MENTAL HEALTH DIVISION

Operational Plan 2016

HSE Mental Health Services

Values

We will try to live our values every day and will continue to develop them

Care

Compassion

Trust

Learning

Mission

► **People in Ireland are supported by health and social care services to achieve their full potential**

► **People in Ireland can access safe, compassionate and quality care when they need it**

► **People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources**

Vision

A healthier Ireland with a high quality health service valued by all

Goal 1 Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Mental Health Vision, Mission & Strategic Priorities

Mental Health Vision

Support the population to achieve their optimal mental health

Mental Health Mission

► Promote and protect the mental health of the population, to provide effective services to those who need them making the best use of existing resources and to seek to continuously improve those services making best use of the resources available

Goal 1

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

Goal 2

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

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

Goal 3

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

Goal 4 **Goal 5**

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

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Executive Summary

Introduction

Early in 2015, the HSE launched the Corporate Plan which sets out our ambition for the Health Services over the three years 2015-2017. Delivery on our vision of a 'High Quality Health Service valued by all' is underpinned by the five key goals presented above. The Service Plan 2016 and now this Mental Health Division Operational Plan 2016 sets out the framework and actions that Mental Health services will put in place over the course of the year. These actions will deliver on these corporate goals and specifically the mental health service vision, mission and priorities, referenced above.

The modern mental health service, integrated with other areas of the wider health service, extends from promoting positive mental health and suicide prevention through to supporting those experiencing severe and disabling mental illness. It includes specialised secondary care services for children and adolescents, adults, older persons and those with an intellectual disability and a mental illness.
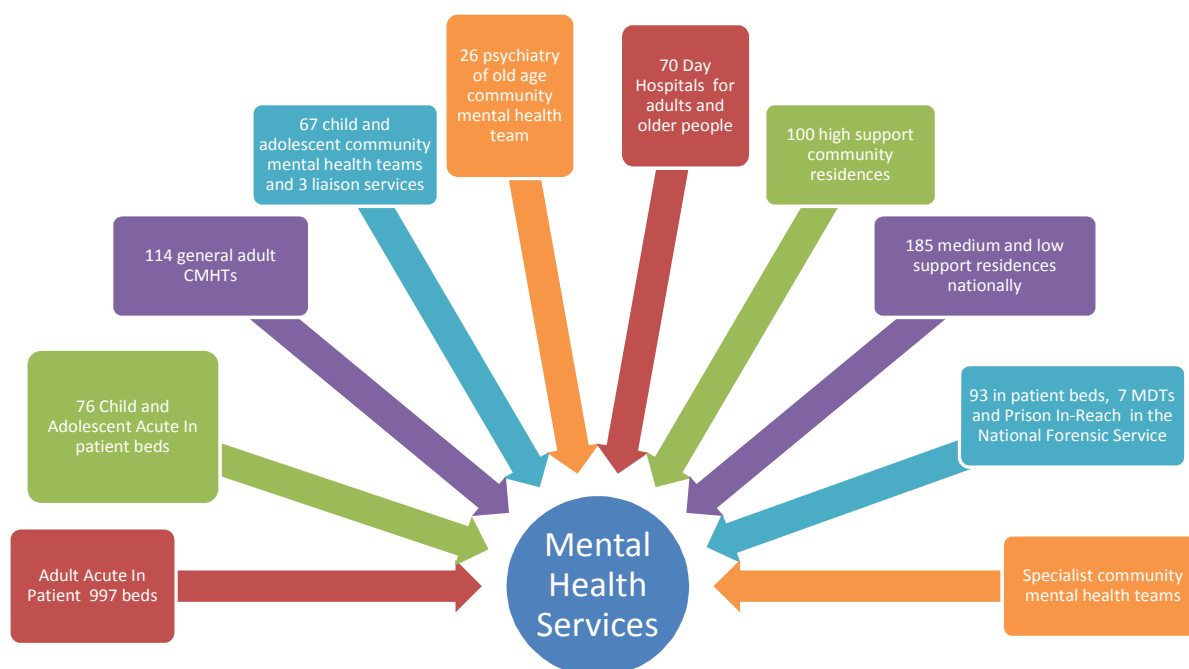
The ten year national policy, the *Report of the Expert Group on Mental Health Policy - A Vision for Change* (2006) is a progressive, evidence-based document that proposed a new model of service delivery which would be service user-centred, flexible and community based. *A Vision for Change* and any successor policy will continue to inform the roadmap, charting the way forward for the mental health service.

Connecting for Life 2015–2020 is the new national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. This vision will be achieved through the adoption of a number of goals. These goals include; a better understanding of the factors that are linked to suicidal behaviour; supporting communities to prevent and respond to recognised risks for suicide at community and individual level; targeted approaches for those vulnerable to suicide;

improved access, consistency and integration of services; safe and high quality services; reduced access to means; and better data and research. Within the Division, the National Office for Suicide Prevention (NOSP) has the responsibility of driving the co-ordinated multi-annual implementation of the Strategy. Across the Division and mental health services, there are commitments in 2016 to mental health promotion including co-ordinated communication campaigns, development of consistent signposting to improve access to services when required, continued participation in anti-stigma initiatives and development of early intervention and psychological support for adults and young people.

Achievements 2015

2015 was a year in which the Division developed programmes of work to progress its multi-annual priorities. These included:-

- Working with service users to design, plan and inform improvements to the mental health services;
- Promoting positive mental health through award-winning health education campaigns
- Developing an integrated suicide prevention strategy, *Connecting for Life 2015-2020* in partnership with the community and mental health sector;
- Implementing the Child and Adolescent Mental Health Service Improvement Project
- Focusing on quality and safety in the mental health services
- Standardising evidence based clinical practices in the mental health services
- Developing new and expanding existing community based mental health services;
- Changing and improving the places where mental health services are delivered;
- Consolidating the dedicated Mental Health Division with full financial, operational and strategic responsibility;
- Developing a resource framework for the Division.

Improving Quality and Performing Service

Building on the work in 2015, the focus for Quality and Service User Safety in the Division is to support the provision of high quality and safe services for service users and staff. Robust clinical governance arrangements incorporating effective systems and processes to enable quality and risk management are key requirements of safe quality services. Significant priorities in 2016 will include: focus on supporting the development and implementation of the national HSE policy and guidelines required to enable standardisation of quality and safe services, embedding assurance processes and reporting, including audit of current practice, and driving quality improvement using evidence based methodologies.

Continued enhancement of our Service User, Family Member and Carer Engagement (SUE) in 2016 will build on considerable progress made in 2015 in implementing the recommendations from the Reference Group report. These recommendations include the introduction of mechanisms for the participation of service users, families and carers in the decision-making processes of Mental Health Services at local and national levels, including the selection of the National Head of Service User Engagement. Significant priorities in 2016 will include: the appointment of Head of Service User Engagement to each CHO Mental Health Management Team; progressing the National Carers Strategy in mental health services; the appointment of Peer Support Workers and the continued development of the Office of SUE..

The Clinical Programmes are core to the operational delivery and reform of our mental health services, improving integration, access and outcomes for our population. During 2015, the Division developed and embedded three clinical programmes relating to people presenting to Emergency Departments following Self Harm: early intervention for people developing First Episode Psychosis: and responses for children and adults with Eating Disorders. These programmes identified areas of high need and provide a programmatic response in which integration with other relevant services is key to successful delivery and reform. During 2016, two additional clinical programmes will be progressed, these are prioritising responses to children and adults with ADHD and those with Co-morbid Mental Illness and Substance Misuse (Dual Diagnosis).

The HSE has a programme of Reform in place with a range of projects all aimed at improving the health services and delivering the best health service possible within the funding available. The Division will work to create the overarching conditions that are essential for good governance, accountability and delivering sustainable change.   To this end, the Division will continue investment in change management and programme management capacity to ensure that the pace and changes required are sustainable and consistent with organisational reform priorities and standards.

In line with our Corporate Plan Vision of a 'Healthy Ireland with a high quality health service valued by all', the HSE developed an implementation plan for the Healthy Ireland Strategy – *Healthy Ireland in the Health Services 2015–2017*. This implementation plan envisages everyone working together to create an environment that improves health and wellbeing of the population and reduces health inequalities. For the Division, there are synergies with the objectives of Connecting for Life and in 2016 the Division will focus on measures to improve the health and wellbeing of staff, together with initiatives to support mental health service users in their recovery, through healthy eating, active living, mental health promotion, implementing *Connecting for Life* and progressing early intervention initiatives for adults and children.

The HSE recognises that continually strengthening accountability and good governance within the HSE is of critical importance. The Accountability Framework developed and operationalised during 2015 sets out the means by which the Division will be held to account for its performance in relation to access to services, the quality and safety of those services, doing this within the financial resources available and by effectively harnessing the efforts of its overall workforce. The National Service Plan 2016 outlines this framework. The Division, through its delegated accountability to the new CHOs, will deliver on this required accountability outlined later in this plan, including the Mental Health Balanced Scorecard.

Direct service provision is dependent on a number of key support divisions and business functions. The Division will continue to work cooperatively with our corporate support services (HBS, HR, Finance, Office of the Chief Information Officer, Communications and Internal Audit) who are essential enablers for the delivery of services. The National Service Plan 2016 sets out in detail all corporate support service priorities and actions for 2016.

Workforce

The mental health workforce is our most valuable resource and central to improvement in service user care, productivity and performance. Engagement and involvement of staff in the service design and improvement programme for mental health services remain a continuing priority in 2016. Additionally, recruiting and retaining motivated and skilled staff is a key objective, particularly in the context of

significant reductions in our workforce in the past number of years and the age profile of some staff types. This requires a significant focus on the most appropriate workforce configuration to deliver services in the most cost effective and efficient manner to maximum service benefit.

Work progressed by the Division in 2015 to define the current workforce configuration will continue to be further developed in 2016 as outlined in the Workforce and Actions sections of this plan and in line with the new People Strategy 2015-2018. Employment controls in 2016 will be based on the configuration that is within funded levels and will provide for the creation of workforce plans across the range of staff groups. This will identify the training and development needs of the current and future staffing, to provide for a stable workforce which will support the continuity of care required for safe, integrated service delivery. The funded workforce for Mental Health Services, before inclusion of posts arising from the latest €35m development funding, provides for as many as 10,244 Whole Time Equivalents. This figure includes the conversion of all overtime and agency, which is an increase of approximately 900 WTEs compared to the year end 2015 position.

Financial Framework

The net opening budget allocation for 2016 of €791.6m, inclusive of 2015 Programme for Government (PfG) funding, plus the additional 2016 PfG funding of €35m, represents an increase of €35m (before efficiency savings) equivalent to 4.4% compared to the equivalent net closing budget figure in 2015. The provision in Budgets 2012 to 2016 of ring-fenced investment of €160m continues to develop and modernise mental health services in line with the recommendations of *A Vision for Change*. In addition to consolidation and on-going development of services arising from this previous investment, the PfG funding of €35m in 2016 will also provide for continued enhancement of community mental health service provision and prevention and early intervention services. The funding priorities outlined below and the further detailed sections of this plan outline the proposed priority allocation of the remaining funding.

Priorities 2016

The total population is growing and the population of 0-17 year olds will increase by 11,680 from 2015 to 2016, impacting on demand for Child and Adolescent Mental Health Services. The 18-64 cohort of the population will increase by 1,290 in the same period with the biggest increase in the over 65 age group which will grow by 19,400. This has implications for increasing demand on mental health services over the period of this Operational Plan. The current trend of individuals and families becoming homeless may also result in an increased demand on more specialist services for those who experience mental illness and homelessness.

The detail provided in this plan will outline the actions to be taken to enhance services to respond to the current and changing needs. As set out in National Service Plan 2016 and detailed in the later sections of this, there are particular priorities for the allocation of the new PfG funding of €35m particularly related to collaboration between mental health and primary care on the continued development of early intervention and prevention counselling services by mental health and primary care as well as improved provision of psychotherapeutic interventions for adults and children with mental illness. Funding to develop these specific enhanced priority services, as well as developing the range of existing and new specialist mental health services will be agreed with the Department of Health towards release of this funding to the HSE as early in 2016 as possible.

The Division also welcomes the establishment of a service reform fund which has been agreed between Atlantic Philanthropies, the DoH, HSE Social Care and MHDs and Genio, which will support

the phased transition to person-centred models of services and supports. The priorities, processes and associated level of funding will be agreed early in 2016 for implementation during 2016.

Conclusion

In summary, our work in the provision and development of mental health services are informed by a number of strategies including our Corporate Goals, the overarching objectives of *Healthy Ireland, Connecting for Life 2015-2020 and A Vision for Change*

We will also be continuing to build resilience among the population, including those currently using our services and also our staff. We will do this through mental health promotion, healthy eating and physical activity initiatives, investment in early intervention and prevention services and particularly through access to psychotherapeutic inputs. There will remain a continued focus on the most effective utilisation of all resources – existing and new. This focus should ensure the maximum level of service aligned to either a current or future desired model of care. The contribution of our service users and our staff to improving our mental health services should be acknowledged and throughout 2016 we will build on this commitment to continue to reform and deliver integrated safe mental health services.

Anne O Connor
National Director
Mental Health Services (HSE)

Risks to Delivery of the Plan

The National Service Plan 2016, on page 10, sets out the general potential risks at a high level for the wider health service in delivering on the plan for 2016. In identifying the more specific potential risks to the delivery of this Operational Plan for Mental Health Services, the Division acknowledges that the following will need close management as we seek to implement this operational plan.

- The capacity to comply with regulatory requirements for mental health services within the limits of the revenue and capital funding available.
- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties.
- The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.
- The budget and staffing assigned to Mental Health provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services.
- The limitations of our clinical, business information, financial and HR systems. Specifically, the delivery of the plan is impeded by the lack of a robust performance management culture supported by good data in Mental Health Services. This is exacerbated by the absence of a single national Mental Health Information system and the dependence on a multitude of recording systems and processes
- The significant requirement to reduce agency and overtime expenditure given the scale and complexity of the task including the scale of recruitment required and the information systems constraints.
- Unavoidable public pay policy and approved pay cost growth in areas that have not been funded including staff increments.
- Risks associated with our capacity to invest in and maintain our infrastructure and equipment.
- The capacity for programme management and change management of the mental health services due to both a shortage of these skill sets and the need to continue to deliver "business as usual" i.e. our core services.
- The challenge in achieving the culture change required in mental health services to move to genuinely recovery focused services with full service user, carer and family member involvement.
- Any failure to develop fully functioning Area and community mental health teams will impact adversely on overall delivery of this plan and the adequacy of the service response.

