Mental Health Division

Operational Plan 2014

Our Service Priorities for 2014

System Wide Priority Areas

Quality and Patient Safety	National Clinical Strategy and Programmes
▪ Service User experience	▪ Quality
▪ Preventing Health Care Associated Infections (HCAI)	▪ Patient flow
▪ Medication management	▪ Chronic disease prevention and management
	▪ Demographic planning

Mental Health Service Priority Areas

We will continue to progress the **key multi-annual priorities** from previous years including :-

- progressing existing three clinical programmes,
- compliance with Individual Care Plans in our approved centres and scoping their extension to community teams,
- bringing Child and Adolescent Mental Health Services (CAMHS) acute inpatient beds to full capacity,
- implementing in full the Access Protocol for 16 and 17 year olds to CAMHS and
- reconfiguring the General Adult Community Mental Health Teams (CMHT) to serve populations of 50,000 as recommended in A Vision for Change.

In addition, key further deliverables in 2014 include the following:

1. Develop an implementation plan for last 3 years of A Vision for Change – A Standard Model of Care	
During 2014 we will focus on developing a major work stream within the mental health clinical programme which will seek to address a variety of issues which have existed for some time and have been raised during the initial engagement process with internal and external stakeholders. These include (indicative list):	
▪ Reduce variation – over time provide a relatively standard level of basic service regardless of location.	▪ Involving service users, carers and family members – moving from consultation to co-production.
▪ Access to, egress from and flow through the service – general care pathways – out of hours access	▪ Over arching model of care – making step change in recovery focus and enhancing clinical excellence.
▪ Integration - how mental health can best support and integrate across its own services and with primary care, acute hospitals or other services.	▪ Change management plan – get to desired level of acute and non-acute beds, day hospital versus day centre etc.
▪ Local Team Standard Operating Procedures – Team coordinators, central referrals, core basic assessment by team members, case load management, authorised officers, assisted admissions, etc.	▪ Mental health access and quality metrics – including access to for example psychological therapies and development of outcome focused key performance indicators.
2. Promoting positive mental health and improving suicide prevention	
▪ Develop a new strategic framework to build on and enhance the implementation and governance approach associated with suicide prevention based on the learning from Reach Out – Irish National Strategy for Action on Suicide Prevention 2005-2014.	▪ Continue to implement the outstanding actions in Reach Out
	▪ Invest in additional suicide prevention resource
3. Begin to address foundational issues within mental health services intended to free up senior clinical and management time and energy to focus on developing and implementing a standard model of care.	
▪ Develop an initial workforce plan for 2014 to bring greater certainty around essential replacements	▪ Assess baseline and create phased improvement plan(s) in relation to Mental Health staff accommodation, equipment, assessment tools, etc.
▪ Streamline recruitment to allow for more local control and specialisation where appropriate.	▪ Commence key projects to address ICT gaps including: - National Mental Health Information System (MHIS) – (4 to 5 year project) - E- Rostering solution for Mental Health (2 year project) - ICT fundamentals in Mental Health (current baseline and improvement plan – 1 year) - Interim data gathering solution (6-9 months project)
▪ Develop an initial training and development strategy for Mental Health.	

Contents

Introduction

The establishment of the Mental Health Division delivers on a key recommendation of the *Report of the Expert Group on Mental Health Policy - A Vision for Change* (2006) [1] The mental health division carries operational and financial authority and accountability for all mental health services with the core objectives of:

- Providing high quality services by implementing A Vision for Change (Vision) to deliver 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 population and in our approach to suicide prevention.
- Implementing the Health Reform programme fully within mental health services in a way which ensures appropriate integration with other health and social services.

This includes responsibility for a gross[2] budget of €765m and over 9,000 staff that in 2013 delivered over 1 million community contacts and treated over 20,000 inpatients.

The spectrum of services provided through the mental health division 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 Office for Suicide Prevention (NOSP) is a core part of the mental health division and through its coordinating work we aim to improve our approach to suicide prevention in the years ahead.

Services are provided in a number of different settings including the service user's own home. The modern mental health service is integrated with primary care, acute hospitals, services for older people, services for people with disabilities and with a wide range of non health sector partners.

It is often said that there is no health without mental health and that good mental health is about more than an absence of mental illness. We will work with our colleagues in the Health and Wellbeing division to improve how we promote positive mental health and mental illness prevention. The Healthy Ireland programme will provide a framework for this work.

The essence of a high quality mental health service is one which is recovery focused, clinically excellent in all aspects of care provided and which fully involves service users, carers and family members in all aspects of the design and delivery of care.

It is important in this first Mental Health Division Operational Plan that we remember our purpose which is to provide safe services to those who need them and to seek to continuously improve those services. This plan aims to set out credible steps which will over time enable us to improve the service. It reflects a rational approach to making the best use of the finite overall resource available to us.

In approaching the work of the new mental health division we seek to listen to those who use our services and to our staff who provide them. We want to hear their issues and where appropriate to respond with practical actions to remove operational and other barriers that prevent the delivery of services that our users need and want. Underlying all of the changes we need to make is a culture change which demonstrates that, through our actions as well as our words, we have truly put our service users at the heart of everything that we do. The safety and quality of our services also encompasses the health and safety of our staff and we will continue to focus our efforts on reducing the likelihood of injury to our staff

The staff of the Mental Health Service, nurses, consultants, non-consultant hospital doctors, health and social care professionals, clerical, administrative and general support staff, continue to be its most valuable resource. Without them, it would not be possible to provide the wide range of services delivered every day across the country. The mental health division is committed to fostering a culture where the work of staff is valued and understood by the communities served.

We acknowledge the need to develop the measurement and management of the safety and quality of our services in order to bring an equivalent focus to that which is currently applied to the measurement and management of resources.

The provision in Budgets 2012, 2013 and 2014 of ring-fenced investments of €35m, €35m, and €20m respectively, is enabling the continued strengthening of our community teams, increased suicide prevention resources and clinical programme development and implementation. The €20m for 2014 will allow us commit to between 250 and 280 posts. New spend in 2014 related to the 2013 €35m and new €20m will be phased in order to live within the overall available resource. The process to put these posts in place will start in January 2014. The business case, analysis and approvals process will take place in quarter 1, active recruitment will commence in quarter 2 and posts will be in place in quarter 4. The posts and other developments related to the €35m allocated for 2013 will continue to come on stream and are targeted to be completed in Quarter 2 of 2014.

It is estimated that gross mental health costs to the end of 2013 will be approximately €710m and there is sufficient budget available to allow for this cost to rise in 2014 up to €756m. The balance between this maximum €756m cost and the 2014 gross budget above of €765m is providing once off support to the overall health service budget management strategy as approved within the national service plan.

This growth in costs of up to €46m (6.3%) for 2014 is mainly driven by the coming on stream of posts and other developments related to the two €35m Programme for Government ring fenced investments in 2012 and 2013. It also includes the initial costs coming on stream in Quarter 4 in relation to the investment of €20m for 2014.

At approximately 9,000 WTE, mental health staffing levels are at circa 75% of what is recommended by the official policy Vision for Change i.e. 12,240 WTE (This is the Vision number of 10,657 adjusted for population growth)[3]. Mental health gross budget represents approximately 6.2% of the overall frontline health service budget compared to the recommended level of 8.4% which itself is on the lower end of the spectrum by international standards.

Conclusion

Ensuring there is an improved response in both listening and responding to what is communicated by our service users and our staff will be a priority for 2014 and beyond. This has already started and is seen as a core part of seeking to build trust so that there can be improved learning and continued progress.

It is also important to celebrate the improvements and achievements that have been made over the last 20 to 30 years in adapting our mental health services models to a new progressive model of mental health service delivery moving away from the more traditional institution based models.

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Stephen Mulvany
National Director
Mental Health Services (HSE)

Potential Risks to Delivery of the Plan

The National Service Plan on page 6 sets out the general risks at a high level for the wider health service in delivering on the plan for 2014. In addition to these risks the mental health division acknowledges that the following will need close management as we seek to implement this operational plan.

- The delivery of the Mental Health Divisional Operational Plan will stretch the programme management and change management capacity of the mental health service. This is due to both a shortage of these skill sets and the need to continue to deliver "business as usual" i.e. our core services.
- There are significant challenges 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 Area and community mental health teams will impact adversely on overall delivery of this plan and the adequacy of the service response
- 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 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 need to be able to respond to the urgent without it being at the expense of both the important, as well as the more long term actions necessary for sustainable improvement, is a significant risk area.
- The plan includes cost savings reductions required to meet pay related targets. There is a risk that services will be challenged to meet the targets set without impacting on service delivery. .
- The underlying negative financial variance of up to €10m within mental health, as described in detail later in the document (page 20), places a significant burden on the capacity of services to maintain adequate staffing levels and will need to be addressed on a planned and phased basis.
- There are challenges in maintaining adequate staff numbers and skill sets to deliver the desired model of care while natural retirements and incentivised exit plans are available to existing staff.

We will actively monitor and assess all of these and other risks that emerge as 2014 proceeds and while every effort will be made to mitigate the risks, it may not be possible to eliminate them in full.

Performance Scorecard

The table below represents the top five key performance indicators as provided in the National Service Plan 2014.

Key Indicators of Performance

Performance Indicator	Expected Activity / Target 2014	Performance Indicator	Expected Activity / Target 2014
Adult Mental Health Services % of General Adult Community Mental Health Teams serving a population of circa 50,000 (range of 45,000 to 60,000) as recommended in *Vision*	≥ 60%	**Child and Adolescent Community Mental Health Services** 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.	≥ 75%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Teams	≥ 75%	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	≥ 75%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	≥ 95%		

The full performance indicator suite for Mental Health is shown below and Regional Performance Indicators in Appendix 1. A separate document is available showing ISA level PIs.

Performance Indicator Suite

Mental Health Services Scorecard			
Performance Indicator	**Expected Target 2014**	**Performance Indicator**	**Expected Target 2014**
Adult Inpatient Services No. of admissions to adult acute inpatient units	13348	No. of child / adolescent admissions to Health Service child and adolescent mental health inpatient units	198
Median length of stay	11	No. of children / adolescents admitted to adult Health Service mental health inpatient units i). < 16 years ii). < 17 years iii). < 18 years	**<30** **0** **0** **30**
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	72.4		
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	23.8		
Acute re-admissions as % of admissions	67%	No. and % of involuntary admissions of children and adolescents	13/5%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	48.6	No. of child / adolescent referrals (including re-referred**) received** by mental health services	15958
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	21.2	No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	12766
No. of adult involuntary admissions	1648	Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	11403

Rate of adult involuntary admissions per 100,000 population in mental health catchment area	9	Quality, Access and Activity	No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	9476 >75%
General Adult Community Mental Health Teams (CMHT) No. of General Adult CMHT	101		No. and % of cases closed / discharged by CAMHS service	10213 80%
No. of referrals (including re-referred) received by General Adult CMHT	41582		Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by > 5%)	Reduce by >5%
No. of referrals (including re-referred) accepted by General Adult CMHT	39503		No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	932 37%
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA	37504		ii). 3-6 months	544 22%
No. of cases closed / discharged by General Adult CMHT	31602		iii). 6-9 months	406 16%
Psychiatry of Old Age Community Mental Health Teams (CMHT) No. of Psychiatry of Old Age CMHT	25		iv). 9-12 months	635 25%
No. of referrals (including re-referred) received by Psychiatry of Old Age CMHT	10462		v). > 12 months	0
No. of referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	9416		**Finance** % Variance against Budget	0
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA	10436		**Human Resources** Absenteeism rates*	3.5%
			Variance from approved WTE ceiling*	0%
No. of cases closed / discharged by Old Age Psychiatry CMHT	7533			
Child and Adolescent No. of child and adolescent Community Mental Health Teams	64			
No. of child and adolescent Day Hospital Teams	3			
No. of Paediatric Liaison Teams	3			

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Reform

1. Future Health: The Health Reform Programme

In 2012, the Minister for Health published Future Health – A Strategic Framework for Reform of the Health Service 2012-2015. This framework, based on commitments in the Programme for Government, outlines the main healthcare reforms that will be introduced in the coming years with a focus on the four pillars of reform: Structural, Financial, Service, and Health and Wellbeing. Delivery of the first phase of the reform of health structures has already commenced with the enactment of the Health Service Executive (Governance) Act 2013, in July 2013. This legislation abolished the HSE Board, established under the Health Act 2004 and replaced it with a new governing body the Directorate of the Health Service as a precursor to the Health Care Commissioning Agency.

This has led to the establishment of the mental health division and the appointment of the first National Director for Mental Health. In 2014 there will be a focus on establishing the new community organisations and hospital groups.

The overall content and detail around the government's health reform programme is set out in the National Service Plan 2014 on pages 8 – 11 which should be referred to in addition to this text. There are a number of elements to the reform programme including:

- Commissioning
- Purchaser Provider Split
- Money Follows the Patient
- Ultimately Universal Health Insurance (UHI)

In terms of **commissioning**, there is significant work underway and planned within mental health which is important to improving how we commission mental health services in advance of the move to the proposed Health Care Commissioning Agency (the purchaser). This includes working towards:

- Greater visibility at a national level of our costs, funding and how these link to staffing levels, teams, residential capacity, population served and outputs.
- Greater certainty around essential staff replacement and greater local control of recruitment
- Clarifying our service offering and reducing variation through our proposed model of care clinical programme

The outputs from this work in 2014 will include the first annual mental health funded workforce plan. Over the next few years there will be increasing clarity for the public about a set of standard services that can be expected coupled with readily available information about how to access those services.

As regards the **purchaser / provider split,** the outcome of the current Integrated Service Areas (ISA) review process will inform decisions around the geography, number, population and management structures of the new community organisations which over time will become independent community healthcare organisations (Providers) as part of the implementation of the purchaser provider split.

Money follows the patient (MFTP) will initially be implemented within the acute general hospital services on a phased basis over the next number of years. Mental health acute inpatient units are increasingly provided within acute general hospitals. We will engage with the MFTP project and consider any emerging issues which are relevant to mental health.

2. Governance for Mental Health Services

The commencement of the Health Service Executive (Governance) Act 2013 led to the establishment of the Directorate of the Health Service which is its highest level governing body and replaces the former board of the HSE. This in turn has led to the establishment of the National Mental Health Service Division.

This new division is in keeping with A Vision for Change and in fact represents an important step beyond that which Vision had assumed was achievable. The work of establishing the division properly will take some time. However, it does provide significant potential to build on the good work already achieved in mental health in recent years.

In practical terms the end of July meant;

- The handover from the former Integrated Services Directorate (ISD) to each of the new five service divisions including the mental health division
- The assignment, directly from the Director General to the National Director for Mental Health Services, of the authority previously vested in the National Director ISD.
- The National Director has responsibility and authority in relation to all matters pertaining to mental health services and has been appointed by the Minister as a member of the Health Services Directorate, the new governing body which replaces the former HSE Board.
- The Chief Operating Officer and Chief Financial Officer, also ministerial appointees to the Directorate, have overall responsibility for providing assurance to the Director General in relation to all aspects of performance including financial performance against the specific targets set out in the National Service Plan.

Mental Health National Management Team

The Mental Health National Management Team, (the national team), is in summary charged with:

- Managing safe delivery of mental health services on a day to day basis.
- Driving continuous service quality improvement in line with Vision for Change.
- Leading the mental health services through the full implementation of the Governments Healthcare reform programme.

The structure of the national team is similar to the structure in the other new divisions. In addition to the national director it consists of 5 key roles, which have variously taken up post in recent months.

- Head of Quality, Patient Safety, Standards and Compliance
- Head of Operations and Service Improvement
- Head of Planning, Performance and Programme Management
- Head of Service User Engagement
- National Clinical Advisor & Group Lead for Mental Health Clinical Programmes

Appendix 2 provides further detail on the role and requirements of the team, including names and contact email addresses. It also outlines how the Division and team will work collaboratively with the regional and local structures.

Working with Other Divisions

One of our key actions is to adopt a well structured approach to designing, incentivising and measuring integration within mental health services and between mental health and other services and this requires strong collaborative working relationships with the other Divisions. Appendix 2 also includes a section on the requirement for this cross division working specifically with Health & Wellbeing, Primary Care, Social Care and Acute Hospitals.

Way of Working and Culture Change

Change in culture in any organisation is difficult and is far more about the actions we take and the behaviours we model through them than the words we say or write down. Some core elements of the culture change required in mental health and the initial actions we are taking or planning to take to address this include;

- Acknowledging the need to develop the measurement and management of the safety and quality of our services in order to bring an equivalent focus to that which is currently applied to the measurement and management of resources.
- Beginning to involve service users, carers and family members more in the design and delivery of our services.
- Listening to our services, our staff and our service users and responding with practical and sustainable actions to what we hear.
- Beginning to develop services which are truly recovery focused on every level. This will involve reducing unwarranted variation and making access to our services more understandable to all.
- Working to address operational barriers which can prevent our staff delivering services to the best of their ability.
- Introducing a robust performance management culture into mental health.

Culture change also encompasses delivery on the requirement for increased accountability and transparency. Key to this is to bring absolute clarity to the roles of individuals and groups and the work being undertaken. In circulating widely the job descriptions for the six members of the National Mental Health Management Team, the mental health division has sought to demonstrate by its actions a commitment to this key element.

Most of the priorities and actions set out in this operational plan have been initiated or shaped as a result of significant internal and external engagement. This involved the national director, through 70 meetings all around the country and a 2-day planning event, engaging directly with around 180 senior managers, clinicians and service users who are responsible for managing local mental health services. It included the ongoing engagement with key external stakeholders including the Department of Health, voluntary and private providers, Unions, Mental Health Commission, Inspector of Mental Health Services, Professional Bodies etc. The approach to the operational planning process which has produced this document is intended as an example of how the national level is taking deliberate action to model the behaviour believed necessary to bring about the desired culture change and this is further outlined in Appendix 2 on modelling the change in operational planning.

It is acknowledged that this round of engagement is only a first step and that we must find practical ways to better communicate on an ongoing basis with all of the 9,000 staff within the mental health services. Sustained two way communication is part of the necessary culture change required and over time it engenders trust. We hope that it will enable our staff to be aware and feel part of positive changes as they begin to take place and feel comfortable in taking ownership and discussing those changes with family members, friends and members of the wider community.

3. Improving Performance Management

The Health Service new performance management approach seeks to ensure:

- Performance management and responsibility resides at the most appropriate level;
- A stronger regional role in assessing and assuring performance, where the new operating model sees a strengthened role for the regions in this regard;
- Performance management at divisional level has a dual purpose of providing assurance to the Director General and Minister and as an escalation process for addressing underperformance.
- Performance Assurance reports will be produced at a regional level. These reports will serve as an input to the performance management process at regional level.

In respect of the Mental Health Services specifically, during 2014 a range of measures will be progressed which are designed to improve our ability to manage performance:

- As we prepare for the move towards a commissioning environment, Area Mental Health Management Teams will be supported to develop the capacity and capability to progressively operate as more independent structures reporting to the area management structures.
- The Mental Health Division will develop an information and data management framework to support performance management within the Division. We plan to utilise ICT to support the development and implementation of the Framework with a medium to long term objective of implementing a clinical and management ICT information system for mental health, but in the shorter term to explore the feasibility of an interim solution to streamline data gathering and analysis.
- Building on the work already in train in developing performance indicators in CAMHs and more recently in General Adult and Psychiatry of Old Age Community Mental Health Teams, we will foster a culture of performance management in the Division. We will develop Mental Health Access and Quality metrics and pilot them for inclusion in the 2015 service plan.
- We share the view of the Mental Health Commission that **individual care planning** properly executed is a reasonable proxy indicator for the quality of services and this coupled with the fact that it is both a statutory and contractual requirement in respect of service users in our approved centres means that we will continue to focus on achieving full compliance in this important area.
- Protocols will be developed during 2014 in order to ensure strong communication between the Mental Health Division and the Regional Directors of Performance and Integration (RDPIs).

Quality and Patient Safety

Introduction

A key element of the **culture change** which we must strive for within the health services including the mental health service is the need to develop the measurement and management around quality and patient safety with an equivalent focus as that which is currently applied to the measurement and management around resources. In doing so we must remember our purpose which is to promote and protect the mental health and mental well being of the population we serve to the maximum extent possible within the limits of the resources provided to us.

