excellent levels of compliance including ongoing development and monitoring of Corrective and preventive action (CAPAs) and completion of minor upgrading works	HMHS	Q1-Q4	3
▶ Strive to achieve compliance across all domains for HIQA inspections in Mount Alvernia and Unit 1 St. Stephens Hospital	HMHS	Q1-Q4	3
▶ Cork & Kerry CHO will work in collaboration with the National Mental Health Services Division to address deficits in the provision of a meaningful day for residents to improve quality of service provided and to achieve compliance with MHC inspections. This will include exploration of means to: <ul style="list-style-type: none"> <li>- Enhance therapy input to long stay units (Psychology, OT, Social Work)</li> <li>- Extend the pilot of speech and language therapy for adult services initiated in</li> </ul>	HMHS	Q1-Q4	3



Mental Health			
Priority Actions	Lead	Q	CP Goal
2016.			
▶ Rollout audit framework for MHC Judgement Framework across all approved centres	Area DON Cork	Q4	3
▶ Develop a plan to identify how staff in Mental Health Services can access training in relation to the <i>Safeguarding Vulnerable Adults</i> national policy	HMHS	Q2	3
▶ Support the establishment of a new Jigsaw service in Cork	HMHS	Q1	1
▶ On-going provision of Counselling in Primary Care in line with 2016 levels	HMHS CIPC	Q1-Q4	1
▶ Establish cross divisional governance arrangements for the development and delivery of primary care based counselling services for those aged under 18 years	HMHS CIPC / HOS PC	Q4	1
▶ New Prison In-reach Service/Assertive Outreach to be designed and established	HMHS, ECD, Area DON	Q3	2
▶ Continue development of specialist MH teams across the CHO in line with development funding provided, in the following priority areas where deficits have been identified: <ul style="list-style-type: none"> <li>– Psychiatry of Old Age (consultant in North Cork commenced November 2016)</li> <li>– Mental Health Intellectual Disability (0.5 consultant post in place)</li> <li>– Homelessness (recruitment underway for additional Consultant)</li> <li>– Prison Services (recruitment to commence in early 2017)</li> <li>– Acute Hospital Adult Liaison Services (recruitment underway)</li> <li>– CAMHS Liaison Services (recruitment underway)</li> </ul>	HMHS ECDs	Q4	2
▶ Continue to develop innovative models of care to accommodate for consultant vacancies in CAMHS teams. Locum consultants to be recruited and partnership arrangement to continue with external providers if required.	HMHS ECDs	Q1-Q4	2
▶ Assign Peer Support Workers in a number of Community Mental Health Teams: <ul style="list-style-type: none"> <li>– Recruit 6 x 0.5 WTE Peer Support workers</li> <li>– Assign Peer Support Workers to Community Mental Health Teams</li> </ul>	HMHS	Q1 Q3	3
▶ Improved responses in Mental Health Services through increased Liaison Psychiatry capacity subject to Consultant recruitment	HMHS	Q1-Q4	2
▶ Continue to develop specialist Mental Health Intellectual Disability (MHID) Community Mental Health Services for adults and children in line with national mental health division model of care.	HMHS	Q4	
▶ Scope the development of integrated pathways / services including behavioural assessment / stabilisation units, transitional care and residential placements for persons with complex needs spanning mental health and social care and / or disability services.	Clinical Projects Facilitator	Q1-Q4	5
▶ Implement recommendations of the Meridian Review in relation to processes and flows in inpatient units.	HMHS	Q4	5

Mental Health			
Priority Actions	Lead	Q	CP Goal
<b>Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>			
▶ Appoint a Head of Mental Health Engagement as Area Lead for mental health engagement to Area Mental Health Management Teams in Cork & Kerry CHO	HMHS	Q1	3
▶ Develop local and area fora for Cork and Kerry Mental Health Services to include service users / family carers	Head of Mental Health Engagement	Q4	3
▶ Progress Liaison processes and fora between the HSE and TUSLA to assist with joint working and collaboration in relation to children and young people.	GM	Q4	2
▶ Commence the roll out the Open Dialogue (OD) model into Kerry and South Lee Mental Health services (MHS) <ul style="list-style-type: none"> <li>– Complete training of the teams in Kerry and South Lee</li> <li>– Finalise policies and procedures for the OD model in these areas</li> <li>– Commence OD model into Kerry and South Lee MHS</li> <li>– Evaluate the effectiveness of OD in Cork &amp; Kerry MHS</li> </ul>	HMHS ECD	Q2 Q3 Q4 Q4	3
<b>Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>			
▶ Implement recommendations of the Workplace Relations Committee (WRC) following agreements reached in August 2016, subject to the availability of funding.	HMHS Area DONs	Q2	5
▶ All financial assessments to be completed in accordance with legislative frameworks	Area Administrator South Lee	Q1	5
▶ Ensure compliance with the introduction of Residential Support Services Maintenance & Accommodation Contributions (RSSMACs – long stay contributions)			
▶ Enhance the use of current performance indicators and performance reporting data to improve use of resources and service delivery	HMHS	Q4	5
▶ Deliver Resilience Training Programmes for staff in Cork & Kerry: <ul style="list-style-type: none"> <li>– 175 staff to complete Phase I training</li> <li>– Phase II training to consist of 6 workshops for 35 staff; available to staff who have completed Phase I training; will embed resilience in various work settings</li> </ul>	Cork Area Administrators and Projects Manager Kerry	Q4	1
▶ Deliver the Enhancing Teamwork programme to up to 6 Community Mental Health Teams and review the effectiveness of the programme	HMHS	Q4	5
▶ Develop frontline ownership initiatives in collaboration with staff from Kerry MHS and the National Quality Improvement Division (NQID). These will be based on the outputs of 5 listening sessions completed in Kerry Mental Health Services in 2016.	Projects Manager KMHS	Q4	5

Mental Health			
Priority Actions	Lead	Q	CP Goal
▶ Enhanced monitoring and reduction of agency and overtime to reverse current upward trend in certain areas.	HMHS Area DONs	Q1-Q4	5
▶ Continue training of staff in all the HSE national guidance and standards ▶ Continue to roll out & audit Prevention and Management of Violence (PMAV) training in all areas of Cork & Kerry across divisions (in-house trainers in place) NQID	PMAV Co-ordinators & HMHS	Q1-Q4	5
▶ Support and enhance continued third level education and post graduate placements across all disciplines. Work with national division and other divisions to secure additional funding for new trainee psychology students commencing in September 2017, as per 2016 levels	HMHS	Q1-Q4	5
▶ Open Deer Lodge (40 bed purpose built unit) for the transfer of residents from the O'Connor Unit representing an expansion in capacity from 32 to 40 beds	Kerry Management Team	Q1	5
▶ Complete prioritised assessment of current physical infrastructure: <ul style="list-style-type: none"> <li>– Ensure minor capital is targeted at Quality Patient Safety (QPS) priorities (address anti-ligature measures etc)</li> <li>– Review the infrastructure / accommodation needs of all community based mental health services and prepare plans to address same</li> <li>– Prepare an accommodation plan for residential services</li> </ul>	HMHS	Q2	5
▶ Identify funding to progress necessary upgrade works at Unit 1 St Stephens Hospital and Mount Alvernia Hospital in line with HIQA requirements	HMHS	Q4	5
▶ In the context of review of the Capital Plan progress necessary upgrade works at St. Michaels Unit, Mercy University Hospital and the Centre for Mental Health Care and Recovery in Bantry General Hospital.	HMHS	Q4	5
▶ Assess the relocation options in North Cork CAMHS Team (current premises unsuitable) and progress relocation (subject to funding)	HMHS	Q2	5
▶ Complete the renovation of the Acute Mental Health Unit at University Hospital Kerry	HMHS	Q4	5
▶ Continue to provide for the accommodation needs of CMHT's & CAMHS teams as appropriate in the development of primary care centres	HMHS	Q1-Q4	5
▶ As part of the national roll out, Cork and Kerry CHO will implement eRostering to Mental Health Services	HMHS	Q1-Q4	5
▶ Develop an ICT strategic plan for mental health services in Cork and Kerry in conjunction with the Mental Health Division and working with the Office of the Chief Information Officer	HMHS	Q1-Q4	5

# CHO 5

## South Tipperary, Carlow/Kilkenny, Waterford and Wexford

### Introduction

The CHO 5 MHS area encompassing the counties of Carlow/Kilkenny/South Tipperary/Waterford and Wexford has a total population of 511,070 (CSO, 2016). It has a relatively young population and it is predicted that the older population over 65, in line with the national trends, will significantly increase over the coming years. There are relatively high levels of deprivation dispersed throughout the catchment area.

CHO5 Mental Health Service works with primary care, acute hospitals, services for older people, services for people with disabilities and with a wide range of non-health sector partners.