We will actively monitor and assess all of these and other risks that emerge as 2016 proceeds and while every effort will be made to mitigate the risks, it may not be possible to eliminate them in full.

Improving Quality and Reforming Service Delivery

Quality and Service User Safety

The HSE places a significant emphasis on the quality of services delivered and on the safety of those who use them. The National Service Plan 2016 sets out the national quality programme that has been put in place and details the quality and safety objectives and priorities for the HSE. Our commitment to the development of quality services will continue to be delivered through increasing participation by service users and carers, a range of service improvement initiatives and the further development and enhancement of specialist services. This will be delivered within a legislative framework.

Since 2014, the Division has made significant progress implementing the HSE Safety Incident Management policy and guidelines and establishing a National Incident Support and Learning Team reporting to the National Director. The Mental Health Division Risk Register is in place and a reporting process from CHOs regarding their local risk registers has been established.

There has been further capacity building to ensure HSE national standardised processes for incident reporting, management and investigation are fully implemented, which included training, mentoring and support for investigation teams where required.

The focus of the Quality and Service User Safety (QSUS) function is to support the Division in providing high quality and safe services for our service users and staff. New posts in Quality & Service User Safety have been established in the National MHD to provide a framework of support for Community Health Organisations (CHO) areas and strategic oversight of quality and safety to provide assurance to the National Director. The Quality & Safety Function, working with the CHO areas, also identifies and supports the implementation of system wide quality and safety improvement initiatives across mental health services in line with the quality improvement and assurance divisions. The National Division has supported the recruitment of additional Risk and Patient Safety Advisor Posts to work within Community Health Organisations and the National Division (QSUS) will collaborate and support in the area of Quality and Safety.

Key priorities for the function in 2016 will focus, in partnership with CHO areas, on supporting the development and implementation of national HSE policy and guidelines and practices required to enable consistent high quality and safe mental health services. This will be achieved through evidence based methodologies for Quality & Safety underpinned by an assurance framework. The later Action Plan section outlines the detail of how these priorities will be progressed including the

- Development and implementation of a standardised self-assessment process for mental Health services and development and monitoring of quality improvement plans.
- Development of a national compliance reporting and monitoring framework against the MHC regulatory framework;
- Development of a national approach to the identification, assessment and management of ligature anchors in mental health settings;
- Enablement of an increased focus on improvement of quality and safe practice associated with medication management in mental health services;
- Support development and implementation of effective processes for the identification, reporting, responding and learning from risks and incidents in mental health services, in collaboration with Quality Assurance & Verification Division.

- Support implementation of the Safety Pause as a safety improvement practice in mental health services;
- Work with the National Clinical Programme for the prevention of Health Care Associated Infection and Antimicrobial resistance to support Mental Health System implement best practice with regard to HCAI.
- Identification and support of the implementation of system wide quality and safety improvement initiatives across mental health services in line with the quality improvement and quality assurance & verification divisions.

Service User, Family Member & Carer Engagement

The National Service Plan 2016 identifies Service User Experience as one of the key Quality priorities in 2016, including both listening to people who use our services, including families and carers and empowering people to be at the centre of service delivery. The Mental Health Division Office of the Head of Service User Engagement leads and implements the development of structures, systems and mechanisms for Service User, Family Member and Carer engagement under the direction of the Head of Service User Engagement. As the role develops, the office will offer advice and support in relation to engagement and will support the development of capacity building for those involved. The Office also aims to develop knowledge and expertise in engagement, and to work with other stakeholders to promote Service User, Family Members and Carers engagement in all mental health services.

The work started in 2014 ensuring that the views of service users are central to the design and delivery of services was further developed in 2015 through completion of the Reference Group report and recommendations on mechanisms, including consultation and feedback mechanisms, for the participation of service users, families and carers in the decision-making processes of Mental Health Services at local and national levels. A process was completed for the advertisement and selection of the National Head of Service User Engagement and the person will be appointed in 2016.

Key priorities for 2016 will focus on:-
- ongoing development of the Office of SUE, including appointment of successful candidate to National Head of Service User Engagement;
- Appointment of Head of Service User Engagement to each CHO Mental Health Management Team;
- Ongoing development of the evidence base for effective practice in Service User, Family Member and Carer Engagement;
- Progression of the National Carers Strategy in mental health services;
- Appointment of Peer Support Workers.

Supporting Reform of Mental Health Services

The HSE has a programme of Reform in place with a range of projects all aimed at improving the health services and delivering the best health service possible within the funding available. There is support being provided nationally in 2016 through the establishment of programme management infrastructure. The MHD will continue to develop the overarching conditions that are essential for good governance, accountability and delivering sustainable change. Specifically, to this end, will continue investment in change management and programme management capacity to ensure that the pace and changes required are sustainable and consistent with organisational reform priorities and standards.

During 2015, considerable progress was made in the establishment of a Programme Management Office (PMO) for Mental Health Services working collaboratively with a not-for-profit partner organisation with value-added experience in service improvement and implementation science. The PMO includes people with programme and project management skills and expertise as well as business analysis, process improvement, technical writing and communications resources. In 2016, this office will provide significant supports to the Division and mental health services towards standardised and sustainable delivery of the programme of change required by the multi-year actions set out throughout this plan.

National Clinical and Integrated Care Programme

The provision of care, which is provided through our CHO's, Hospital groups and National Ambulance Service must be person centred and coordinated, providing better and easier access to services which are close to where people live. This is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in their care, in a way which puts them at the centre of all services. In 2016 the clinical and integrated care programmes will lead a number of priority programmes to design, develop and progressively implement models of care which will incorporate cross service, multi-disciplinary care and support which will facilitate the delivery of high quality evidence based and coordinated care. The Division will collaborate with the clinical and integrated care programmes to ensure the changes implemented are consistent with frameworks, models of care, pathways and guidelines designed by the integrated and clinical care programmes.

The introduction of clinical programmes within mental health service gives an opportunity to provide evidence based interventions in a timely manner to service users and their families who present to the mental health services. The programmes were developed and agreed by a range of disciplines. There are currently three mental health clinical programmes: Assessment and Management of Self Harm Presentations in Emergency Departments (ED), Eating Disorders and Early Intervention in Psychosis. During 2015 the main achievement was the implementation of the Self Harm clinical pathway in sixteen Emergency Departments. Training was provided to staff across CAMHS and Adult services working with eating disorders in the two leading evidence based interventions, Family Based Therapy and Cognitive Behaviour Therapy. Behavioural family therapy training was provided to over 150 staff across CMHTs. Trainers were trained and the intention is now to roll out training and supervision within each mental health area. Two consultant leads were appointed to Self Harm and Eating Disorders Clinical Programmes in October 2015.

In 2016 the focus will be on :-
- Implementation and collection of data from local areas to demonstrate that staff are using the new skills and service users are receiving the best care;
- Continued support by the Clinical Programmes Office to staff/services in the delivery of programmes by providing training and supervision structures;
- Design and implementation of the agreed two further clinical programmes prioritising responses to children and adults with ADHD and those with Comorbid Mental Illness and Substance Misuse (Dual Diagnosis).

NOSP & Connecting for Life

The National Office for Suicide Prevention (NOSP) provides cross-sectoral support for the implementation of Ireland's National Strategy to Reduce Suicide, *Connecting for Life 2015-2020,* which was launched on June 24, 2015. The NOSP is a core part of the MHD, providing strong alignment with mental health promotion and specialist mental health services delivery as appropriate. In order to be

effective it relies on strong working relationships with HSE Health and Wellbeing, HSE Primary Care and other HSE divisions as well as with statutory, non-statutory and community partners. As part of NOSP's remit under *Connecting for Life*, it has responsibility for the following:

- Coordination of national implementation plans
- Information, research and evaluation
- Tracking of data to support evidence based approaches
- Standards and guidelines
- Coordination of national education and training plan
- Media monitoring
- Communication strategies and campaigns directing to services

Key priorities and actions to deliver on the *Connecting for Life* Goals in 2016 and detailed in the Actions section in this plan include:

- Support the implementation of Connecting for Life, 2015-2020
- Develop a national research and evaluation plan to support the monitoring and evaluation of Connecting for Life;
- Develop a national education and training plan and support its delivery
- Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure
- Support the consistent development of local suicide prevention action plans
- Support innovation in the development of suicide prevention initiatives

Operational Framework

Mental Health Services

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

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

The work of the division is supported through specific roles and functions including:- The Office of the National Director; The Office of the Head of Service User Engagement; Quality and Service User Safety, Operations and Service Improvement; National Clinical Programme Lead for Mental Health and Planning, Performance and Programme Management. The Division has specific Finance, HR, Communications and ICT support available to it within these separate support Divisions. In addition there is an identified Business Relationship Manager for Health Business Services. The Strategic Reform Unit (SRU) collaborates with the Divisions in respect of the elements of our overall work programme that form part of the Strategic Reform programme. The Programme Management Office established in 2015, provided in collaboration with a partner agency, reports operationally to the divisional Head of Planning, Performance and Programme Management.

The spectrum of services provided through the 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 Division and through its coordinating work we aim to improve our approach to suicide prevention through delivery of the suicide prevention strategy, Connecting for Life. Specific detail is provided by CHO in the Operational Service Delivery section but indicative provision is summarised below:-

Services Provided			
Service	No. Provided	**Service**	No. Provided
General Adult		**CAMHS**	
No. of General Adult Acute In Patient Beds including Psychiatry of Later life	997	Number of In Patient Beds	76
No of Continuing Care - Long Stay beds	659	No. of Day Hospitals	4
No. of Day Hospitals including Psychiatry of Later Life	70		
Number of Day Centres	109	No. of Community Child and Adolescent Mental Health Teams	67
No, of High Support Community Residences including respite , crises and rehab	100		
No. of Medium and Low Support Community residences	185	**No. Homeless Teams**	**2**
No. of Community Mental Health Teams incl. Rehab & Recovery of 20	114	**No. MHID Teams**	**13**
Psychiatry of Later Life		**No. Forensic Teams** **No. Forensic In-Patient Beds**	**7** **93**
No. of Community Psychiatry of Later Life Teams	26		

Programme for Government Funding 2015 and 2016

The later section setting out the Financial Plan provides significant detail in relation to the total funding available for the delivery and development of Mental Health services, inclusive of the 2012-2015 PfG funding, and the mechanisms to meet the commitment to meet a balanced financial position in 2016. However, specifically in late 2015, Programme for Government (PfG) funding of a further €35m was received by the HSE for the continued enhancement of new and existing services. This provided for both recurring service developments in mental health already started in 2015 and/or starting in 2016 as outlined below, as well as the opportunity for once-off investment during 2015 in existing service infrastructure towards improved safety and compliance.

Investment of PfG 2015 funding of €35m

In addition to the continued delivery of existing services and design and implementation of new models of care that are not dependent on new monies, this additional funding has provided for continued investment in services aligned to our strategic priorities, requiring potentially another 350 staff to be recruited to Mental Health services over and above the 950 posts funded through 2012 to 2014 PfG investment.

Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.

- €180,000 has been invested in building capacity of service users, families and carers to influence the design and delivery of mental health services as well as developing mechanisms for the participation of service users, families and carers in the decision making processes of mental health services at local and national levels by implementation of the recommendation of the report of the Reference Group including appointment of the National Head of Service User, Family and Carer Engagement, agreement of standard reimbursement for participation by service users, families and carers etc.

Design integrated, evidence based and recovery focused mental health services.

- €1.4m is being invested to progress implementation of the three existing Clinical Programmes through appointment of two clinical leads, 12 local programme co-ordinators and 18 Early Intervention for Psychosis Workers across the services.

- €170,000 has been allocated as an initial investment in the design and establishment of two additional Clinical Programmes for ADHD and Co-morbid Mental Health & Substance Misuse. Further funding will be required in 2016/2017 for implementation of services aligned to these new models.

- €700,000 has been allocated to address the physical health needs of those with severe and enduring mental illness through delivery of a joint initiative with the Irish College of General Practitioners (ICGP) at €350,000 and also the appointment of a further 7 Dietician/Clinical Nurse Specialists in our direct services building on the investment started in 2014. During 2016/2017, we will continue to prioritise a focus on the physical health needs of this specific population.

- €2.5m has been allocated to embed more secure therapeutic environments for those who meet the criteria for section 21.2 of the Mental Health Act covering the cost of 13 unfunded beds in our National Forensic Service and a required staff of 34 posts.

- In addition to allocating €1.8m to address unfunded existing external placements, an additional further €500,000 has been also been assigned to improve responses to service users with complex needs currently managed through these external placements. During 2015, work has commenced on the

detailed assessment of the service need and design of the appropriate model to respond to this need and further funding will be required in 2016/2017 to deliver a new service.

Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.

- €360,000 has been allocated towards implementation of a more comprehensive incident management system which is capable of sharing organisational learning and also implementing guidelines for the management of aggression and violence in the mental health services and linked to performance assurance.

- €320,000 has been provided for development of a community response for those with eating disorders in CAMHs. This investment is providing for a community team, in advance of the opening of the new Paediatric Hospital, including Consultant, Nursing, AHPs and admin. A further investment in 2016/2017 will be required to enhance this service to respond to a wider population.

- €485,000 has been assigned to develop a seed CAMHs community based forensic mental health team. This has provided for six new staff to be recruited to the National Forensic Service.

- €3.15m has been provided to embed the 10 existing JIGSAW services nationally and planned further sites in 2016/2017 will require considerable additional funding.

- €1m has been provided to embed existing and further implement, following evaluation, the Advancing Recovery in Ireland Project.

- €180,000 has been provided to enhance the SHIP Counselling Service in the South East.

- Building on the investment in 2014, a further €3.1m has been provided to enhance MHID (Mental Health in Intellectual Disabilities) services for both adults and children. This funding will provide for both enhanced existing teams and new teams around the country resulting in over 40 new posts across these teams.