Quality and Safety must always be looked at through a whole **accountability** system lens. Within that context the mental health division has the authority and responsibility to create and maintain the conditions necessary for safe services to be provided and for the quality of those services to be improved over time. Within that whole system approach, managers and individual staff members including all clinical staff have both a collective and a personal responsibility to provide safe services to the highest quality feasible within the resources available.

Innovation, including at local level, is to be encouraged. Unwarranted and unhelpful **variation** in the services that we provide is not consistent with the sustainable provision of safe and high quality services. Through the Mental Health Clinical Programme we will develop an overarching model of care for the mental health service which will make clear what can and should be expected of our community based mental health service and how it integrates with other services.

Our Mental Health services are licensed by the Mental Health Commission for all approved centres and/or are independently inspected by the Inspector of Mental Health Services through unannounced visits (day & night). All such reports are publicly available on the Mental Health Commission website www.mhcirl.ie. Approved Centres are inspected against a set of standards and rated accordingly.

As mentioned in performance management above, we share the view of the Mental Health Commission that **individual care planning** properly executed is a reasonable proxy indicator for the quality of services. Coupled with the fact that it is both a statutory and contractual requirement in respect of service users in our approved centres, this means that we will continue to focus on achieving full compliance in this important area. The measurement of the safety and quality of mental health services, including from the service user experience, is a complex and challenging area. It is one that we will work on in 2014 and is included in the above performance framework.

The priorities outlined in this operational plan for 2014 represent a practical approach to improving the quality and safety of our mental health services over time. Additional resources are necessary and continue to be provided to mental health services. However, it is important to stress that while additional resources allow us to provide more services, these do not of themselves guarantee improvements to the quality of the services we provide.

Safe and Sustainable Services – Essential Risk Management

Risk management operates at many levels within mental health services. At a local level our goal is that all services would operate to the highest possible standards, with skilled and screened professionals working within a transparent and reflective structure. We aim to have controls in place, including around our residential and other care settings, clinical practice and supervision, where structured reporting, service audits and service user surveys are part of maintaining a safe environment for Service Users, Visitors, Staff members and the host community. Over €200m investment in new infrastructure in recent years has been guided by best international evidence and practice in providing a safe, comfortable and welcoming space. A focus is placed on staff skills in clinical, managerial, health & safety, incident management, proactive management of aggression and violence, post critical stress debriefing, incident investigation and immediate action planning. However, it is important that we recognise the challenges that face us as we seek to effectively manage risks within the mental health services.

There are a wide variety of risk management processes ongoing at national, regional, area and local level. We will continue to work to embed the active use of risk registers including periodic review and updating of risks and the control actions being taken to mitigate them. The following themes emerged following the internal engagement process referred to earlier:-

- The loss of experienced and skilled staff to retirement, including necessary administrative support.
- The need for a clear approval process in relation to the replacement of critical posts & essential staff
- Issues in relation to staff recruitment and retention and the need for a process for more specialised staff
- The need to invest in staff skills and training while maintaining services at full capacity
- Developing review processes around serious adverse incidents.
- Need to reshape attitudes in terms of recovery and service user inclusion.
- Need for further development of management and clinical governance capacity and processes. These include service reconfiguration and mergers with required changes in management structures and reporting, service planning and management of serious adverse incidents
- Immediate need for a Mental Health ICT system,
- Need to rebalance resources and ensure equitable access to resources based on population needs
- Access to special care facilities for disturbed service users requiring intensive care
- The need to accelerate the capital development programme to provide the modern infrastructure to deliver mental health services which can meet the new MHC service standards.

A number of actions have been instigated or were already underway to address these concerns and will continue to be progressed in 2014 including:

- Replacement of key staffing to preserve and maintain services once rationalised in line with the national policy recommendations (Vision)
- Agreement in principle reached with national recruitment service to support local recruitment, consistent with our statutory recruitment license, to improve local input and control around candidate selection for more specialised roles.
- A current staffing analysis exercise seeks to link staff to costs, outputs and comparative resource levels taking account of what's recommended in Vision. Its overall aim is to allow production of a funded 2014 workforce plan that gives certainty in advance as to what posts can and cannot be replaced should they become vacant. It will have to take appropriate account of the Employment Control Framework.
- Continued implementation and development of the Enhancing Team working Initiative.
- The Advancing Recovery in Ireland (ARI) initiative is designed to foster a recovery ethos to 8 services initially in 2013/2014.
- An existing assistant national director has been assigned onto the mental health national management team as head of quality, patient safety, compliance and standards.
- New investment in the National Office for Suicide Prevention (NOSP) to support suicide prevention and mental health promotion initiatives. NOSP works with colleagues in the NGO sector to refresh the work programme from the *Reach Out* Strategy.
- Design of improved care pathways in the emergency departments (self harm) and in primary care (SCAN-*Suicide Crisis Assessment Nurse*) are designed to provide a more responsive service to individuals in distress.

In 2014 the Mental Health Division will form a dedicated Quality and Service User Safety team whose role will include reviewing the most serious incidents involving mental health service users. This team, reporting to the Head of Quality, Patient Safety, Standards and Compliance, will support notification, investigation and training and will act as a national resource to disseminate learning and enhance current risk management processes.

Quality Improvement - Recovery and Service User focused.

In seeking to improve both the safety and the quality of our mental health services it is important that we focus on those who need our services most i.e. service users along with their carers and family members should be key to our efforts to improve the quality and safety of our mental health services. Our role is to support them in their recovery journey whatever that means for them. In so doing, we must always strive to focus on their strengths and the opportunities these bring and not solely on their symptoms and mental illness and the challenges they may bring.

If we are to truly embrace a recovery orientated service we need to move away from tokenistic approaches to involving service users towards co-production and joint service user and staff learning. We have a significant opportunity beginning with the Advanced Recovery Ireland (ARI) initiative to address the 10 organisational challenges identified by IMROC (www.imroc.org) and therefore to embed recovery in our processes, language, documents and in everything we do. These challenges are:

1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive user-led education and training programmes
3. Establishing a 'Recovery Education Centre' to drive the programmes forward
4. Ensuring organisational commitment, creating the 'culture'
5. Increasing personalisation and choice
6. changing the way we approach risk assessment and management
7. Redefining user involvement
8. Transforming the workforce
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life beyond illness

Personal recovery is not necessarily the same as clinical recovery and it is greatly assisted when we can support our service users to reconnect with their natural support systems, their family, their friends, their community and also support them around securing and maintaining housing, jobs etc. This is not solely a role for Health Services and with support from our colleagues in Health and Wellbeing we will seek to engage with relevant government departments and agencies on these topics for the benefit of service users.

In embracing a recovery model we should do so in the knowledge that recovery moves psychiatry closer to the mainstream of medicine. It is very much a part of a high quality mental health service, as is investing in clinical excellence through highly trained and experienced medical, nursing, allied health professionals and other staff. We must recognise the very significant evidence base behind the benefits of peer support for service users and related to this the huge untapped resource represented by potential volunteers in the mental health field including from amongst the ranks of service users, family members and carers. We will develop interim mental health strategies for peer support and volunteerism in 2014.

True service user involvement will raise significant challenges for us as service providers. Essentially it requires a commitment to genuine engagement of service users, family members and carers in the planning and delivery of care both at the individual level and at the service level. It will challenge staff to take appropriate risks in collaboration with service users in all aspects of the planning and delivery of their care including in planning for crises and what should happen when they experience episodes of severe mental illness. It involves taking appropriate risks to support the reintegration of service users into the wider community and most importantly it involves hope. We must have hope for our service users and assist them to maintain and regain hope. For example the diagnosis of a serious mental illness such as schizophrenia is not a predictor of an inevitable decline. We will address the sustainability of the ARI project in 2014 and explore ways to support our area mental health teams in its effective implementation.

A Head of Service User Engagement post has been included in the design of the first mental health national management team. The Mental Health Division is working closely with a range of stakeholders - voluntary providers, services users, advocacy groups and consumer panels on seeking to determine appropriate consultative and engagement structures between service users, family members and carers on the planning design, monitoring and reporting of how we organise and operate mental health services

Quality Improvement – fostering innovation

At a time of economic downturn it can be difficult to protect resources for innovation. By working with GENIO (www.genio.ie) we have been able to foster new thinking, create demonstration sites and to open up new possibilities in collaboration with service users, family members, carers and the voluntary and community sector. With a finite resource, we need to work smarter and to mobilise the resources of the wider community. Many GENIO projects have facilitated greater community connection and we have found that many new partners within communities wish to become active participants in this process.

Mental Health has been investing in GENIO from the outset and this has allowed us to build confidence when embracing change. It has allowed us to re-visit dated modes of care and to rekindle hope. Many, many applications are received each year and unfortunately it is not possible to fund all of the proposed projects. But the actual process of application in itself has the effect of inspiring new thinking and exploring new possibilities.

We have seen many examples where complex care arrangements can be re-crafted to better meet the needs of the service user and where the service user's own abilities and strengths can be harnessed to the full. The funding and supports channelled through GENIO have encouraged our staff members to link and engage with new non-traditional service partners to offer more choice and a much more active social life. We will continue to invest in innovation, including through Genio, in 2014.

Quality Improvement – Investing in a Vision for Change

The Workforce Position in the next section specifically outlines the reducing numbers of staff, however, while staffing levels have fallen there are positives that must be acknowledged:

- Many of the staff numbers lost were supporting the excessive numbers of beds which are no longer part of the service user recovery focused modern community based service model for mental health.
- We have been able to mitigate the overall reduction in numbers thanks to the priority ring-fenced programme for government investments in 2012, 2013 and again in 2014.
- This investment has allowed us to begin to rebalance the staff skill mix in mental health to introduce new staff in the historically under represented disciplines recommended in Vision i.e. psychologists, social workers and occupational therapists.

The gross mental health budget as a percentage of the overall health service frontline budget has risen to 6.2% in 2014 up from 6.1% in 2013, the first increase in recent years. It is acknowledged that it has a long way to go to reach the 8.4% recommended in Vision which itself is low when compared to international figures.

In March 2006, there were 1,351 acute inpatient beds within the mental health services. The number of acute inpatient beds had fallen, in line with the recommendation of Vision, by 323 or 24% to the end of 2011 and is expected to fall further to approximately 928 by the end of 2013 supported by the 2012 and 2013 investment in community services.

In 2006, it is estimated that there were over 2,500 non-acute beds, including community residences. At the end of 2012 there were in excess of 2,000 non acute beds including approximately 750 in long stay continuing care and the remainder spread over about 200 community hostels. In 2014 we will shift our focus to our non acute continuing care provision, which includes our community residences. This will be assisted by the ongoing investment in community teams. Some of the staff released by reducing our non-acute beds will be needed to support the alternative accommodation options that will replace them. Thereafter hard choices will need to be made as to whether they go towards reducing overall headcount numbers or are re-invested in the mental health service.

Operating Framework 2014

1. The Services Provided

The spectrum of services provided through the mental health division 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 Office for Suicide Prevention (NOSP) is a core part of the mental health division and through its coordinating work we aim to improve our approach to suicide prevention in the years ahead. Specific detail is provided by ISA in the Operating Framework section below and is summarised here as:-

- Adult Acute InPatient capacity in excess of 1,000 beds.
- 60 Child and Adolescent Acute in patient beds.
- Nearly 120 general adult community mental health teams.
- 60 child and adolescent community mental health teams.
- 27psychiatry of old age community mental health teams.
- Nearly 70 Day Hospitals throughout the country providing adults and older people.
- Over 100 high support community residences
- There are 185 medium and low support residences nationally
- There are 93 in patient beds in the National Forensic Service (Central Mental Hospital) and 6 multidisciplinary teams and a further 6 prison in-reach clinics.
- A range of specialist community mental health teams;
    - 19 Rehab and Recovery
    - 8 Liaison Psychiatry teams
    - 12 mental health and intellectual disability teams

2. The Workforce Position

Context – addressing operational barriers to enable improvement

The staff of our health service is our largest and most important resource. The first priority for any health service must always be to seek to provide safe services while continuously striving to improve the quality, ease of access and cost effectiveness of those services within the limits of available resources.

Various reports in recent times, including those in relation to the events at the Mid Staffordshire Trust, have re-emphasised the need to ensure that performance indicators around safety and quality are brought at least on a par with other indicators around resource management, access, and activity volumes. Indeed there is an increasing expectation that health services must be able to provide assurance around the levels of staff available in its services at any given time.

At the end of 2006 the mental health services had 9,985 WTE staff which was recommended by Vision to rise to 12,240 by 2016. At November 2013 it stands at 8,922, down over 1,000 staff or nearly 11%. This is also over 2,000 short of the Vision recommended levels even if all of the posts yet to come on stream from the 2012 to 2014 investments were to arrive and no staff member to leave in the interim. However, Table 1 below shows a positive trend between 2012 and 2013 and particularly increases in staff in historically underrepresented core disciplines such as psychology, social work and occupational therapy.

The continued population increase coupled with the fact that we are experiencing a prolonged recession suggests that the demand for mental health services is increasing year on year. International studies have shown that for every 1% increase in unemployment there is a 0.9% increase in suicides. Official figures show 554 deaths by suicide in 2011, a

rate of 12.1 per 100,000 and in 2012 12,010 presentations to hospital due to self-harm nationally by 9,483 individuals. These issues will require close attention in the early part of 2014 and will inform the approach to employment control during the years ahead.

On the positive side we must however recognise that while Vision for Change was approved near the height of a boom its implementation has come during a period of very significant recession. Despite this there has been sustained re-investment over the last 3 years of €90m resulting in over 1,150 new staff.

Employment Control

Within the Mental Health Division in 2014, it is intended to bring greater clarity to the issue of staffing in respect of:-
1. The approvals process around essential replacements
2. The recruitment process once approvals for replacements or new posts have been secured.

Any improvements in these related areas must:

- Fit within the parameters of the National Service Plan
- Meet the needs of our services and service users
- Comply with the Employment Control Framework in force at the time
- Ensure continued compliance with the terms of the Health Service statutory recruitment licence
- Retain the optimal level of national shared service efficiency

Within the above parameters it is intended to bring greater certainty to local decision making around essential replacements and to increase local control over the selection of staff via a reshaped recruitment process including greater use of specialised panels. In 2014 we will set out a funded workforce plan which will be the first in an intended series of annual workforce plans that will provide approval in advance for specific posts to be replaced should they fall vacant at any time during the year covered by the plan. A minority of posts will be identified that will either not be filled during the term of the annual workforce plan or will require a specific business case at the time should they fall vacant.

In 2014 we will also explore the issues associated with the setting of staffing floors i.e. minimum staffing levels, on a phased basis to provide a balance from a quality and safety perspective to the resource management driven staffing ceiling i.e. maximum staffing levels. It is expected that any developments in relation to staffing floors will need to address the need for appropriate skill mix. This requirement is driven by the realities around the availability of scarce skilled staff. It is also driven by the need to ensure staff do not become deskilled and de-motivated by consistently carrying out duties that do not require the level of skill and knowledge that they have attained.

The top section of table 1 below shows both the movement in total mental health staffing over time along with the breakdown by grade category. It shows an overall small increase in staff over the period and also the welcome increase in staff in the historically underrepresented core disciplines of psychology, social work and occupational therapy coded to Health & Social Care. It should be noted that there can be fluctuations over periods in the numbers of nursing staff due to changes in student nurse numbers.

The second section shows the scale of planned and recruited posts arising from the Programme for Government investments 2012 of €35m and 2013 of €35m. Of the €35m funding in 2012, there are a number of posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location and the remainder are at various stages in the recruitment process. In 2013, this funding provided for up to 477 WTEs and business cases have been agreed for 459 of these, with nearly 138 posts having completed the recruitment process. The majority of the remaining posts are at various stages of the recruitment process, a large proportion of which are in the final stages of processing clearance etc. The same issue as above for some 2012 posts may apply in 2013 in terms of availability of qualified candidates etc.

Table 1 Mental Health Staffing by Category

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs* @ End 2012	715	4628	740	766	1038	1021	8909
WTEs @ Nov 2013	705	4438	1020	759	1006	994	8922
2012 Posts – allocated	0	51	365	0	0	0	416
2012 posts – recruitment process complete**	0	42	334.5	0	0	0	376.5
2013 Posts – allocated	37	276.5	141.5	4	0	0	459
2013 posts – recruitment process complete	0	78.5	59	0	0	0	137.5

* WTE = Whole Time Equivalent ** At 30th November 2013

A regional and ISA view of the above WTE and additional 2012/2013 posts to start before the end of December 2013 or during 2014 is provided in Appendix 3.

Training and Development

Keeping our service users and our staff safe and providing quality recovery focused services must always come first. We need to ensure that essential training and ongoing development for staff and service users is prioritised. We will seek to be innovative about how we provide this and move away from models which are prohibitively expensive. Such models often mean our limited resources do not achieve the quality or volume of training and development that we would like.

The sustainability of our staffing resource is the major risk issue most often referred to by senior clinical and operational managers in assessing their highest rated risks. The levels of self-harm, suicide and serious incidents within our inpatient facilities and the management of incidents of violence and aggression towards service users and staff require constant attention. We will develop an initial mental health training and development strategy during 2014 which will prioritise mandatory training as well as a development programme for our area mental health management teams. Performance measures relating to mandatory training, as proxy indicators for safety, will be agreed and implemented.

Haddington Road Agreement

The main resource available to the mental health service is our staff and consequently our costs are approximately 90% pay related. The Haddington Road Agreement (HRA) provides us with a major opportunity to safely and significantly reduce our costs without reducing our services or further reducing the pay rates of our individual staff members. The expectation is that the vast bulk of any savings within mental health will be those that can be facilitated via the HRA and therefore our number one priority in terms of cost reduction is to fully maximise all elements of the agreement. Further details are provided in the following Funding Position section. A further €80m related to the HRA is being held centrally, in the first instance, and will be allocated to individual services following an assessment of the most appropriate allocation of the savings across each service location.

European Working Time Directive (EWTD)

At present the available data would indicate that mental health compares favourably to the other, mostly acute general hospital based medical specialities, in terms of overall compliance with the EWTD. However there are a range of challenges in relation to the recruitment and retention of psychiatric non-consultant hospital doctors. This coupled with the targets set for achieving overall compliance with EWTD indicate that these issues will require focused attention in 2014. A working group will be established within mental health comprised of relevant stakeholders to develop a framework for improvement in these related areas. As part of this we will seek to put in place a sustainable process to engage with and involve our non-consultant hospital doctors in designing and then implementing this strategy.

Agency & Overtime

See under "Cost Reduction 2014" on page 24.

2. The Funding Position

Financial Context

The 2014 gross current Budget Day Estimate for the overall health service is €13.120bn. This reflects a reduction in the gross estimate of €272m or 2%, where gross includes pay and non pay and excludes income. The reduction includes new spending of €304m and savings targets of €619m.

Of this overall €13.120bn., the mental health 2014 gross budget is €765.8m.This compares to the NSP 2013 budget figure of €733m., re-stated later in 2013 as €757.9. The restatement of the 2013 budget is summarized in table 4.

Table 4

SUMMARY OF MOVEMENT IN MENTAL HEALTH GROSS BUDGET FROM NSP 2013 to NSP 2014	€m
NSP 2013	**733.0**
National Office for Suicide Prevention	8.1
Distribution of budgets aligned to Divisions	16.8
Restated Mental Health Budget 2013	**757.9**
Haddington Road	-9.51
Employment Control Framework (ECF)	-1.68
Incentivised Career Break (ICB)	-0.55
New Entry Consultants	-0.35
Reduction in Management Grades	-0.04
Programme for Government	20.0
Mental Health Budget NSP 2014	**765.8**
Savings Measure – Voluntary Organisations	**-0.26**

The 2014 budget includes a savings target reduction of €12.1m / 1.6% of which €10m or over 75% relates to the Haddington Road Agreement (HRA) and New Entry Consultants. This reduction is service neutral. It is planned that the remaining reductions of €2m, although reducing our staff numbers, will be targeted at those areas where there are planned changes to improved models of care and resulting changed staffing resources. Ideally the savings from these improved models of care would have been available for reinvestment, however, there is now also the opportunity to invest another €20m to develop services.