Our vision for mental health services is to support the population to achieve their optimal mental health through the following key priorities:

- Strengthen governance arrangements through the HSE's Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.
- Mental Health Service will appoint an Area Lead for Service User engagement to ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Design and Develop perinatal interdisciplinary clinical pathways between the mental health services and our acute partners in the Waterford/Wexford catchment area.
- Commence training for staff on the Mental Health Commission judgement framework.
- Continue to enhance Community Mental Health Teams through the recruitment of additional posts.
- To develop transitional plans for the transfer of National Counselling service to the remit of CHO 5 Mental Health Service.
- Develop the role of the Peer Support Worker to enhance service delivery across all settings.
- The development of a recovery focused community mental health service is an on-going priority for CHO 5 Mental Health Services. The Advancing Recovery Initiatives will continue to roll out in 2017 and following significant progress in 2016, the further development of the Recovery College will continue to be a priority

### Service Description

There is a focus on delivering Mental Health Services spanning all life stages to include a broad range of primary and community based services including specialised services for children and adolescents, adults and older people. Services are provided in a number of different settings including; outpatient clinics, acute day services (day hospitals), the individual's own home, inpatient facilities. Within CHO Area 5, there are 6 approved centres including two acute units, and four Psychiatry of Later Life units. Community Mental Health Services

Population	
<b>Carlow/Kilkenny</b>	<b>135,931</b>
<b>South Tipperary</b>	<b>94,712</b>
<b>Waterford</b>	<b>130,822</b>
<b>Wexford</b>	<b>149,605</b>
<b>CHO5</b>	<b>511,070</b>

are delivered by a range of community mental health multi-disciplinary teams using a sectorised population based approach in line with Vision for Change. Services for people with enduring mental health illness are provided at day centres, community day services and a range of low, medium and high support community residences.

CHO 5 MHS as the statutory service will continue to work with our voluntary partners to ensure the meaningful involvement of the service user in the design and delivery of our mental health service. This will be supported by our on-going engagement with the appointed consumer panels as well as the community mental health forums.

The introduction of an area lead in 2017 on to CHO 5 MHS Management Team to represent the views of Service Users, family members and carers is a significant step in the development of a recovery based mental health service. This initiative along with the planned introduction of Peers Support Workers will be a priority in 2017 for CHO 5 Mental Health Services.

The Senior Management Team in CHO 5 MHS remains committed to ensuring the continued delivery of a high quality patient focused safe service. In this regard the focus for 2017 will be on the ongoing review of overall Service Delivery, the Model of Care and the provision of a safe and effective service in association with the Quality and Safety Executive Committee.

### CHO5 Mental Health Services

Carlow/Kilkenny & South Tipperary Mental Health Services			
Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	44	<b>Psychiatry of Old Age</b>	
<b>General Adult</b>		POA Acute Inpatient Beds	
No. of non acute beds for adults	60	Number of Day Hospitals	0
No. of Day Hospitals	4	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	8	Number of Day Centres	0
Number of Day Centres	9	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	12	<b>No. of Rehab and Recovery Teams</b>	2
No. of Low and Medium support Community Residences	12 (11 low and 1 medium)	<b>No. of Liaison Psychiatry Teams</b>	0
<b>CAMHS</b>		<b>No. of MHID Teams</b>	0
Number of In Patient Beds	0		

Carlow/Kilkenny & South Tipperary Mental Health Services			
Service	No. Provided	Service	No. Provided
No. of Day Hospitals	0	<b>Other</b>	2 Crisis House
No. of Community Mental Health Teams	4		

Waterford/Wexford			
Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	44	<b>Psychiatry of Old Age</b>	
<b>General Adult</b>		POA Acute Inpatient Beds	
No. of non acute beds for adults	56	Number of Day Hospitals	0
No. of Day Hospitals	5	No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	5	Number of Day Centres	0
Number of Day Centres	3	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	9	<b>No. of Rehab and Recovery Teams</b>	2
No. of Low and Medium support Community Residences	16 (1 low and 4 medium)	<b>No. of Liaison Psychiatry Teams</b>	0
<b>CAMHS</b>		<b>No. of MHID Teams</b>	0
Number of In Patient Beds	0		
No. of Day Hospitals	0	<b>Other</b>	1 Respite House
No. of Community Mental Health Teams	3		

## 2017 Mental Health Key result areas and priority actions

Priority Actions	Q
<b>Mental Health Strategic Priority 1: Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide</b>	
<b>Develop structures for implementation of <i>Connecting for Life</i> recommendations in mental health services and CHOs</b>	
Develop and implement structures for local Action Plans in Carlow, Kilkenny, South Tipperary, Waterford and Wexford Mental Health Services aligned to national CFL	

Priority Actions	Q
implementation frameworks.	Q1-Q4
Within available resources, The Regional Suicide Office will deliver a range of training interventions from basic suicide awareness to skills based programmes. Options available include: esuicideTALK, safeTALK, Applied Suicide Intervention Skills Training (ASIST), Understanding Self Harm and Skills Training on Risk Assessment for Self Injury (STORM). The ROSP will work with the National Office for Suicide Prevention on the roll out of the new National Training Strategy.	Q1-Q4
<b>Deliver evaluated evidence based programmes through Non-Governmental Organisations including services for priority groups in line with <i>Connecting for Life</i></b>	
The Mental Health Services will work in collaboration with Health & Wellbeing/Primary Care to promote the health and wellbeing of service users and staff, inclusive of healthy eating, exercise, alcohol reduction and resilience.	Q1-Q4
The Mental Health Services will work collaboratively with Health & Wellbeing/Primary Care to promote the health and well being of service users and staff in relation to smoking cessation (including BISC training).	Q1-Q4
<b>Develop standard operating procedures based on an evaluation of suicide bereavement support services</b>	
In conjunction with the GP the SCAN Nurse will devise an individual Care Plan for the individual at risk.	Q1-Q4
Commence work on the roll-out of SCAN in Carlow/Kilkenny/Tipperary in 2017 within available resources	Q3
The Bereavement Counseling Service for Traumatic Deaths, coordinated by the Regional Suicide Resource Office, will continue to be offered to those bereaved by Suicide and other traumatic deaths in CHO 5.	Q1-Q4
Provide training to all relevant professionals and community members to improve recognition of and response to suicide risk and suicide behaviour among those vulnerable to suicide.	Q1-Q4
<b>Ensure appropriate pathways in place to support the physical health needs of mental health service users</b>	
Work with acute partners and Community Mental Health Teams to develop clinical pathways	Q2
<b>Mental Health Strategic Priority 2: Design integrated, evidence based and recovery focused mental health services</b>	
<b>Develop prenatal mental health services capacity (2016 Peg Funding Allocation)</b>	
To commence the development of an Advanced Nurse Practitioner for perinatal mental health services in Waterford/Wexford.	Q3
Develop perinatal Interdisciplinary Clinical Pathways between Mental Health Service and our Acute Partners	Q3
<b>Complete the recruitment of individual placement support workers (2015 funding allocation) in line with the clinical programme for First Episode Psychosis (FEP)</b>	
Develop the role of the Peer Support Worker in a manner which will support the	



Priority Actions	Q
National Clinical Programmes	Q3
<p><b>Design integrated, evidence based and recovery focused mental health services</b></p> <p>Training and workshops will be provided for people who are experiencing Mental Health Difficulties through the Recovery College established in 2016, the courses are co-produced by people with lived experience of life challenges, carers and professionals.</p>	Q3
<p><b>Mental Health Strategy Priority 3:</b> Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</p>	
<p><b>Establish cross divisional governance arrangements for the development and delivery of counselling services for under 18s in Primary Care</b></p>	
<p>To work with regional counselling services to continue to enhance governance arrangements through the use of Service Level Agreements.</p>	Q3
<p><b>Embed Advancing Recovery Ireland support in all mental health teams in CHO5 supporting the implementation of service reform fund initiatives</b></p>	
<p>To roll-out Recovery Principles Training to staff in CHO5 within the MHS.</p> <p>To map the current service provision (e.g. Residential, Day Services, Education, Training) and the manner in which these services support service users to become active members of their community through approved service reform funding.</p>	Q1-Q4  Q2
<p><b>Recruit and train 20 WTE peer support workers (2015 PfG funding allocation)</b></p>	
<p>To recruit 3 WTE Peer Support Workers in Carlow/Kilkenny/South Tipperary Mental Health Services and facilitate their role, within the Community Mental Health Teams.</p>	Q3
<p><b>Develop a clear strategic and operational interface between local mental health services and the acute hospitals in relevant catchment areas</b></p>	
<p>To develop a structure to ensure effective interface between the Mental Health Services and Acute Services.</p>	Q2
<p>CHO5 will recruit an NCHD lead within Mental Health Services</p>	Q3
<p><b>Improve 7 day response in mental health services</b></p>	
<p>To develop a 7 day Liaison Nursing Service/Self Harm across CHO5</p>	Q1-Q4
<p><b>Increase liaison psychiatry capacity</b></p>	
<p>To develop a Mental Health Liaison Psychiatry Service in Waterford with appointment of Consultant Psychiatrist</p>	Q1-Q4
<p><b>Further enhance the community mental health team capacity for CAMHs, General adult and {Psychiatry of Old Age (2016 Programme for Government funding</b></p>	



Priority Actions	Q
<b>allocation)</b>	Q1-Q4
To recruit 21 new development posts (2015 funding) to further develop the Community Mental Health Teams in line with Vision for Change	
To progress the appointment of funded Traveller Mental Health Co-ordinator post.	Q3
<b>Commence the implementation of the HIQA and MHC patient safety incident standards</b>	Q1-Q4
To review the structure and procedures for conducting reviews of Patient Safety Incidents in accordance with national guidance and standards across CHO 5.	
<b>Develop national compliance reporting and monitoring framework against the Mental Health Commission regulatory framework.</b>	
To commence training for staff on the Mental Health Commission Judgement Framework	Q2
To continue the roll-out of training for staff on Risk Management, and Open Disclosure.	Q1-Q4 Q1-Q4
To monitor the trends from the MHC Inspection Reports and initiate corrective action plans where appropriate.	Q1-Q4
To monitor and report on the National KPI's on a Monthly basis in relation to NIMS, Risk Register, SRE's and SUI's and develop corrective action plans as appropriate.	
<b>Support the development and implementation of a framework of assurance relating to incident management.</b>	
To review the Governance arrangements relating to Incident management	Q1-Q4
To enhance patient safety incident reporting systems through training within the Mental Health Service.	Q1-Q4
<b>Mental Health Strategy Priority 4: Ensure that the views of service users, family members and carers are central to the designs and delivery of mental health services</b>	
<b>Enhance the service user and carer engagement structures at national and CHO level</b>	Q2-Q3
Develop local Consumer Panels across CHO 5.	Q4
Roll out the development of the Service User Involvement Centres across CHO 5	
<b>Appoint a Service User/Family Member/Carer (SUFMC) as area lead for mental health engagement to each CHO area mental health management team</b>	
Recruit Area Lead for service user engagement and set out programme of work. Area Lead to attend the Executive Management Teams and Quality and Patient Safety Executive Committees across CHO 5.	Q1
<b>Progress the implementation of the <i>National Carers' Strategy</i> as it relates to mental health services</b>	