- Mental health services for those who are homeless and mentally will be enhanced by allocation of a further €200,000 to start development of outreach responses during 2016 and will require further additional funding in 2016.

- Building on the investment in mental health services to date, the following allocation has been provided for our specialist mental health services and will continue to require further funding in 2016
  - General Adult and Rehabilitation services are being enhanced through allocation of a further €5.4m providing for 80 posts in existing and new teams around the country;

  - CAMHs services, in addition to the Eating Disorder service above, are being enhanced through a further €2.6m providing for nearly 40 new posts in existing and new teams'

  - Psychiatry of Old Age services are being enhanced with additional funding of €2.1m providing for 28 new posts;

  - Liaison and increased Out of Hours services are being enhanced with additional funding of €1m providing for 10 new posts within both hospitals and in the community.

  - The opening of new acute unit in Cork required investment of a further €1.850m for 28 additional posts and the Donegal Acute Unit has been approved €200,000 to open their high observation unit. Funding will be prioritised from the new PfG 2016 allocation for the additional costs of the opening of further new acute units in Galway. Limerick and Drogheda as well as High Observation Units.

Promote the mental health of the population in collaboration with other services and agencies including reducing loss of life by suicide.

- €540,000 is being invested specifically in enhancing mental health services to particular vulnerable groups such as our Traveller population and this funding will provide for new posts in local services targeting specific supports for these groups.

- €2.75m has been allocated to begin to implement the new Connecting for Life - Strategic Framework for Suicide Prevention recommendations specific to mental health services including introduction of practical strategies aimed at reducing loss of life by suicide among service users and mental health promotion initiatives. Funding will provide for further local suicide prevention resource officers, direct service provision through our NGO partners, progressing the 'Little Things' mental health promotion media campaign and development of national and local coordination and monitoring capacity. Continued additional funding will be required for enhanced services in 2016 to meet the recommendations of this new strategy.
- €200,000 has been provided to embed the current "green-ribbon campaign" reducing stigma for those with mental illness.

Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

- €1.5m is being allocated to progress the development of systems and infrastructure to support service delivery, performance management and decision making, specifically advancing the infrastructure available to support an information system solution and also the implementation of an e-rostering solution to maximise the effective use of our staff resources.

Prioritisation of PfG 2016 funding of €35m

The detail provided in the Action Plan section of this document sets out the range of initiatives required to enhance services to respond to the current and changing needs of our population. As set out in NSP 2016, priority will be given to the following in the welcome investment of the new PfG 2016 funding of €35m:

- Collaboration between mental health and primary care on the continued development of early intervention and prevention counselling services by mental health and primary care, specifically for young people under 18 years of age.
- Continued investment in clinical programmes including design and development of two new clinical programmes specifically ADHD in adults and children and those with comorbid mental illness and substance misuse (dual diagnosis).
- Continued development of services for psychiatry of later life, those with mental illness and an intellectual disability and those who are homeless and mentally ill;
- Development of perinatal mental health services;
- Improved provision of psychotherapeutic interventions for adults and children with mental illness;
- Continuing to address the current service gap for low secure acute care and rehabilitation services for service users with complex needs
- To progressively support the population to build resilience and positive mental health, as well as improved physical health.

In addition to all of the above areas, there will be a continued focus from previous PfG funding on :-

- The implementation of the new national suicide prevention strategy, Connecting for Life.
- The development of service user and carer engagement structures at national and CHO levels,
- Implementing quality and service user safety improvement initiatives,
- The development of general adult teams and child and adolescent mental health services,
- Improved 24/7 responses and liaison services.
- Development of specialist mental health services including forensic mental health,

Detailed service development proposals in line with the above priorities will be submitted to DoH for release of this new funding based on broad commitment to the following indicative allocations which are subject to review

- Up to €5m for the development of early intervention and prevention counselling services by mental health and primary care, specifically for young people under 18 years of age
- Up to €5m for the enhanced provision of Jigsaw services nationally;
- A minimum €2m for specific services to enhance responses to those who are homeless and mentally ill;
- Up to €2m for improved provision of psychotherapeutic interventions for adults and children with mental illness;
- Up to €3m to continue to address the current service gap for low secure acute care and rehabilitation services for service users with complex needs;
- Up to €1.5m for continued investment in CAMHs Eating Disorder Service started in 2015;
- Up to €6m for the opening of new Acute and High Observation Units;
- Remaining funding for investment in the priorities as outlined above and delivery of the Action Plan outlined in the later section of this plan.

Financial Plan

Key Points

- An amount of €35m will be made available to the Mental Health Division to fund priority new developments in 2016. This €35m will be made available to the HSE once these developments are agreed and will bring the total revenue budget to €826.6m. This represents an overall increase in budget of €35m (before efficiency savings) and equates to 4.4% year on year.
- The Division will fully deliver on its financial commitment in 2015 i.e. a balanced financial position. The goal for 2016, similar to 2015, is to give managers a realistic 2016 budget that represents a "stretched" but deliverable target. This is part of our multi-year process to ensure equity of service provision across the regions.
- The Division recognise and are concerned about Existing Level of Service Costs that will need to be funded in 2016 from a combination of cost containment and close management of the timing of Development Funding.

Financial Context

Table 1 details the key components of the 2016 Budget which includes the additional €35m held by the Department of Health for priority new developments in 2016. This €35m will be made available to the HSE once these developments are agreed and the costs related to these posts come on stream bringing to €160m the amount of funding prioritised for mental health service since 2012. Detail by Community Health Organisation is outlined in the table at the end of this section, with further detail by Integrated Service Area shown in Appendix 1. There were a number of small remapping changes required to correctly align costs to Mental Health and these amounted to approximately €0.6m.

Table 1

SUMMARY OF MENTAL HEALTH KEY FINANCIALS 2015 & 2016[1]	€m
2015 Starting Budget	756.8
2015 Programme for Government	35.0
Re-mapping	0.6
2015 Closing Budget	792.4
Pay Adjustments – Lansdowne Road	1.7
2016 Savings Measures	-1.3
2016 VFM / Efficiency Measures	-1.2
2016 Opening Budget	791.6
2016 Programme for Government	35.0[2]
2016 Maximum Budget	826.6

Existing Level of Service

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, and price rises etc (See expanded detail in Pay and Non Pay Cost Pressures sections below). The HSE will prioritise its efforts around strengthening payroll controls, reducing waste and increasing productivity in order to mitigate the continuing annual growth in health and social care costs pressures being experienced in Ireland and internationally. Thereafter to the greatest extent practical and consistent with the safe delivery of services we will deliver services at 2015 levels or at an increased level where this is supported by the funding available. The Division recognises and is concerned about Existing Level of Service Costs that will need to be funded in 2016 from a combination of cost containment and close management of the timing of Development Funding.

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[1] See NSP 2016, Page 111, Table 2
[2] See NSP 2016, page 8

New Monies

The 2016 Opening Budget – Net Spend of €791.6m (before the additional €35m in 2016) as shown in Table 1 will allow for an increase in spending from €785.4m in 2015 to €791.6m in 2016 as set out in Table 2. This increase is mainly driven by the full year costs of posts / initiatives related to the 2014 & 2015 Programme for Government (PfG) Investments. The timing of the 2015 posts in particular will need to be carefully managed to ensure that the Division delivers a balanced budget in 2016.

The inclusion of the further €35m from the 2016 Programme for Government allows the maximum spend to increase to €826.6m, an increase in spend in 2016 of €41.2m equating to 5.2%.

Table 2

SUMMARY OF PROJECTED MOVEMENTS IN MENTAL HEALTH NET SPEND from 2015 to 2016	€m
Projected 2015 Recurring Spend @ current run rate	765.2
Minor Works 2015 – Once off	13.1
MHID / Older Persons – Once off	7.1
Projected Total Spend 2015	785.4
Full Year Costs in 2016 for initiatives commenced in prior years (net of 2015 Once off items)	6.2
2016 Starting Spend Limit	791.6
2016 Programme for Government	35.0
Maximum Mental Health Spend 2016	826.6

The Division has, over the last year, refined its detailed analysis of its resources (staff & facilities) and the populations to which these resources are allocated. This has informed the wider allocation process for the 2015 development monies of €35m across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2016 development funds of €35m maximising equity across regions, age and social need as appropriate. The allocation of this new €35m for consolidation and on-going development of priority services is outlined in the earlier sections of this plan.

Approach to Financial Challenge

The HSE has identified a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified for 2016.

The key components of the HSE approach to addressing this challenge involve achieving increased efficiency, value for money and budgetary control in 2016 and include:

- **Governance** – intense focus on budgetary control through enhanced accountability framework
- **Pay** – develop an integrated strategy on recruitment, agency conversion and workforce planning
- **Non-Pay** – implement targeted cost-containment programmes for specific high-growth categories
- **Income** – sustain and improve wherever possible the level of income generation achieved in 2015
- **Activity** – develop Community Costing as part of the performance management process.

All services will need to operate within the planned cost level for 2016 in order for the HSE to deliver a balanced position and there is extremely limited scope to address any overrun in one area by compensating underspends in another area. The underlying cost pressures faced by mental health services (including increases to consultant pay scales, the cost of increments, unavoidable agency costs, and emergency placements detailed in the Pay Cost Pressures section) will be dealt with in 2016 from within the current base. This will be facilitated by the continued implementation of the multi-year programme for delivering improved models of care, including staffing and skill mix improvements already underway. It requires the agreed and appropriate utilisation of available development funding from 2015 and prior years to address issues such as the premia cost in medical agency and the cost of external placements, pending the development of more sustainable solutions. It has been assumed that 2016 development monies will only be released to meet the agreed additional costs of new developments continuing this multi-year programme of service improvement.

Pay Cost Pressures

The Division received €1.7m additional funding to off-set the growth in pay costs associated with the Lansdowne Road Agreement, Labour Relations Commission recommendations and other pay pressures. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The key items being -

1) **Net Cost of Increments**, which must be paid in line with approved public pay policy, quantified at €3.5m;

2) **Increases in Consultant Pay Scales** per Circular 13/2015 quantified at €1.2m;

3) **Unavoidable Agency Costs.** Increasing Medical and Nursing Agency costs in Mental Health remain a feature due to the on-going market and availability issues in recruiting and retaining these staff despite considerable efforts and initiatives;

4) **Staff Levels** cost pressures have arisen due to the net impact of the numbers of replacement posts coming on stream at any one time in Mental Health Services (approximately 400 WTEs) outweighing the offset of natural attrition and conversion of Agency and Overtime where feasible.

The Division will implement measures to enable compliance with public pay policy without impacting services or giving rise to a funding deficit. The HSE will continue to engage with the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) during 2016 to seek a sustainable solution for this ongoing issue in time for implementation in 2017.

The HSE acknowledges that it must further improve pay bill controls in 2016 and is taking action to do so. A key part of this commitment is the plan to develop an integrated strategy in respect of recruitment, agency conversion and workforce planning in 2016. Discussions to inform the 2016 approach involving the HSE, DoH and DPER are planned. It also needs to be acknowledged that there are a variety of factors, including quality and safety issues, driving upward pressure on staff numbers overall.

Non Pay Cost Pressures

The key Non Pay Cost Pressure in Mental Health relates to **Private Placements,** which although always a feature of our expenditure, are increasing significantly in recent years due to more complex presentations, including Eating Disorders, as well as significantly increased costs per placement arising from regulatory based requirements. The Division acknowledge that there are initiatives that need to be driven by the Division in order to relieve this key cost pressures in 2016 and beyond. This involves creating a model of care that reduces the need for private placements and ensures that skill mix becomes engrained across all locations maximising the most appropriate use of current staff and introducing new staff available to services. It will take time to achieve these efficiencies and the Division feel that it would be prudent to continue to consolidate its financial position to ensure continued provision of safe services whilst continuing to further develop services within the overall financial envelope – including existing and development funding.

Savings and Efficiency Measures - €2.5m

The revenue allocation for 2016 is net of assumed savings and efficiency measures of €2.5m as follows:

- €1.3m – general reductions in non-pay budgets including savings to be made through the procurement process.

- €1.2m - additional Value for Money / Efficiency Savings needed to cover our share of a national fund to support Integrated Care Programmes (€9m), Quality Improvement and Assurance Initiatives (€3m) and support for CHOs/HGs (€1.2m) which benefit all service users.

Income Focus

Income - ensure compliance with the 2011 Health (Charges for In-Patient Services) Regulations and the National Guidelines for Long Stay Charges.

Financial Risk Areas

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

Community Costing

The Chief Financial Officer has tasked the Commissioning (Cost Accounting & Funding) Unit to develop a comprehensive approach to Community Costing. Specifically, the Unit will:

- Ensure that the HSE has a robust approach to costing services and cycles of care in order to fully inform commissioning of services and the objective allocation of resources.
- Ensure that there is a better understanding of the drivers of costs and their movement over the long-term. This will allow better forecasting of future costs and improved service reports.
- Facilitate service improvement over time by developing time based activity costing and supporting the development of outcome measures.

Given the ambitious and cross-cutting nature of the community costing programme, a Strategic Framework is required that clearly sets out the mandate, structure, approach and plan for the implementation of the Programme. The Framework will ensure that the Community Costing Programme has a clear mission that positions it as a strategic enabler of reform. The Division will work collaboratively with this initiative in maximising the evidence base for improved resource allocation methods and approaches for deployment of mental health resources.

Finance Work Plan

A specific emphasis by the HSE throughout 2016 will be on standardising and streamlining finance processes, with an initial focus on service arrangements and invoice payments and progressing ledger alignment, to facilitate a common understanding and to support financial performance management. The Division fully acknowledges the requirement to operate within the limits of the funding notified to it and will ensure this receives the very significant management focus required in 2016. Given the scale of the demographic, regulatory and other service pressures, there is a substantial financial risk being managed within this plan. In the context of the Accountability Framework, particular attention will be focused, in conjunction with the Community Health Organisations (CHOs), on driving financial performance across the CHOs in light of the scale of the financial challenge.