When income is included this gross budget 2014 reduces to a net budget of €743.9m. **This provides for growth in net expenditure from an expected level of €691.4m in 2013 to up to €733.9m in 2014**. As outlined in table 5, **this represents an increase of up to €42.5m (6.1%)** and is mainly driven by the coming on stream of posts and other developments related to the two €35m Programme for Government ring fenced investments in 2012 and 2013. It also includes the initial costs coming on stream in Quarter 4 in relation to the available investment from the €20m for 2014. The balance between this maximum of €733.9m net cost and the net 2014 budget of €743.9m is providing once off support to the overall health service budget management strategy as approved within the national service plan.

It should be noted that the net budget for St John of God's of €81m is included in Social Care and reflected in the budget for that Division. Approximately 25% of this budget relates to Mental Health. This split is indicative and subject to review and agreement between the respective departments.

Table 5

SUMMARY OF MOVEMENT IN MENTAL HEALTH NET SPEND FROM 2013 to 2014	€m
Projected 2013 Mental Health Costs	**691.4**
Haddington Road	-9.51
Employment Control Framework	-1.68
Incentivised Career Break	-0.55
New Entry Consultants	-0.35
Reduction in Management Grades	-0.04
Sub-total – Pay Reductions	**-12.1**
Full Year Extra Costs in 2014 for 2012 NSP WTE started during 2013	7.85
Full Year Extra Costs in 2014 for 2013 NSP WTE started during 2013	5.80
2014 Costs for WTE starting in 2014	21.35
CAMHS Beds (extra costs of moving from 41 to 66 operational beds)	2.00
Jigsaw	0.65
Enhanced Team-working	1.35
Clinical Programmes	0.40
Counselling in Primary Care (CIPC)	3.64
CIPC Evaluation	0.20
Mental Health Information System	0.41
External Placements	1.00
National Mental Health Division – costs relating to new €20m. funding 2014	10.00
Sub-total – Extra Costs projected for 2014	**54.6**
Projected Mental Health Costs 2014	**733.9**

Underlying long term negative financial variance within mental health services

The initial work undertaken since the mental health division began to be established at the end of July would indicate that there is an underlying and ongoing negative financial variance within mental health of between €7m and €10m. This represents circa 1% of the total mental health resource and is driven by factors such as:-

- Unfunded but approved capacity – for example additional beds that the Central Mental Hospital in Dundrum were approved to open in recent years in response to demand pressures where funding was not provided approximately €1.5m to €2.0m
- Unfunded external placements – generally relates to complex child and adult service users often with challenging behaviour who require care arrangements outside of our directly provided services. Historically there has been no specific funding allocation for such placements which can vary in cost from €150,000+ to €400,000+ per annum.
- Shortfalls in income targets – there is a negative financial variance on mental health income of just under €3m. It is important in any examination of variances on income targets that the needs of our service users are properly balanced against the requirement to generate income.
- Agency and Overtime costs – the marginal cost of agency and overtime above the cost of directly provided staff is of the order of 40% (agency) to 100% (overtime) and this premium cost is generally not specifically provided for in staffing budgets.
- Under delivery in cost reduction plans over recent years.
- Non pay type costs including Energy and other inflationary cost increases not funded.

We will review the components of underlying variance in detail in the context of our staffing analysis given that 90% of mental health costs are pay related. Plans will be developed to safely deliver the maximum savings in 2014 and any balance will be addressed on a once off basis within the overall mental health resource and subsequently dealt with via the 2015 service planning process.

Budget Framework

The Directorate has made clear in the NSP 2014 submitted to the Minister for approval and in accompanying documentation that each division will, with the support of the Finance Division, set out the regional and ISA level budgets for that division. These divisional budgets will then require to be approved by the relevant national director.

This represents a significant change from previous practice and processes where the requirement was to deliver budget management responsibilities within geographic boundaries and across all care groups, however, under the new arrangements each local manager will need to balance within each specific divisional budget they have been assigned. They will need to address any deficits locally in the first instance and further in conjunction with the national director for mental health. Services which have had recurring underlying long term surpluses will be assigned appropriate expenditure limits based on their 2013 outturn plus an amount for the staff coming on stream from 2012 and 2013 priority investment. These services will clearly not be disadvantaged by these limits given that they would not previously have had access to these surplus budgets which were likely used to offset deficits in non mental health services. These surpluses will be considered as part of the national mental health resource pending completion of the staffing analysis exercised referenced below.

It is stressed that nothing in these essential changes around budget management is seeking to prevent local services from co-operating and pooling staff and other resources in order to provide appropriate services and support to individual service users and their families whose needs may be complex and may not neatly fit into just one particular care group. This type of integrated working is to be encouraged.

The current staffing analysis exercise is seeking to link staff to costs, outputs and comparative resource levels taking account of what's recommended in Vision for Change. Its overall aim is to allow us produce a funded 2014 workforce plan that gives certainty in advance as to what posts can and cannot be replaced should they become vacant next year. It will have to take appropriate account of the Employment Control Framework. The process to complete this staffing exercise and approve a funded 2014 workforce plan will provide us with an opportunity to consider ongoing positive and negative financial variances in local services and the feasibility of the local plans submitted to address same. This is based on the fact, as mentioned above, that 90% of mental health costs are pay costs.

New monies – approach to the €20m 2014 investment

The decisions around prioritization and allocation of this resource and related 250-280 posts will await the outcome of the staffing analysis referred to above and we will attempt to take account of comparative resources across services as well as the Vision recommended resource levels. This is targeted for completion in Qtr 1 2014 to allow recruitment to commence in Qtr 2 and posts to come on stream in Qtr 4. This approach is necessary to take account of the phased nature of any recruitment process but also as part of the overall health service approach to budget management in 2014. The time related savings that are generated will allow underlying negative financial variances in mental health and in the wider health services to be addressed on a once-off only basis in 2014. The total amount of the €20m will remain protected within the ongoing mental health budget and can be committed in full for 2015.

New monies – approach to allocation of budget reductions related to savings targets

It is considered preferable, where feasible, to allocate savings targets and associated budget reductions only where there is a reasonable opportunity for the local service to safely generate the savings, preferably under the heading associated with the savings target. In terms of the budget reductions in the NSP 2014 which are relevant to mental health:

1. **Haddington Road Agreement (HRA)** additional target 2014– this will be assigned out to local services along similar lines to the 2013 amount. Some adjustments may be made based on the preliminary analysis carried out nationally by the mental health team. It is stressed that there is a specific approach and process in relation to HRA which:
    a. Is based on the absolute requirement to safely maximise delivery of savings under HRA.
    b. The fact that there is no mandate or authority to negatively **or** positively impact services.

2. **Procurement** - Non- pay targets – will initially be held centrally by the Directorate and assigned out to divisions, including mental health, as specific procurement contracts are put in place.
3. **Energy** – Non-pay target – expectation is that no budget cut will be allocated – local services will be required to put in place measures to avoid a national €15m rise in energy costs predicted for 2014 – Mental Health represents 12% of Health Service energy cost at €10.7m which equates to an estimated cost increase of €1.8m across the division.
4. **Incentivised Career Break** – this will initially be held centrally by mental health division. It will be allocated out to local mental health services as and when individuals take up the incentivised career break. This will be reviewed in light of the staffing analysis.
5. **New Consultant Salaries** – this will initially be held centrally by the mental health division. It will be allocated out to local mental health services as and when consultants are appointed on the new salary scales
6. **Employment Control Framework** – this will initially be held centrally by the mental health division. It will be allocated out to local mental health services as staff leave who are not approved for replacement.
7. **1% Efficiency target Non Acute Non disability Voluntary Organisations** – this will be assigned out to the relevant agencies pro-rata to expenditure - €5m nationally with approximately €260,000 of this for mental health.

Finance Tables

Table 6 below shows the key mental health financial amounts for each ISA. The numbers are subject to review and amendment. The key components are –

- **Column A –** the 2012 Net Spend (Pay + Non Pay – Income).
- **Column B –** the estimated Net Spend for 2013. This is based on the spend up to Oct'13 extrapolated out to Dec'13 plus an estimate for the costs of New Hires starting in the final part of 2013..
- **Column C – Initial Budget 2014 (no new posts)[4].**

It is this initial 2014 budget that will be issued in the first instance pending issue during the year of budget additions for new staff hires under the 2013 investment and any budget reductions for savings targets cuts which were initially held centrally.

- **Column D** – Estimate for 2013 NSP posts that will start in 2014 (based on data supplied by the National Recruitment Service as at 30/11/2013).
- **Column E** – Indicative Maximum Budget 2014.

Table 6 - Indicative Mental Health Budgets by ISA

Region	Super ISA	2012 Actual Net Spend	2013 Projected Net Spend	2014 Initial Budget - no new posts	2014 Additional Budget for 2013 posts starting in 2014 (to cover costs incurred in 2014)	2014 Budget (with new posts)
		Column A	Column B	Column C	Column D	Column E
DML	Dublin South Central	56,132,606	55,892,373	58,314,015	1,348,624	59,662,639
DML	Dublin South East / Wicklow	36,187,065	34,227,153	37,027,535	1,530,797	38,558,332
DML	Dublin SW / Kildare / W Wicklow / Mid	57,041,127	57,558,731	55,622,772	2,816,884	58,439,656
DML	Regional			- 698,000	-	- 698,000
DML Total		**149,360,798**	**147,678,257**	**150,266,322**	**5,696,305**	**155,962,627**
DNE	Cavan / Monaghan	19,444,335	19,949,614	19,524,422	621,486	20,145,908
DNE	Louth / Meath	28,535,052	29,921,839	31,129,836	982,880	32,112,716
DNE	Dublin North City	68,844,700	68,647,370	69,508,761	1,035,240	70,544,001
DNE	North Dublin	30,171,944	29,806,572	29,904,200	565,552	30,469,752
DNE	Regional			- 428,132	-	- 428,132
DNE Total		**146,996,031**	**148,325,395**	**149,639,087**	**3,205,158**	**152,844,245**
South	Carlow / Kilkenny / Sth Tipp	46,542,302	46,965,703	48,570,512	760,388	49,330,900
South	Waterford / Wexford	36,573,205	37,887,102	37,019,006	978,374	37,997,380
South	Cork	74,669,789	76,619,598	73,401,896	1,519,611	74,921,507
South	Kerry	20,482,214	20,769,857	20,776,792	668,408	21,445,200
South	Regional			- 740,000	-	- 740,000
South Total		**178,267,510**	**182,242,260**	**179,028,206**	**3,926,781**	**182,954,987**
West	Donegal	20,803,997	20,605,705	20,588,697	832,014	21,420,711
West	Sligo / Leitrim / West Cavan	23,558,584	21,595,525	22,273,866	549,238	22,823,104
West	Mayo	25,191,024	24,538,008	24,527,617	320,842	24,848,459
West	Galway / Roscommon	64,667,243	61,339,558	67,559,573	924,460	68,484,033
West	Mid-West	52,034,776	54,150,080	56,164,750	1,392,128	57,556,878
West	Regional			- 760,000	-	- 760,000
West Total		**186,255,624**	**182,228,876**	**190,354,503**	**4,018,682**	**194,373,185**
CMH	Central Mental Hospital	21,710,000	21,813,890	18,118,256	1,468,260	19,586,516
CMH Total		**21,710,000**	**21,813,890**	**18,118,256**	**1,468,260**	**19,586,516**
NOSP	NOSP	5,200,000	7,510,408	8,037,848	717,816	8,755,664
NOSP Total		**5,200,000**	**7,510,408**	**8,037,848**	**717,816**	**8,755,664**
National	Mental Health National including available funds from 2014 €20m.	-	1,547,000	4,443,154	4,980,912	19,424,066
National Total		**-**	**1,547,000**	**4,443,154**	**4,980,912**	**19,424,066**
Grand Total		**687,789,963**	**691,346,086**	**699,887,376**	**24,013,914**	**733,901,290**

Table 7 - Income and expenditure 2014 net budget allocation available

Income and Expenditure 2014 Allocation Indicative Analysis	Pay €m	Non-Pay €m	Gross Spend €m	Income €m	Total €m
Dublin Mid Leinster					
Dublin South Central	41,947,392	18,980,247	60,927,639	- 1,265,000	59,662,639
Dublin South East / Wicklow	27,807,845	12,020,487	39,828,332	- 1,270,000	38,558,332
Dublin SW/Kildare/W Wick/Midlands	50,919,988	9,886,668	60,806,656	- 2,367,000	58,439,656
DML Regional	- 698,000		- 698,000		- 698,000
DML Sub-total	119,977,225	40,887,402	160,864,627	- 4,902,000	155,962,627
Dublin North East					
Cavan/Monaghan	18,721,932	1,803,976	20,525,908	- 380,000	20,145,908
Louth/Meath	28,182,539	4,452,630	32,635,169	- 522,453	32,112,716
Dublin North City - Note 1	50,677,969	20,810,421	71,488,390	- 944,389	70,544,001
North Dublin	23,790,037	8,453,156	32,243,193	- 1,773,441	30,469,752
DNE Regional	- 428,132		- 428,132		- 428,132
DNE Sub-total	120,944,345	35,520,183	156,464,528	- 3,620,283	152,844,245
South					
Carlow/Kilkenny/Sth Tipp	45,503,059	5,756,001	51,259,060	- 1,928,160	49,330,900
Waterford/Wexford	34,069,844	5,119,010	39,188,854	- 1,191,474	37,997,380
Cork	63,623,821	13,992,525	77,616,346	- 2,694,839	74,921,507
Kerry	19,163,771	3,325,113	22,488,884	- 1,043,684	21,445,200
South Regional	- 740,000		- 740,000		- 740,000
South Sub-total	161,620,495	28,192,649	189,813,144	- 6,858,157	182,954,987
West					
Donegal	19,621,739	2,948,058	22,569,797	- 1,149,086	21,420,711
Sligo/Leitrim/West Cavan	20,679,674	2,988,217	23,667,891	- 844,787	22,823,104
Mayo	20,001,812	5,411,115	25,412,927	- 564,468	24,848,459
Galway/Roscommon	58,691,491	12,572,542	71,264,033	- 2,780,000	68,484,033
Mid-West	49,561,197	9,016,900	58,578,097	- 1,021,219	57,556,878
West Regional	- 760,000		- 760,000		- 760,000
West Sub-total	167,795,913	32,936,832	200,732,745	- 6,359,560	194,373,185
Central Mental Hospital Dundrum	15,994,516	3,744,000	19,738,516	- 152,000	19,586,516
National Office for Suicide Prevention	930,402	7,825,262	8,755,664	-	8,755,664
Mental Health National including available funds from 2014 €20m	12,008,066	7,416,000	19,424,066	-	19,424,066
Grand Total	**599,270,962**	**156,522,328**	**755,793,290**	**- 21,892,000**	**733,901,290**

Note 1 - Includes costs for St Vincent's Fairview which are shown net of income

Cost Containment 2014

The 2014 mental health budget includes a savings target reduction of €12.5m (1.7%) of which €9.5m or over 75% relates to the Haddington Road Agreement. (See under "Workforce Position" on page 18 and Funding Position on page 21.) Table 8 summarises the elements of the €12.1m cost reduction target.

Table 8: Breakdown of cost containment

BREAKDOWN OFCOST CONTAINMENT	€m	As % of total savings target	As % of Total Mental Health Budget
Haddington Road Agreement	9.51	78%	1.2%
Employee Control Framework	1.68	14%	0.2%
Incentivised Career Break	0.55	5%	neg
New Entry Consultants	0.35	2%	.neg
Reduction in Management Grades	0.04	1%	neg
Total savings target	**12.13**		
Saving Measure – Voluntary Organisations	**0.26**		

The HRA provides us with a major opportunity to safely and significantly reduce our cost without reducing our services or further reducing the pay rates of our individual staff members. A process is in train to ensure that all our local services can demonstrate with robust evidence the full extent of savings that can and will be achieved under the HRA without reducing services. As part of this we will also focus on savings that can be achieved through changes in our model of care in terms of reducing our over reliance on community beds and any residual over reliance on acute beds. In approaching any reduction in beds we will be conscious of the need for such changes to be properly consulted on and planned in order to ensure continuity and safety of our services. It should be noted that the timing and realisation of cost reductions following on from these types of initiatives can be impacted by both the need for transition arrangements and adequate periods of consultation in moving to these new models of care.

Underlying long term negative financial variance within mental health services

As indicated above there is an underlying long term negative financial variance of approximately €7m to €10m within the mental health service or circa 1% of the total budget. Plans will be developed within each area to safely deliver the maximum savings in 2014 and eliminate any local negative financial variance to the greatest extent practical. The balance will be addressed on a once off basis within the overall mental health resource and subsequently dealt with via the 2015 service planning process.

Agency and Overtime

Agency and Overtime combined represents only approximately 6% of our total mental health pay related costs of €576m. In summary mental health services are projected to spend **€34.6m in 2013 down €3.5m (10%) on 2012**

- **Agency** - €13.3m in 2013 up €0.9m (7%) on 2012
- **Overtime** - €17.8m in 2013 down €4.4m (20%) on 2012

The marginal cost of agency and overtime above the cost of directly provided staff is of the order of 40% (agency) to 100% (overtime) and this premium cost is generally not specifically provided for in staffing budgets. .

This is a potential source of savings to address the underlying negative variance referenced above which exists in a number of our mental health areas, however it is important that we:

- Avoid double counting any potential savings as agency and overtime is also one of the main areas where it is expected that Haddington Road Agreement savings will be delivered.
- Avoid any simplistic assumptions as to the capacity to reduce agency or overtime. To do so we have to safely reduce the underlying demand for the agency or overtime and / or secure additional headcount approval to allow us to directly employ staff, to remove agency and overtime.