Priority Actions	Q
To include Carers in Care planning and decision making, with Service Users consent.	Q1-Q4
To provide access to respite services for service user, within available resources.	Q1-Q4
To promote the availability of user friendly and timely information and advice for service users and carers.	Q1-Q4
To provide further training for EOLAS facilitators, with a plan to extend the EOLAS project across CHO 5.	Q1-Q4
<b>Mental Health Strategic Priority 5: Enable the provision of mental health service by highly trained and engaged staff and fit for purpose infrastructure</b>	
<b>Further develop workforce plan for nursing, medical, allied health professional and administrative/support staff</b>	
To review CHO5 Mental Health Workforce Plan and implement Corrective Action Plan, where appropriate	Q2
To commence the reconfiguration of Community mental Health Teams in accordance with the Community Healthcare Networks.	Q1-Q4
To develop the transition plan for the transfer of National Counselling Service to the remit of CHO 5 Mental Health Services.	Q1
<b>Implement the Postgraduate Nursing Programme, develop postgraduate non-nursing Programme and increase undergraduate nursing numbers</b>	
Increase the number of clinical placement of undergraduate nurses from WIT across the CHO 5 MHS by 8.	Q1
The Clinical Placement Coordinators will attend secondary schools and Waterford Institute of Technology Open Day, to promote the Mental Health Nursing Profession, as a Recruitment initiative.	Q1-Q4 Q1-Q4
The Skill Mix ratio will be reviewed across CHO 5 and training provided for non nursing posts.	
<b>Strengthen accountability with the voluntary agencies funded by the HSE including accountability for the clinical services they are mandated to provide</b>	
All Voluntary agencies will be required to sign a Service Level Agreement.	Q1
A process will be established to review all external placements with key stakeholders.	Q3-Q4
<b>Commission survey of mental health capital stock to scope future infrastructural needs of services</b>	
To work with Estates to determine the Infrastructure requirements across CHO 5.	Q2-Q4
To prioritise and develop Infrastructure plan for CHO 5	Q2-Q4

# CHO 6

## East Wicklow, Dun Laoghaire and South East Dublin

### Introduction

Mental Health Services in CHO6, Dublin South East Wicklow, are provided to a population of 426,000 via a comprehensive General Adult Service, Psychiatry of Old Age Service and Mental Health Intellectual Disability. Child and Adolescent Mental Health Services are provided by St. John of God Lucena Service. Mental Health Inpatient Services are provided at the Elm Mount Unit, St. Vincent's University Hospital Dublin and Newcastle Hospital, Wicklow.

In line with Vision for Change and the National Service Plan, Mental Health Services in Dublin South East Wicklow will continue to provide high quality mental health services to ensure optimal mental health for the population it serves.

Dublin South East Wicklow Mental Health Service delivers in line with *Vision for Change*, progressive, evidence based services which are patient-centred, and community based. The Service will work throughout 2017 to prioritise outstanding actions in *Vision for Change*. The plans for mental health services are also aligned with the corporate goals of HSE. The additional resources that have been allocated as a result of ring-fenced budgets over the last number of years have been of significant benefit in Dublin South East Wicklow in allowing service developments in the areas of Community Mental Health Teams and Psychiatry of Old Age.

### Priorities for 2017

The following are the key priorities in relation to mental health services in Dublin South East Wicklow for 2017.

- Work towards implementing the Reference Group recommendations towards enhanced service user and carer engagement by establishing Service User Forums in CHO6.
- Initiate the *Connecting for Life* Action Plan, including the establishment of implementation structures and delivery of associated actions in CHO6.
- Improve early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s in collaboration with Jigsaw and other community & voluntary Groups.
- Increase Community Mental Health Service capacity across all specialties by undertaking a review on skill mix across CHO6 Mental Health Services.
- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations. The appointment of a Rehabilitation Consultant in 2017 will provide guidance on the development of services within CHO6.
- Continue to support the development of specialist clinical responses through the Mental Health Clinical Programmes.

- Increase safety of mental health services, including improved regulatory compliance and incident management by recruitment of Quality & Patient Safety Advisor who will contribute to the development of relevant QPS Structures across CHO6 Mental Health Services.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources. The appointment of a Head of Service and General Manager for CHO6 Mental Health Services will strengthen governance and accountability by developing frameworks to ensure improved performance and effectiveness in the use of human, financial and infrastructural resources.

Population	
426,170	Total Population
95,707	Dublin South East
146,796	East Wicklow
183,667	Dublin South Cluain Mhuire Services (including 34,500 population covered by the Psych of Old Age Service in Dublin South East)

### Services Provided

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	82 including SJOGS as required.	<b>No. of MHID Teams</b>	1
<b>No. of Day Hospitals</b>	2	<b>Specialist Mental Health Services</b>	1 Eating Disorder Team
<b>No. of Community Mental Health Teams</b>	9	<b>No. of Rehab and Recovery Teams</b>	In Development
<b>Number of Day Centres</b>	2	<b>No. of Liaison Psychiatry Teams</b>	
<b>No. of High Support Community Residences</b>	2		
<b>No. of Low and Medium support Community Residences</b>	6		

## Key Priorities and Actions to Deliver on Goals in 2016

Priority Actions	Q
<b>Promote the mental health of the population in collaboration with other services and agencies</b>	
CHO 6 will implement the relevant actions in the CHO 6 Mental Health Strategy 2016-20 to promote positive mental health across the CHO population.	Q1-4
CHO6 welcomes the study by the ICGP and the Mental Health Division looking at developing and assessing a protocol at primary care level to monitor and manage the physical health problems of patients with enduring mental illness (PHEMI Study). GP practices in South Dublin (Cluain Mhuire catchment area) have been included in the study. It is anticipated that the study will provide a framework for managing physical health care outcomes in this patient group.	Q1-4
CHO6 will work to improve Early Intervention and Youth Mental Health by working to establish early intervention Jigsaw services as accessible and flexible services throughout the area. CHO6 will continue to support the establishment of Jigsaw services in Co. Wicklow and Dublin City and will continue to participate on the Jigsaw Advisory Group for the Dublin City Project.	Q1-4
<b>Promote the prevention of loss of life by suicide</b>	
CHO 6 will initiate the Connecting for Life CHO 6 Action Plan, including establishment of implementation of structures and delivery of associated actions in line with the Connecting for Life: Ireland National Strategy to Reduce Suicide 2015-2020	Q1-4
CHO 6 will implement, integrate and promote the national communications 'Little Things' campaign as a good practice initiative and a resource to statutory and non-statutory agencies, community and voluntary groups	Q1-4
CHO 6 deliver up to date information on all local mental health services and how to access them for the general population and priority groups, and make available online through yourmentalhealth.ie	Q1 -4
CHO 6 will support national organisations in the monitoring and engagement of local media in relation to death by suicide, mental health awareness and supports	Q1 -4
CHO 6 will develop networks of ASIST trained individuals in local communities to support effective community responses	Q1 -4
CHO 6 will develop a CHO 6 Suicide Prevention Training Plan for community based training building on the NOSP Review of Training	Q1 -4
CHO 6 will work to embed ARI support and to ensure a recovery focus in all mental health teams and services, through the recruitment of a Rehabilitation Team.	Q2-3
In alignment with the NOSP National Training plan, CHO6 will deliver Safe TALK, ASIST and Understanding Self-Harm, Loss and Bereavement through Suicide training programmes prioritising service providers, particularly those who come into regular contact with people who are vulnerable to suicide and present with self harm.	Q1-4
CHO6 will support the continued roll out of youth mental health programmes, such as "The Introduction to Youth Mental Health" and "Mind Your Mental Health".	Q1-4
CHO6 will continue to support the "Woodlands for Health Programme" in East Wicklow and Dun Laoghaire.	Q1-4