Indicative Mental Health Budgets and Spend by CHO

Community Health Org	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
CHO 1 Total	64,860,222	66,920,563	1,071,032	229,000	68,220,595	64,927,144	1,937,938	66,865,082
CHO 2 Total	88,718,014	91,822,912	1,767,200	260,000	93,850,112	90,143,602	849,090	90,992,692
CHO 3 Total	56,146,569	58,803,321	1,021,470	245,000	60,069,791	57,570,141	1,105,913	58,676,054
CHO 4 Total	102,148,138	103,614,225	677,000	770,000	105,061,225	102,565,547	2,770,764	105,336,311
CHO 5 Total	87,393,865	90,364,975	531,246	785,000	91,681,221	88,504,610	1,458,000	89,962,610
CHO 6 Total	51,016,008	52,228,373	282,159	40,000	52,550,532	52,140,871	901,567	53,042,438
CHO 7 Total	68,557,786	71,798,233	434,687	328,262	72,561,182	70,974,296	1,905,626	72,879,922
CHO 8 Total	76,911,053	82,505,974	687,929	301,293	83,495,196	78,065,169	1,446,602	79,511,771
CHO 9 Total	101,310,080	103,034,198	557,679	494,880	104,086,757	102,392,824	1,509,307	103,902,131
Central Mental Hospital	23,798,799	23,845,959	633,240	71,110	24,550,309	22,732,111	1,302,386	24,034,497
National Office of Suicide Prevention	8,554,409	9,451,668	-	-	9,451,668	11,874,206		11,874,206
National & Regional Services	6,401,566	12,632,076	2,000,000	-	14,632,076	49,748,131	-15,187,193	34,560,938
Social Care (MHID/Elderly) - Note 1	-	7,070,000	-	-	7,070,000	-	0	-
Grand Total	**735,816,509**	**774,092,477**	**9,663,642**	**3,524,545**	**787,280,664**	**791,638,652**	**0**	**791,638,652**

Note 1 - 2015 Spend on National & Regional Service includes €7,007,000 spent in Social Care

Workforce Plan

Introduction

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

The People Strategy 2015-2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The Division will support the implementation of the strategy, which is underpinned by the commitment to engage, develop, value and support the workforce.

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

The Workforce Position

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

At the end of December 2015 there were 9.404 WTE positions in place delivering Mental Health Services as shown in the table. Employment controls in 2016 will be based on the configuration of the workforce that is within funded levels. The funded workforce also includes agency, locum and overtime expenditure. The funded workforce for Mental Health Services, before inclusion of posts arising from the latest 2015 and 2016 €35m development funding, provides for as many as 10,244 Whole Time Equivalents, including conversion of all overtime and agency, an increase of approximately 840 WTEs compared to the year end 2015 position.

Staff Category	Dec'10 Direct Staff	Dec'11 Direct Staff	Dec'12 Direct Staff	Dec'13 Direct Staff	Dec'14 Direct Staff	Dec'15 Direct Staff
Medical	707	721	715	715	712	756
Nursing	4,976	4,813	4,628	4,572	4,591	4,705
Health & Social Care Professionals	616	742	750	1,034	1,154	1,223
Management / Admin	809	803	769	759	755	806
General Support Staff	1,226	1,123	1,038	986	932	844
Patient & Client Care	966	1,071	1,021	998	1,047	1,070
Total	9,300	9,274	8,921	9,064	9,191	9,404

The aim is to provide for a stable workforce which will support the continuity of care required for safe, integrated service delivery. This requires an integrated approach, with service management being supported by HR and Finance. It further requires finance and HR workforce data, monitoring and reporting to be aligned. Planned service developments under the Programme for Government and prioritised internal initiatives will also require targeted recruitment in 2016.

Public Service Stability Agreement 2013-2018

The *Lansdowne Road Agreement*, concluded in May 2015, represents an extension of the *Haddington Road Agreement* (HRA) until 2018. The enablers that existed under the HRA and subsequent agreements will continue to be used to effect the transformation of the workforce and organisational change. This will involve skill mix initiatives; systematic review of rosters; delayering management structures; restructuring and redeployment of existing workforce; new organisation structures and service delivery models. The Division will support service delivery to shape a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes. This will be achieved through the use of these enablers, which will continue to provide flexible measures to assist clinical and service managers in managing their workforce and support the reform, reconfiguration and integration of services.

Reducing Agency and Overtime Costs

The Mental Health Division will continue to focus on further reductions in the cost and reliance on agency staff and overtime in 2016 with pay costs managed and monitored through funded workforce plans within the CHOs. This will involve services developing appropriate plans for agency conversion and reduction in overtime expenditure where appropriate to deliver cost effective services. Further support will continue to be provided to progress the development and implementation of management tools, including e-rostering and the division will continue to support the review of management structures and changes to skill mix within and across staff disciplines to ensure the delivery of efficient and effective services, which demonstrates value for money.

Developments and Other Workforce Additions

This plan provides specific additional funding available under *Programme for Government* 2012 to 2015 for service development posts in Mental Health Services as set out in Table 2 below. This comprises of the balance of 2013 and 2014 posts amounting currently to 195 WTE. The Division continues to analyse its resources (staff & facilities) and the populations to which these resources are allocated in order to maximise equity across regions, age and social need as appropriate. This analysis has informed the wider allocation process for the 2015 development monies of €35m across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2015 and 2016 development funds of €35m

Staffing Details	Medical	Nursing	Health & Soc Care	Mgmt Admin	General Support	Other Patient &	Total
WTE at 31st December 2015	756.0	4,705.0	1,223.0	806.0	844.0	1,070.0	9,404.0
2013 Development Posts yet to start	22.0	15.0	7.5				44.5
2014 Development Posts yet to start	33.1	45.5	40.5	29.0		2.0	150.1
Agency - average for 2015	86.0	121.0	19.0	22.0	84.0		332.0
Overtime - average for 2015	98.0	161.0	-		54.0		313.0
Total	995.1	5,047.5	1,290.0	857.0	982.0	1,072.0	10,243.6

The allocation of the PfG 2015 funding of €35m, currently being finalised in terms of specific specialties and Areas, will provide for up to a further 400 posts which can be put in place by the end of 2016 assuming successful recruitment. Once the DoH have agreed release of the PfG 2016 funding, further posts will be agreed subject to the prioritisation of this funding.

Workforce Planning

Support will be given by HR to the development of a national Integrated Strategic Framework for health workforce planning. Specific initiatives are being progressed during 2016 in the MHD to develop succession plans that provide for the management of the high rate of natural attrition in some disciplines and/or services, improving recruitment and retention in order to maintain a safe level of service and also ensuring that the future required capacity and capability is in place to meet expected service demands and models of care. The MHD will also continue the rollout of the Enhancing Teamwork Programme to Area and Community Mental Health Teams supporting the emphasis by the organisation on teamwork, communication and innovation. Progress will continue with regard to the development of a framework on staffing and skill mix for specific groups as appropriate. Support and guidance will be available in this process through access to the new Mental Health Workforce Planner appointed in January 2016.

Further support will be given by HR to workforce design based on service design and delivery, driven by patient pathways and efficient and effective staff deployment and the development of leadership and management competencies. Work will continue to develop appropriately skilled staff in partnership with professional bodies and third level organisations in the context of a workforce development strategy, through the development of increased capacity at Third level; enhanced professional training; specialist training; continuous professional development (CPD) and succession planning initiatives.

Recruitment

Mental health services continue to work with national HR, the National Recruitment Service, the Public Appointment Service and the Consultant Approval Committee, to recruit and retain highly skilled staff to approved positions. The Division will continue to support this work specifically to address the operational and administrative barriers to successful recruitment and retention. It will continue to advance the work of the existing Mental Health and National Recruitment Optimisation Group and newly established Consultant Recruitment Group.

European Working Time Directive (EWTD)

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

Attendance and Absence Management

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

Employee Engagement

The People Strategy 2015-2018 places a particular emphasis on improved communication, staff engagement and people management skills. In this context, the Mental Health Division will continue to actively engage with staff and will continuously seek to identify opportunities to involve more staff in planning and decision making. Mechanisms will be developed to improve internal communication and facilitate learning through

listening to others. This will enable responsiveness and change necessary to improve service delivery. The Division will continue to embed existing processes to regularly communicate and engage with staff. Such processes will include bi-annual meetings with professional groups, site visits, events and seminars. These methods will inform and involve staff in planning and developing.

Occupational Health and Safety at Work

In 2016, the Division will support the creation of safer workplaces by collaborating with our support Divisions and functions who are leading on reviewing and revising the Corporate Safety Statement; developing key performance indicators (KPIs) in Health and Safety Management and Performance; launching a new statutory occupational safety and health training policy; and developing and commencing a national proactive audit and inspection programme. Additionally, staff will be supported to become healthier in their workplaces and an Occupational Health Business Unit will be established.

Key Priorities & Actions

Goal 1 **Promote health and wellbeing as part of everything we do so that people will be healthier**

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

Actions 2016	Measure of Performance	Target
Develop an increased focus on the health and wellbeing of the population in the delivery of mental health services		
Implement Tobacco Free Campus Policy in Mental Health settings	100% of Approved Centres; and 25% of community residences implementing the Tobacco Free Campus Policy	Q4
Promote the up-skilling of staff in the mental health services to screen and support smokers to quit".	Uptake improved	Q4
Progress Mental Health actions in partnership with Social Inclusion, arising from All Ireland Traveller Health Study	Implementation plan developed.	Q3
Develop structures for implementation of *Connecting for Life* recommendations in mental health services	Recruitment of Lead for *Connecting for Life* in Mental Health Services	Q1
	In consultation with NOSP, draft implementation plan for implementation of recommendations of Strategy and commence implementation	Q2
Provide additional clinical suicide prevention services in partnership with Non Governmental Organisations (NGOs)	Current provision mapped and implementation plan developed.	Q2
Develop Health Promotion capacity within the CHOs and mental health services	Support the development of the HSE National Mental Health Promotion Plan	Q4
	Early Intervention and Prevention for adults in collaboration with Primary Care and NGO providers	Q1-Q4
Implement targeted actions to improve the physical health of people with serious mental illness	Implementation plan developed and implementation commenced	Q2
	Commencement of research project with Irish College of General Practitioners	Q2
	Healthy Lifestyle programme launched and activated	Q3
Develop Early Intervention and Prevention services to ensure that children and young people can access assessments and interventions at the appropriate stage	Embed existing 10 Jigsaw sites to full capacity and the development of new sites in Cork, Dublin and Limerick.	Q1-Q4
	Cross Divisional Governance arrangements in place for the development of counselling services for under 18 in Primary Care	Q1

Support the Implementation of *Connecting for Life - Ireland's National Strategy to Reduce Suicide* (2015-2020)	Establishment and commencement of work by the HSE Cross-Divisional Implementation Group.	Q1
	Recruitment of the relevant persons to the NOSP to ensure effective implementation of Connecting for Life.	Q1
Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding.	Set up research team to investigate international measures and scales and establish if there is an agreed, best practice international scale.	Q1
Review what is currently commissioned in the areas of stigma reduction, including the See Change model.	Review completed and requirement for stigma reduction campaigns and targeted groups identified and campaigns implemented	Q4
Provide community based organisations with guidelines, protocols and training on effective suicide prevention.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention/ intervention/postvention improved.	Q1-Q4
Monitor media reporting of suicide, and engage with the media in relation to the adherence to guidelines on media reporting.	Scope engagement with the media in relation to media guidelines, tools and training programmes and improvement in the reporting of suicidal behaviour within broadcast, print and online media.	Q3
Evaluate and commission bereavement support services	Finalisation of SOPS based on national / international best practice; compliance with National Bereavement Standards	Q2
Scope the recommendations of the SHIP Evaluation Report *Responding to Self Harm*	Scope completed	Q4
Develop supports for staff to optimise their resilience, mental health and wellbeing in partnership with Health and Wellbeing and Human Resources towards improved implementation of a *Healthy Workplace Policy*.	Engagement and implementation processes agreed with Health and Wellbeing and Human Resources	Q3
Work with Healthcare Associated Infection (HCAI) Programme team to support Mental Health System implement Best practice with regard to HCAI.	Complete gap analysis and scoping exercise re: Infection prevention and control resources for Mental Health Services	Q1
Mental Health will support the Health and Wellbeing Division in mapping relevant catering facilities and agreeing an implementation target to ensure calorie posting is implemented	Support provided	Q1-Q4

Goal 2Care

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

Mental Health Strategic Priority 2: Design integrated, evidence based and recovery focused mental health services.

Mental Health Strategic Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.