Actions 2014

Priority Action Area	Deliverable 2014	End Qtr
NSP Priority -Develop an Implementation Plan for the last 3 years of A Vision for Change – A Standard Model of Care		
Develop a Model of Care Clinical Programme (MOCCP) Project	Project Mobilised	Q1
MOCCP Interim Primary Care Integration Plan – to include key elements of team co-ordinator role.	Drafted, consulted on and implementation commenced.	Q2
MOCCP Interim Community Mental Health Team Standard Operating Procedure (sub-speciality nuances to be reflected)	Drafted, consulted on and implementation commenced	Q2
MOCCP – Phase 1 – develop model with Implementation Plan	Drafted, consulted on and issued	Q3
MOCCP - Implementation of Phase 1	Implementation commenced	Q4
Establish a Head of Service User engagement as key member of mental health national management team.	Interim post holder in place. Ongoing post holder in place	Q1 Q4
Service user member on each Area Mental Health Management Team.	In place	Q2
Support the development of service user and carer capacity to participate in the planning and management of mental health services	Project planned and implemented	Q4
Develop the Advancing Recovery in Ireland Project in all Areas including review and strengthening project governance.	Plan developed and implementation commenced and ongoing from Qtr1	Q4
Scope and review sustainable practical models for individual volunteerism and community involvement in promoting positive mental health and supporting service delivery.	Establish group to review and scope approach	Q3
Reconfiguration of General Adult Community Mental Health Teams to c. 50,000 population (range 45,000 and 60,000)	60 % completed	Q4
Team – Coordinator responsibilities effectively assigned within each Community Mental Health Team.	Completed	Q2
Extend the model of the Executive Clinical Directors and Area Directors of Nursing current national groups to other members of the Area Mgt Teams i.e. OT, Social Work, Psychology and Business Managers	OT, SW and Psychology groups established and functioning Q1 and Business Managers Q2	Q2
Develop more secure therapeutic environment for those who meet the criteria for section 21.2 of the Mental Health Act	Feasibility study and business case completed	Q2
Improved response to service users with complex needs currently managed through external placements.	Process developed and implemented	Q2
Improved access to psychotherapy and psychotherapeutic interventions.	Assessment of current provision and capacity (Qtr2) and initial service guidance drafted including proposed data collection on access.	Q3
NSP Priority – Promoting Positive Mental Health and improving Suicide Prevention		
New Strategic Framework for Suicide Prevention (SFSP) based on the learning from and implementation of Reach Out	Drafted, consulted on and submitted for approval	Q2
Implementation Plan to support SFSP and implement outstanding actions in Reach out	Plan drafted and implementation commenced (approval + 3 months)	Q3
Invest in additional suicide prevention resource	New resource in post	Q2
Development and launch of a new media campaign to encourage "help-seeking" and an IT based "One-stop Shop" mapping the services available to the Community.	Campaign and IT application in place	Q3
Development and implementation of local area action plans for suicide prevention in all ISA Areas	Local groups established and implementation planning	Q4
NSP Priority – Begin to address foundational issues within mental health services		
Develop an initial Workforce Plan for 2014 to bring greater certainty around essential replacements	Drafted, consulted on, approved and implementation commenced	Q2

Priority Action Area	Deliverable 2014	End Qtr
Develop a Workforce Development Strategy for the Mental Health Services informed by the Workforce Plan	Drafted, consulted on and approved	Q4
Develop Mandatory Training Performance Measures	Scope and agree draft implementation plan	Q2
Through the Enhancing Team-working Project, ensure that AMHM Teams, and Community MH Teams have the necessary skill sets.	Needs assessment completed and planed programmes implemented	Q4
Streamline recruitment to allow for more local control and specialisation where appropriate	Process devised, agreed and implemented	Q2
Ensure capacity in place nationally to respond in a standardised way to serious adverse incidents	Resources, protocols and policies in place	Q3
Mental Health Access and Quality metrics	Phase 1 developed and piloted	Q4
Develop a feasibility report and implementation plan for a phased improvement in quality metrics in relation to our Child and Adolescent Mental Health Services.	Drafted, consulted and approved for implementation	Q4
Improvement plans in relation to Mental Health staff accommodation, equipment, assessment tools etc	Assess baseline, develop and implement improvement plans	Q3
Improve how we listen and respond to what is communicated by staff enhancing a culture of increased transparency and accountability.	Initial Communications strategy for engagement with staff developed	Q2
National Mental Health Information System (MHIS) Project (4-5 year project)	Project Plan developed and implementation commenced	Q4
E-Rostering System for Mental Health (2 year project)	Project Plan developed and implementation commenced	Q4
ICT Fundamentals in Mental Health – 1 year plan	Baseline assessed for Q1 and phased improvement plan commenced Qtr3	Q3
Interim data gathering solution to provide IT based support system to current data gathering and analysis.	Assess requirement and implement solution.	Q2
Continue to progress multi-annual priorities from previous years plans.		
Progress with existing three clinical programmes.	Complete formal approval and implementation planning phases in addition to ongoing preparatory training	Q2
Improve compliance with individual care planning in approved centres and extend to community teams.	Development of improvement plans for relevant approved centres(Qtr1) and scope issues relevant to extension to community teams(Qtr2).	Q2
Compliance with the European Working Time Directive (EWTD)	Establish baseline, in light of changeover in January 2014, for current compliance and agreed action plan where required.	Q1
Establish formal engagement process with Mental Health NCHDs	Approach in place following engagement with NCHDs & ICP by Q1 and group established Q2	Q2
Ensure and sustain Child and Adolescent Acute Inpatient Capacity is at full 66 bed capacity	Completed	Q1
Continue to progress the project plan to relocate the Central Mental Hospital and Ancillary Services	Project plan progressed in line with agreed timeframes	Q4
Extend the EOLAS Mental Health Information and Support programme for service users, their families and friends	Completed	Q4
Continue the multi-annual project to transition from low and medium support hostel direct provision	5% reduction completed	Q4
Continue to reconfigure non-acute and continuing care provision to appropriate Vision for Change models	10% reconfigured	Q4
Plan for progressing the closure to admissions of the remaining traditional psychiatric hospitals	Plans to be reviewed	Q2
In partnership with Genio, invest in innovative proof of concept projects to accelerate innovative practice in line with Vision	Service Arrangement in place	Q2

Priority Action Area	Deliverable 2014	End Qtr
Integration within and across Divisions		
Ensure CAMHS continues its integration and alignment with wider area based Mental Health Service	Baseline established in Qtr 1 and action plans commenced Qtr2	Q2
Agreed process to maximise integrated working with other Divisions	Initial integration plan with relevant performance measurement scoped and implementation commenced.	Q2
All Ireland Traveller Health Study – progress mental health issues in partnership with Social Inclusion.	Plan developed and implementation commenced within current resources.	Q4
Healthy Ireland – develop a three year implementation plan and work programme – in partnership with Health & Wellbeing	Plan completed	Q2
Tobacco Free Campus Policy – readiness assessment and implementation plan for 30% of mental health sites – in partnership with Health and Wellbeing.	Assessment complete. Implementation plan drafted	Q2 Q3
Jigsaw – consolidate maximum number of sites for 2014. Evaluate existing model in advance considering sustainable funding options via service plan 2015.	2014 funding in place Evaluation complete Options / next steps plan complete.	Q1 Q2 Q3

This Chapter needs to be read in conjunction with the full Mental Health Division Operational Plan

OPERATIONAL SERVICE DELIVERY

Each Mental Health Service Extended Catchment Area has prepared a short chapter describing their Area, the services available and detailing their top five priorities for 2014, a subset of their overall priorities, aligned to the National Divisional Priorities.

Each chapter is the product of engagement by the National Director, Mental Health Services with each area Mental Health Team in an extensive consultation process which began in September 2013. Each Area Mental Health Management Team was asked to consider with the staff and services in each area what its priorities would be for 2014 and the product of the consultation informed the development of their top five priorities for 2014.

The chapters include :-

- detail of the spend and budget for each Area Mental Health Management Team.
  As outlined in the Budget Framework section above, where deficits are evident between projected spend 2013 and the indicative budget 2014, these are to be dealt with locally in the first instance and further in conjunction with the national director for mental health. Services which show underlying long term surpluses will be assigned appropriate expenditure limits based on their 2013 outturn plus an amount for the staff coming on stream from 2012 and 2013 priority investment. These services will clearly not be disadvantaged by these limits given that they would not previously have had access to these surplus budgets which were likely used to offset deficits in non mental health services. These surpluses will be considered as part of the national mental health resource pending completion of the staffing analysis exercised referenced earlier.
- the Census figures as at November 2013 compared to end of year 2012 and also the progress in recruitment to the development posts allocated to each Area from the 2012 and 2013 investment in mental health. The data relating to the progress against recruitment is at 30th November 2013.

It is expected that each Area Mental Health Management Team will develop an Area Operational Plan for its Mental Health Services in 2014 and this will include further detail on priorities for the services in 2014. Further, each Area Plan will be linked to a series of Local Operational Plans developed through engagement between the Area Mental Health Team and each Unit and Community Mental Health Team in its Area. This cascading of the service planning process down to community teams is recommended in Vision.

Some of the identified priorities relate to multi-annual processes already in train and others relate to next steps in developing a model of care in their Area based on the recommendations in Vision.

These individual chapters should not be read in isolation as they are integrally linked to the overall National Operational Plan for the Division and the Division's national priorities as outlined in the National Service Plan 2014.

This Chapter needs to be read in conjunction with the full Mental Health Division Operational Plan

Dublin Sth East/WW Mental Health Service

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

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
36.187	34,227	37,028	1.530	38,558

The above figures are for Statutory Services Only. The net budget for St John of God's of €81m is included in Social Care. Approximately 25% of this budget relates to Mental Health. This split is indicative and subject to review and agreement between the respective departments. In addition, the Child Autism budget is aligned to Mental Health in the CRS and CMR but the governance is managed by the Social Care Directorate.

Area Description

The Executive Clinical Directorate for Mental Health in Dublin South East/ Wicklow encompasses the former Local Health Offices of Dublin South East, Dublin South (Dun Laoghaire Area) and East Wicklow. The geographical area spreads from parts of the South Inner City to Clonskeagh, Dundrum and across all of the former East Coast Area Health Board as far as Arklow, Tinahely and Shillelagh in East Wicklow. Services in the Dublin South Area are provided through a Section 38 service level agreement with St. John of God Cluain Mhuire services. The catchment population for East Wicklow / Newcastle Hospital includes Electoral Divisions (EDs) from the Gorey area of the former catchment area of Wexford Mental Health Services. The population of these EDs is 28,254.

Service Description

The catchment area is responsible for delivering a comprehensive and complex service. The types of services provided are as follows;

a) General Adult Mental Health, including the Cluain Mhuire Adult Mental Health Service provided by St. John of Gods under a Service Level Agreement
b) Eating Disorder Service (ISA Wide)
c) Perinatal Mental Health (National and ISA, over 500 new referrals per year)
d) Old Age Psychiatry (The area covers one of the highest elderly population is the country and encompasses a population of 34500 for both Dublin South East and Dublin South catchment Areas) and comprises day hospital, Acute Assessment Beds, Domiciliary Visits and Outreach to Nursing Homes, Carer Support, Home safety assessments, Educational Support
e) DETECT provides a rapid response, diagnostic assessment and targeted intervention screening for and treating first episode psychosis across the ISA with interventions including CBT for psychosis, family education, vocational support. DETECT Service is augmented in Wicklow by the PROTECT which delivers assertive outreach and individualised CBT and other interventions
f) ECT; National Training is provided by the Dublin South East Service while also providing ECT for the ISA
g) Liaison Psychiatry (St. Vincents University Hospital, St. Michaels Hospital, St. Columcilles Hospital, St. Colman's Hospital, Harolds Cross Hospice)
h) Child and Adolescent Mental Health Services (funded via Service Level Agreement to St. John of Gods, Lucena Services). This service has been extended to cover 16-17 year olds and liaison with Adult Mental Health Services.

i) MHID (Discussions are ongoing to realign MHID services in DML in 2014). Community based in reach team for adult MHID in Wicklow with hospital beds at Newcastle Hospital as required. There is also an adult service through Carmona in St. John of Gods for ID registered patients and liaison to St. Margaret's Centre in Donnybrook.
j) Community Services including Homecare Outreach, Supported Accommodation, Day Hospital and Day Care Services, Early Intervention Services
k) There are a number of Section 39 Agencies providing national services through this area
l) The AVOCA Counselling service provides services across the catchment area, and is now responsible for providing the CIPC-Counselling in Primary Care Service

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	58	239	86	55	72	44	555
WTEs @ Nov 2013	57	245	98	53	75	54	572
2012 Posts – allocated	0	10.5	28	0	0	0	38.5
2012 posts – recruited	0	8	9	0	0	0	17
2013 Posts – allocated	4.5	20	8.5	0	0	0	33
2013 posts – recruited	0	0	1	0	0	0	1

*Census includes St. John of Gods services for Cluain Mhuire and Lucena

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	82 (incl 20 SJOG as reqd)		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	78	Number of Day Hospitals	1
No. of Day Hospitals	3	No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	9	Number of Day Centres	0
Number of Day Centres	5	Specialist Mental Health Services	
No, of High Support Community Residences	3	No. of Rehab and Recovery Teams	0
No. of Low and Medium support Community Residences	9 low	No. of Liaison Psychiatry Teams	1.5
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	0		
No. of Day Hospitals	1	Other – Training Centre	1
No. of Community Mental Health Teams	8		

Priorities and Actions 2014	End Qtr
Maintenance of existing safe levels of service. There are significant concerns regarding the ability of services to recruit and retain current levels of staff. This will be addressed in consultation with the National Director around proposals for a more streamlined approach to Human Resources	Ongoing
Implementation of Clinical Care Programmes	Ongoing
Development of Governance and Business Framework including KPI's and Financial Performance, including IT supports	Q4
Progression of roll out of policy standardisation across ISA by establishing frameworks including practise development, risk management standardisation and progressing risk register and compliance items towards resolution	Q4
Promote meaningful user and carer development across services through recovery focussed programmes and targeted stakeholder involvement and create clinical recovery team within the ISA	Q4

Dublin South West, Laois/Offaly, Longford/Westmeath, Kildare West Wicklow Mental Health Service

Population	
513,176	divided into three geographical areas, varying in population size from 127,520 to 228,410 comprising of Laois/Offaly – 157,246, Longford/Westmeath – 127,520 and Kildare/West-Wicklow – 228,410 totalling 513,176

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
57.041	57.588	55.662	2.817	58.479

Area Description

The Supercatchment area (SCA) has only very recently been reformed, covering 5.5 counties and incorporating 3 Catchment Areas (CAs) of Laois/ Offaly(L/O), Longford/Westmeath (L/W) and Kildare / West-Wicklow (KWW). The combined population from the 2011 census is shown above and it forms the largest SCA in Dublin Mid-Leinster. There is also a considerable geographic spread and a possibility of realignment of part of the area when new community areas are decided alongside the new Acute Hospital Networks.

Service Description

The SCA Mental Health Management Team has managerial responsibility for lifespan Mental Health Services (MHS) i.e. Adult Mental Health (AMH), Psychiatry of Later Life (POLL), CAMHS, MHID (Adult and Child & Adult Mental Health Intellectual Disabilities) and Other Specialist Services such as Rehabilitation & Recovery (R&R), Psychiatry of Substance Misuse, Liaison & Deliberate Self-Harm (DSH), Eating Disorder Services and Early Intervention in Psychosis. Regional (Forensic MHS Services within this area are detailed under a separate heading)

Adult MHS, Psychiatry of Later Life Services (POLL), Rehabilitation & Recovery (R&R) were managed by the local CA MHMT in the 3 areas and these teams remain in place and the SCA MHMT will work with these teams regarding Adult, POLL and R&R services and new developing services under National Clinical Programmes (NCP) for Adults. Adult, POLL and R&R mental health acute and long stay in patient services are delivered across the SCA from 4 approved centres namely Department of Psychiatry at the Midland Regional Hospital, Portlaoise (acute admissions), St. Fintan's Hospital, Portlaoise (An older MH institution with one ward remaining for Elderly Care

An adapted Community Nursing Unit (CNU) (approved centre) is planned to close same) and St. Loman's Hospital, Mullingar (An older MH institution with only 1 ward remaining and imminently closing after construction of a new acute unit, new high dependency long stay unit and a CNU) and Lakeview Unit, Naas (acute admissions). A prison service is in operation in Portlaoise.

Child and Adolescent MHS (CAMHS) – CAMHS are provided separately in the 3 Catchment Areas. In KWW the CAMHS teams are currently managed as part of the Linn Dara services. Discussion is ongoing regarding the incorporation of the KWW CAMHS into the SCA governance. This will also involve the Executive Clinical Director for Dublin South Central as Linn Dara CAMHS also covers that area. CAMHS services in LO and LWM are currently provided by 2 Consultants in each Area with 2 teams in each area. There are no in-patient beds available in the SCA, these are very occasionally availed of in the Linn Dara Dublin area, through private service providers and in some cases overseas.

Mental Health of Intellectual Disability Services (MHID) Adult and Child, (AMHID & CAMH) are currently managed by Disability Services separately in LO/LWM and KWW. There are proposals to realign MHID services in Dublin Mid-Leinster to the geographically defined SCAs with small MHID teams working with Generic Disability teams where the majority of resources are

based and where it is proposed to deliver the majority of services to the clients with MH co-morbidities in Liaison with MHID. The MHID teams will be reporting into ECD structures and SCA MHMT.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	63	392	43	69	55	111	733
WTEs @ Nov 2012	61	377	58	66	50	102	713
2012 Posts – allocated	0	12	15.5	0	0	0	27.5
2012 posts – recruited	0	11	14.5	0	0	0	25.5
2013 Posts – allocated	4	12	27	0	0	0	43
2013 posts – recruited	0	2	10	0	0	0	12

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	89		
General Adult		Psychiatry of Old Age	
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	Specialist Mental Health Services	
No, of High Support Community Residences	7	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	24 (9 Med and 15 low)	No. of Liaison Psychiatry Teams	0
CAMHS		No. of MHID Teams	2
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other – Training Centre	1
No. of Community Mental Health Teams	7		

Priorities and Actions 2014	End Qtr
Adult – Establish engagement with service areas – Local Adult CMTs, CAMHS LO/LW/KWW, & MHID	Q1
Include Service Users in Adult Mental Health Teams	Q1
Continue training in National Clinical Programmes	Q2/3
Continue to work towards the development of the 40 bed unit to replace the existing ward 6 at St. Fintan's Hospital, Portloaise	Q1-4
CAMHS – Establish new CAMHS teams (recruitment dependant)	End Q3/4
Complete transfer of 16 – 17 year olds	End Q3/4
POLL – Establish new POLL teams, KWW (recruitment dependant)	Q3/4

Dublin South Central Mental Health Service

General Adult Teams	Population Served	CAMHS Services	Population served
Tallaght	79,062	Ballyfermot / St. James's	81,215
Clondalkin	57,846	Clondalkin	58,537
Ballyfermot	81,093	Lucan	44,487
Crumlin	49,845	**Total**	**184,239**
Owendoher	65,913		
Drimnagh	27,384		
Camac	45,298		
Total	**406,441**		

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
56.133	55,892	58,314	1,348	59,662

Area Description

The Dublin South Central Mental Health Service encapsulates the geographical areas of the former Dublin West/South West Mental Health Service (Lomans / Tallaght) and the Dublin South City Mental Health Service (St James's). While serving a total population of 406,441 in the South Central and South West parts of Dublin, the service now also includes Child and Adolescent Mental Health Services that were formerly provided by HSE Linn Dara service and the Lucena Clinical Services provided by St John of Gods. A number of service providers from Intellectual Disabilities are also included within the Mental Health Directorate and have responsibility for providing mental health services for people with Intellectual Disabilities. These several providers include Stewarts Hospital Palmerstown, Cheeverstown House Services, Dublin South City Intellectual Disability Service and St John of Gods.

A number of other key stakeholders are also based in the locality and it is planned that the Mental Health Directorate will formalise links and promote the integration agenda with these services as part of the emerging directorate requirements. These services include 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 the former Dublin West/South West service 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 PLL 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. 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 centres for the catchment area.

The service budget includes funding for a number of National and Regional services such as externally provided assisted admissions service and the Alba National Counselling Services.

Funding for Child & Adolescent Mental Health Services (CAMHS) is inclusive of funding for services delivered in the neighbouring Extended Catchment Areas of Dublin North, Kildare, West Wicklow and Midlands.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
*WTEs @ End 2012	84	255	87	57	29	151	663
*WTEs @ Nov 2013	84	249	106	58	29	137	663
2012 Posts – allocated	0	14.5	34	0	0	0	48.5
2012 posts – recruited	0	9.5	30	0	0	0	39.5
**2013 Posts – allocated	2	28.5	13	0	0	0	43.5
2013 posts – recruited	0	1	6	0	0	0	7

*The above WTE figures are inclusive of posts for CAMHS based in the Extended Catchment Areas of Dublin North, Kildare, West Wicklow and Midlands.
**Please note 2013 posts includes 12 CAMHS posts for Dublin North East and Kildare\West Wicklow.

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	103		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	0	Number of Day Hospitals	2
No. of Day Hospitals	6	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	7	Number of Day Centres	0
Number of Day Centres	4	Specialist Mental Health Services	
No, of High Support Community Residences	6	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	12	No. of Liaison Psychiatry Teams	2
CAMHS		No. of MHID Teams	4
Number of In Patient Beds	8		
No. of Day Hospitals	1 (Cherry Orchard)	Other	0
No. of Community Mental Health Teams	9*		

* Number of CMHTs includes teams for Dublin North, Kildare\West Wicklow.

Priorities and Actions 2014	End Qtr
Open the in patient adolescent Unit 16 & 17 year olds (6 Beds) in Linn Dara Appoint staff and finalise commissioning of building for accepting referrals before the end of Qtr 1 2014	1
Complete the reconfiguration of all General Adult Community Mental Health Teams. Develop and agree process for assigning team coordinators	4
Extend Out of Hours access to establish 24 hour crisis response capacity in line with Vision for Change.	4
Implement the Clinical Programmes for Psychosis, Eating disorders and Self Harm presentations to Emergency Departments	4

National Forensic Mental Health Service

Population	
4,600,000	Service is provided across the Country

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
21.710	21.813	18.118	1.468	19.586

Area Description

The National Forensic Mental Health Service provides a service throughout the country working with both the Mental Health Services and the Irish Prison Service.