Priority Actions	Q
CHO6 will assess the potential to enhance bereavement support services and establish a Family Bereavement Liaison Service in the area.	Q3
CHO6 will develop resources to provide signposting to families in the immediate aftermath of a suspected suicide death upon request.	Q3
<b>Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>	
CHO6 will engage with the National Clinical Lead for MHID during 2017 in order to plan for consistency of approach in relation to the development of MHID Services for Children and Adults.	Q1-4
CHO 6 will work to enhance the Eating Disorders Service by planning to develop an OPD facility on the Clonskeagh Campus away from acute hospital setting consistent with national model of care.	Q1-4
CHO6 will recruit a Lead NCHD across all Mental Health Services in line with National Requirements.	Q2
CHO 6 will appoint 2 previously funded Dieticians by the end of Q2 to support service users to achieve a healthy lifestyle.	Q 2
CHO 6 will review the Detect model operating in the CHO to ensure that it is operating effectively and in line with the objectives of the clinical care programme. Cluain Mhuire services will be requested to undertake this work as part of their Service Level Agreement for 2017, and individual placement support workers will be appointed if resources allow.	Q4
CHO 6 will implement the new CAMHS Standard Operating Procedures, working in line with the national agreement on CAMHS	Q1 – 4
CHO 6 will continue to develop the assessment and management of patients presenting to ED's following self-harm by growing the Liaison Service in SVUH and working to ensure that CAMHS consultants are available on an on-call / out of hours basis aligned to nationally agreed models of care.	Q1 – 4
CHO 6 will seek to recruit 2 Quality and Patient Safety Advisors in Mental Health Services, and contribute to the development of the Quality & Risk Structures in the CHO to ensure that there is an appropriate level of regulatory compliance and incident management.	Q 3
<b>Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>	
CHO 6 will employ an Area Lead for Service User Engagement in Q1 2017 to lead on the development of Service User and Family engagement forums across the CHO.	Q1
CHO 6 will establish Service User and Family engagement forums across the CHO with forums set up in 3 areas by Q4 2017.	Q4
<b>Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>	
CHO 6 will strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources, by putting supporting frameworks in place to ensure improved performance and effective use of human, financial and infrastructural resources.	Q1–4

Priority Actions	Q
CHO 6 will reconfigure team structures to align more closely with the new Community Health Networks to be established across the area	Q3-4
CHO 6 will develop the capacity of management teams through personal professional development initiatives and provision of support	Q1-4
CHO 6 will promote opportunities for staff to rotate and/or seek opportunities to gain knowledge and/or experience outside their core roles and responsibilities. Promote skill set matching with anticipated future roles to support professional development and training requirements for individual managers and staff	Q2-4

# CHO 7

## South Dublin, Kildare and West Wicklow

### Area Description

CHO 7 includes the former Dublin West/South West Mental Health Service (Loman's / Tallaght), the Dublin South City Mental Health Service (St James's) and Kildare West Wicklow. While serving a total population of 674,071 the service also includes Child and Adolescent Mental Health Services. In addition services for people with intellectual disabilities who have mental health needs are delivered by a number of providers including Stewarts Hospital Palmerstown, Cheeverstown House Services, Dublin South City Intellectual Disability Service, St John of Gods and Peamount Hospital.

A number of other key stakeholders are also based in the locality and it is planned that the Mental Health Service will formalise links and promote the integration agenda with these services as part of the emerging requirements. These services include The (National) Alba Counselling Service, Counselling in Primary Care, Addiction Services, Homeless services and EVE-Community Based Recovery Programmes. The Cloverhill/Wheatfield prison complex is also located within the catchment area.

### Service Description

The general adult services in CHO 7 are largely community-oriented with an emphasis on delivering care in the community and have well developed community mental health and homecare teams (CMHTs). Due to limited resources, the Dublin South City Service at St. James's lacks this level of community care capacity. The catchment area also has Psychiatry of Later Life (PLL) teams and a Rehabilitation team. The demands on the Psychiatry of Later Life team have increased year on year as the at risk population has increased in size and also according as the number of nursing home beds in the catchment area increases. The service also includes a multi-disciplinary team for the provision of mental health services to the homeless population in South Dublin.

The Kildare West Wicklow Service is significantly under resourced in comparison with services serving similar populations nationally and, as a consequence, each facet of the service operates under severe pressure. The Lakeview Acute Unit in Naas Hospital can only operate with the assistance of access to up to 10 additional beds in Portlaoise as well as the cooperation of its sister services in Tallaght and St James' Hospitals. Community Services within the Kildare West Wicklow Service are similarly under resourced to deal with the needs of the catchment.

Psychological Medicine Liaison services are provided within the two acute hospitals in Tallaght & St James's. Child & Adolescent Mental Health Services are delivered in three Community services for the catchment area.

The HSE National Counselling Service provides counselling and psychotherapy services across 18 locations in CHO 7.

A key priority for the CHO 7 Mental Health Services in 2017 is to reconfigure the services in line with the Community Healthcare Organisation report and this will continue throughout 2017.



It is essential that progress continues in addressing the significant resource and service deficits within the CHO 7 Mental Health Services and work will continue with the National Mental Health Division in this regard. Priority issues include the further strengthening of Community Teams, the redevelopment of Lakeview and the development of additional step down options for service users. Significant infrastructural deficits also exist in the non-acute services.

The service has secured PFG development posts in 2015 which will help shape the delivery of services throughout 2017. Such developments include resources for the recruitment of a home based treatment team in the Kildare service and a rehab service in Dublin South Central. In addition, resources will be made available across the Area to develop Psychiatry of Later Life Services, which will seek to help reduce the current pressures on inpatient and step down beds locally and across the CHO

Service users in this Community Healthcare Organisation have benefitted significantly from the additional funding made available through the HSE National Service Plan in recent years. However, this has not addressed the gap between resourcing of services in CHO 7 and comparable services nationally.

Services generally remain underfunded in comparison with national norms and significant risks remain across the full range of services and the priority is to retain existing levels of service from 2016.

The indicated 2017 financial allocation for this service presupposes that there will be no requirement for additional step down placements for patients in 2017 and that recruitment to approved staff posts will be phased towards the later part of the year. However, previous years' experience indicates that up to 7 external placements may be required during 2017. In addition, the risks associated with the current low staffing levels require that vacant posts are filled without delay. These issues could, at worst case, lead to a gap of up to €3.5M between allocated budget and expenditure. CHO 7 will work closely with the Mental Health Division to manage the situation throughout the year.

### Quality and Service User Safety

The objective of CHO7 Adult Mental Health is to ensure safe care, improve quality and provide assurance and verification of same. The service with the support of the Division will put in place the resources to provide high quality safe services for our service users and staff. The service will engage with the Division to build the capacity of service users, families and carers to influence the design and delivery of Mental Health Services.

### Services Provided

Service	No. Provided	Service	No. Provided	
No. of Adult Acute In Patient Beds	138 (incl 10 beds in Portlaoise Hospital)	<b>Psychiatry of Old Age</b>		
<b>General Adult</b>			POA Acute Inpatient Beds	8 (CNU in JSC)
No. of non-acute beds for adults	0		Number of Day Hospitals	3 in Kildare

No. of Day Hospitals	10	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	11	Number of Day Centres	0
Number of Day Centres	6.5	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	8	No. of Rehab and Recovery Teams	1.5
No. of Low and Medium support Community Residences	16	No. of Liaison Psychiatry Teams	2
		No. of MHID Teams	2
<b>CAMHS</b>			
Number of In Patient Beds	22 (plus 2 High Obs beds).		
No. of Day Hospitals	1		
No. of Community Mental Health Teams	6		

\*Lucena, under the auspices of St. John of Gods provides CAMHS to part of CHO7. Funding for Lucena is provided through Service Arrangement with CHO 6

## Priorities for 2017

A key priority for CHO 7 is the implementation and development of the sub-structure under the Heads of Service and Function to achieve maximum staff efficiency and effectiveness, talent managing new teams incorporating the optimisation of available resources.

Our vision for mental health services is to support the population to achieve their optimal mental health through the five strategic multi annual priorities as outlined in the HSE Corporate Plan. These will continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform.

Additional to the priorities below, CHO 7 will plan for the reconfiguration of services into 14 Community Health Networks which will, in time, become the principal unit of local service delivery to the population. This CHO will also bid for additional resources to build capacity in sector teams and address acute capacity issues.

- Recruitment and Retention of Staff across all disciplines.
- In line with the National Mental Health Service plan, support the implementation of the Mental Health Engagement Reference Group recommendations towards enhanced service user and carer

engagement and progress with the recruitment of the post to the CHO Mental Health Management Team

- In 2017, continue the development of the Connecting for Life plans for the population of CHO 7, aligned to the nationally provided frameworks.
- Improve Early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s
- Increase capacity in Community Mental Health Services across specialties through the service development process and revised recruitment & retention initiatives across all disciplines.
- Seek to increase services to meet the needs of those with severe and enduring mental illness with complex presentations through the development of rehab and assertive outreach services in line with approved PfG posts and other service reconfiguration.
- Seek opportunities to make submission for service developments through the National Office with a view to developing specialist clinical responses through the Mental Health Clinical Programmes.
- The development of QPS structures within the CHO will be achieved in conjunction with the forthcoming recruitment of Grade VII Quality & Safety Advisor posts in CHO 7. This will result in the enhanced safety of mental health services, including improved regulatory compliance and incident management processes.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.
- CHO 7 will work to improve governance arrangements in line with resources being made available
- Enhancing services across the CHO to address service needs in MHID by establishing bases for Community Services in the campuses of both Cherry Orchard Hospital and the Meath Community Unit. Engagement will be progressed with the Voluntary Sector in order to develop an integrated team and service. In addition it is hoped to finalise the recruitment of AHP posts and a CAMHS ID Consultant and reconfigure existing resource to provide a CHO wide service.
- Development of the structures and processes to ensure that this Community Healthcare Organisation supports the health needs of the population with high quality services provided to them as close to their homes as possible. Work will continue in 2017 to integrate all of the services, including Child & Adolescent Mental Health Services, into one integrated service.
- CAMHs Eating Disorder Service
- Develop a service to support the physical health needs of mental health service users in the Community.
- Staff working in Mental Health will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets
- Discussions on the National Children's Hospital will continue in 2017 with a view to and this CHO developing plans with the Mental Health Division and the Children's Hospital Group for the Child & Adolescent Mental Health component of the services to be provided at that location.
- The development and integration of the new teams in Psychiatry of Old Age, rehab and home based treatment services across the CHO that have been provided under the (Programme for Government) PfG posts under 2013-15 development posts.
- Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.