Actions 2016	Measure of Performance	Target
Developing recovery based services		
Continue to support the rollout of Advancing Recovery in Ireland	Recovery Initiative embedded in current sites and extended to 5 new sites	Q4
	Peer Support Workers introduced to a minimum of 4 services	Q2
	Recovery colleges established in 4 sites	Q3
Responding to the needs of those with severe and enduring mental illness		
Improved responses to service users with complex needs	Design of Model of Care developed for facilities for those with severe mental illness and challenging behaviours completed.	Q3
	Funding identified, implementation plan developed and implementation commenced	Q4
Complete provision of 5 High Observation Units subject to Programme for Government funding 2016	Completed	Q4
Extend the provision of CMH beds for those admitted under section 21(2)	Additional capacity in place	Q2
Implement a targeted initiative to transfer individuals currently in National Forensic Services to private settings	Initiative implemented	Q3
Improve access to primary care for the physical health care of people with severe and enduring mental illness.	Increased access in place in partnership with Primary Care	Q4
Develop a clear strategic and operational interface between local mental health services and the acute hospitals in the relevant catchment area.	Establish a forum to identify interface requirements and agree protocol with Acute Division.	Q1-Q4
CAMHS Services		
Develop specialist CAMHS Eating Disorder community team	Community Team in place	Q2
Complete audit of, and plan for, the implementation of 16/17 Protocol for CAMHS services.	Completion of audit and Implementation plan agreed subject to JRG engagement	Q3
Develop joint working protocols between CAMHs and disability services for children	Working group in place and protocols developed for the treatment of young people with Mental Health and Disability issues	Q4

Recruitment and establishment of CAMHS community based forensic mental health team	In place.	Q2
Implement CAMHS service improvement requirements through increased community mental health team capacity and additional CAMHs liaison resources	Enhanced CAMHS Teams and additional CAMHS liaison resources in place	Q4
Adult Mental Health Provision		
Improved 24/7 responses to Mental Health Services	Additional Liaison Psychiatry capacity in place	Q4
	Enhanced community mental health service provision 7/7	Q4
	Development of model of care for Crisis Houses response	Q4
Review & improve access to psychotherapy and psychotherapeutic interventions for those with mental illness subject to Programme for Government funding 2016	Map current provision and unmet service need and improved response planned.	Q4
Continue development of Adult and CAMHS MHID teams	Additional capacity in place	Q4
	Clinical Lead appointed to support CHOs in developing MHID services in line with model of care	Q3
Expand provision of services for homeless mentally ill through improved multi agency approach	Design of model and enhanced service in place	Q4
Further enhance the community mental health team capacity for general adult, psychiatry of old age.	Enhanced capacity in place from 2015 PfG funding	Q4
Implementation of guidelines for management of aggression & violence in mental health services and linked to performance assurance –	Policy Implemented	Q3
Recruitment of service Improvement support staff to support the development and implementation of service improvement projects.	Recruitment completed and series of service improvement projects commenced	Q3
Commence implementation of the two-year Integrating Employment and Mental Health Support (IEMHS) Pilot Project	Implementation commenced	Q3
Scope the need for Perinatal Mental Health Services nationally	Scoping completed and implementation plan developed	Q4
Evaluate in the context of the implementation of *Connecting for Life* targeted initiatives and or services for priority groups.	Evaluated programmes to be delivered by the relevant NGO's, ensuring that evidence based programmes are delivered by NGO's	Q3
Clinical Programmes		
Implement the Clinical Programme for the Assessment and management of self-harm presentations to ED	Recruitment of CNS posts and education/training programme implemented for staff	Q3
Implement the Clinical Programme for the First Episode Psychosis	Appointment of Clinical Lead	Q1
	Behavioural family therapy in place for all families on first episode psychosis programme	Q4

	Develop an SOP, training and supervision plan to support staff to deliver individual placement support (IPS)	Q4
	Recruit IPS workers, 2 per CHO	Q3
	Develop physical health care assessment for patients with first episode psychosis	Q4
	To develop an SOP training and supervision plan to support identified staff to deliver CBT for psychosis intervention	Q2
Implement the Eating Disorders Clinical Programme	Multi-disciplinary steering group to draft programme in place and work completed	Q3
Design, develop and pilot performance metrics for new and existing Clinical Programmes	Metrics piloted	Q4
Scope and develop a clinical programme for ADHD in children and adults	Clinical Programme agreed by stakeholders	Q4
Scope and develop a clinical programme for dual diagnosis (mental illness and substance misuse including alcohol)	Clinical Programme agreed by stakeholders	Q4
Support the establishment of the Integrated Care Programme for Children and associated work-streams	Engagement with Integrated Care Programme for Children	Q1-Q4
Improve access to primary care for the physical health care of people with severe and enduring mental illness.	Increased access in place in partnership with Primary Care	Q4
Suicide Prevention Actions under Connecting for Life		
Support the development of local CHO suicide prevention action plans by regional suicide prevention officers	All CHOs will have commenced development of plans	Q4
Ensure knowledge transfer among those working in suicide prevention across all sectors.	All organisations working in the suicide prevention sector are provided with the most up to date suicide and self-harm data in Ireland.	Q4
Develop a National Training Plan, building on the NOSP review of training.	Community-based Training Plan developed as part of National Ed & Training Plan	Q2
Support the delivery of enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide.	A National standardised suicide bereavement, grief & loss programme for families and communities bereaved by suicide developed.	Q4
Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure.	Develop plan for implementation of national minimum standards agreed in 2015	Q3
Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicidal behaviour.	In depth research and evaluation begins to be conducted into the risk and protective factors for suicide prevention.	Q4
Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.	Improved access to timely and high quality data on suicidal behaviour	Q4

Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners.	The development of an efficient Research and Evaluation function within NOSP	Q2
Quality and Service User Safety		
Develop a national compliance reporting and monitoring framework against the Mental Health Commission (MHC) regulatory framework	Compliance reporting and monitoring framework developed.	Q1
Develop a standardised process for the identification, assessment and management of ligature anchors in mental health settings.	Standardised defined process agreed, piloted and implemented.	Q4
Support implementation of HSE Safety Incident Management Policy through collaboration with key stakeholders.	Develop a standardised decision making framework to provide a basic assurance regarding investigation decisions.	Q2
	Develop a robust assurance system for incident management.	Q3
Support Implementation of the National Incident Management System	National Development and implementation of Incident Management System	Q4
Contribute to revision of National Risk Policy & Guidelines	Revised Risk Management Policy developed.	Q4
Medication Safety - enable increased focus on quality and safe practice associated with medication management in mental health services	Scope out project to identify priority areas.	Q4
Safety Pause support implementation of the safety pause as a safety improvement practice in mental health services	Support implementation of Safety Pause in Mental Health services.	Q4
Identify and support the implementation of system wide quality and safety improvement initiatives across mental health services.	Key quality and safety initiatives implemented	Q4
Support the implementation of Children First in line with national plan as it relates to mental health staff	Compliant with phased enactment and staff facilitated to be trained	Q4
Support influenza uptake rates for priority users and staff	Uptake in rates	Q4

Goal 3

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

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

Actions 2016	Measure of Performance	Target
Strengthen governance arrangements through the HSEs Accountability Framework to improve performance		
Continue to support the design and implementation of Quality Indicators	Indicators designed and piloted by the Data Design and Optimisation Group (DDOG)	Q3
Enhance current Performance engagements with CHOs	Revised performance reporting process in place	Q1
Publish a Mental Health Service Review	Report published	Q2
Strengthen accountability with the voluntary agencies funded by the HSE including accountability for the clinical services they are mandated to provide.	Review of nationally funded mental health agencies completed	Q3
	Recruit Lead for service arrangements	Q2
	Centralise governance of national mental health service arrangements	Q1
	Require voluntary providers to provide information on their engagement processes and structures during the review of funding and service arrangements	Q1
Establishment of Service Reform Fund with Social Care	Structure and process established to deploy investment from the service reform fund for identified mental health projects.	Q1
Enhance engagement with service users, their families and carers and involve them in the design and delivery of services.		
Implement the Reference Group recommendations, including the appointment of a Service User/Family Member/Carer (SUFMC) to each CHO Area Mental Health Management Team	Implementation of the agreed 2016 actions	Q1-Q4
Complete the establishment of the Office of Service User Engagement as an integral component of the MHD.	Link with other HSE divisions on SUFMC engagement	Q1
Embed the role and function of the Head of Service User Family Member and Carer Engagement.	Post filled and integrated with National Mental Health Management Team	Q1
	Establish working group to examine development of national standards for SUFMC engagement for all stakeholders	Q2
	Put a system in place to map SUFMC engagement processes in HSE mental health services	Q3

Develop strategy for establishing access to advocacy for people using CAMHS.	Strategy developed	Q3
Identify, and promote the development of, programmes which enhance collaboration and partnership with service users, family members and carers.	Dissemination of learning process in place	Q4
Continue to develop the evidence base for effective practice in Service User, Family Member and Carer Engagement	Literature review with partner HEI on engagement research and methodology completed	Q3
	Model, methodology, content and analysis process for national survey of SUFMC experience scoped and implementation commenced	Q4
Progress the implementation of the National Carers Strategy as it relates to mental health services	MHD engagement with the HSE Multi Divisional Carers Strategy Implementation Group in place	Q1
Conduct evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners.	The development of an efficient Research and Evaluation function within NOSP	Q2

Goal 4 — **Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them**

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

Actions 2016	Measure of Performance	Target
Develop appropriately skilled staff in partnership with professional bodies and third level organisations in the context of a workforce development strategy, through the development of increased capacity at Third level; enhanced professional training; specialist training; continuous professional development (CPD) and succession planning initiatives. *(Additional €35m funding)*	Procure nurse post graduate 1 year training programme for MH nursing in collaboration with ONMSD	Q2
	Procure post graduate 2 year training programme for MH nursing in collaboration with ONMSD	Q4
	Provide additional Psychology placements with CUH	Q3
Embed existing processes to engage regularly with staff to inform and consult with staff in planning and developing services	Continue bi-annual meetings with professional Groups	Q1
	Ongoing engagement with targeted staff groups established	Q1
	Schedule of site visits to mental health services	Q1
Optimise the recruitment and retention of staff and maximise the available skill sets	Engagement with National Recruitment Service	Q1
	Participate in the HSE HR Workforce Planning Group	Q1
	Continue the work programme of the Recruitment Optimisation Group	Ongoing
	Embed the Enhancing Teamworking approach across the Mental Health Services	Q1
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of the service users.	Workforce Plan develeoped for nursing, medical, Allied Health Professional and Admin/Support staff	Q4
Continue the development of a Comparative Resource Model by developing an agreed Mental Health Framework for the governance of devolved budgets	Governance Framework in place	Q3
Ensure Team Coordinators in place in all Adult CMHTs	Ensure Team Coordinators in place and integral part of service delivery in all Adult CMHTs	Ongoing
Recruitment of Lead Authorised Officers to support Assisted Admissions service.	In place	Q3

Support the recruitment of Risk and Patient Safety Advisors across CHOs.	Support the recruitment and induction of new staff to deliver QSUS actions under the Operational Plan and assurance requirements.	Q3
Deliver NOSP training and awareness programmes in line with the National Training Plan.	Relevant training programmes delivered to community organisations	Q1-Q4
Disseminate information on effective suicide prevention responses.	Research and Evaluation function within NOSP established and development of a repository system consisting of: evidence based tools, resources, guidelines and protocols	Q4
Further develop training for staff that includes a focus on service users and their families and carers	Service user, family member and carer focus in place in all training delivered across the Division	ongoing
Participate in the development of the HSE strategy and programme for the implementation of the Assisted Decisionmaking legislation in mental health services delivery	Programme in place	Q3

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	Target
Begin the multi-annual programme to ensure the alignment of the mental health service provision with community health network populations	Programme scoped	Q3
Continue the development of a Comparative Resource Model by developing an agreed Mental Health Framework for the governance of devolved budgets	Governance Framework in place	Q3
Continue the development of a process to maximise the allocation of resources on an equitable basis aligned to population and deprivation	Agree and pilot the resource allocation model at Area level	Q3
Develop the communications capacity in the MHD to ensure more effective delivery of our programmes	Improved communications capacity in the MHD supporting effective delivery of programmes	Q1-Q4
Progress initiatives to address the significant shortage of clinical space from which community based services can be delivered and to refurbish existing Approved Centres	Complete investment started in 2015 through Minor Works Funding	Q2
	Agree standard guidance for ligature audit with Estates and QSUS	Q2
	Repeat 2015 Minor Works funding initiative subject to DoH approval.	Q4
	Commissioning of survey of MH capital stock to scope future infrastructural needs of services.	Q2
	Develop capacity planning tool to assess available space	Q4
Progress the implementation of the National Mental Health ICT Framework Programme.	Recruit a National Mental Health ICT Framework Lead	Q3
	Complete the assessment of the network infrastructure and hardware needs of the mental health services	Q1
	Complete the agreed Project structure for the National Mental Health Infrastructure Project; and the National Mental Health eRostering Project.	Q1
	Commence the rollout of Phase 1 of the eRostering Project	Q4

Progress the National Mental Health Electronic Health Record Project. *(Additional €35m funding)*	Establish the Project Structure including fully resourced Project Team	Q2
	Complete statement of requirements for a Mental Health Electronic Health Record	Q3
Progress the implementation of the CIPC Clinical System	Develop Implementation Plan and commence rollout	Q3
Progress implementation of the Programme Management Office for Mental Health to support service improvement and standardised implementation.	PMO launch to MHD	Q2
Ensure Team Coordinators in place in all Adult CMHTs	In place	Q2
Recruitment of Lead Authorised Officers to support Authorised Admissions service.	in place	Q3
Support the recruitment and Appointing of 9 Risk and Patient Safety Advisors across CHOs.	Support the recruitment and induction of new staff to deliver QSUS actions under the Operational Plan and assurance requirements.	Q3
NOSP to develop working partnerships with centres of expertise	Number of Centres of expertise in suicide prevention working in collaboration with NOSP's research and evaluation function	Q4

Balanced Scorecard

Quality and Access Indicators of Performance for Mental Health

Quality	Expected Activity / Target 2016
Service User Experience*	
• Complaints	*System-wide. See page 119*
Safe Care	
• Serious Reportable Events	
• Safety Incident Reporting	
CAMHs	
• Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units	95%
• % of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	95%
Effective Care	
General Adult Community Mental Health Teams	
• % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	90%
• % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	75%
• % of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	18%
Psychiatry of Old Age Community Mental Health Teams	
• % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	98%
• % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	95%
• % of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	3%
CAMHs	
• % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by CAMH Teams	78%
• % of accepted referrals / CAMH re-referrals offered first appointment and seen within 12 weeks / 3 months by CAMH Teams	72%
• % of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month	10%
Access	**Expected Activity / Target 2016**
Total no. to be seen or waiting to be seen by CAMHs	
• Total no. to be seen for a first appointment at the end of each month.	2,449
• Total no. to be seen 0–3 months	1,308
• Total no. on waiting list for a first appointment waiting > 3 months	1,141
• Total no. on waiting list for a first appointment > 12 months	0

*An indicator in relation to Service User Experience is currently being developed and will be finalised in Q4 2016

Finance Indicators of Performance

Finance	Expected Activity / Target 2016
Budget Management including savings	
Net Expenditure variance from plan (within budget)	
• Pay – Direct / Agency / Overtime	0.33%
• Non-pay	0.33%
• Income	0.33%
• Acute Hospitals private charges – Debtor Days – Consultant Sign-off	90% @ 15 days by 31/12/16
• Acute Hospitals private income receipts variance from Actual v Plan	≤ 5%
Service Arrangements / Annual Compliance Statement	100%
• % of number of Service Arrangements signed	
• % of the monetary value of Service Arrangements signed	100%
• % of Annual Compliance Statements signed	100%
Capital	100%
• Capital expenditure versus expenditure profile	
Audit	
• % of internal audit recommendations implemented by due date	75%
• % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%

HR Indicators of Performance

HR	Expected Activity / Target 2016
Absence	≤ 3.5%
• % of absence rates by staff category	
Staffing Levels and Costs	≤ 0.5%
• % variation from funded staffing thresholds	
Compliance with European Working Time Directive (EWTD)	100%
• < 24 hour shift (Acute and Mental Health)	
• < 48 hour working week (Acute and Mental Health)	95%
Health and Safety	15% increase
• No. of calls that were received by the National Health and Safety Helpdesk during the quarter	

Delivery of Services

National Forensic Mental Health Service

Introduction

The National Forensic Mental Health Service (NFMHS) provides specialist forensic mental health services to people who are referred, from the nine CHO areas in the HSE, from the Irish Prison Service (IPS) and from the Irish Youth Justice Service (IYJS). In addition the service provides consultation and advice to the Garda Siochana and the Courts Service of Ireland.