Service Description

The National Forensic Mental Health Service (NFMHS) is an integral part of the HSE, working with mentally disordered persons who present a risk to others and who may need treatment in conditions of therapeutic safety. The NFMHS provides in-reach clinics at Cloverhill, Mountjoy, Dochas Centre, Wheatfield, the Midlands, Portlaoise and Arbour Hill Prisons and St Patrick's Young Offenders Institution. These in-reach Clinics are equivalent to Community Out-Patient Clinics. The Central Mental Hospital (CMH) provides secure hospital services at high, medium and pre-discharge levels and is an approved centre under the Mental Health Act. The Hospital is therefore subject to all the protection, rules and regulations that follow, including inspection by the Inspector of Mental Health Services. The CMH is also the only designated centre under the Criminal Law Insanity Act 2006. The service is also a member of the Quality Network for secure mental health services. The Service also provides intensive community aftercare (rehabilitation and recovery) for those patients conditionally discharged from the CMH. A recovery pathway organised around five pillars of care guides all parts of the service.

The service is developing rapidly in recent years. High Support Units (HSU) in prisons have been widely praised and a new HSU will be opened in the Midlands Prison in 2014. Additional Community Psychiatric Nurses and Mental Health Social Workers will support those with mental illnesses in prison who no longer need treatment in hospital and will help reconnect them with their community mental health services on return to the community. In response to increasing numbers admitted under the Criminal Law (Insanity) Act with mental health and intellectual disability needs, a specialist service is being developed.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	16	161	11	12	17	22	238
WTEs @ Nov 2012	17	166	12	10	15	39	260
2012 Posts – allocated	0	0	3.5	0	0	0	3.5
2012 posts – recruited	0	0	2	0	0	0	2
2013 Posts – allocated	2	20	6	0	0	0	28
2013 posts – recruited	0	0	1	0	0	0	1

Services Provided

Service	No. Provided	Service	No. Provided
No. of In Patient Beds	93		
No. of Multi Disciplinary Teams-Acute Cluster	2		
No. of Multi Disciplinary Teams - Medium Cluster	2		
No. of Multi Disciplinary Teams - Rehabilitation and Recovery	2		
Psychiatric in-reach and Court Liaison Team Clover Hill	1		
Prisons with In reach clinics - all Dublin prisons and Portlaoise and Midlands	6		
No, of High Support Community Residences	1		
No. of Low and Medium support Community Residences	2		
Day Centre	1		

Priorities and Actions 2014	End Qtr
To ensure that the new National Forensic Mental Health facility planned for the St Ita's Hospital Portrane site adheres to the 2014 programme Schedule as agreed	On-going
Fully implement the Forensic Mental Health of Intellectual Disability 2013 Service Development Programme	3
Fully implement the enhanced Prison After-care programme (2013 Service Development)	3
Implement a phased Minor Capital Programme to address the Health and Safety deficits across the existing Central Mental Hospital campus	On-going

North Dublin Mental Health Service

Population	
244,362 +4,000 North City	Divided into seven geographical sectors.

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
30,172	29,807	29,904	565	30,470

Area Description

North Dublin Mental Health Service (NDMHS) provides services to its population of 244,362 plus some 4,000 persons from Dublin North City, namely part of Killester in Dublin 5. This is a mixed urban/rural area and extends from the north city areas of Raheny and Artane to the northern county boundary at Balbriggan. The Extended Catchment Area contains a large traditional psychiatric hospital - St Ita's Hospital in Portrane, Co. Dublin. With effect from January 31st 2014 no mental health service users will be resident on the campus of St. Ita's Hospital. The 2011 census results show that the electoral constituency covering the areas of Balbriggan, Donabate, Lusk, Rush and Swords showed the largest population increase of all the National electoral constituencies, between 2006 and 2011, at 16.1 per cent. Population growth in North Dublin has been a significant factor in increasing demands for services in recent years.

Service Description

NDMHS provides a General Adult Mental Health Service, currently delivered via seven sectors, services are provided by Community Mental Health Teams consisting of a range of disciplines including, medical, nursing, social work, psychology and occupational therapy. There is a specialised Psychiatry of Old Age (POA) team, and a specialised Rehabilitation team. It is planned to align general adult service provision to primary care networks when the network boundaries under ISA structures are confirmed for the North Dublin area.

NDMHS provides a community focussed service based on recovery principles. This is delivered by consultant led multidisciplinary teams. Clinic, day hospital, psychosocial and home care services are provided as part of the community service. Admission, when necessary, is currently provided for general adult service users at the Joyce Rooms in the Fairview Community Unit. The focus here is on multidisciplinary treatment and early discharge to the community. Currently the service operates from a bed base of 13.5 per 100,000. This will increase to 17 per 100,000 with the opening of the new acute psychiatric unit at Beaumont Hospital which is scheduled for early 2014.

The POA team provides a domiciliary and out patient based service to the catchment area plus part of the north county not covered by the Mater service. The over 65 population served is 27,000 approximately. Plans are being developed for a Day Hospital at the new acute psychiatric unit at Beaumont Hospital. Currently acute admissions are provided for in the Hawthorn Unit, Connolly Hospital, Blanchardstown. There are 6 acute POA beds here. The Rehabilitation team provides services for persons with enduring mental illness both in the community and in residential settings. The clinical service is delivered via a multidisciplinary team. The rehabilitation service is in major transition currently with the closure of two units on the site of St Ita's Hospital on foot of a closure order from the Mental Health Commission. This closure will result in the commissioning of two new community residences and a reconfiguration of current residential services.

There is also the Mental Health Intellectual Disability (MHID) St Joseph's Intellectual Disability Service which is based on the St Ita's campus and is an Approved Centre under the Mental Health Act, 2001. The Child and Adolescent Mental Health Service in North Dublin is provided by Mater CAMHS. This service is based in Dublin North City, and is responsible for service delivery in Dublin North City as well as North Dublin. This service is due to transfer to HSE in 2014.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	31	194	22	27	68	49	389
WTEs @ Nov 2013	30	175	36	25	66	47	377
2012 Posts – allocated	0	0	14.5	0	0	0	14.5
2012 posts – recruited	0	0	14.5	0	0	0	14.5
2013 Posts – allocated	1	14	2	0	0	0	17.0
2013 posts – recruited	0	2.5	2	0	0	0	4.5

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	27		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	89 (of which 24 are long stay)	Number of POA Acute Beds	6
No. of Day Hospitals	2	No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	7	Number of Day Centres	0
Number of Day Centres	1	Specialist Mental Health Services	
No, of High Support Community Residences	4	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	4	No. of Liaison Psychiatry Teams	1
CAMHS	Service provided by SLA with DNC/Mater CAMHS	No. of MHID Teams	Community service provided from St Joseph's IDS. No complete team
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	
No. of Community Mental Health Teams	0		

Priorities and Actions 2014	End Qtr
1. Commission the acute unit at Beaumont Hospital within a quality and safety framework inclusive of defined policies on admission, discharge and management in line with international best practice.	Q2
2. Fully develop CMHTs which will be aligned to primary care networks, have clinical co-ordinators assigned to each team. This will necessitate a review of resources and redistribution of resources as required in accordance with need and population.	Q3
3. Agree the Area Management Team in terms of members, structure and function with defined Terms of Reference. Support and clarification with regard to same will be required from the Mental Health Directorate to complete this task.	Q2
4. Develop a standardised SOP/Care Pathway for CMHTs to facilitate the implementation of the clinical programmes and allowing reduction of variation of activity between teams with a view to quality improvement. This will require the definition of appropriate conditions for treatment, the development of consistent pathways of care and treatment models and the provision of appropriate infrastructure.	Q3

Dublin North City Mental Health Service

Population	
337,000	There are 12 sector teams. 3 are arranged as double sectors , Ballymun 31,913, Blanchardstown East double sector 45,646, Blanchardstown West double sector 53125, Cabra 36046, Finglas double sector 42,613, Marino Clontarf 25,000, Marino Tolka 19,072, Mater 31,640, Millmount 23,051, North Strand 28,344

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
68,844	68,647	69,508	1,035	70,544

Area Description

HSE Dublin North City (DNC) Mental Health Services provides services to a population in excess of 337,000 people. There are 12 sector teams. 3 teams are arranged as double sectors and populations are:- Ballymun 31,913, Blanchardstown East (double sector) 45,646, Blanchardstown West (double sector) 53125, Cabra 36046, Finglas (double sector) 42,613, Marino Clontarf 25,000, Marino Tolka 19,072, Mater 31,640, Millmount 23,051, and North Strand 28,344.

Of the 83 Electoral Districts (EDs) within Dublin North City 53 have very high deprivation as per the SAHRU scale (Score of 8-10) with 40 of these EDs having the highest score of 10. This very high level of deprivation, particularly in, the North Inner City, Finglas, Ballymun and Dublin 15, make the Area the most deprived in Dublin North East and one of the most highly deprived in the country. Within the Area, Mental Health services are either directly provided by the HSE or provided by Voluntary agencies, the Mater Hospital and St Vincent's Fairview . DNC also manage two regional services - the Psychiatric Intensive Care Service at the Phoenix Centre and the adolescent in-patient unit at St Vincent's Hospital, Fairview.

Area Service Description

The Mental Health Service for Adults is provided as a comprehensive general adult and old age psychiatry service based on A Vision for Change. The focus is on providing assessment and treatment at the least complex level and as close as possible to the patient's home. This is done by way of community mental health teams in both general adult and old age psychiatry. The former provides assessment and treatment at out-patient and day hospital levels and the later home based assessment and treatment augmented by day hospital when necessary. There are subspecialist services in Rehabilitation Psychiatry and Liaison Psychiatry (Mater and Connolly Hospitals).

Acute in patient care is provided in four locations, Mater Hospital, Connolly Hospital, St Vincent's Hospital Fairview and the Phoenix Care Centre and there plan is to rationalise this to three locations. There will be an interim arrangement involving the Phoenix Care Centre until the purpose built mental health unit is available on the Mater Hospital campus.

A Regional Psychiatric Intensive Care Service relocated to the purpose built mental health facility in Grangegorman (Phoenix Care Centre) in May 2013 and provides a highly specialised psychiatric intensive care service for the entire Dublin North East Region, South Dublin and Wicklow. The Resettlement Rehabilitation Programme from the previous St. Brendan's Hospital service continues to provide for approximately 200 patients. A Specialist Homeless Mental Health Service is provided by an assertive outreach service along the north inner city area. A consultant provides a liaison service to Balseskin National Asylum Centre. The Child and Adolescent Mental Health Service is split between the HSE Dublin Mid Leinster Linn Dara CAMHS responsible for Castleknock, Blanchardstown and Finglas and Mater CAMHS responsible for the rest of Dublin North City Catchment Area as well as North Dublin.

The Mental Health in Intellectual Disability Service is provided through two service level agreements

1. The Daughters of Charity for the former Dublin North West Area
2. St. Michael's House for the former Dublin North Central Area (and also 50% of the Dublin North Area.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	76	403	61	61	90	79	770
WTEs @ Nov 2013	74	386	87	61	88	70	765
2012 Posts – allocated	0	4	22	0	0	0	26
2012 posts – recruited	0	4	22	0	0	0	26
2013 Posts – allocated	1.5	19	3	0	0	0	23.5
2013 posts – recruited	0	2	2	0	0	0	4

Services Provided

Service	No. Provided
General Adult	
No. of Adult Acute In Patient Beds	89
No. of non acute hospital beds	9
No, of High Support Community Residences	7 (112 places)
No. of Low and Medium support Community Residences	10 (74 places)
No of Day Hospital	5
No. of Community Mental Health Teams	13
Number of Day Centres	4

Service	No. Provided
Psychiatry of Old Age	
POA Acute Inpatient Beds	6
POA Long Stay Beds	34
Number of Day Hospitals	2
No. of Community Mental Health Teams	1 Triple Team
Number of Day Centres	0
Specialist Mental Health Services	
Regional Psychiatric Intensive Care Beds	24
District Mental Hospital Resettlement Service Beds	30
No. of Rehab and Recovery Teams	3
No. of Liaison Psychiatry Teams	1
Homeless Specialist Mental Health Team	1
Homeless Day Hospital	1
Regional Adolescent Inpatient Unit	8
CAMHS Day Hospital (DNC and DN)	1

Priorities and Actions 2014	End Qtr
1. Reduction from 4 to 3 acute in-patient sites and reconfiguration of acute in-patient units to achieve same.	Q3
2. Reduction from 4 to 3 medical on call rosters via the reduction of the 4 sites to 3.	Q3
3. Collection of all MDT staff activity data on General Adult and POA CMHTs - carry over from 2013)	Q4
4. Transfer and integration of Mater CAMHS to HSE Dublin North City Mental Health Service	Q4
5. Accommodation of people with severe and enduring mental illness in local authority supported housing through the Genio funded project (Doras) in partnership with HAIL.	Q4

Louth Meath Mental Health Service

Population	
306,474	Divided into two geographical sectors by county, Meath's population is 184,034 and Louth's population is 122,808.

Spend & Budget (Inclusive of CAMHS, ADULT & Regional Mental Health)				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
28,535	29,922	31,130	982	32,112

Area Description

Louth Meath Mental Health Service (LMMHS) delivers psychiatric services to a total population of 306,474 (2011 census figures). Meath's population is 184,034 and Louth's population is 122,808.

Service Description

There are 10 General Adult Community Mental Health Teams with an average catchment area of 30/35,000 population. There are 2 Old Age Multi Disciplinary Teams with 1 per county. A new Liaison, Rehab and OA team for Louth Meath Mental Health Service will be set up using 2013 NSP posts. Two MHID teams will be set up for Louth Meath & Cavan Monaghan using 2013 NSP posts. This is dependent on all posts being filled. There are two Adult Acute Units, one in St Brigids Hospital Ardee (old style Male & female dormitory) with 26 beds and the Dept. of Psychiatry Navan Hospital with 25 beds. There are 6 day centres/day hospitals – 3 in each county and 6 community residences or hostels.

Louth Meath Mental Health Service also provides 2 Assertive Outreach teams and 2 Home based Treatment on a seven day basis. Other services include self harm service, Alcohol Counsellors, Family Therapist, Cognitive Behaviour Therapy, Community Support Teams and Affective Disorder Teams

There is active service user and carer/family member involvement in the services and the Irish Advocacy Network and National Advocacy Service for people with Disabilities are active in both our acute units.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	46	195	36	40	21	38	376
WTEs @ Nov 2013	39	186	67	42	19	42	395
2012 Posts – allocated	0	2	31.5	0	0	0	33.5
2012 posts – recruited		2	23.5	0	0	0	31.5
2013 Posts – allocated	3	18	16	0	0	0	37
2013 posts – recruited	0	10	11	0	0	0	21

Services Provided			
Service	**No. Provided**	**Service**	**No. Provided**
No. of Adult Acute In Patient Beds	53 at end 2013	**Psychiatry of Old Age**	
General Adult		**POA Acute Inpatient Beds**	0
No. of non acute beds for adults	51	**Number of Day Hospitals**	0
No. of Day Hospitals	2	**No. of Community Mental Health Teams**	2
No. of Community Mental Health Teams	10	**Number of Day Centres**	0
Number of Day Centres	6	**Specialist Mental Health Services**	
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**	0
CAMHS		**No. of MHID Teams**	0
Number of In Patient Beds	0		
No. of Day Hospitals	0	**Other**	2 Assertive Outreach Teams 2 Home based Treatment Teams
No. of Community Mental Health Teams	4		

Priorities and Actions 2014	End Qtr
Acute Beds Continue to reduce acute bed numbers to reach Vision recommendation of 45 which is the number of beds in planned new acute unit.	Q4
Primary Care Meet regularly with Primary Care Services Managers to build on links already established. Set up working group to look at the Implementation of recommended actions *Advancing the Shared Care approach* between PC and MHS (HSE 2013)	Q1
Models of Care Continue to: – reconfigure day service centres in Day Hospital/day centre model. – refocus non-acute continuing care capacity, including community residential provision to Vision appropriate continuing care setting. work with clients to move into independent living with support of Rehab team	Q4
Complete the establishment of a MDT **Liaison Team in OLOL** by integrating all relevant staff into 1 location on the campus of OLOL	Q3
A local **ECT service** will be developed in conjunction with the Louth Meath Hospital Group	Q4

Cavan Monaghan Mental Health Service

Population	
133,666	Divided into two geographical sectors by county. County Cavan has population of 73,183 and County Monaghan has a population of 60,483.

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
19,444	19,950	19,524	621	20,145

Area Description

Cavan and Monaghan has a population of 132,373 - Cavan 73,183; Monaghan 60,483 (Census 2011). Of note there was a 13.4% increase in population of County Cavan and 6.1% increase in Monaghan since the last census (2006). Cavan Monaghan is a geographically large, sparsely populated catchment; mainly rural with poor transport links. The population growth in the Cavan and Monaghan ISA area and the continued movement of people from the Dublin area into the satellite towns like Virginia and Cavan has contributed and accentuated the ever increasing demands on our services.

There is a higher than average elderly population (65yr olds & over) with a large percentage living alone – 13% of over 65s in Cavan and Monaghan live alone with a national average of over 65s living alone of 10%.

Service Description

The Cavan-Monaghan Mental Health Service is delivered through specialist mental health multi-disciplinary teams from childhood to old age:

- ***Child & Adolescent Mental Health Service;*** The Child & Adolescent Mental Health Service Team is a multidisciplinary service that prioritises the assessment and treatment of children up to the age of 16 presenting with mental health problems. Cavan/Monaghan Mental Health Service is moving towards the situation whereby the Child and Adolescent Mental health Service look after all children up to the age of 18 years.
- ***Adult Community Mental Health Service***; The Adult Community Mental Health Service is a multi-disciplinary service that provides mental health care to working age adults. Its aim is to provide an integrated, comprehensive, high quality, individualised system of care and support which meets the needs of people with acute mental health problems and their carers.
- ***Community Rehabilitation Service;*** The Community Rehabilitation Service provides care to people with severe and enduring mental health difficulties who have complex needs..
- ***Psychiatry of later life Service;*** The Psychiatry of later Life Service provides care to people who develop mental health problems as they get older. (Over 65years). Its aim is to provide integrated, quality, patient centred and community based services to patients and their families.

Cavan Monaghan Mental Health service has 2 approved centres;

- Acute Psychiatric Unit, Cavan General Hospital, Cavan (Acute General Adult).
- Blackwater House, St. Davnet's Complex, Rooskey, Monaghan (Continuing Care Unit).

Blackwater House is the last residential, 24 hour staffed unit of the traditional psychiatric hospital, under the control on CMMHS. In 2014 the area management team will begin the consultation and planning process to replace this unit.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	22	130	17	31	24	42	266
WTEs @ Nov 2013	23	120	25	31	33	39	270
2012 Posts – allocated	4	0	6	0	0	0	10
2012 posts – recruited	2	0	6	0	0	0	8
2013 Posts – allocated	7.5	9	4	0	0	0	20.5
2013 posts – recruited	1	3	5	0	0	0	9

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	18	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	7
No. of non acute beds for adults	20	Number of Day Hospitals	1
No. of Day Hospitals	1	No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	2	Number of Day Centres	0
Number of Day Centres	0	Specialist Mental Health Services	
No, of High Support Community Residences	2	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	8	No. of Liaison Psychiatry Teams	0
CAMHS		No. of MHID Teams	1 (Team shared with Louth Meath MHS)
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	
No. of Community Mental Health Teams	2		

Priorities and Actions 2014	End Qtr
Service Governance	
○ Cavan/Monaghan Area Mental Health Management Team (CM AMHMT) is participating in the Enhancing Teamwork programme. All Community Mental Health teams (CMHTs) will be participating in the Enhancing Teamwork project in 2014.	Q2
○ All CMHTs will have regular minuted business meetings with standing agenda items e.g. Quality, Safety & Risk, PPPGs.	Q1
Discontinuation of older models of care	
○ Replace a large hostel (Woodale Hostel) with 24 hour staffed residential support provided in a number of houses. This is a more recovery focussed form of hostel	Q1
○ Begin the consultation and planning process to replace our Continuing Care approved centre (Blackwater House) with a more appropriate premises.	Q1 to 4
Implementation of Clinical Programmes	
○ Early Intervention in Psychosis	
○ Introduce the Individual Placement Service	Q2
○ Introduce Behavioural Family Therapy (FBT) programme	
▪ Train Trainer	Q1
▪ Roll out within Cavan/Monaghan Mental Health Service	Q2
○ Cognitive Behaviour Therapy for psychosis (CBTp)	Q2
○ Self Harm presentations in the Emergency Department (ED)	
○ Assign resource to ED to respond to 'Deliberate self harm' (DSH) presentations (1 WTE in 2013 National Service Plan posts)	Q2
○ Devise policy for the implementation of the Self Harm in ED clinical programme	Q3

Donegal Mental Health Service

Population	
161,137	Services provided across the county for CAMHS and psychiatry of ID (161,137 population) and extending into Sligo, Leitrim and West Cavan for regional counselling services (260,000 population). Adult services provided to 151, 965 population

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
20,803	20,605	20,588	832	21,420

Area Description

The Donegal Mental Health Services (HSE West) provides a comprehensive multidisciplinary community and hospital based psychiatric service to 151,965 people (CSO, 2012). A regional counselling service is delivered to the North West region servicing Donegal, Sligo, Leitrim and West Cavan amounting to over 260K people. Child and Adolescent psychiatry and psychiatry of intellectual disability services are provided to a county population of 161,137 whilst general adult psychiatric services are provided by a multidisciplinary community and hospital based service to 151,965 people. County Donegal has a total population of 161,137 persons and is amongst the most sparsely populated health areas in the country covering a large geographical area.