- Capital Development projects to be prioritised and progressed for 2017 include, St. James Hospital, Lakeview and High Support Hostels.
- Develop structures to embed EVE services within the Community Mental Health Services across CHO 7.

Priority Actions	Q
<b>Mental Health Strategic Priority 1 - Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>	
Finalise and implement the Local Connecting for Life Action Plans in line with National Frameworks.	1-4
Recruitment and appointment of Suicide Resource Officer in CHO7	2
Complete the approved recruitment of staff to support the physical health needs of mental health service users with the appointment of dedicated staff	2
<b>Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services.</b>	
Finalise the recruitment of staff and commence the Eating Disorders Clinical Programme in the CAMHS service in CHO7.	3-4
Integrate the EVE services into the CHO 7 Mental Health Structure.	1-4
<b>Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>	
Collaborate with Jigsaw (Tallaght, Dublin City) in the development of their service under the Clinical Programmes for young people within the CHO	1-4
Appoint lead NCHD in Mental Health Service in line with the McCraith report recommendations.	1
Recruit a Grade VI to progress the development of services for homeless mentally ill and Traveller mental health through improved multi agency approach with the appointment of staff provided for under Programme for Government	3-4
Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.	1-4
Progress approved projects funded by Service Reform fund through Advancing Recover Ireland.	2-4
Recruit additional approved posts and reconfigure current Mental Health Intellectual Disability (MIHD) teams across the CHO.	1-4

- Maintain the existing community mental health team capacity for CAMHS, general adult and psychiatry of old age 1-4

**Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services**

Appointment of Service User, Mental Health Engagement Lead and develop the role and function into CHO Area Mental Health Management Team 1

Develop an implementation plan once the Service User, Mental Health Engagement Lead is in place. 2-4

**Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.**

- CHO 7 will commence the process to examine and reconfigure team structures to align more closely with the new Community Health Networks to be established across the CHO. 1-4

- The National E-Rostering project will continue through the National Office with a view to providing a more streamlined system of delivering a more efficient rostering process. 1-4

Subject to the availability of resources, strengthen accountability with the voluntary agencies funded by the CHO including accountability for the clinical services they are mandated to provide. 1-4

# CHO 8

## Laois/Offaly, Longford/Westmeath, Louth and Meath

### Introduction

The CHO 8 Mental Health Service has core objectives of:

- Striving to provide high quality services by implementing A Vision for Change (Vision) and delivering a modern, recovery focused, clinically excellent service built around the needs and wishes of service users, carers and family members.
- Supporting improvement in the mental health of the CHO 8 population and in our approach to suicide prevention through the Connecting for Life strategy.
- Implementing the Health Reform programme fully within CHO 8 mental health services in a way which ensures appropriate integration with other health and social services.
- Fulfilling our purpose to provide safe services to those who need them and to seek to continuously improve those services, the divisional and area plans aim to set out credible steps which will, over time, enable us to improve the service.

### Area Description

CHO 8 Mental Health services comprises Louth Meath Mental Health Service (LMMHS) and the Midlands Mental Health Services (MHS) which delivers psychiatric services to a total population of 615,258 (Census, 2016). The Midlands area incorporates 2 former Mental Health (MH) Catchment Areas (CAs) of Laois/Offaly (LO) and Longford/Westmeath (LW). The Midlands service transitioned to Community Healthcare Organization CHO Area 8 also on the 1<sup>st</sup> January 2016.

### Service Description - Louth Meath

Louth Meath Mental Health Service provides a broad range of community and inpatient mental health services across all age groups:

- There are 10 General Adult Community Mental Health Teams with an average catchment area of 30/35,000 population.
- The opening of the New Acute Inpatient Unit in Drogheda will allow for the reconfiguration of existing Community Mental Health teams to take place in line with Vision for Change.
- There are 3 psychiatry of old age multi-disciplinary Teams with (100,000 approx. pop each).
- There is a Liaison Team and Deliberate Self Harm Nurse based at Our Lady of Lourdes Hospital, Drogheda & Self Harm Nurse at Our Lady's Hospital, Navan.
- A Rehabilitation Team has been established.
- Two Adult MHID teams have been approved and are being established
- A Rehabilitation Team has been established.
- Two Adult MHID teams have been approved and are being established

Service	No. Provided	Service	No. Provided	
<b>No. of Adult Acute In Patient Beds</b>	46	<b>Psychiatry of Old Age</b>	Access to beds from within the 46 inpatient beds	
<b>General Adult</b>	Access to beds from within the 46 inpatient beds			
No. of non acute beds for adults	75		Number of Day Hospitals	0
No. of Day Hospitals	4		No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	10		Number of Day Centres	0
Number of Day Centres	4 (currently under reconfiguration)	<b>Specialist Mental Health Services</b>		
No. of High Support Community Residences	4		No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	2 (low support)		No. of Liaison Psychiatry Teams	1
<b>CAMHS</b>			No. of MHID Teams	1 Covers L/M & C/M
Number of In Patient Beds	0	<b>Other</b>		
No. of Day Hospitals	0		Assertive Outreach Team	2
No. of Community Mental Health Teams	6		Home based treatment team	2
		Effective Disorder Team (Louth only)	1	
		Community Support Team (Dundalk only)	1	

### Service Description - Midlands

The Midlands Mental Health Management Team has managerial responsibility for lifespan Mental Health Services (MHS) i.e. CAMHS, Adult Mental Health (AMH), MHID (Child and Adult), Psychiatry of Later Life (POLL), and other Specialist Services such as Rehabilitation & Recovery (R&R), Psychiatry of Substance Misuse, Liaison and the 3 National Clinical Programme (NCP) services; Deliberate Self-Harm (DSH), Eating Disorder (ED) and Early Intervention in Psychosis (EIP) services. Regional and National MHS such as Forensic MHS are delivered to the area from these tertiary specialties. Please see table below;

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>	60 (+10KWW)	<b>Psychiatry of Old Age</b>	
<b>General Adult</b>			
No. of non acute beds for adults	92	Number of Day Hospitals	2
No. of Day Hospitals	10	No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	10	Number of Day Centres	0
Number of Day Centres	9	<b>Specialist Mental Health Services</b>	
No. of High Support Community Residences	7	No. of Rehab and Recovery Teams	2
No. of Low and Medium support Community Residences	24 (9 medium and 15 low)	No. of Liaison Psychiatry Teams	< 0.5
<b>CAMHS</b>		No. of MHID Teams	2
Number of In Patient Beds	0	<b>Other</b>	
No. of Day Hospitals	0	Training Centre	1
No. of Community Mental Health Teams	7		

## Priorities for 2017

Our vision for mental health services is to support the population to achieve their optimal mental health through five strategic multi annual priorities. These will continue to be delivered through the following specific 2017 priorities that build capacity for sustained service improvement and mental health reform.

- Enhance service user and carer engagement across CHO8 through the development of consumer panels across all areas and the involvement of the CHO8 Service User Lead in area and executive management teams.
- Implement the suicide reduction policy *Connecting for Life* through the development of a CHO8 plan with multi-agency involvement at local and regional level.
- Improve early intervention and youth mental health through the enhancement of integrated care pathways between CAMHS, Primary Care and voluntary groups such as Jigsaw. Increase community mental health service capacity across all specialties.
- Develop and enhance recovery focused services to meet the needs of those with severe and enduring mental illness with complex presentations through the implementation of Service Reform Fund initiatives.
- Develop, implement and integrate specialist clinical responses through the mental health clinical programmes.



- Increase the safety and quality of mental health services in CHO8, including improved regulatory compliance , incident management and the implementation of best practice standards across the region.
- Strengthen corporate and clinical governance arrangements in Mental Health Services across CHO8

### Key Priorities and Actions to Deliver on Goals in 2016

Key Result Area	Actions to Achieve Key Results	Lead	Target Q
<b>Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.</b>			
<b>Connecting for Life (CfL)</b>			
Development and implementation of local CfL plans capable of being reported at CHO level per national CfL requirements	○ Support the work of the CfL Planning Groups (3)	CHO 8 CfL Oversight Group	Q1-Q3
	○ Develop CfL Plans (3) aligned to national framework	CHO 8 CfL Oversight Group & Local CfL Groups	Q3
	○ Develop the CfL implementation structures (3)	CHO 8 CfL Oversight Group & Local CfL Groups	Q4
<b>Youth Mental Health Services</b>			
Improve early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s	<b>Early intervention youth mental health</b>		
	○ Develop actions through the CfL plans promoting early interventions for young people experiencing mental health issues	CHO 8 CfL Oversight Group & Local CfL Groups	Q3
	○ Collaborate with the CHO 8 Jigsaw sites – Tullamore & Navan to identify current pathways between Primary Care and CAMHs	SMT LO, LM	Q1
○ Establish best practice pathways and work to implement across both sites between CHO 8 care groups	SMT LO, LM	Q1-Q4	
<b>Primary Care based therapeutic responses Under 18's</b>			
	○ Identify other models across CHO 8, gaps in service and required pathways	SMT LW, LO, LM	Q1