In-patient services, (93 beds) are provided in the Central Mental Hospital which is an approved centre under the MHA (2001) and a designated centre under the CL(I)A (2006). The CMH provides high and medium levels of therapeutic security and works within a model of forensic recovery.

The forensic rehabilitation and recovery team provides support to individuals in a range of supported community settings and independent living arrangements and in settings including a day centre, depot and clozaril clinics, community outreach and out-patient clinics.

The Prison In-reach and Court Liaison Service includes the provision of mental health in-reach services to nine prisons and 1 court liaison team in Wheatfield. A memorandum of understanding has been developed jointly with the IPS to facilitate interagency working. The NFMHS are currently liaising with the Irish Youth Justice Service (IYJS) to facilitate interagency working on the Oberstown campus.

The NFMHS provides the above services primarily to an adult population with mental disorder as defined in the MHA 2001 and in the CL(I)A 2006. It is the only service in the state designated to meet the needs of those individuals found not guilty by reason of insanity. The NFMHS is presently developing services for mentally disordered adolescents whose needs have exceeded the capacity of mainstream CAMHS or the IYJS. It is also working closely with the CHOs to develop low secure type services.

The service is progressing the planning and construction of a new CMH with planning permission for a 170 bed campus approved by An Bord Pleanála.

Quality and Patient Safety

Building on the work in 2015, the focus of the NFMHS is in providing high quality and safe services for service users and staff. A clinical governance structure incorporating effective systems and processes to enable quality and risk management is in place but will need to be made more robust by using a systems approach and the appointment of a more tiered general management structure.

Population	
4,600,000	Service is provided across the Country
3500	Irish Prison Population - 3 to 7% Mental Disorder

Spend and Budget									
)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Central Mental Hospital	23,798,799	23,845,959	633,240	71,110	24,550,309	22,732,111	1,302,386	24,034,497	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
2016	18.96	187.57	21.89	7.5	14.63	38.64	289.19

Services Provided

Services Provided	2015	2016
Service	No. Provided	No. Provided
No. of In Patient Beds	93 + 1	103 + 1
No. of Multi- Disciplinary Teams-Acute Cluster	2	2
No. of Multi- Disciplinary Teams - Medium Cluster	3	4
No. of Multi- Disciplinary Teams -Rehabilitation and Recovery	2	2
Psychiatric in-reach and Court Liaison Team Clover Hill & Midlands	2	2
Prisons with In reach clinics - all Dublin prisons, Portlaoise & Midlands and Castlerea	8	8
No, of High Support Community Places	6	6
No. of Low and Medium support Community Places	10	16
Day Centre	1	1
Community & Prison Case Load	300	300
Bed Occupancy	100%	-

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	**Measure of Performance**	**End Qtr**
Implement No smoking campus	Set up Implementation Group Working Groups with Key stakeholders Set date for implementation	Q2

Ensure Primary Care is provided systemically and regularly to all patients in keeping with MHC regulations for approved centers.	Continue to develop and enhance primary care nurse and general practitioner services in CMH. Review service requirements in light of increasing demand in 2016 SOP with GP provider	Q2
Benchmark prison in-reach clinics with NCP on suicide prevention and Emergency depts.	PCAM group to compare SOP and data collection tools Monitor DSH incidents – in Prison clinics; CMH; Community	Q2
Continue with National Screening Programmes for all patients	Collate Annual Data 6 monthly SMT review with GP and PHC	Q2
Continue with Healthy Eating and social & exercise programmes for patients	Healthy eating menus to be developed with catering manager Confirm and review numbers of participants in exercise programmes	Q2
Develop major emergency plan	Set up steering group to co-ordinate Develop Policy Conduct 2 desktop exercises	Q2
Develop supportive psychotherapeutic counseling service with Occupational health Dept	Liaison with Occupational Health & Health & Safety Depts Set up Balent group	Q2

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Improve access to specialist mental health services and improve service user flow	Annual audit of screening on committal to remand prison Monitor time taken to divert suitable patients from remand prisons to local CMHTs, including homeless patients.	Q4 Q4

Pilot the extension of screening on committal or reception to other prisons	Monitor waiting list numbers and waiting times for admission to CMH Monitor cross-sectional length of stay in CMH.	Q1 Q4
Review rehabilitation facilities for female patients	Revise operational policy and needs analysis for female patients to include capital works to unit 1	Q1
Seek quality and patient safety improvement initiatives throughout the system	Commence implementation of HSE programme for risk and quality improvement Implement ARI & Eolas initiatives	Q4 Q2
Develop programmes to improve the quality and safety of mental health services for adults, children and adolescents Provide systematic specialist treatment programmes (physical health, mental health, substance misuse, problem behaviours, self-care and ADL, education occupation and creativity, family and other relationships).	Continue six monthly cycle of risk assessment and risk management in conjunction with six monthly reports to Mental Health Review Board and reports to Mental Health Tribunals Standardise SOP for each prison clinic linked to MOU. Six monthly cycle of routine outcome measurement using measures of programme completion and forensic recovery, synchronised with MDT case conferences and reports to MHRB / MHT. Annual audit of 25 hours/week of structured activities and quality of life measures (FQL or equivalent). Annual independent peer review of (international) Quality Network for Secure Services and Quality Network Prison Pilot Project	Q2 Q2 Q2 Q2 Q3
Implement a targeted Initiative to transfer individuals currently inappropriately placed in CMH to private settings which will free up the CMH for appropriate admissions	Open 21(2) unit Develop external contracts for specialists forensic sub group populations such as palliative care and persons of old age	Q2
Ensure Approved Centre complies with Mental Health Commission standards and to introduce anti-ligature measures in all settings	Commence enabling works for new hospital Implement a Minor Capital Programme for CMH, Ushers Island and Westlodge hostel Complete audit of potential ligatures within CMH & Prisons	Q2 Q4 Q1

Develop Early Intervention and Prevention services for adults	Implement joint two stage mental health screening on reception in three prisons	Q1
	Develop social work role in prison in-reach	
Develop Early Intervention and Prevention services for adolescents to ensure timely access	Implement FCAMH team offering service to forensic adolescents and local CAMHS	Q3
	Develop MOU with IYJS at Oberstown.	
	Develop SOP with HSE CAMHS	

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable
Mental Health Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

Actions 2016	Actions 2016	Actions 2016
Enhance Service User Involvement by developing staff training and development programmes that include service user and carer perspectives		Q1
	Service user rep on quarterly SMT walk rounds	
	Carers rep on new Build Steering group	Q3
	Commence direct engagement between carers, patients and frontline staff in reflective sessions	Q2
	Annual Service User satisfaction audit of service	Q1
	Ensure monthly meetings of Residents' Forum	
	Engage Carers and Service Users in clinical programmes (EOLAS)	Q2
	Ensure Service User Involvement in Women's Service meeting	Q2
	Ensure complaints are dealt with as per national guidelines	Q1

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money
Mental Health Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

Actions 2016	Measure of Performance	End Qtr
Ensure that the numbers and skill mix of staff are appropriate to the	Conduct annual needs assessment	Q4

assessed needs of the service users.	Set clinical outcomes Agree skill sets to needs and outcomes Conduct annual workforce plan	Q1
	Implement Area Management Team structure as outlined in Vision for Change	Q1
		Q1
Organise general management to ensure adequate provision of wte and succession management	Appoint key roles to administration team to implement Mental Health Compliance, Risk, Finance and general management Ensure each clinical team has a team secretary	Q1
Annual review of training needs of staff in line with service development	Staff to develop personal annual training plan, in accordance with role	Q1
	Develop structured training programmes within each discipline in-line with service requirements	Q4
Conduct annual workforce plan Produce Annual Report of activities Develop Training Budgets for each department	Review recruitment options with NRS	Q1
	Review retention options with MHD Monitor Staff turnover rates Conduct Town Hall meetings with staff	Q4
Develop Integrated ICT infrastructure	Primary Care services to be computerised Conduct research project on the use of ICT in forensic mental health	Q4

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

Introduction

The National Counselling Service (NCS) was established in 2000, to provide a counselling and psychotherapy service for those who had experienced abuse as children, with priority given to those who were resident in Irish State Institutions. It currently provides counselling for clients with a range of mental health problems resulting from childhood abuse and trauma. The NCS works collaboratively with secondary Mental Health Services where clients present with more extensive and/or specialist mental health needs. On average 2,700 referrals are made to the Service each year.

The Counselling in Primary Care (CIPC) service was established in 2013 across the HSE and is delivered under the clinical governance of the NCS. CIPC delivers short term counselling to clients presenting with mild to moderate mental health issues. Currently the service is available to GMS card holders. Clients are referred by their GP or primary health care professional. More than 15,000 referrals are made to CIPC each year.

In 2015, the National Counselling Service conducted a strategic review of its model of service delivery, *"Development of HSE Adult Counselling Services: Future planning report 2015"*, which inform the actions for 2016.

This report highlighted the importance of the NCS to the overall range of Mental Health Service in providing a psychotherapeutic service to adults who have mental health difficulties and who identify a history of childhood abuse. It also highlighted the impact of the CIPC service in terms of the prevention of more significant psychological difficulties that would require mental health services.

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements		
Actions 2016	**Measure of Performance**	**Target**
Realignment of NCS/CIPC Services to CHO Governance Structures	Transition plan developed in consultation with Chief Officers to align service to CHO governance structure	Q4

Produce an implementation plan to progress the recommendations of the "Development of HSE Adult Counselling Services: Future planning report 2015" with the aim of improving access to counselling for service users (dependent on Programme for Government Funding 2016)..	Implementation scoped and planned	Q3
Implement the CORE Net clinical evaluation system across CIPC	COREnet rolled out in each CIPC area	Q4
Review and update the NCS client evaluation system	Draft new questionnaire; collate results of client evaluation forms returned Report of results of client evaluation	Q2
Progress the CIPC national research study to assess the clinical and cost effectiveness of the service examine its impact on stakeholders and evaluate the overall effectiveness of the CIPC model of service.	Produce report of First phase of data collection; roll out evaluation to 2 more CIPC areas; conduct satisfaction survey with GPs 200 clients to participate in evaluation	Q4

CHO 1

Cavan/Monaghan Mental Health Services
Donegal Mental Health Services
Sligo/Leitrim Mental Health Services

Introduction

The health concerns in CHO Area 1 mirror those of the national population (circulatory and respiratory diseases, cancer, lifestyle behaviours of smoking and alcohol and mental health related diseases. These major health concerns are strongly correlated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing (Healthy Ireland, 2012). Planning and delivery of mental health services in Area 1 must take account of these given that the area rates extremely poorly on each of these important influencing variables.

Health planning in Area 1 must take account of:

- Population of 389,048
- Rural, low density (35 per km^2, Ireland 67 per km^2), peripheral counties
- Highest dependency ratio of all CHOs (36 compared to 67 nationally).
- Highest levels of unemployment of all CHOs at 9.6% (national average of 8.5%)
- High levels of GMS/GP visit card
- Lowest levels of educational status (14% not educated beyond primary – 10% nationally)
- Highest levels of deprivation (31.6% classified as deprived – 23.3% nationally)
- Higher proportions of older people (13% compared to 11.6% national average)
- Higher proportions of oldest old - >85 years (1.6% compared with national average of 1.3%

Mental Health

Mental Health and the impact therein of socio-economic status is one of the key national health priorities identified within *Healthy Ireland*, (2013). The plan for mental health service delivery into 2016 will concentrate not only on responding to mental ill-health presentations but will actively promote a life-course approach, through mental ill-health prevention, treatment where necessary whilst maintaining a recovery focus in all service delivery aspects.

Services will be orientated and delivered within a recovery based model of care in partnership with the service user, their advocates / carers. This will be underpinned by a systematic ethos of recovery across all teams and specialties. Integrated care and evidence of integrated care planning is a core requirement for Area 1 Mental health services for the forthcoming year.

Key achievements in recent years

There have been considerable advancements and achievements in mental health services across Area 1 over the last number of years, despite resource constraints. It is hoped that the area will continue to grow and expand in meeting both the health promotion and mental health protective aspects of service delivery as well as providing a quality service to those affected by mental health into the future.

Quality and Service User Safety

Quality, Safety & Risk Management (QSRM) remains central to delivery of services within CHO Area 1. During 2016 robust structures and processes will be further established and developed to provide assurances around

the quality and safety of the service provision to Area 1 and national Governance and accountability structures and to the Mental Health Commission. The **Quality Framework for Mental Health Services in Ireland (Mental Health Commission)** sets out a clear framework for Mental Health Services and this will support services in meeting their regulatory and legislative requirements.