Service Description

A full range of community services provides a comprehensive range of integrated care in partnership with our primary health care services to clients and their families. These include community mental health multi-disciplinary teams consisting of a broad range of disciplines e.g. Social Workers, Occupational Therapists, Psychologists, Clinical Nurse Specialists and Consultant Psychiatrists. Mental health services in the county comprise of the following:-

- 3 Adult Community Mental Health Teams (South West pop. - 43,005, Central pop. - 73,186, North West pop. - 35,771), reconfigured from 4 teams in Quarter 4 2012 as per Vision for Change 2006 recommendations.
- 1 Mental Health Service for Older Persons (pop. 161,137)
- 1 Alcohol and Drug Team (pop. 161,137)
- 2 Child and Adolescent Teams (pop. 161,137)
- 1 Mental Health/Intellectual Service (pop. 161,137)
- 1 Day Hospital (based in Letterkenny)
- 6 Day Centres located in Letterkenny, Dungloe, Falcarragh, Donegal Town, Buncrana, Carndonagh
- Regional Counselling service covering Donegal, Sligo, Leitrim and West Cavan (pop. 260K)

Donegal Mental Health Acute and Residential Services

- 34-bedded Adult Acute Inpatient Unit
- 10 low support community residences in Letterkenny (Hostels)
- 1 low support community residence in Carndonagh (Cedar Grove)
- 9 semi-independent singular living units in Dungloe (Ionad Cois Locha)
- 4 Supervised Residential Units who provide 24/7 care, aligned to the Community Mental Health Teams and located in Letterkenny, Carndonagh, Dungloe & Donegal Town.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	20	170	30	36*	41*	15*	312
WTEs @ Nov 2013	20	162	41	35*	41*	14*	313
2012 Posts – allocated	0	0	16	0	0	0	16

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	34	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	0
No. of non acute beds for adults	102	Number of Day Hospitals	0
No. of Day Hospitals	1	No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	3	Number of Day Centres	0
Number of Day Centres	6	Specialist Mental Health Services	
No, of High Support Community Residences	4	No. of Rehab and Recovery Teams	0
No. of Low and Medium support Community Residences	11	No. of Liaison Psychiatry Teams	0
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	1 addiction teams 9 semi-independent units
No. of Community Mental Health Teams	2		

2012 posts – recruited	0	0	12	0	0	0	12
2013 Posts – allocated	0	17	0	0	0	0	17
2013 posts – recruited	0	5	0	0	0	0	5

* Includes WTE's delivering general services, not exclusively Mental Health

Priorities and Actions 2014	End Qtr
Maintain continuity of safe patient care and service delivery in light of challenges including increased admissions to acute units, increasing referral rates and waiting lists; staff reductions, employment framework and financial constraints and comply with National Standards e.g. HIQA, MHC Inspections, NMBI standards.	1-4
In response to promoting the recovery agenda and promoting service user, carer and family member involvement, Donegal Mental health services will: ▪ ensure service user representation / participation on the area management team and continue to work with STEER Advocacy Service and service users under "Your Service Your Say" Initiative and the Open Disclosure Policy. ▪ in consultation with service users, family, staff and advocacy services conduct a review of all low, medium and high support services to identify the most appropriate accommodation to meet individual needs & explore alternative options that offers each service user the maximum potential for an independent and supported lifestyle.	2-3 3
Improve the quality and completeness of integrated care planning within approved centres with greater evidence of other disciplines being involved in the care planning focus. This will also involve implementing a more focused recovery model of care in Donegal.	2
Continue the implementation of the Clinical Care Programmes and embed same into CMHTs Continue the scoping and planning exercise for the implementation of the Clinical Care Programmes across the 3 CMHTs.	3
Deliver Heath Promotion Initiatives that pro-actively promote mental ill-health avoidance such as social prescribing for health and evidence based mental health promotion programmes. Support suicide prevention initiatives in primary care teams and youth settings in partnership with the voluntary sector.	On-going

Galway Roscommon Mental Health Service

Population	
314,661	Divided into six geographical sectors, varying in population size from 46,433 to 59,568

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
64.667	61.340	67.559	924	68,484

Area Description

The Galway Roscommon Integrated Service Area (ISA) has a total population of 314,661. It covers both densely populated urban areas around Galway City and other rural areas where the population tends to be widely dispersed, including off-shore islands. There are also a number of important towns spread across the ISA, including the central part of Galway City with an urban and densely populated and has all the advantages and disadvantages of a city environment. It also has a large student population and a holiday population during the summer months. . The ISA has been divided into six new larger sectors of approximately 50,000 populations, in line with the recommendations of "A Vision for Change". The ISA has a population over 65 of 12.2% of the total population but up to nearly 16% in one sector. Overall, the population of Galway Roscommon has grown between the 2006 and 2011 censuses, despite the economic recession which started in 2008 and led to the associated problem of increased emigration, particularly of the younger generation. Many immigrants who came during the economic boom have remained.

Service Description

The Galway Roscommon Mental Health Service provides, to service users and their families with the aim of achieving the best quality of life for each individual, a comprehensive secondary level services for children and adolescents, adults, older persons, those with an intellectual disability and mental illness as well as a range of rehabilitation and recovery services and suicide prevention initiatives. Services are provided by the HSE staff and voluntary sector partners in a number of different settings including the service user's own home. This modern mental health service is integrated with primary care, acute hospitals, services for older people, services for people with disabilities, and with a wide range of non health sector partners. These services are provided by Community Mental Health Teams consisting of a broad range of disciplines including, medical, nursing, social work, psychology, occupational Therapy, speech and language therapy and social care. Integrated care is provided in partnership with our primary health care services and statutory and non-statutory voluntary groups and locally based community groups.

Galway Roscommon Mental Health Area Management Team was formed and the inaugural meeting took place on the 20th August 2013. The Operational Plan 2014 will require innovative management and reconfiguration of the existing resource.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	64	363	68	95	97	150	837
WTEs @ Nov 2013	59	336	82	96	89	144	807
2012 Posts – allocated	0	2	19	0	0	0	21
2012 posts – recruited	0	1	16	0	0	0	17
2013 Posts – allocated	2	16	4	0	0	0	22
2013 posts – recruited	0	7	0	0	0	0	7

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	79		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	289	Number of Day Hospitals	50 Places
No. of Day Hospitals	7	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	12	Number of Day Centres	0
Number of Day Centres	17	Specialist Mental Health Services	
No, of High Support Community Residences	12	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	24 (10 Low and 14 Med)	No. of Liaison Psychiatry Teams	?
CAMHS		No. of MHID Teams	?
Number of In Patient Beds	20	Other – Independent Living Residences	11
No. of Day Hospitals	0	Other – ID High Support Hostels	4
No. of Community Mental Health Teams	4	Other – ID Medium Independent	7

Priorities and Actions 2014	End Qtr
Reconfiguration of acute beds across Galway/Roscommon with the opening of 50 bedded unit in GUH and the closure of 22 beds in St Brigids Ballinasloe	1-4
Complete the reconfiguration of all General Adult CMHTs into 50000 sectors with the redistribution of staff and appointment of team coordinators to provide an equitable service a across Galway Roscommon	1
To develop three exemplar sites for crisis resolution teams from the CMHTs providing a 7 day service	1-2
To appoint a rehabilitation consultant (2013 development post) and implement recommendations of expert review group report into community residences	3-4
To increase operational capacity of CAMHS inpatient unit to 20 beds and outpatient CAMHS teams to look after all referrals of under 18 years	1

Mayo Mental Health Service

Population	
130,638	Services provided across three sectors:- Castlebar, Claremoris, Swinford – Pop 49,079 , Ballina, Belmullet, Achill – Pop 48,184 , Westport, Ballinrobe – Pop 33,375

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
25,191	24,538	24,527	321	24,848

Area Description

The catchment area served by Mayo Mental Health Services is the County of Mayo which is the third largest County geographically in Ireland. The population served is 130,638 and services are delivered across the County to urban and rural areas and to the islands off the coast. Mayo has a higher than average elderly population at 17% and medical card holders at 54% is 16% higher than the national average. In addition the existence of a major direct provision centre, the economic downturn and the unavailability of alternative services has impacted on the demands on the HSE public mental health service.

Service Description

Residential Services: There are four approved centres located in Castlebar, the Acute Mental Health Unit in Mayo General Hospital, St. Anne's Unit at the Sacred Heart Hospital, Teach Aisling and An Coillin. Swinford Treatment Centre is a 5 bedded unit located in the east of the County which facilitates early discharge and respite services.

Community Adult Mental Health Services – There are currently five Community Mental Health teams working in three population sectors of 50,000 as follows:

Sector 1 – Castlebar, Claremoris, Swinford – Pop 49,079
Sector 2 – Ballina, Belmullet, Achill – Pop 48,184
Sector 3 - Westport, Ballinrobe – Pop 33,375

In addition there are three specialist teams in the County; Mental Health Intellectual Disability, Rehabilitation and Recovery and Psychiatry of Old Age. All of the community and specialist teams are multi-disciplinary and are led by Consultant Psychiatrists.

Child and Adolescent Services: There are two multi-disciplinary consultant led community child and adolescent mental health teams in Mayo; one in North Mayo based in Ballina and the other in South Mayo based in Castlebar.

Training/Recovery Centres: There are three Centres in the County; two in Castlebar and one based in Ballina.

Community Residences: There are six low and medium support residences located throughout the County.

Liaison Service: The Mental Health Liaison Nursing service provides mental health assessment and intervention for patients presenting to the emergency department Mayo General Hospital.

Other Services: In Mayo we have a Nurse Practice Development unit, a Clinical Risk unit and an Art unit which assist in the development and delivery of Mental Health Services.

Voluntary Organisations: Mayo Mental Health Services have a close working relationship with the Mayo Mental Health Association, AWARE, GROW, SHINE, the Irish Association of Suicidology and from these have developed the Dolmen Clubhouse and Cairde Clubhouse which provide social opportunities to enable members to recover at their own pace.

Advocacy: There is an active engagement with the Irish Advocacy Network Service.

Genio Projects: Currently there are three projects located in Mayo;
(1) Advancing Recovery in Ireland (ARI) is a National project which is headquartered in Mayo. Mayo is also one of seven sites participating in the roll out of this project.
(2) Re-Focus is a funded initiative aimed at supporting Mental Health day services in Mayo to become more recovery orientated and built around the needs of service users.
(3) Community Action and Dementia – This is a project which enables community based services to be put in place for sufferers of dementia and their families.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	14	169	17	31	19	73	323
WTEs @ Nov 2013	13	172	23	31	19	68	325
2012 Posts – allocated	0	0	8	0	0	0	8
2012 posts – recruited	0	0	8	0	0	0	8
2013 Posts – allocated	1	10	3	0	0	0	14
2013 posts – recruited	0	2	1	0	0	0	3

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds (Approved Centre)	32	Psychiatry of Old Age – St. Anne's Approved Centre	
General Adult		POA Acute Inpatient Beds	12
An Coillin/Teach Aisling (Approved Centres) No. of non acute beds for adults	32	Number of Day Hospitals	0
		No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	5 (3 Sectors)	Number of Day Centres	0
Number of Day Centres	4	Specialist Mental Health Services	
No, of High Support Community Residences	1	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	6	No. of Liaison Psychiatry Teams	0
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	0	Training Centres	3
No. of Day Hospitals	0	Addiction Counsellors assigned to CMHTs	4
No. of Community Mental Health Teams	2		

Priorities and Actions 2014 Mayo Mental Health Services	End Qtr
• Modernise mental health services and prepare for reform in line with future health needs by continuing to develop CMHTs in line with Sectors of 50,000 population and by equitably distributing resources therein.	2
• Complete development of specialist services by the appointment of a third CAMHS Team and a second team in Psychiatry of Old Age services based on population and in accordance with Vision for Change	4
• Promote positive mental health and implement the outstanding actions in *Reach Out – National Strategy for Action on Suicide Prevention* and implement the *Framework for Suicide Prevention* through the appointment of the Deliberate Self Harm Nurse and by continuing to work closely with the Mayo Suicide Prevention Alliance.	3
• Continue to develop servicer user involvement across the whole service in conjunction with the appointment of a service user rep to the Area Management Team.	1
• Develop two crisis intervention teams in the North and South of the County (self financing)	4

Mid-West Mental Health Service

Population	
379,327	Which comprises of Limerick (191,809 population), Clare (117,196 population) and North Tipperary (70,322 population)

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
52034	54,150	56,164	1,392	57,556

Area Description

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).

Service Description

Adult Services
In the Mid West there are currently 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 the following:

- Adult Community Mental Health Services
- Rehabilitation Services
- Liaison Psychiatry Services
- Psychiatry of Older Persons
- Forensic Services
- Psychotherapy Services

There are five Approved Centres in the Mid West.

Child and Adolescent Mental Health Service (CAMHS)
Child and Adolescent Mental Health Services are consultant led community based services provided by five multidisciplinary teams in Limerick City and County (0-18 age group), Clare and North Tipperary (0-16 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.

Community Residential Facilities.
There are currently 11 High Support Hostels, 10 Medium Support Hostels and 7 Low Support Residences in the Mid West Mental Health Services.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	48	374	104	54	57	88	726
WTEs @ Nov 2013	56	356	132	57	44	97	742
2012 Posts – allocated	0	0	37	0	0	0	37
2012 posts – recruited	0	0	37	0	0	0	37
2013 Posts – allocated	1	30	4	0	0	0	35
2013 posts – recruited	0	18	2	0	0	0	20

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	89 (but currently operating at a capacity of 79 beds for the duration of the Redevelopment Project in the Acute Psychiatric Unit, Limerick	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	10 (designated from the 89 beds in the APU's in the MW
No. of non acute beds for adults	28	Number of Day Hospitals	0
No. of Community Mental Health Team Headquarters	11	No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	13	Number of Day Centres	0
Number of Day Centres	9	Specialist Mental Health Services	
No, of High Support Community Residences	11	No. of Rehab and Recovery Teams	2
No. of Low and Medium support Community Residences	17	No. of Liaison Psychiatry Teams	1
CAMHS		No. of MHID Teams	0
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	Forensic in reach to Limerick Prison
No. of Community Mental Health Teams	5		

Priorities and Actions 2014	End Qtr
Achieve optimal requirements as set out by the Mental Health Commission by undertaking audits and implementing action plans for compliance issues with specific reference to Individual Care Plans.	1
Re-align sector boundaries in line with Vision for Change. Identify gaps and if unable to populate through reallocation of existing staff develop a business case for additional funding / posts from 2014 additional funding.	4
Extension of services to 16/17 years olds in Clare and North Tipperary by the filling of outstanding approved posts under the NSP 2013 and submission of additional business cases for additional funding / posts from 2014 additional funding, if required. Resourcing of alternative temporary accommodation for CAMHS in Limerick in conjunction with Estates, from minor capital funding.	3
Review existing residential / hostel accommodation and continuing care bed provision in line with Vision for Change which will require the closure of some High Support Hostels and supporting residents transitioning into new housing accommodation.	3
Progress the development of a Mental Health Intellectual Disability Service across the Mid West region in line with Vision for Change by developing a plan.	2

Sligo/Leitrim/West Cavan/South Donegal Mental Health Service

Population	
107,659	Services provided across Sligo, Leitrim, south Donegal and west Cavan

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
23,558	21,595	22,273	549	22,823

Area Description

The population based on 2011 census is 107,659 – of which Co Sligo is 65,393, Co Leitrim is 31,798, South Donegal is 9,175 and west Cavan is 1,293

Service Description

A broad range of General Adult, Psychiatry of Later Life, Rehabilitation & Recovery, Intellectual Disability and Children & Adolescent Services are provided to the population of Sligo, Leitrim, south Donegal and west Cavan directly in the community and in clinical and / or residential settings.

The service is placing great emphasis on providing care pathways which are underpinned by a Recovery Philosophy of Care and are provided to individuals experiencing acute mental health difficulties in the least restrictive environment, with the minimum disruption to their lives. It is our ambition that the majority of mental health service provision will be provided away from acute mental health centres and in service users communities and localities, through day care facilities, home based treatment and assertive outreach models of care This integrated care will be provided to service users in their local community via the delivery of effective MDT working within 2 Sector teams. These teams will be co-located within Primary care settings which improves mental health care accessibility for members of the public.

MHS works closely in conjunction with Primary Care Services & GP Practices. Each GP practice in the area has a named Community Mental Health Nurse, a Cognitive Behavioural Therapist and a Family Therapist who will take direct referrals. Family Therapy and Addiction Services operate across the catchment areas and are represented at the Community Mental Health Team meetings. Occupational Therapists, Psychologists and Social Workers are now in place on all teams although some Psychology posts remain unfilled as of December 2013.

Dochas Clubhouse based in Sligo Town provides daily non clinical support to clients referred by SLMHS, whilst four other Day Centres provide clinical support.

Two Liaison Nurses are based in Sligo Regional Hospital and provide an 8.00 a.m. – 8.00 p.m. 7 day per week service. In addition SLMHS has secured external funding from CAWT and Genio for the following projects: -

- 1.0 WTE Clinical Nurse Specialist in Eating Disorders for Adults
- 0.5 WTE Clinical Nurse Specialist in Eating Disorders for CAMHS
- 1.0 WTE Peer Support Worker working with the Rehabilitation & Recovery Team to support a client in becoming more independent
- 1.0 WTE Support Worker working with a long stay client on the Acute Inpatient Unit in order the client may move to independent living in their own community based home

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	21	174	20	22	54	18	309
WTEs @ Nov 2013	21	156	28	22	71	20	317
2012 Posts – allocated	0	1	15	0	0	0	16
2012 posts – recruited	0	0	12	0	0	0	12
2013 Posts – allocated	0	8	1	0	0	0	9
2013 posts – recruited	0	2	0	0	0	0	2

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	30 + 4 High Observation Beds	Psychiatry of Old Age	
General Adult		POA Acute Inpatient Beds	0
No. of non acute beds for adults	86 (49 SRU, 37 Group Home)	Number of Day Hospitals	1
No. of Day Hospitals	2	No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	2	Number of Day Centres	0
Number of Day Centres	6 (does not include Dochas Clubhouse)	Specialist Mental Health Services	
No, of High Support Community Residences	4	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	11	No. of Liaison Psychiatry Teams	
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	Addiction Family Therapy
No. of Community Mental Health Teams *	1		CBT Eating Disorder

* Only one team resourced & functioning

Priorities and Actions 2014	End Qtr
Complete the reconfiguration of all General Adult CMHTs taking account of local populations and/or specialist services requirements. Develop and agree process for assigning team coordinators. Relocate to suitable locations / premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration.	2
Extend Out of Hours crisis response capacity in line with Vision for Change. Reconfigure existing community mental health team resources and agree clinical care pathways. ➢ Full commitment and implementation to MDT Care Planning ➢ Cypress Lodge developed and improved for clients to enable further independent living in the community ➢ Skill mix model identified ➢ Integrated Day Centre Services rolled out	3
Complete reconfiguration of Acute Inpatient services to achieve reduction of bed numbers.	4
Family & user involvement on CMHTs & AMHMT by working with advocacy & carer groups & drawing on the experience nationally of other MHS.	2
Implement the actions from the 2013 local CAMHs review.	Q1-Q4
Progress the New Acute Inpatient project to schedule through integrated working with Sligo Regional Hospital and Estate Management. 12 month schedule of work to be agreed in Q1 for management throughout 2014	Ongoing throughout 2014

Cork Mental Health Service

Population	
519,032	Divided into 10 geographical sectors, varying in population size from 40,000 to 80,000 (Larger geographical areas divided in two for operational purposes). All teams are aligned to PCT's & networks.