	<ul style="list-style-type: none"> <li>○ Establish a CHO 8 Youth Mental Health group update - HSE, Tusla, CAMHs, Primary Care,</li> </ul>	Head of Mental Health	Q3
<b>Physical Health of mental health service users</b>			
	<ul style="list-style-type: none"> <li>▪ Identify physical health needs in clients with complex mental health diagnoses</li> <li>▪ Pilot individual and group interventions in this population in line with international best practice</li> </ul>		
<b>Mental Health Priority 2:-Design integrated, evidence based and recovery focused mental health services</b>			
<b>National Clinical Care Programmes</b>	<p>Develop specialist clinical responses through the mental health clinical programmes.</p> <ul style="list-style-type: none"> <li>○ Map current staffing resource, services and relevant leads across the CHO</li> <li>○ Enhance and embed new services in mental health services across the region</li> <li>○ Implement Lead NCHD initiative per McCraith Report.</li> </ul>	SMT LW, LO, LM	Q1 Q1- Q4
<b>Strategic Priority 3 - Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>			
	<ul style="list-style-type: none"> <li>○ General Adult <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify clear actions based on gaps – HR, accommodation, pathways , HR/IR community reconfiguration process, future training requirements</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be over come</li> <li>▪ Introduce video and IT technology to support the individual Care Planning Process in approved centres with community teams</li> <li>▪ Scope requirements to enhance 7/7 services across CHO8.</li> </ul> </li> </ul>	<p>SMT LW, LO, LM</p> <p>SMTs &amp; Head of Mental Health</p> <p>SMTs &amp; Head of Mental Health</p>	

	<ul style="list-style-type: none"> <li>○ Psychiatry of Old Age – <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify clear actions based on gaps – HR, accommodation, pathways</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be over come</li> </ul> </li> </ul>	<p>SMT LW, LO, LM</p> <p>SMT's &amp; Head of Mental Health</p> <p>SMT's &amp; Head of Mental Health</p>	
	<p>CAMHS</p> <ul style="list-style-type: none"> <li>▪ Monitor activity across all teams to ensure that waiting times meet national targets</li> <li>▪ Continue interagency meetings with CAMHS, Social Care and partners in Education</li> <li>▪ Roll out of Child to Parent Violence Awareness Training</li> </ul>	<p>LM,LO,LW</p> <p>LO, LW</p> <p>LW</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2</p>
	<p>MHID (Mental Health Intellectual Disability)</p> <ul style="list-style-type: none"> <li>• Continue dev of MHID services in line with national model (including identifying progress on implementation of MHID post for children)</li> <li>•</li> </ul>		
<p>Increase services to meet the needs of those with severe and enduring mental illness with complex presentations</p>	<ul style="list-style-type: none"> <li>○ Rehabilitation &amp; Recovery <ul style="list-style-type: none"> <li>▪ Map service and perform gap analysis against Vision for Change</li> <li>▪ Identify current pathways to continuing care</li> <li>▪ Identify current service provision for those with complex mental</li> </ul> </li> </ul>	<p>SMT LW, LO, LM</p> <p>SMT's &amp; Head of Mental Health</p> <p>SMT's &amp; Head of Mental Health</p>	

	<p>health needs</p> <ul style="list-style-type: none"> <li>▪ Carry out staff education in relation to international best practice interventions for this population</li> <li>▪ Establish CHO 8 Rehab &amp; Recovery Group</li> <li>▪ Develop plan to maximise team activity with deficits that cannot be over come</li> <li>▪ Embed recovery culture in residential units</li> </ul> <p>○ Continue to work with Local Authorities, housing agencies and HAT to provide appropriate housing for service users with mental health problems in line with national policies</p>		
	<p>○</p>		

### Managing within resources

CHO8 Mental Health services are committed to the provision of quality, safe and patient-centred services within allocated resources through regular financial performance management reviews and the implementation of a series of cost containment measures. Cost Containment Plans (CCPs) include the following measures: targeted reduction in agency staff; targeted reduction in overtime; time-related savings arising from the replacement of posts; review of external placements; review of medication management

# CHO 9

## Dublin North City & County

### Introduction

Mental Health Services in CHO Dublin North City & County (CHO DNCC) are provided to a population of 621,216 via a comprehensive General Adult Service, Child and Adolescent Mental Health Service (CAMHS), Mental Health Intellectual Disability (MHID) Service and Psychiatry of Old Age (POA) Service based on “A Vision for Change”. The initial priority for 2017 for the Head of Service Mental Health DNCC will be the establishment of a CHO DNCC Mental Health Management Team to develop a governance and accountability structure for Mental Health Services. This will involve the development of a plan to integrate services and to transition to new structures. This will require a significant change management process whilst maintaining day to day services and delivering on our priorities for 2017. This will include Management Team and Quality and Safety governance arrangements. As part of this process a robust change management plan will be developed to support the required transition to the new operating model and will be informed by national models for provision of standardised CHO Management structure for the safe delivery of mental health services.

CHO Dublin North City and County is committed to working towards the development of a recovery orientated service that acknowledges the unique nature of each service users’ journey to wellness and health. The focus is on providing assessment and treatment at the least complex level. The General Adult and CAMHS Services provide assessment and treatment at out-patient, homecare and day hospital levels. POA is a home based first assessment service and treatment is augmented by day hospital and out-patient services when recommended.

There are sub-specialist services in Rehabilitation Psychiatry and Liaison Psychiatry in the general hospitals (Beaumont, Connolly and Mater). Acute General Adult, Child and Adolescent, and Psychiatry of Old Age acute in-patient care is provided in four locations (Ashlin Centre - Beaumont, Connolly Hospital, Mater Hospital and St. Vincent’s Hospital, Fairview). Two of these sites, Mater and St. Vincent’s, provide the service by way of service arrangements.

The Mental Health Intellectual Disability service is provided by a mix of statutory services (St. Joseph’s Intellectual Disability Service) and funded agencies that provide assessment and treatment to clients attending their services. The Mental Health of Intellectual Disability - St. Joseph’s Intellectual Disability Service includes an Approved Centre under the Mental Health Act, 2001 and community residential and outreach services. This service provides a range of specialist mental health intellectual disability services to adults in the catchment area.

A Regional Psychiatric Intensive Care Service is provided in the purpose built mental health facility in the Phoenix Care Centre, North Circular Road and provides a highly specialised psychiatric intensive care service for the entire Dublin North East Region, South Dublin and Wicklow.

Our operational plan for Mental Health Services provides clarity as to the services we intend to provide over 2017, building on progress made over recent years with a number of actions to improve the health and

wellbeing of our service users in line with the vision and goals of *Healthy Ireland 2012 and Healthy Ireland Framework for improved Health and Wellbeing 2013-2025*.

Our actions and goals will be dependent primarily on financial and human resources available to us. Our operational endeavours and all service provision will be subject to compliance with the Pay-bill Management and Control Framework within CHO DNCC. However, this creates a significant challenge for CHO DNCC especially in terms of vacant posts that are difficult to fill.

Mental Health Services in CHO DNCC will continue to ensure the safe delivery of services as those delivered at 2016 levels (ELS) or at an increased level where this is supported by additional funding being made available. The service will continue to measure and report on performance against the key performance indicators (KPIs) set out in the National Service Plan as part of the monthly performance reporting cycle (appendix 3 – 2017 Balance Scorecard & Performance Indicator Suite).

### Population

621,216	Population served by CHO DNCC Mental Health Service
61,100 <sup>2</sup>	Over 65's population Served by CHO DNCC Mental Health Service

### Services Provided

Service	No. Provided	Service	No. Provided
<b>No. of Adult Acute In Patient Beds</b>		<b>Psychiatry of Old Age</b>	
<b>General Adult</b>	125	POA Acute Inpatient Beds	37 (Includes 25 in Connolly Hospital)
No. of non acute beds for adults	161 <sup>i</sup>	Number of Day Hospitals	2
No. of Day Hospitals	8	No. of Community Mental Health Teams	2 (1 double sector & 1 triple Sector)
No. of Community Mental Health Teams	20	Number of Day Centres	0
Number of Day Centres	1	<b>Specialist Mental Health Services</b>	3
No. of High Support Community Residences	10	<b>No. of Rehab and Recovery Teams</b>	4
No. of Low and Medium support Community Residences	15	<b>No. of Liaison Psychiatry Teams</b>	3
<b>CAMHS</b>		<b>No. of MHID Teams<sup>ii</sup></b>	
Number of In Patient Beds	12	<b>Other</b>	
No. of Day Hospitals	1	Homeless Specialist Team	1
No. of Community Mental Health Teams	5	Homeless Day Hospital	1
<sup>1</sup> 59 of which long are stay beds		Addiction Service Inpatient beds	7
<sup>2</sup> Community Service provided by S38 Disability agencies / St Vincent's Hospital Fairview		Addiction Regional Counselling Service	1

<sup>2</sup> Population based on Census 2016 preliminary results (<http://www.healthatlasireland.ie/internalfrontpage.html>)

## Priorities for 2017

CHO DNCC Mental Health Service in conjunction with CHO DNCC Social Care Division will establish a project to deliver the Service Reconfiguration in St. Joseph's Intellectual Disability Service to meet the needs of the Mental Health Intellectual Disability Older Persons in a more appropriate setting and aligned to the nationally agreed model of care.

The DNCC Mental Health Management Team will work with the Board and Management Team of St Vincent's Hospital, Fairview to review the existing admission criteria and develop a protocol to improve access to meet the needs of the 12 – 18 year old category of younger persons and CAMHS emergency crisis admissions.