The core objectives for 2016 include:

- Promotion of service user involvement and engagement within the service to include the implementation of advocacy programmes.
- Collaborative working with the Mental Health Commission to improve reporting and sharing of quality information.
- Monitoring and reporting on patient safety and quality improvement through key performance indicators
- Managing Serious incidents and Serious Reportable Events in line with HSE Policy
- Ensuring there is an active Risk register in place
- Reporting on implementation of recommendations arising from Investigations of Serious Incident and complaints
- Supporting & implementing programmes which will promote better health and wellbeing
- Reporting on Implementation of actions arising from Regulatory Mental Health Commission inspections
- Promotion of staff engagement strategies in the workplace to achieve quality and safety objectives

Cavan/Monaghan Mental Health Services

Population	
133,666	**Total Population**
73,183	Cavan
60,483	Monaghan

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Cavan / Monaghan	20,061,953	20,453,423	681,586	-	21,135,009	20,280,765	1,111,809	21,392,574	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	**26.32**	**130.62**	**32.07**	**33.87**	**14.07**	**37.52**	**274.47**

Services Provided

Services Provided				
Service	**No. Provided**		**Service**	**No. Provided**
No. of Adult Acute In Patient Beds	25 (includes POA admission beds)			
General Adult			**Psychiatry of Old Age**	
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**	3 posts approved NSP 2014

CAMHS			**No. of MHID Teams**	1 (Team shared with Louth Meath MHS)

Number of In Patient Beds	0		
No. of Day Hospitals	0	**Other – Training Centre**	
No. of Community Mental Health Teams	2		

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Provide training to staff, service users and carers in Wellness Recover Action Plan (WRAP)	Deliver training by WRAP facilitators within the service	2
Become self sufficient with WRAP facilitators	Train a service user and staff member as Advanced Level WRAP facilitators	1
Implementation of ImROC	Recruit a Recovery Coordinator for the implementation of ImROC (Genio funding) Train all staff in the principles of Recovery. Arrange co delivered recovery workshops.	2
Promote Positive Mental Health & Improve Suicide Prevention.	Develop trainers in STORM for MH staff aimed at enhancing identification of suicidality and self harm behaviours. Train staff and the voluntary agencies in suicide awareness through roll out of ASIST and SAFE TALK.	3
Connecting for Life - Suicide Prevention Strategy	Develop Implementation plan in line with National Connecting for Life strategy for CMMHS	3
Ensure that health promoting approaches are integrated into existing practices in line with CMMHS Strategic Plan 2015-2020	Health promoting approaches in place.	
Progress the development of a JIGSAW project within the service.	Formulate Development Programme for introduction of Jigsaw to the CMMHS	4
Introduce the Individual placement and support (IPS) program for service users with first episode psychosis	Recruit and fill posts that have been approved in the National MHS 2015 service plan following request from the National Clinical	1

	programme Office.	

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Establish HBTT in Cavan Monaghan CAMHS	Progress the Implementation of a Home Base treatment Team for CAMHS.	4
Enhance CMHT response	Prepare and submit business cases to develop teams and services	4
Implement the Choice and Partnership Approach (CAPA) in CM CAMHS	Appoint Coordinators to both CAMHS teams	1
Formulate Development Programme	Provide structured clinical supervision to all clinical staff in CMMHS	2
Provide access to training in line with statutory requirements.	Provide access to training in line with statutory requirements.	3

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Embed the role of service user, family member and carer.	Provide consumer panel training. Engage with the wider community to increase opportunities for building a life 'beyond illness' including developing co-production of mental health recovery programmes for roll out in the service aimed at establishing a recovery college through the CAWT project	3
	Increase the participation of service users and carers at business meetings of all teams within CMMHS	4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr

Refurbishment of existing Approved Centres to comply with Mental Health Commission standards and to introduce anti-ligature measures in all settings.	Continue the process to replace Blackwater House Approved Centre	4
Develop staff training and development programmes.	Develop team development plan for all teams in CMMHS.Prioritise staff engagement and communication to promote the desired culture and connectivity across services and Continue to prioritise multi-disciplinary team development and capacity building	2
Foster a culture of reflective practice and learning & prioritise training and development including having an effective management & systematic monitoring arrangements in place to support and promote the delivery of high quality, safe and reliable healthcare services	Train additional staff in evidence based therapies for people with dementia, EUPD, Eating Disorders and those who self harm. Put in place appropriate support services for staff including clinical supervision along with addressing equipment and assessment tool requirements	3
Develop performance management processes to assure that our services are delivered to a high standard making the best use of resources available	Provide up to date test materials and resources. Identify non pay resource.	2

Donegal Mental Health Services

Population	
161,137	Adult services provided to 151, 965 population. 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 and Budget								
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Donegal	21,919,116	22,963,644	342,946	219,000	23,525,590	21,426,325	458,353	21,884,678	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	19.89	181.97	38.25	36.00	36.57	17.31	329.99

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	7	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 team 9 semi-independent units 3 employment support centre
No. of Community Mental Health Teams	2		

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Deliver Recovery Oriented Services	Prioritise the establishment of a Recovery Forum with staff from across the service committed to creating the "Culture of Recovery",	4
	Support the participation of staff, service user and carer in the DCU Leadership programme	4
	Generate support for the delivery of LOCUS Training and WRAP Training to staff in partnership with ARI as part of the Recovery Model	4
Wellbeing of staff working in MHSs	Deliver Stress Control Programmes	4
Connecting for Life - Suicide Prevention Strategy	Deliver SafeTALK, ASIST, STORM and Understanding Self Harm training programmes	4
	Establish an implementation structure to oversee, support and ensure implementation of CFL.	1
	Implement and integrate national communications campaigns e.g. Little Things at a local level	3
	Organise community wide events to promote MH.	4
	Provide info on MH support services.	
	Implement the Stress Control Programme & strengthen links with GPs and MHS to signpost those with anxiety and depression.	4
	Support Primary schools in MH promotion	4
	Establish network of ASIST trained individuals	3
	Provide support to families affected by suicide and deliver enhanced bereavement support	4
	Implement recommendations of NSRF study	4

	Continue to implement and further develop the SCAN service to all GPs in the county	4
	Develop and deliver a uniform procedure to respond to suicidal behaviour across MHS	4
Social Prescribing	Continue to develop & support the Social Prescribing Programme	4
Cross Sectoral Working - Progress the work of the sub-group of the 'Think Family Strategy' between TUSLA, Adult MHS & CAMHS	Progress the work of the sub-group in addressing integrated care that involves info sharing and sharing of risk with specific reference to Children First.	4
Jigsaw	Endeavour to extend the Jigsaw services (based on resources)	4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Review service user needs of those residing in SRU Carndonagh and Dungloe with a view to progressing to more appropriate purpose built accommodation and private settings as appropriate	Produce overall plan for accommodation	3
Expand and develop services to meet needs	Develop and submit business cases for the expansion and development of CA, OAP, GA, ID teams, liaison psychiatry and clinical programmes	2
High Observation Units	Develop a High Dependency Facility within the Department of Psychiatry to replace services currently provided in Sligo which will cease early 2017	4
Clinical Programmes: Self-Harm in EDs, Eating Disorders and Early Intervention in Psychosis	Subject to the availability of Consultants establish Steering Group for First Time Psychosis and Eating Disorders	2
Build capacity and capability to address MH, alcohol and other drug issues	Upskill mental health practitioner staff through participation on Screening & Brief Intervention (SBI) Training	4
Legislative Requirements - MHC, HACCP, IPC.	Develop a programme of works to address MHC inspection recommendations, Infection Control & HACCP guidelines in	4

	Acute Unit Dept of Psychiatry LGH and residential units	
Legislative Requirements	Recruit Team Co-ordinator Posts in Central Sector and CAMHS as required under NSP funding rules	1

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Enhance service user and carer engagement structures	Continue to promote advocacy through MH advocacy group	4
Work with partner organisations to reduce stigma	Work with alternative services including Family Matters; Parents Plus and Family Resource Centres	4
	Support post-primary schools to continue implementation of the Wellbeing Guidelines on MH promotion and suicide prevention.	4
	Support local community action on suicide prevention, e.g. Finn Valley Together – youth mh initiative	4
	Deliver self-harm awareness programme	4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Mental Health Strategic Priority 6 - Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Actions 2016	Measure of Performance	End Qtr
Implement the Peer Support Worker role funded in 2015	Establish Peer Support Models for mental health units in Donegal	4
Stress Control within the HSE	Support the delivery of Stress Control within the HSE and the community sector to approx. 300 participants	4
Networking	Develop CHO Area 1 Forums within MH.	1
Refurbish or replace current unfit for purpose acute inpatient units (subject to capital funding)	Work with estates to identify mental health service needs re. infrastructural deficits	4

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

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

Spend and Budget								
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
Sligo / Leitrim / West Cavan	22,879,153	23,503,496	46,500	10,000	23,559,996	23,220,054	367,776	23,587,830

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	20.88	173.96	36.10	24.77	46.52	22.86	325.09

Services Provided

Service	No. Provided		Service	No. Provided
No. of Adult Acute In Patient Beds	28 + 4 High Observe Beds		Psychiatry of Old Age	
General Adult			POA Acute Inpatient Beds	0
No. of non acute beds for adults	71 (34 SRU, 37 Group Home)		Number of Day Hospitals	1
No. of Day Hospitals	4 (based in CMHT centres)		No. of Community Mental Health Teams	1
No. of Community Mental Health Teams	2		Number of Day Centres	0
Number of Day Centres	1 (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	10		No. of Liaison Psychiatry Teams	
CAMHS			No. of MHID Teams	1
Number of In Patient Beds No. of Day Hospitals	0 0		Other	Addiction Family Therapy
No. of Community Mental Health Teams	1*			CBT Eating Disordr

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	**Measure of Performance**	**End Qtr**
Deliver Recovery Oriented Services	Support the participation of staff, service user and carer in the DCU Leadership programme	4
	Explore the Mayo Institute model ARI and the possibility of creating a Sligo Recovery School in collaboration with the Sligo Institute	4
Deliver health promotion and improvement programmes aimed at supporting the wellbeing of staff working in MHS.	With support from the Smoking Cessation Office & through the Smoking Cessation Working Group continue the roll out of Tobacco Free Campus Policy to community residences	3
Wellbeing of staff working in MHSs	Deliver Stress Control Programmes and make available to staff	4
	Implement and roll out the "5-a-day" programme on site to all staff	4
Connecting for Life - Suicide Prevention Strategy	Develop and commence implementation of an Action Plan for Sligo and Leitrim	1
Continue to develop integrated Day Care facilities within communities	Develop an integrated Day Care facility in Ballymote with in-reach support from CMHT	2
Improve access to CBT & CIPC	Implement the recommendations of the review of Psycho-counselling services	
Implement national programmes to reduce HCAI as part of our work to deliver quality services	Implementation and audit of all HSE policies, Legionalla, Hand Hygiene, Infection Control	4
Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need		
Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services		
Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements		
Actions 2016	**Measure of Performance**	**End Qtr**
Reduction of Acute Unit bed occupancy, incidents of violence & aggression & overtime and	Consult with the wider CHO and complete needs assessment for a Specialist Unit/Service for Difficult	4

improved patient outcomes	to Manage Behaviour clients	
Progress the Development of a JIGSAW project within the service.	Formulate Development Programme for introduction of Jigsaw to the SLMHS	4
Improve access to MHS and reduce wait times	Increase access to CAMHS Team through provision of a CAMHs Day Hospital where resourcing permits	4
	Submit business cases for the development of SLMHS	3
	Introduce CAPA (Choice and Partnership approach) to CAMHS	4
Develop programmes to improve the quality and safety of MHS for adults, children and adolescents	Review all Complaints, Trust in Care, Serious Incidents on a monthly basis circulating learning to AMHMT	4

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Embed the role of service user, family member and carer	Introduce a Service User representative on to the AMHMT & on CMHTs through close liaison with the Office of Service User Engagement	2
Enhance the service user and carer engagement structures at national and CHO level in the planning and development of MHS	Introduce Mental Health Advocacy in service development and planning	2
	Publish the Service User Study undertaken in collaboration with St Angela's College	1
	Continue to use Patient Opinion website for feedback on services	4
Strengthen accountability with funded voluntary agencies including accountability for clinical services	Quarterly reviews of all Service Level Agreements	4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Enhance process to provide resources on an equitable basis aligned to population and deprivation	Commission a review of existing premises to establish critical analysis of accommodation provided vis a vis need of clients	4
	Strengthen OAP through additional	4

	medical and nursing resources where resources permit	
	Endeavour to appoint Team Co-ordinator to MHID Team	4
	Develop ANP posts in line with CCPs x 3 - Eating Disorder, Liaison Psychiatry, CBT, ANP, site approved by NIMB depending upon resources	4
Develop new programmes by utilising the capability of digital technology and implement ICT Framework	Review of ICT infrastructure and use of technology in service delivery	3
Partner with Estates in the provision of appropriate buildings so that they are fit for purpose for the MHS	Continue to progress new Acute Inpatient Unit Project to revised schedule working with SRH and Estates Management	4

CHO 2

Galway/Roscommon Mental Health Services

Introduction

Galway Roscommon Mental Health Service, a comprehensive secondary level service 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. 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.

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. Fulfilling our purpose to provide safe services to those who need them and to seek to continuously improve those services, the Area Plan aims to set out credible steps, which will over time enable us to improve the service. They reflect a rational approach to making the best use of the finite overall resource available to us. 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 Galway Roscommon Integrated Service Area (ISA) has a total population of 314,661. It covers both densely populated urban areas including Galway City, Ballinasloe and Athlone as well as rural areas where the population is widely dispersed. Four off-shore islands are also served. There are significant pockets of social deprivation across the area. Galway City has an increasing homeless population. There are significant population variations in the area during the year with a transient student population and very large numbers of tourists during the summer months. One eighth of the population of the Area is aged 65 and over.