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
74.670	76,619	73,402	1,519	74,921

Area Description

The Cork Integrated Service Area (ISA) has a total population of 519,032 and is one of the largest extended catchment areas in the country. It has a relatively young population and it is predicted that the population (over 65), in line with the national trends, will significantly increase over the coming years. There are relatively high levels of deprivation interspersed with areas of relative affluence. The extended catchment area model requires a seamless and integrated approach to service delivery with access barriers removed. There is a prison service within the ISA and one remaining Psychiatric Hospital in Cork with a planned phased closure for 26 acute beds in the first half of 2014. A regional CAMHS 20 bed inpatient facility (Eist Linn) is located in Cork. A Vision for Change recommends 1 team per 12,500 of population under 18. Cork currently has 8 CAMHS teams.

Service Description

The Cork Mental Health Service provides specialist assessment, care and treatment for people of all ages, with approximately 980 staff from a range of disciplines working in the extended catchment area (Cork ISA). This multidisciplinary service model provides a range of skilled interventions to support service users in their personal recovery journey. The investment in Community Mental Health Teams has focused on the introduction of previously unavailable or limited skill-sets such as Clinical Psychologists, Social Workers and Occupational Therapists. This significant investment has greatly enhanced the existing teams and affords service users access to a wide range of therapeutic supports in each CMHT in Cork. Specialist Old Age Teams have been approved for Cork for a population of approx 41,000 (over 65) who previously did not have this specialist service. The service will be accessible to older people and their carers and enable them to achieve the maximum standard of mental health and independent living providing holistic care and adapting principles and procedures to meet the needs of the individual. Cork has one existing General Adult Mental Health Intellectual Disability consultant within the Disability Services. The proposed new Community Mental Health Intellectual Disability Team (CMHID) team, whilst managed from within the existing organisational structure of the Cork MHS, will work closely with Disability Services in order to ensure a seamless pathway of care between the two services, thereby facilitating better integration and consensus as to care planning.. The Cork Mental Health Area Management Team is currently being reconfigured in line with national policy.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	66	558	63	71	85	90	933
WTEs @ Nov 2013	76	534	113	68	81	89	961
2012 Posts – allocated	0	2	53	0	0	0	55
2012 posts – recruited	0	2	51	0	0	0	53
2013 Posts – allocated	6.5	18.5	21.5	0	0	0	46.5
2013 posts – recruited	1	7	10	0	0	0	18

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	158 (18 beds PICU/Forensic)		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	203* (relocation of first floor of Carrig Mor into existing vacancies by Q1)	Number of Day Hospitals	1
No. of Acute Day Services	6	No. of Community Mental Health Teams	1 increasing to 2 enhanced teams with 4 consultants & associated staff
No. of Community Mental Health Teams	10	Number of Day Centres	
Number of Day Services	14	Specialist Mental Health Services	
No, of High Support Community Residences	10 (146 places)	No. of Rehab and Recovery Teams	1 North Cork
No. of Low and Medium support Community Residences	0	No. of Liaison Psychiatry Teams	1 with increased support from 2013 self harm developments
CAMHS		No. of MHID Teams	0 to 1 with the 2013 developments
Number of In Patient Beds	20		
No. of Day Hospitals	0	Other	
No. of Community Mental Health Teams	8		

***Includes 21 bedded Alzheimer's unit**

Priorities and Actions 2014	End Qtr
Complete the reconfiguration programme for Cork Mental Health Services with the closure of 26 acute beds in St. Stephen's Campus and the relocation of 18 residents from the first floor in Carrig Mor	Q2
Complete the reconfiguration of all General Adult CMHTs taking account of local populations and/or specialist services requirements. Reconfigure existing community mental health team resources and agree clinical care pathways.	Q1
Progress the secondment/transfer of CAMHS to Cork Mental Health Services	Q2
Develop and agree process for assigning team coordinators and service users/carers in each CMHT Review locations and suitable premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration.	Q1 Ongoing
Extend Out of Hours access to enhance 24 hour crisis response capacity in line with Vision for Change.	Q3

Kerry Mental Health Service

Population	
145,502	The Kerry area is divided into five geographical areas, varying in population size from 25,566 to 32,664, which are co-aligned into three Community Mental Health Team networks.

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
20,482	20,770	20776	668	21,445

Area Description

The Kerry Mental Health Services (KMHS) serves a population of 145,502 (CSO, 2011) over a large geographic area and for the purpose of service delivery the county is served by five clinical teams which are co aligned into three Community Mental Health Team (CMHT) networks:

Clinical Teams	CMHT Networks	Clinical Team Population	CMHT Network Population
Listowel	North Kerry	32,664	60,360
Castleisland / Dingle		27,696	
Tralee	Tralee	25,566	25,566
Killarney	South Kerry	29,943	59,576
Killorglin/ Iveragh		29,633	

Over the past five years KMHS has seen a move away from institutional care to a more community based, person centred proactive approach to care.

Service Description

Kerry Mental Health Services are delivered through a combination of acute inpatient and community based facilities located throughout the CMHT network. There are two approved centres; The Acute Admission Unit, Kerry General Hospital with 38 beds (50 beds in 2009) and the O'Connor Unit, Killarney with 32 beds. Community day services, high support hostel accommodation, and out-patient clinics are provided in each of the CMHT network areas. A Specialist Rehabilitation Service is also provided. Community residences and group homes provide long term accommodation. It is anticipated that as the community based services develop, the acute bed numbers and admissions will reduce in line with the Vision for Change framework.

The three CMHTs comprise of five clinical teams with populations ranging from 25,566 to 32,664, are co-aligned with the Primary Care networks. In addition to the existing Specialist Rehabilitation Team, an Old Age Psychiatry Team is in the process of being established with some of the team members recently appointed while awaiting the appointment of the Consultant Psychiatrist for this team. Each clinical team is served by a multi disciplinary team consisting of a Consultant Psychiatrist, NCHD, Nurses, Community Mental Health Nurses, Secretarial support, Social Worker and Occupational Therapists. Psychologists are currently shared between the networks.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	16	178	9	7	54	0	264
WTEs @ Nov 2013	16	174	19	7	51	0	268
2012 Posts – allocated	0	0	10	0	0	0	10
2012 posts – recruited	0	0	8	0	0	0	8
2013 Posts – allocated	1.	13	5.5	0	1	0	19.5
2013 posts – recruited	0	6	4	0	0	0	10

Services Provided

Service	No. Provided		Service	No. Provided
No. of Adult Acute In Patient Beds	38			
General Adult			Psychiatry of Old Age	
No. of non acute beds for adults	32		Number of Day Hospitals	0
No. of Day Hospitals	3		No. of Old Age Psychiatry Teams	1 (Q1 2014)
No. of Community Mental Health Teams	3		Number of Day Centres	0
Number of Day Centres	8		Specialist Mental Health Services	
No, of High Support Community Residences	4		No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	14 medium		No. of Liaison Psychiatry Teams	0
CAMHS			No. of MHID Teams	0
Number of In Patient Beds	0			
No. of Day Hospitals	0		Other	
No. of CAMHS Teams	2		Home Based Treatment Team	1 (Q1 2014)

Priorities and Actions 2014	End Qtr
Further realign the existing teams to strengthen and enhance the Community Mental Health Team (CMHT) networks. Complete the recruitment process; provide suitable clinical and administrative premises to facilitate effective team working in line with the Enhancing Team Project.	2
Continue to rationalise acute inpatient beds as recommended in the Vision for Change. Acute bed numbers in KGH will further reduce from 38 to 34. Complete the construction and commission the High Observation Unit Kerry General Hospital and complete the development of the CMHTs.	2
Review the High Support Hostel service provision in line with the Vision for Change to ensure it is addressing the needs of the residents. Undertake a needs analysis across the North Kerry area. Develop and implement plans to address the current needs of the residents.	3
Continue to implement the Clinical Care Programmes (Early Intervention in First Episode Psychosis, Early Intervention in Eating Disorders, and Management of Self Harm) to ensure that service delivery is in line with best practice. Staff to participate in agreed training programmes and implement protocols in line with the relevant CCP framework.	Ongoing
Continue to enhance and promote suicide prevention and positive mental health interventions. Continue to roll out suicide prevention training initiatives, appoint the approved Suicide Resource Officer and establish a collaborative working relationship between the Self Harm nurses, Suicide Resource Officer and the Kerry Suicide Response Forum.	Ongoing

Carlow/Kilkenny/South Tipperary Mental Health Service

Clinical Teams	Population
Carlow	54,600
Kilkenny	75,715
South Tipperary	88,432
Total	218,747

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
46,542	46,966	48,570	760	49,330

Area Description

The Carlow/Kilkenny/South Tipperary Integrated Service Area (ISA) has a total population of 218,747. 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 areas of the catchment area. The extended catchment area model requires a seamless and integrated approach to service delivery with access barriers removed.

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 as well as specialised services for children and adolescents, adults and older people. Services are provided in a number of different settings including; the individual's own home, inpatient facilities, outpatient clinics, acute day services (day hospitals) and day centres, and high, medium and low support community accommodation. The comprehensive development of Community Mental Health Teams (CMHTs) has brought together the key professionals to provide a range of mental health interventions for a defined community. The successful development of Consultant-led multidisciplinary Home Based Treatment Teams (HBTT) in the ISA Area has ensured the delivery of a service that facilitates recovery in the service users own home environment. There is a significant focus on the meaningful involvement of the service user in the management and delivery of the service.

In line with A Vision for Change, Carlow, Kilkenny and South Tipperary Mental Health Service has undergone a major change programme in the past four years. This has resulted in the closure of a 49 bed acute inpatient unit (St. Michael's, Clonmel) and the provision for all acute inpatient services to one unit located at Dept. of Psychiatry, St. Luke's Hospital, Kilkenny. In addition the large long stay institutions have closed in Carlow, Kilkenny and Clonmel. In parallel with this there has been a significant development and enhancement of the community services in each county all operating under similar models of care.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	30	379	33	61	158	32	693
WTEs @ Nov 2013	26	344	42	61	156	30	659
2012 Posts – allocated	0	1	13	0	0	0	14
2012 posts – recruited	0	0	12	0	0	0	12
2013 Posts – allocated	2	5	10	0	0	0	17
2013 posts – recruited	0)	1	2	0	0	0	3

Services Provided				
Service	No. Provided		Service	No. Provided
No. of Adult Acute In Patient Beds	44			
General Adult			Psychiatry of Old Age	
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	4		Number of Day Centres	0
Number of Day Centres	6		Specialist Mental Health Services	
No, of High Support Community Residences	13		No. of Rehab and Recovery Teams	2
No. of Low and Medium support Community Residences	12 (11 low and 1 medium)		No. of Liaison Psychiatry Teams	0
CAMHS			No. of MHID Teams	0
Number of In Patient Beds	0			
No. of Day Hospitals	0		Other	2 Crisis House,
No. of Community Mental Health Teams	3			

Priorities and Actions 2014	End Qtr
Further development of Community Mental Health Teams (CMHT) including CAMHS and other Specialists Teams through recruitment of the relevant posts.	4
Advancing the implementation of National Clinical Care Programmes via support, training, governance, coordination and leadership	2
Review of supported accommodation by examining Models of Care and updating Individual Assessments of Needs.	4
Improving and enhancing our Governance Structures via engagement of all members of the Mental Health Services including service users, carers and families.	2
Development of services in association with key aspects of the National Suicide Prevention Strategy including enhanced working relationships with Primary Care.	3

Waterford Wexford Mental Health Service

Clinical Teams	Population
North Wexford	67,000
South Wexford	78,000
Waterford City	59,000
Waterford County	55,000
South Kilkenny	19,000
Total	279,115

(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
36,573	37,887	37,019	978	37,997

Area Description

The Waterford/Wexford Integrated Service Area (ISA) has a total population of 279,115. 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 interspersed with areas of relative affluence. The extended catchment geographic area stretches from Gorey in North Wexford to the bridge in Youghal Co Cork. The area catchment model requires a seamless and integrated approach to service delivery with access barriers removed

Service Description

The Waterford/Wexford area merged their Mental Health Services in March 2011 and a comprehensive change programme has been successfully implemented since that time. The successful implementation of the change programme resulted in significant improvements and enhancements to the wide range of primary and community based services delivered in the area. Services are delivered in a wide range of settings including; inpatient facilities, outpatient clinics, acute day services (day hospitals) and day centres, and high, medium and low support community accommodation with a focus of enabling recovery in the service users own home. Community Mental Health Services are organised over 5 Sectors. There are 2 Rehabilitation Teams, 1 per county and 2 Psychiatry of Old Age teams, 1 per county. In partnership with the Brother's of Charity, 2 Consultants provide Mental Health and Intellectual Disability Services to the South East Region Child and Adolescent Services (CAMHS) are delivered through 3 teams based in Waterford, Wexford Town and Gorey, in addition to these services a Consultant provides specialised Children and Adolescent Intellectual Disability Services to the South East Area.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ End 2012	39	301	34	37	83	10	505
WTEs @ Nov 2013	34	300	51	37	80	11	514
2012 Posts – allocated	0	2	23	0	0	0	25
2012 posts – recruited	0	2	19	0	0	0	21
2013 Posts – allocated	1	18	11	0	0	0	30
2013 posts – recruited	0	6	2	0	0	0	8

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	44		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	40	Number of Day Hospitals	0
No. of Day Hospitals	5	No. of Community Mental Health Teams	2
No. of Community Mental Health Teams	5	Number of Day Centres	0
Number of Day Centres	3	Specialist Mental Health Services	
No, of High Support Community Residences	9	No. of Rehab and Recovery Teams	2
No. of Low and Medium support Community Residences	21 (18 low and 3 medium)	No. of Liaison Psychiatry Teams	0
CAMHS		No. of MHID Teams	0
Number of In Patient Beds	0		
No. of Day Hospitals	0	Other	1 respite service
No. of Community Mental Health Teams	3		

Priorities and Actions 2014	End Qtr
Liaison Services – Extension of nurse led liaison services from 5 day to 7 day service	1
Day Hospital Services – Extension of Day Hospital in Waterford from 5 day to a 7 day service	3
Child and Adolescent Services – Appointment of the 4th Child and Adolescent Post for Waterford/Wexford and expansion of the CAMHs teams	2
Team Coordinator - Develop and agree process for assigning team coordinators. Review locations and suitable premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration	3
Suicide Crises Assessment Nurse – SCAN Nurse to commence assessments in Waterford	3

National Office for Suicide Prevention

Population	
4.5m	National Service

Spend & Budget				
(1) Spend 2012 €m	(2) Projected Spend 2013 €m	(3) Initial Budget 2014 €m	(4) Estimate 2014 costs from 2013 posts €m	(5) Final Budget 2014 €m)
5,200,000	7,510,408	8,037,848	717,816	8,755,664

Service Description

The purpose of the National Office for Suicide Prevention (NOSP) is to oversee the implementation, monitoring and evaluation of "Reach Out". The NOSP is based within the Mental Health Division and has working relationships with the Primary Care and Health and Well-Being Divisions. The office has a staff of 6.5WTE. An additional 14 staff are employed across the HSE within regional suicide prevention services.

"Reach Out" is a comprehensive ten year suicide prevention action strategy that was launched in 2005. It runs from 2005 to 2014 and consists of four levels of activity:
Level A – General Population Approach
Level B – Targeted Approach
Level C – Responding to Suicide
Level D – Information and Research
Within each of these levels, a number of areas of activity are identified, together with supporting actions. In total, there are 26 areas of activities and 96 supporting actions.

The programme of work delivered by the NOSP has focused on the funding of national organisations, programme development, provision of training, concept testing, evaluation of service initiatives and research.

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
WTEs @ Nov 2013	0	00	1	2	3	1	6
2013 Posts – allocated	0	0	0	0	0	6	6
2013 posts – recruited	0	0	0	0	0	0	0

Priorities and Actions 2014	End Qtr
Develop a new strategic framework to build on and enhance the implementation and governance approach associated with suicide prevention based on the learning from "Reach Out" – the Irish National Strategy for Action on Suicide Prevention 2005-2014	3
Continue to implement that outstanding actions in "Reach Out"	4
Invest in additional suicide prevention resources	2
Deliver a new media campaign to encourage help-seeking and provide clear sign-posting to services	3
Complete strategic review of training programmes provided in the area of suicide prevention	2

National Counselling Service (NCS)

Population	
4.5m	Across nine geographic areas

Service Description

National Counselling Service (NCS)

The NCS is available to any adult, aged 18 and over, who has experienced neglect, emotional, physical or sexual abuse in childhood in an institutional, familial or other context. The main client pathway is by self referral through a network of ten Freephone numbers throughout the country or by referral by a health professional. Service provision is based on a national model of service delivery and is available in every county in Ireland from over fifty service locations

Counselling in Primary Care (CIPC)

CIPC is a national service provided under the governance framework of the NCS and provides short term counselling for adults with non-complex psychological problems aged 18 and over and who hold a valid medical card. Referral into the service is by the person's GP or other member of the Primary Care Team. The service was formally launched in July 2013.

Services Provided- amend as required	
Service - NCS	Service - CIPC
Referrals in 2012:- 2,709	Referrals in period July to end October 2013 :- 2,648
Counselling Sessions offered in 2012:- 43,000	

Priorities and Actions 2014	End Qtr
NCS To restructure the existing NCS Client Evaluation System to better inform local service delivery	4
To roll out and implement with all Staff the new NCS National Information System	4
To review the NCS Therapeutic Model of Service	4
To pilot and develop further Performance Indicators for the NCS	4
CIPC CIPC service to be delivered on an equitable basis to planned capacity	4
To initiate a national evaluation of the CIPC service delivery	4
To procure a web based clinical outcome evaluation system	4
To develop Performance Indicators for CIPC	4

Performance Indicators
NCS 60% of all clients referred will be offered a date for an initial assessment appointment within six weeks of date of referral ***CIPC*** To achieve and maintain an attendance rate of 70%

Capital Infrastructure

We have had initial engagements with our colleagues in the Estates division in relation to the general accommodation position for mental health specifically around the accommodation of the new staff being recruited.

They have advised that there is a national condition survey underway to be completed during 2014 which is looking at all of the buildings in use across the wider community services. This will provide core information as to the status of the buildings being used within the mental health services to accommodate our staff and our service users whether in residential or non-residential settings.

When the output of this survey is complete and made available to us we will engage further with Estates with a view to expanding on the work of the condition survey and developing a phased capital strategy for mental health. This will seek over time to deliver reasonable good quality accommodation for our service users and staff which is well integrated with other primary and social care services.