In recognition of the need for an Acute Inpatient Psychiatric Unit on the Mater Acute Hospital Site and in line with Vision for Change, the Head of Service Mental Health DNCC will advance the establishment of a Steering Group to progress the development of a plan to build a purpose built unit for the catchment area of CHO Dublin North City

CHO DNCC Mental Health Service has identified that a considerable number of bed days are lost due to delayed discharges in Mental Health Units due to an inability to access alternative accommodation or services. These delays are resulting in secondary effects such as deterioration in service users' mental state or physical health. The greatest need appears to be for specialised accommodation and we will endeavour to seek funding to access specialised accommodation, such as nursing homes and specialist rehabilitation services

In conjunction with the National Mental Health Division, DNCC Mental Health Service will continue to build on existing relationships with the County Councils and Housing Agencies so as to promote Tenancy Sustainment Models of support for service users living in community residences

CHO DNCC Mental Health Services will continue to realign Addiction Services to Social Inclusion Services in Primary Care.

## 2017 Mental Health Key Result Areas and Priority Actions

Priority Actions	Q
<b>Mental Health Strategic Priority 1 – Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide</b>	
<b>Develop structures for implementation of Connecting for Life recommendations in Mental Health Services &amp; CHO's</b>	
Local representation to be extended to Mental Health Intellectual Disability within CHO DNCC initiatives under Connecting for Life	Q1
Establish an Interagency Suicide Prevention Steering Group in CHO DNCC to develop the Connecting for Life CHO Plan	Q3
<b>Deliver evaluated evidence based programmes through Non-Governmental Organisations including services for priority groups in Line with Connecting for Life</b>	

Priority Actions	Q
Mental Health Services DNCC will support the delivery of evaluated programmes determined by the Suicide Management Response Group Connecting for Life, including the implementation of agreed goals through Prevention and Intervention Programmes and will continue to support the NOSP with the roll out of the 2017 programme.	Q1 – Q4
Resource Officer for Suicide Prevention will engage with the Research Team and work with local statutory and community organisations on research and evaluation including measuring outcomes of training programmes i.e. Safe Talk, ASIST & Storm for Adult and CAMHS Teams.	Q1 - Q4
Implement Health & Wellbeing initiatives including the promotion of the Little Things Campaign, working with Homeless Agencies in developing policies and protocols with the Traveller Community on initiatives within Primary Care and Social Inclusion	Q1 - Q4
Provide additional clinical suicide prevention services in partnership with non Governmental Organisations including ASSIST and Safe Talk programmes to include the provision of additional facilitators to roll out in DNCC 26+ Safetalk programmes, 12+ Assist Programmes and additional Storm programmes.	Q1 - Q4
<b>Develop standard operating procedures based on an evaluation of suicide bereavement support services</b>	
The Suicide Resource Officer will work with the Mental Health National Division to identify appropriate local partners to deliver bereavement services in line with National SOPs.	Q1 - Q4
The Director of the National Counselling Service will conduct a review and evaluation of Self Harm Intervention Programme, establish feasibility of implementing Self Harm Intervention Programme service and thereafter devise a business plan.	Q4
<b>Ensure knowledge transfer among those working in suicide prevention across all sectors</b>	
The Suicide Officer will support the Mental Health National Division in the collection and provision of data with regard to Suicide Prevention Programmes	Q1 - Q4
<b>Implement the National Training Plan for suicide reduction</b>	
Further training sessions in partnership with community organisations will be rolled out throughout DNCC Mental Health Services	Q1 - Q4
CAMHS Staff will partake in the National Pilot for STORM and implement the STORM training programme throughout CAMHS DNCC	Q1-Q4
<b>Ensure appropriate pathways in place to support the physical health needs of mental health service users</b>	
<p>Mental Health Services DNCC will map existing pathways to support the physical needs of community based Mental Health service users with Acute Services.</p> <ul style="list-style-type: none"> <li>• Dublin North City MHS is 1 of the 3 Community Mental Health Service ICGP Pilot Sites to conduct the research as part of a PHEMI Research Study – Promoting the physical health of people with enduring illness</li> </ul>	Q3 – Q4
<b>Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services</b>	
<b>Commence the development of specialist eating disorder capacity in CAMHS and adult mental health services in line with the Eating Disorders Clinical Programme</b>	



Priority Actions	Q
DNCC Mental Health Services will work closely with the National Clinical Lead in the implementation of the Eating Disorder Programme to include the provision of Psychologist Services to additional CMHT's <ul style="list-style-type: none"> <li>• North Dublin Early Intervention Psychosis has been established in conjunction with the National EIP Clinical Lead CHO DNCC MHS will establish a 2<sup>nd</sup> Hub</li> </ul>	Q2
CAMHS DNCC will engage with National CAMHS Group on Dietetics in 2017, review current service provision in DNCC and support the development of a service provision model by <ul style="list-style-type: none"> <li>• Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups</li> <li>• Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage monthly supervision provided nationally</li> </ul>	Q1 – Q4
<b>Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements</b>	
<b>Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick</b>	
DNCC Mental Health Services will support the development of the agreed sites for Jigsaw in DNCC	Q1
<b>Establish cross divisional governance arrangements for the development and delivery of counselling services for under 18s in primary care</b>	
The NCS will provide intervention with Mental Health difficulties that arise as a result of the impact of childhood trauma and abuse	Ongoing
<b>Expand provision of services for homeless mentally ill and Traveller mental health through improved multi agency approach (2015 PfG funding allocation)</b>	
Develop the Interagency Suicide Prevention Steering Group to support Health & Wellbeing initiatives in the expansion of service provision including working with homeless agencies in developing policies, protocols and case management.	Q4
<b>Embed Advancing Recovery Ireland support in all mental health teams in each CHO supporting the implementation of service reform fund initiatives</b>	
Develop Business Plans and continue to further develop ARI Recovery Programmes through the Service Reform Fund and aligned to national frameworks.	Q4
DNCC Mental Health Services are committed to working towards the development of a recovery oriented service that acknowledges the unique nature of each service user's journey wellness, health and where recovery principles permeate all aspects of service planning and delivery through the appointment of the Area Lead for Service User - Family & Carer Engagement	Q2 – Q4
Participate, further develop the national pilot for Peer Support and seek to recruit Peer Support Workers for DNCC	Q1-Q4
<b>Develop a clear strategic and operational interface between local mental health services and the acute hospitals in relevant catchment areas</b>	
DNCC Mental Health Services will support local interface by working closely with local services such as GP's and Acute Hospital Groups on initiatives to support the physical needs of community based Mental Health service users.	Q1 – Q4
Assessment and Management of Self Harm Presentations in Emergency Departments by;	

Priority Actions	Q
<ol style="list-style-type: none"> <li>1. Continue implementation of this clinical programme in line with standard operating procedure (SOP)</li> <li>2. Continue to report monthly date to National Office</li> </ol>	
DNCC Mental Health Services will continue to progress the following programmes in ED; <ul style="list-style-type: none"> <li>• SCAN</li> <li>• Self Harm</li> </ul>	Q1-Q4
<b>Continue the development of adult and child mental health intellectual disability (MHID) teams (2014/2015 PfG funding allocation)</b>	
Recruit remaining HSCP's to support the development of existing MHID CMHT and continued development of MHID Services aligned to national model of care	Q1 – Q4
Service Reconfiguration in St. Joseph's Intellectual Disability Service to meet the needs of the Mental Health Intellectual Disability older persons in a more appropriate setting	Q1 - Q4
<b>Further enhance the community mental health team capacity for CAMHS, general adult and psychiatry of old age (2016 Programme for Government funding allocation)</b>	
Recruit approved development and vacant posts to enhance service delivery to <ul style="list-style-type: none"> <li>• Mainstream the Community Living Project</li> <li>• Roll out of the FEP and support compliance with JSF and Quality Standards and Best Practice Guidance for Mental Health Services</li> <li>• Support the Compassion Focus Therapy Groups for Personality Disorders</li> </ul>	Q1 – Q4
Further develop the QNCC in DNCC CAMHS	Q1 – Q4
DNCC CAMHS to undertake a full 'peer review' cycle	Q1 – Q4
<b>Implement the HIQA patient safety incident standards</b>	
Implement the HIQA / MHC Patient Safety Incident Standards when launched	Q4
<b>Roll out the quality assessment and improvement framework in mental health services (Funding of ICT element to be clarified)</b>	
DNCC Mental Health Services will support the roll out of the National Quality Assessment and Improvement Framework in Mental Health Services when launched in 2017	Q4
<b>Develop national compliance reporting and monitoring framework against the Mental Health Commission regulatory framework</b>	
DNCC Mental Health Services will participate in the national compliance reporting and monitoring framework against the Mental Health Commission Regulatory Framework	Q4
<b>Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services</b>	
<b>Enhance the service user carer engagement structures at national and CHO level, appoint a SUFMC as area lead to CHO DNCC Area Mental Health Team</b>	

Priority Actions	Q
<p>The appointment of the SUFMC Area Lead within DNCC will</p> <ul style="list-style-type: none"> <li>• Support the development structures by ensuring systems are established to enhance the role of Area Lead.</li> <li>• Establish an Area Forum and support training to local forums</li> <li>• Ensure data collection informs service development</li> </ul>	Q1 – Q4
<b>Develop standardised approach to inclusion of family members in care planning for service users</b>	
<p>DNCC will support the development of a standardised approach and continue to enhance existing initiatives with DNCC following the appointment of the SFUCM Area Lead, who will map existing initiatives and develop a plan.</p>	Q1 – Q4
<b>Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure</b>	
<b>Continue to support the design and implementation of quality indicators</b>	
<p>DNCC Mental Health Services will continue to support the design and implementation of quality indicators including the use of current PI's and reporting data to improve use of resources, service planning and delivery</p>	Q1 - Q4
<b>Further develop workforce plan for nursing, medical, allied health professional and administrative / support staff</b>	
<p>Continue to progress recruitment of priority posts, further develop workforce planning for Nursing, AHP's, Medical and administrative support by developing initiatives in recruitment advertising, deployment and retention of staff in DNCC Mental Health Services</p>	Q1-Q4
<b>Further develop process to maximise the allocation of resources on an equitable basis aligned to population and deprivation</b>	
<p>The CIPC Service will provide clients with early intervention for Mental Health difficulties at Primary Care Level</p>	Ongoing
<b>Commission survey of mental health capital stock to scope future infrastructural needs of services</b>	
<p>DNCC Mental Health Services will engage and support the survey with the local estates and mental health management team.</p>	Q1 – Q4
<p>DNCC will work with service managers and local estates in mapping of current accommodation and developing a plan to meet future infrastructural needs of the Mental Health Services</p>	Q1 - Q4