Appendix 1: Performance Indicators by Region

Indicator / Measure	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Adult Mental Health Services															
% of General Adult Community Mental Health Teams serving a population of circa 50,000 (range of 45,000 to 60,000) as recommended in *Vision*										New PI 2014	New PI 2014	New PI 2014	New PI 2014	New PI 2014	≥60%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Teams										New PI 2014	≥ 75%	≥ 75%	≥ 75%	≥ 75%	≥ 75%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams										New PI 2014	≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
Child and Adolescent Community Mental Health Services															
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.										New PI 2014	New PI 2014	New PI 2014	New PI 2014	New PI 2014	≥ 75%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams						66%	62%	76%	84%	73%	≥75%	≥75%	≥75%	≥75%	≥75%
Adult Inpatient Services															
No. of admissions to adult acute inpatient units	3444	2672	3980	3948	14044	3324	2680	3628	3716	13348	3324	2680	3628	3716	13348
Median length of stay	10	10	9	11	11	11	8	12	12	11	11	8	12	12	11

Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	63.7	65.6	87.8	91.0	76.5	61.5	64.3	80.0	85.7	72.4	61.5	64.3	80.0	85.7	72.4
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	21.8	25.1	28.0	25.3	24.9	24.5	23.3	22.5	24.9	23.8	24.5	23.3	22.5	24.9	23.8
Acute re-admissions as % of admissions	66%	62%	68%	72%	67%	60%	64%	72%	71%	67%	60%	64%	72%	71%	67%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	41.9	40.5	59.7	65.8	51.6	37.0	41.0	57.5	60.8	48.6	37.0	41.0	57.5	60.8	48.6
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	20.5	20.1	26.5	25.9	23.2	21.2	20	22.7	24.3	22.5	21.2	20	20.8	24.3	21.2
No. of adult involuntary admissions	372	300	456	496	1624	380	432	400	436	1648	380	432	400	436	1648
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	6.9	7.4	10.1	11.4	8.8	7.0	10.6	8.8	10.1	9.0	7.0	10.6	8.8	10.1	9.0
General Adult Community Mental Health Teams															
Number of General Adult Community Mental Health Teams					New PI	29	29	30	35	123	26	23	22	30	101
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams					New PI	8878	8534	10522	13648	41582	8878	8534	10522	13648	41582
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams					New PI	8032	7580	9262	12534	37408	8434	8107	9996	12966	39503
Number of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment and seen or DNA by Wait 'Time (time period to be decided)					New PI	7598	7478	11488	11932	38496	9601	7565	10190	10149	37504
Number of cases closed/discharged by General Adult Community Mental Health Teams					New PI	4270	4780	6048	7198	22296	6747	6486	7997	10372	31602

Indicator / Measure	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Psychiatry of Old Age Mental Health Teams															
Number of Psychiatry of Old Age Community Mental Health Teams					New PI	5	5	5	7	22	5	6	7	7	25
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams					New PI	2896	2222	1888	3456	10462	2896	2222	1888	3456	10462
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams					New PI	2740	2050	1816	3260	9866	2606	2000	1699	3110	9416
Number of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait 'Time (time period to be decided)					New PI	1910	2002	1590	3500	9002	3301	2620	1629	2886	10436
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams					New PI	1550	1788	1082	2292	6712	2085	1600	1359	2488	7533
Child and Adolescent															
No. of child and adolescent Community Mental Health Teams	19	11	14	14	58	19	12	15	14	60	18	13	18	15	64
No. of child and adolescent Day Hospital Teams	1	1	0	0	2	2	1	0	0	3	2	1	0	0	3
No. of Paediatric Liaison Teams	2	1	0	0	3	2	1	0	0	3	2	1	0	0	3
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	31	39	32	64	165	40	38	50	70	198	40	38	50	70	198

Indicator / Measure	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. of children / adolescents admitted to adult HSE mental health inpatient units					<50					94					<30
i). <16 years					0					6					0
ii). <17 years					0					40					0
iii). <18 years					50					48					30
No. and % of involuntary admissions of children and adolescents					16					16					13
					5%					5%					5%
No. of child / adolescent referrals (including re-referred) **received** by mental health services	4469	2509	2804	3307	13089	5194	3036	3592	4136	15958	5194	3036	3592	4136	15958
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	3575	2007	2243	2645	10471	4380	2234	2780	3566	12960	4155	2429	2874	3309	12766
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	3030	2254	2076	2665	10025	2986	1550	1942	3746	10224	3217	2352	2714	3120	11403
No. and % of new / re-referred cases offered first appointment and seen						2312	1112	1664	3304	8392	2819	1941	2220	2496	9476
i). < 3 months	70%	70%	70%	70%	70%	66%	62%	76%	84%	73%	> 75%	> 75%	> 75%	> 75%	> 75%
No. and % of cases closed / discharged by CAMHS service	2860	1606	1795	2116	8377	4142	2232	1784	1566	9724	3324	1943	2299	2647	10213
	80%	80%	80%	80%	80%	95%	100%	64%	44%	75%	80%	80%	80%	80%	80%
Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by >5%)	575	290	411	502	1778	802	406	765	702	2674	761	383	717	656	2517

Indicator / Measure	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. and % on waiting list for first appointment at end of each quarter by wait time															
i). < 3 months	340	124	142	154	761	390	152	263	173	978	371	145	250	165	932
	59%	43%	35%	31%	43%	49%	38%	34%	25%	37%	49%	38%	35%	25%	37%
ii). 3-6 months	92	66	81	89	327	209	90	127	147	571	199	85	121	140	544
	16%	23%	20%	18%	18%	26%	22%	17%	21%	21%	26%	22%	17%	21%	22%
iii). 6-9 months	63	49	60	74	246	148	81	113	85	427	141	77	108	81	406
	11%	17%	15%	15%	14%	18%	20%	15%	12%	16%	18%	20%	15%	12%	16%
iv). 9-12 months	81	50	128	184	443	50	32	58	78	218	51	75	238	270	635
	14%	17%	31%	37%	25%	6%	8%	8%	11%	8%	7%	20%	33%	41%	25%
v). > 12 months	0	0	0	0	0	7	50	204	219	480	0	0	0	0	0
	0%	0%	0%	0%	0%	1%	12%	27%	31%	18%	0%	0%	0%	0%	0%

Appendix 2: Mental Health Division & Way of Working

1. Mental Health Division

To be successful the national team will need to:

- Model the future behaviour and culture required in our mental health services including the full involvement of service users and family / carers in the design and operation of recovery focused services.
- Create the conditions necessary to enable those working in mental health to fulfil their potential, to feel they are valued and to take full ownership of their responsibilities to service users.
- Create the clinical and managerial capacity to deliver safe, high quality services which are cost effective and can transition safely to the provider model i.e. within autonomous local community trusts as part of the overall health reform programme involving the move to Money Follows the Patient for relevant services and ultimately Universal Health Insurance.
- Design and implement world class models of mental health promotion and models of recovery focused mental health care in keeping with Vision for Change and utilising the national clinical programmes.
- Remove inappropriate variation in mental health service provision including how services users access the service particularly out of hours.
- Adopt a well structured approach to designing, incentivising and measuring integration within mental health services and between mental health and other services.
- Develop and implement a performance management culture within our mental health services.
- Maximise the benefits to service users and their carers of the ongoing government investment in the mental health services.
- Cultivate sustainable positive relationships with key internal and external stakeholders. This includes service user and family / carer organisations, government departments, state agencies, NGO partners and funded organisations, public representatives, media, professional and training bodies, trade unions, MHC, Health Service divisions (Primary Care, Acute Hospitals, Social Care and Wellbeing) and Health Service corporate support directorates such as Finance, HR etc..
- Foster sustainable practical models for individual volunteerism and community involvement in promoting positive mental health and supporting service delivery.
- Build the capacity to demonstrate with evidence that they have delivered on the critical success factors above.

The above roles and resulting work will be done collaboratively with area mental health management teams and their integrated service area managers and in a way which supports them to develop the capacity to become part of the intended new community organisations which will over time become largely autonomous healthcare community organisations.

For information, the names and contact email addresses are included below:-

- National Director for Mental Health Services – Mr. Stephen Mulvany, hsementalhealth@hse.ie
- Head of Quality, Patient Safety, Standards and Compliance – Mr. Martin Rogan, roganm@hse.ie
- Head of Operations and Service Improvement – Ms. Anne 0'Connor, anne.oconnor4@hse.ie
- Head of Planning, Performance and Programme Management – Ms. Yvonne O'Neill, yvonne.oneill@hse.ie
- Head of Service User Engagement - Mr. Paddy McGowan, HSE email address to be assigned
- National Clinical Advisor & Group Lead for Mental Health Clinical Programmes – Dr. Margo Wrigley, HSE email address to be assigned

Regions

The four Regional Directors of Performance and Integration (RDPI) who were appointed to replace the former Regional Directors of Operations (RDO's) have for an interim period since the end of July retained direct operational responsibility and authority for the services in each region. During this interim period they have reported to each of the five National Directors for their respective care group services. They have also been reporting to the Chief Operations Officer (COO) in relation to planning performance assurance and integration. This transitional arrangement, due to end on Mar 1st 2014, was put in place to manage change risk as we moved to the new divisional based accountability structures.

Local and Area Teams

The area mental health management teams carry a very significant responsibility for the planning and operation of high quality mental health services for the catchment areas. At present, within the current ISA accountability structure they are responsible for significantly large services on average to between 250,000 and 300,000 people, utilising resources on average of approximately €45m and more than 500 staff – large enterprises in their own right. The outcome of the current ISA review is likely to change the current catchment areas and may have implications for our mental health areas.

In 2014 we will establish a formal development programme to support the area mental health management teams to take on the fuller role expected of them in the changed operational accountability structure. We will also engage with our area mental health teams and other relevant stakeholders around any developments necessary to align the management of mental health services with the outcome from the ISA review process. From that point there will be one less layer in the operational accountability structure which will flow from local mental health teams to area mental health management teams to ISA management team to the mental health national management team.

We will continue to invest in our enhancing teamwork project which is primarily intended to support the development of our local teams. In 2014 we will ensure that key elements of the intended Team Co-ordinator role are being undertaken effectively in the majority of our local teams.

Working with other Divisions

One of our key actions is to adopt a well structured approach to designing, incentivising and measuring integration within mental health services and between mental health and other services and this requires strong collaborative working relationships with the other Divisions. This includes the need to agree the governance and reporting, including compliance with financial controls, for all non statutory providers both specific to mental health services and where mental health and other services are provided by a single provider or service.

Health and Wellbeing

The Government published a major policy Healthy Ireland, a Framework for improved Health and Wellbeing 2013-2015 during 2013. It sets out a whole of government and cross sectoral approach to addressing the challenges of an ageing population, together with the demands being placed on health services resulting from the growth in the incidence of chronic illness. The policy provides a significant overarching framework for cross government focus on the various determinants of health and wellbeing with a clear focus on keeping people well rather than simply seeking to treat illness. This approach and the mental health promotion and prevention ethos which it seeks to embed will be a feature of the mental health clinical programmes including the proposed overarching model of care programme. In 2014 we will collaborate with our colleagues in the health and wellbeing division in the development of a cross-divisional 'health services' 3 year implementation plan and work programme for Healthy Ireland.

Primary Care

A Vision for Change is predicated on the existence of a robust primary care system which supports 90% of the mental health needs of the population. Vision sets out a comprehensive suite of service elements within the secondary and specialist mental health service. While these services work closely with primary care, they have a distinct and separate function. The recognition and care of adults with mental disorders are major components of primary care activity. To be effective primary care services should encompass early recognition of mental disorders, treatment of common mental disorders, management of stable psychiatric patients, and referral to specialist services where appropriate. They should

also encompass attention to the physical health needs of people with mental health problems and mental health promotion and prevention.

Mental health service users have significantly poorer physical health outcomes than the general population. This means that our model of care clinical programme will need to work collaboratively with GPs and primary care teams to assist them to ensure mental health service users stay connected to primary care physical health services before, during and after any period of community or inpatient based mental health service intervention. There is a need for the mental health division to work with the primary care division and with primary care teams and networks to develop a streamlined integrated approach to the provision of cross division services to those people in receipt of both primary care services and mental health services, with a view to ensuring that all aspects of their health needs appropriate to Primary Care and in early identification of mental illness can be met.

Social Care - Disability

Along with the ongoing development of a core mental health service responding to the needs of individuals with a co-morbid mental illness and intellectual disability, there are specific areas of work to be progressed in collaboration with Social Care. People with Intellectual Disabilities and people with mental illnesses have a shared history of being accommodated within the large institutional model. While many individuals with learning disabilities have successfully been provided with a model of care within the social care setting, a small cohort of individuals with complex needs have remained in traditional settings. These individuals may display active psychiatric symptoms and/or socially inappropriate or challenging behavior. As the old psychiatric hospitals close, alternative provision within the Disability arena needs to be created with Mental Health of Intellectual Disability service supports and the Mental Health Division will work with Social Care to advance this work.

The Mental Health Division will also collaborate with the Social Care Division in the implementation of the Housing Strategy for People with Disability to ensure the needs of individuals with a mental illness are supported and met.

Acute Hospital Interface

As we move to a commissioning environment clinical governance and operational management of all secondary and more complex mental health services needs to come within the remit of the mental health division. For most mental health services on acute hospital sites this is already the case and where it is not the mental health and acute hospital divisions will work collaboratively with relevant hospital groups to plan for and implement any necessary changes

2. Way of Working

Modelling the change in Operational Planning 2014

The approach to the operational planning process which has produced this document is intended as an example of how the national level is taking deliberate action to model the behaviour believed necessary to bring about the desired culture change. In summary, what was heard about the service planning process from individuals and teams that were met as part of the engagement process was that there was a real need for:

- Greater input from local teams and area mental health management teams into the national process
- Each Area Mental Health Management Team and each local team should create their own operational plans for 2014
- Any local and area mental health service and operational planning process should be well aligned to the ISA and Regional process for 2014 with input and assistance from our regional mental health specialists[v].

In response to this, specific steps have been taken including guidance being provided and an extended period for area teams to produce their initial operational plan submissions and also the 2 day national planning event, to which all members of our area mental health management teams were invited, focused around our operational plan for 2014. This provided an opportunity for team members and other national and regional colleagues to hear expert speakers, participate in workshops and engage in formal and informal communication all focused around the plan for 2014. Our operational plan has been shaped based on the feedback and other outputs from these steps.

The intention is to have a well aligned set of plans for 2014 which are owned by relevant leaders at each level and which link the overall Health Service National Service Plan to local mental health team plans through agreement of the national operational plan in December to finalised Area and Local Operational Plans in January and February.

The intention is that decisions will only be taken nationally if it is appropriate with the preference being for greater area, and over time, local decision making. The approach to service planning in this first year of the mental health division is an attempt to model this behaviour. It is of course essential that this improved and interactive engagement between the national team and our area teams is modelled effectively by the area teams in how they interact with their own local teams.

Arrangements are underway to ensure that in the disciplines of medicine (executive clinical directors), nursing, psychology, social work and occupational therapy that national groups exist and are meeting periodically consisting of the senior members of each of the area mental health management teams from those disciplines. This will allow the mental health national team to engage effectively with each discipline on a national basis on matters primarily relevant to that discipline. However, it is also expected that members of each of these national groups will take an interest in specific thematic areas which will allow us to bring together senior individuals across all disciplines to work with the national team on matters such as ICT, Clinical Programmes, workforce planning etc.

It is necessary to expand this list of national discipline groups to include the management cohort and in the first instance to seek to clarify and organise the various business and general managers who are represented on the area mental health management teams. In this way we would by the end of Qtr 1 hope to have in place national groups which represent all of the core disciplines set out in A Vision for Change.

It is acknowledged that the groups outlined above are representative of a small number of our most senior people and in addition to same we will explore practical ways to provide opportunities for ongoing interactive engagement with front line staff.

Appendix 3: Mental Health Staffing by ISA (November 2013)

Region	Area	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Grand Total
Dublin Mid Leinster	Dublin South Central	84	249	106	58	29	137	663
	Dublin South East/ Wicklow	57	245	98	53	75	44	572
	Dublin SW, Laois/Offaly, Longford/WMeath Kildare/WestWicklow	61	377	58	66	50	102	713
	National Forensics	17	166	12	10	15	39	260
	Sub Total	***219***	***1037***	***274***	***187***	***169***	***322***	***2208***
Dublin North East	Cavan/Monaghan	23	120	25	31	33	39	270
	Dublin North City	74	386	87	61	88	70	765
	North Dublin	30	175	36	25	66	47	377
	Louth/ Meath	39	186	67	42	19	42	395
	Sub Total	***165***	***867***	***215***	***158***	***206***	***197***	***1808***
South	Carlow/ Kilkenny/ South Tipp	26	344	42	61	156	30	659
	Cork	76	534	113	68	81	89	961
	Kerry	16	174	19	7	51	0	268
	Waterford/ Wexford	34	300	51	37	80	11	514
	Sub Total	***151***	***1353***	***225***	***174***	***368***	***131***	***2402***
West	Donegal	20	162	41	35	41	14	313
	Galway/Roscommon	59	336	82	96	89	144	807
	Mayo	13	172	23	31	19	68	325
	Mid West	56	356	132	57	44	97	742
	Sligo-Leitrim/West Cavan	21	156	28	22	71	20	317
	Sub Total	***169***	***1182***	***305***	***241***	***264***	***343***	***2504***
National	**Total**	**705**	**4438**	**1020**	**759**	**1006**	**994**	**8922**

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2012 / 2013 but not operational, projects due to be completed and operational in 2014 and also projects due to be completed in 2014 but not operational until 2015.

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTE	Rev Costs €m
Mental Health Division										
Dublin Mid-Leinster	St. Loman's Hospital, Mullingar, Co. Westmeath	Replacement of St. Edna's ward to provide a 20 bed special behavioural unit and up to 24 replacement beds	Q3 2013	Q1	0	44	0.30	6.00	0	0
	Mullingar, Co. Westmeath	12 bed high support hostel	Q2	Q3	0	12	0.30	0.70	0	0
	Cherry Orchard Mental Health Unit, Ballyfermot, Dublin	Refurbishment of existing office accommodation to provide accommodation for a community mental health facility and other accommodation	Q2	Q3	0	0	0.20	1.20	0	0
	Clonskeagh, Dublin	Community mental health unit	Q3	Q3	0	0	1.00	1.00	0	0
	High support Hostel Crumlin, Dublin	Construction of 17 bed high support hostel	Q1	Q2	0	17	1.50	3.00	0	0
Dublin North East	St. Itas, Portrane, Dublin	Provision of mental health residential accommodation in Carraige House, Maryfield Avenue, Dun Na Ri and Glebe House for existing residents of St Ita's, Portrane	Q1	Q1	0	25	0.13	3.00	0	0
South	Cork University Hospital	50 bed acute inpatient unit	Q4	Q1 2015	0	50	8.80	15.00	0	0
	Kerry General Hospital, Tralee	Upgrade and extension to the acute mental health unit including high observation unit	Q2	Q3	0	4	0.055	2.00	0	0
	Enniscorthy, Co. Wexford	Provision of a 10 bed crisis housing unit	Q4	Q1 2015	10	0	1.10	1.75	0	0
	Clonmel, Co. Tipperary	Provision of a 10 bed crisis housing unit	Q4	Q4	0	10	1.20	1.75	0	0
West	Community Mental Health Unit, Donegal	Refurbishment of Rowanfield House to provide a community mental health unit for the area	Q4	Q4	0	0	1.23	2.05	0	0
	Community Mental Health Team (CMHT) base, Donegal	Development of CMHT base in Donegal Town	Q3	Q4	0	0	1.1	2.00	0	0
	Community Mental Health Unit, Tuam, Co. Galway	Provision of a community mental health team base and a day hospital	Q3	Q3	0	0	0.50	2.50	0	0
	Nazareth House, Sligo	Upgrade of existing building to provide accommodation for child and Adolescent mental health day services	Q1	Q1	0	0	1.36	3.47	0	0
	Unit 5B, Mental Health Acute Inpatient Unit, Limerick	Completion of refurbishment works in Unit 5B, mental health acute inpatient unit, Limerick	Q4 2013	Q1	0	0	1.40	8.00	0	0
	CMHT base, Loughrea, Co. Galway	CMHT base in Loughrea	Q1	Q2	0	0	0.50	0.50	0	0

Appendix 5 – Notes

1. [1]Vision for Change was accepted by government in 2006 and represents official policy in relation to the development of mental health services.

2. Gross is defined as pay plus non pay before netting off Income.

3. The Vision level of 10,647 staff is adjusted for the 2011 population census to 12,240. This level is most likely an understatement of the real Vision staffing requirement as it is based on the lower of the ranges that Vision utilises is a number of incidences and also Vision is not specific as to the numbers of admin, health care assistant and peer support workers required and these staff are therefore not included within the 12,240.

4. [4]This figure is calculated as follows :-

   - Roll over the 2013 Budget (see Figure 2 – column B)
   - Subtract the 2014 Haddington Road Adjustment and once off adjustments
   - Add Budget for 2013 National Service Plan (NSP) Hires that started in 2013
   - Add Budget for Full Year Costs of 2013 NSP Hires that started in 2013
   - Add Budget for additional Jigsaw, Mental Health Information System and Counselling in Primary Care Costs (CIPC).