# APPENDICES

# Appendix 1: National Balanced Scorecard & Indicator Suite

Red font = outstanding queries

Quality and Safety	Access
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Serious reportable events (SREs): investigations completed within 120 days</li> <li>Complaints investigated within 30 working days</li> </ul> <p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>CAMHs: admission of children to CAMHs inpatient units</li> <li>CAMHs: bed days used</li> </ul>	<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>CAMHs: access to first appointment with 12 months</li> <li>Adult mental health: time to first seen</li> <li>Psychiatry of old age: time to first seen</li> </ul>
Finance, Governance and Compliance	Workforce
<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Pay and non-pay control</li> <li>Income management</li> <li>Service arrangements</li> <li>Audit recommendations (internal and external)</li> <li>Reputational governance and communications stewardship</li> </ul>	<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>Staffing Levels</li> <li>Absence</li> </ul> <p><b>Mental Health services</b></p> <ul style="list-style-type: none"> <li>EWTD shifts: &lt; 24 hour</li> <li>EWTD: &lt; 48 hour working week</li> </ul>

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
<b>Budget Management including savings</b>				
<b>Net expenditure variance from plan (within budget)</b>				
Pay	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
<b>Capital</b>				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
<b>Audit</b>				
% of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
<b>Service Arrangements / Annual Compliance Statement</b>				
% of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%

<b>System-Wide</b>				
<b>Indicator</b>	<b>Reporting Frequency</b>	<b>NSP 2016 Target</b>	<b>Projected Outturn 2016</b>	<b>NSP 2017 Target</b>
% annual compliance statements signed	A	100%	100%	100%
<b>Workforce</b>				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
<b>EWTD</b>				
< 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%
<b>Health and Safety</b>				
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
<b>Service User Experience</b>				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
<b>Serious Reportable Events</b>				
% of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
<b>Safety Incident Reporting</b>				
% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

# Appendix 2: Mental Health Performance Indicator Suite

Mental Health - KPI Review 2017															
Key Performance Indicators Service Planning 2016	KPI Type Access/Quality /Access Activity	Report Freq.	KPIs 2016		KPIs 2017										
			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO1 IEHG	CHO2 DMHG	CHO3 RCSI HG	CHO4 ULH HG	CHO5 SSWHG	CHO6 Saolta HG	CHO7 Children HG	CHO8	CHO9
KPI Title															
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	93%	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	73%	75%	CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%	20%	20%	20%	20%	20%	20%	20%	20%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	98%	99%	98%	CHO	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	97%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%	3%	3%	3%	3%	3%	3%	3%	3%

Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	95%	79%	85%	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	95%	96%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	76%	78%	CHO	78%	78%	78%	78%	78%	78%	78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	72%	66%	72%	CHO	72%	72%	72%	72%	72%	72%	72%	72%	72%
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%	10%	10%	10%	10%	10%	10%	10%	10%
Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,449	2,643	2,599	CHO	401	34	255	552	137	414	217	353	236
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	164	28	133	287	105	309	147	237	136
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	237	6	122	265	32	105	70	116	100
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	235	0	CHO	0	0	0	0	0	0	0	0	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	12,726	13,104	13,140	CHO	1,368	1,376	1,016	2,016	1,432	1,304	1,340	1,660	1,628
Median length of stay	Access /Activity	Q in arrears	10	11.5	10	CHO	10	10	10	10	10	10	10	10	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental	Access /Activity	Q in arrears	70.5	71.1	70.5	CHO	72.7	81.7	70.0	79.5	70.2	63.8	59.7	69.5	68.8



health catchment area															
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	24.0	23.1	CHO	18.9	31.8	18.6	25.3	25.7	19.1	21.9	22.4	23.0
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	74%	63%	73%	68%	63%	70%	63%	68%	67%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	48.0	47.6	CHO	53.8	51.9	51.4	54.2	44.5	44.7	37.8	47.1	46.1
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	22.2	21.6	CHO	23.2	22.2	20.8	25.4	18.8	18.3	21.5	18.8	23.6
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	188	204	124	280	276	248	244	208	324
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	10.2	9.3	CHO	12.4	10.7	10.5	8.9	9.1	11.1	6.2	6.9	10.8
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	9	11	11	17	11	9	12	17	17
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	3,924	7,236	4,260	7,236	4,776	2,280	4,416	6,000	4,356
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	3,732	6,864	4,068	6,912	4,524	2,196	4,200	5,724	4,128
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	41,810	37,363	47,316	CHO	4,692	5,304	3,792	7,836	5,196	2,892	6,432	5,976	5,196
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	35,430	28,875	39,396	CHO	3,912	4,428	3,168	6,504	4,320	2,400	5,352	4,992	4,320
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and	Access /Activity	M	6,380	8,488	7,920	CHO	780	876	624	1,332	876	492	1,080	984	876

DNA in the current month															
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%	20%	20%	20%	20%	20%	20%	20%	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,158	24,108	33,876	CHO	2,976	5,496	3,240	5,544	3,624	1,740	3,360	4,572	3,324
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	3	5	2	2	5	2	3	5	2
Number of referrals (including re-referred) received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	11,664	12,065	12,036	CHO	1,380	1,980	1,128	684	1,488	1,128	960	1,944	1,344
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	11,082	11,023	11,484	CHO	1,320	1,896	1,080	648	1,416	1,080	924	1,848	1,272
No. of new (including re-referred ) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	10,384	9,119	11,832	CHO	1,512	1,668	1,056	768	1,428	1,224	1,296	1,872	1,008
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	10,083	8,908	11,448	CHO	1,464	1,608	1,020	744	1,368	1,188	1,260	1,812	984
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	301	211	384	CHO	48	60	36	24	60	36	36	60	24
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	1,056	1,524	864	516	1,140	864	732	1,488	1,020
No. of child and adolescent Community Mental Health	Access	M	66	65	66	CHO	6	6	5	10	7	7	9	10	6

Teams																
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0	1	0	0	0	1	1	0	1	
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0	0	0	0	0	0	2	0	1	
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	0	108	0	36	0	0	120	0	72	
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	53	30	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
i). <16 years	Access /Activity	M	0	7	0	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
ii). <17 years	Access /Activity	M	0	12	0	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
iii). <18 years	Access /Activity	M	30	35	30	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,864	17,881	18,984	CHO	1,356	1,668	2,064	2,208	2,340	2,088	2,472	2,976	1,812	
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,092	1,332	1,632	1,764	1,872	1,680	1,980	2,364	1,464	
No. of new (including re-referred ) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	13,895	14,359	15,948	CHO	1,356	1,668	1,476	2,196	1,572	1,572	1,692	2,604	1,812	
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,224	1,524	1,332	1,992	1,428	1,416	1,548	2,364	1,656	
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,259	1,944	1,464	CHO	132	144	144	204	144	156	144	240	156	
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%	10%	10%	10%	10%	10%	10%	10%	10%	

No. of cases closed / discharged by CAMHS service	Access /Activity	M	12,072	13,583	12,168	CHO	876	1,068	1,332	1,416	1,488	1,368	1,572	1,884	1,164
Total No. to be seen for a first appointment by expected wait time at the end of each month.	Access /Activity	M	2,449	2,659	2,599	CHO	401	34	255	552	137	414	217	353	236
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	164	28	133	287	105	309	147	237	136
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	118	5	69	141	21	87	38	80	44
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	80	1	35	76	11	17	27	34	29
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	39	0	18	48	0	1	5	2	27
v). > 12 months	Access /Activity	M	0	235	0	CHO	0	0	0	0	0	0	0	0	0

# Appendix 3: Capital Infrastructure

This appendix outlines capital projects that were completed in 2015 / 2016 but not operational, projects due to be completed and operational in 2017 and projects due to be completed in 2017 but not operational until 2018

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
<b>CHO 2: Galway, Roscommon, Mayo</b>									
University Hospital Galway	Provision of a replacement Acute MH Unit to facilitate the development of a radiation oncology facility on the campus	Q3 2017	Q4 2017	5	45	2.92	15.90	0	0.00
<b>CHO 3: Clare, Limerick, North Tipperary/East Limerick</b>									
Gort Glas, Ennis, Co. Clare	Refurbishment (at front of St. Joseph's Hospital) to provide a headquarters for Old Age Psychiatry including Out Patient and Day Care facilities.	Q1 2017	Q2 2017	0	0	0.51	1.50	0	0.00
<b>CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork</b>									
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment and upgrade of the acute mental health unit (phase 2)	Q3 2017	Q4 2017	0	34	1.50	2.10	0	0.00
<b>CHO 9: Dublin North, Dublin North Central, Dublin North West</b>									
Aislinn Centre, Beaumont Hospital	Commissioning of first floor and associated works	Q4 2016	Q1 2017	6	0	0.10	1.50	0	0.00