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

Spend and Budget								
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Galway / Roscommon	63,369,581	64,007,747	978,800	170,000	65,156,547	64,345,638	614,021	64,959,659	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	67.82	354.53	91.22	96.26	71.83	146.75	828.41

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	67	Psychiatry of Old Age	
General Adult		Continuing Care Beds	16
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	3
No. of Community Mental Health Teams	6	Number of Day Centres	0
Number of Day Centres	16	Specialist Mental Health Services	
No, of High Support Community Residences	11	No. of Rehab and Recovery Teams	1
No. of Low and Medium support Community Residences	24 (10 Low and 14 Med)	No. of Liaison Psychiatry Teams	1
CAMHS		No. of MHID Teams	1
Number of In Patient Beds	20	ID High Support Hostels	3
No. of Day Hospitals	1	ID Medium Independent	6
No. of Community Mental Health Teams	4		

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	**Measure of Performance**	**End Qtr**
Implementation of the Tobacco Free Campus policy in all approved centres and 25% of Community Residences.	Implementation of the Tobacco Free Campus policy in all approved centres and 25% of Community Residences.	1
Implement Connecting for Life Ireland's National Strategy to reduce suicide (2015-2020).	CHO Suicide Prevention Plan developed in conjunction with local Suicide Resource Officer	3
Roll out of #littlethings campaign to staff across Galway and	Campaign rolled out to staff across Galway & Roscommon.	1

Roscommon.		
	To further develop #littlethings campaign in conjunction with NUIG and other Voluntary and Statutory providers.	3
Support the rollout of Stress Control Programmes across Galway and Roscommon in conjunction with Primary Care Psychology.	Continued rollout of programme.	On-going
Ongoing work with HSE Estates to improve anti ligature environment in Acute and Residential Units.	Modification of Units to meet safety requirements.	On-going
To continue the development of Jigsaw across Galway and Roscommon.	Outreach capacity increased across Galway & Roscommon.	2
To scope out potential for an integrated life span approach to mental health in Primary Care based on the Jigsaw Model of Care.	Needs assessment developed with Voluntary and Statutory partners.	2
	To review the APSI Services across Roscommon with a view to scoping potential to introduce in Galway	4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
To further expand the Recovery College to encompass all areas of Galway/Roscommon	Recovery college extended to wider geographical area	
Pilot of SSDL (Supported Self-directed Living) in one Training Centre in both Galway and Roscommon in partnership with Genio.	Pilot phase implemented and review complete.	4
To further progress the Implementation of the Expert Review Group Report on Community Residences across Galway and Roscommon.	Steering group in place overseeing implementation of recommendations	1
Develop and agree processes for integrated working across the CHO structure.	Plan complete in conjunction with CHO office.	4

Continue the development of Clinical Care Programmes - Self-Harm Clinical - Early Intervention in Psychosis - Individual Placement Support (IPS) - Eating Disorders Programme	Implementation supports in place with on-going review at overarching Clinical Governance	On-going
Implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.	All Serious Incidents and Events Reported, Managed and Investigated in a timely manner.	On-going
Agree and implement guidelines for the management of aggression and violence in the mental health services, linked to performance assurance.	Dedicated staff member appointed to oversee implementation.	On-going
Review of the current sector team populations and reconfigure to be consistent with CHO structures.	CHO mapping agreed.	1
CAMHS In-patient Unit working to agreed SOPS.	SOPS implemented.	On-going
Ensure each Sector Team has an identified Team Co-ordinator in place.	Coordinators in place.	On-going
Support the Implementation of the Housing and Disability Strategy in conjunction with the Local Authorities.	Steering group established to oversee implementation of strategy.	1
Continue the development of the ARI Project across GR 1-3.	Project expanded.	2
Implementation of the Policy with regards to Residential Support Services, Maintenance and Accommodation Contributions.	Steering group established to oversee the Implementation Policy and financial assessments on clients completed.	3

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Continue to support Service User participation at Area Management Team level.	Service User Participation on the AMT.	On-going
To support the rollout of the Office of Service User engagement	Appointment of a SUFMC Area Lead in line with National policy	3

Nationally and Locally.		
To further support the development of Local Consumer Panels.	Consumer Panels feeding into Service User Participation Framework.	On-going
To develop an Advocacy Service for CAMHS focusing on In-patient and Community Service users.	Pilot Service developed in CAMHS in-patient Merlin Park.	3
To roll out education sessions for families of service users focussing on understanding illness, self-care and stress management.	Family members/carers offered access to on-going education sessions	2

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Utilise supports for staff to optimise their resilience, mental health and wellbeing.	Staff awareness and utilisation of Employee Support Assistance programmes.	On-going
Review numbers and skill mix of staff to ensure they are appropriate to the assessed needs of the service user.	Review complete in specific units	On-going
To progress, new 50 bedded Acute Unit in GUH campus.	Implementation Group overseeing the development in line with the HSE Capital Programme.	1
Progress the Capital Project for the relocation of the Community Mental Health Team in Tuam.	Implementation Group established to oversee the development in line with the HSE Capital Programme.	1
To progress the relocation of Community Mental Health Team bases for GR1&2.	CMHT bases identified and operational.	4
Ensure the Minor Works is targeted at QPS priorities.	Plan developed with Estates and works complete.	1
Progress the Capital Project for the enhanced CAMHS facility in Merlin Park campus.	Implementation Group established to oversee the development in line with the HSE Capital Programme.	1
To scope out ICT Capital Project to address patient safety, clinical risk and communication requirements across the service.	Project team in place	3

Mayo Mental Health Services

The Mayo Mental Health Service will continue to maintain and develop the four Approved Centres and the Community Mental Health Teams. We will continue to work in partnership with the Genio Projects, Refocus, Community Action and Dementia and Bealach Nua,

We will continue to enhance Community Mental Health service provision, develop specialist mental health services, develop and roll out the clinical programmes, establish service user and carer engagement structures at national and community health organisation levels, improve early intervention services for adults and children and to progressively support the population to build resilience and positive mental health as well as implement the new National Suicide Prevention Strategy, Connecting for Life,

Governance
Mayo Mental Health Services has established a Mayo Area Management Team with sub groups with the aim of ensuring that Quality and Risk matters are effectively managed to deliver quality and safe services. One of the key actions here is to address the participation of the service user as an integral part and equal member of the Management team in conjunction with the National Mental Health Directorate

Essential Risk Management
Risk management operates at many levels within mental health services. At the Mayo Mental Health Services level our goal is that all services operate to the highest possible standards, with skilled and screened professionals working within a transparent and reflective structure. We aim to work with the national MHD to have controls in place including around our residential and other care settings, clinical practice and supervision, structured reporting and service audits and service user surveys as part of maintaining a safe environment for Service Users, Visitors, Staff members and the community. A focus will be 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.

Serious Incident Management
In order to promote incident management throughout services there has been concerted effort since May 2013 to building capacity in incident management at senior management level whilst also training investigators for serious incident investigations. Incident Management Training has been offered to Senior Managers within Mayo PCCC. Since May 2013 nineteen employees have commenced Systems Analysis training within Mayo PCCC. .

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.

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 and Budget								
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
Mayo	25,348,433	27,815,165	788,400	90,000	28,693,565	25,797,964	235,069	26,033,033

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	15.50	184.50	26.24	27.19	11.08	81.12	345.63

Services Provided

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	2
No. of Community Mental Health Teams	5 (3 Sectors)	Number of Day Centres	0
Number of Community Mental Health Centres	7	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		

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Further expansion of accessible brief intervention youth mental health services	Expanded	2
Develop local CHO suicide Prevention action plan	Developed	2
An Employment Specialist will continue to work with the Rehab and Recovery team to support and assist service users in finding appropriate employment	Service Users supported in finding employment	1

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Improve access and waiting times by recruiting approved development posts;	Recruitment complete	4
Continue to support families of service users in adult services through Bealach Nua project.	Enhanced support to families	4
Provision of mental health services for refugees and asylum seekers in the MMHS	In place	4
Re-configuring the General adult community mental health teams (CMHT) to service populations of 50,000 as recommended in a	Review commissioned report to plan implementation of this service reconfiguration.	4

Vision for Change and equitably distributing resources therein.		
Reconfigure services in the Swinford/ Claremorris area to facilitate the introduction of an 8 to 8 seven day service which will enable the provision of outreach, home based treatment and crisis intervention.	Enhanced service in place	1

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Appoint a service user rep to the Area Management Team with the advice and guidance of the National office.	In place	4
A Multi-Disciplinary working group established to ensure compliance with the Mental Health Judgement Framework	In place	1

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
The refurbishment of St Anne's Approved Centre to comply with Mental Health Commission Standards	Refurbished	4
Refurbishment and reconfiguration of An Coillin and Rehab and Recovery	Completed	3
Upgrade the windows in the ADMHU to meet the Ligature Audit requirements	Completed	1

CHO 3
Mid-West Mental Health Services

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

Introduction

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

Adult Services

In 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 currently four 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 (0-16 age group) and North Tipperary (0-17 age group). The service provides assessment, diagnosis and treatment for children and adolescents and their families with mental health requirements. The service operates an emergency referral system 24 / 7 and children and adolescents presenting in crisis are generally responded to within 24 hours.

Community Residential Facilities.

There are currently 9 High Support Hostels and 16 Medium Support Hostels/Low Support Residences in the Mid-West Mental Health Services.

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Mid-West	56,146,569	58,803,321	1,021,470	245,000	60,069,791	57,570,141	1,105,913	58,676,054	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	54.65	380.63	150.42	65.57	48.38	76.89	776.54

Services Provided

Service	No. Provided	Service	No. Provided
General Adult		**Psychiatry of Old Age**	
No. of Adult Acute In Patient Beds	89 (currently operating between 79 and 84) for the duration of the Redevelopment Project in the Acute Psychiatric Unit, Limerick which is due for completion /Full operation in February 2016	**POA Acute Inpatient Beds**	5 (designated in Acute unit 5B) 5 (designated in APU Ennis, Clare)
No. of Community Mental Health Headquarters	11	**Number of Day Hospitals**	0
No. of Community Mental Health Teams	13	**No. of Community Mental Health Teams**	4*
Number of Day Centres	11	**Number of Day Centres**	0
No, of High Support Community Residences	9		
No. of Low and Medium support Community Residences	16	**Specialist Mental Health Services**	
		No. of Rehab and Recovery Teams	2
CAMHS		**No. of Liaison Psychiatry Teams**	1

Number of In Patient Beds	0	No. of MHID Teams	0**
No. of Day Hospitals	0	**Other**	
No. of Community Mental Health Teams	5		Forensic in reach to Limerick Prison

* The 4th Psychiatry of Old Age Team is currently in development

** The MHID Team is currently in development

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Develop a local CHO suicide prevention interagency action plan	Interagency Plan developed with regional Suicide Prevention Officers	Q4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Mental Health Intellectual Disability: Develop Adult and Child MHID Teams	Mid-West to develop a MHID Service under the management and governance of Mid-West Mental Health Services	Q4
General Adult: Increase Rehab and Forensic Capacity	Increased Rehab and Forensic Service capacity as one of the priority area for any development monies which may become available in 2016.	Q3
Psychiatry of Later Life - Develop CHO specialist mental health dementia unit in Clare - Revenue	Specialist Mental Health Dementia unit in Clare under the remit of Mental Health	Q3
General Adult: Further develop Community Mental Health Teams plus Psychiatry of Later Life	All vacant posts and previously approved development posts filled. This is a priority area for any development monies which may become available in 2016.	Q1

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Promote better service user, carer and family member involvement in service design and delivery of mental health services.	Service User in attendance on all Management Teams	Q4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
CAMHS: Increase Capacity of Teams to 75% recommended workforce and ensure that all approved posts which are currently vacant are filled as speedily as possible.	All vacant posts / previously approved development posts filled. This is the number one priority area for any development monies which may become available in 2016 for the Mid West.	Q1

CHO 4

Cork/Kerry Mental Health Services

Introduction

The Cork & Kerry Community Healthcare Organisation has a total population of 664,534 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 Area. A regional CAMHS 20 bed inpatient facility (Eist Linn) is located in Cork. Cork & Kerry Community Healthcare Organisation currently has 10 CAMHS teams.

The Cork & Kerry Mental Health Service provides specialist assessment, care and treatment for people of all ages, with approximately 1,363 (Sept 15') staff from a range of disciplines working as part of generic and specialists teams. This multidisciplinary service model provides a range of skilled interventions to support service users in their personal recovery journey. This significant investment in recent years has greatly enhanced the existing teams and affords service users access to a wide range of therapeutic supports.

Quality and Service User Safety

Building on the capacity development programme in relation to Quality & Service User Safety delivered in 2015; Cork & Kerry Mental Health Services will continue to focus on targeted interventions and strategies to ensure delivery of safe, quality focused and recovery orientated care. The recruitment of a Quality & Patient Safety Resource Officer (2014 developments) will provide additional support to front line staff and managers in this regard.

Our commitment to development of quality services will also be delivered through increasing participation by service users and carers in the development and delivery of services. This work will be enhanced by the recruitment of the Area Service Users, Family Member, Carer (SUFMC) representative (2014 developments) and will continued to be supported by the dedicated MHS Community Workers in Cork & Kerry.

The on-going training & implementation of the Open Disclosure, Safe-guarding of Vulnerable Adults, Safety Incident Management and Customer Relationship Management Strategy and policies will assist with continuous quality assurance and improvement through-out the service

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

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Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Cork	80,921,978	81,699,350	442,000	770,000	82,911,350	80,835,832	1,723,368	82,559,200	
Kerry	21,226,160	21,914,875	235,000	-	22,149,875	21,729,715	1,047,396	22,777,111	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	110.47	764.75	175.93	92.88	107.73	122.61	1374.37

Services Provided Cork and Kerry

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	153 – Cork (18 beds PICU/Forensic) 38 – Kerry		
General Adult		Psychiatry of Old Age	
No. of non acute beds for adults	182 - Cork 32 – Kerry	Number of Day Hospitals	1
No. of Acute Day Services	6 – Cork 3 – Kerry	No. of Community Mental Health Teams	2 enhanced teams – Cork 1 team in Kerry
No. of Community Mental Health Teams	13	Number of Day Centres	0
Number of Day Services	14 – Cork 8 – Kerry	Specialist Mental Health Services	
No, of High Support Community Residences	10 (146 places) - Cork 4 – Kerry	No. of Rehab and Recovery Teams	1 – Cork 1 – Kerry
No. of Low and Medium support Community Residences	14 Medium – Kerry	No. of Liaison Psychiatry Teams	Cork 1 Adult Team with enhanced support from self harm developments 13' + 1 CAMHS Team from 2014 developments Kerry 0 (Development of 1 team with 2014 dev funding)
CAMHS		No. of MHID Teams	Cork 1 & awaiting posts

			from 2013 developments Kerry 0 (Development of 1 team with 2014 dev funding)
Number of In Patient Beds	20		
No. of Day Hospitals	0	Other – Home Based treatment teams	3 (2 Cork + 1 Kerry)
No. of Community Mental Health Teams	10		

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
All Acute Units smoke-free by year end	Smoking cessation programmes Phased closure of designated smoking areas	Q4
Physical wellbeing – Recruitment of 2 physiotherapists in Cork (DFD)	Physical activity programmes in place Mobility & fitness assessments available Reduced reliance on medication	Q4
Resilience Training Programmes for staff in Cork & Kerry	Complete 8 programmes (2 per Qtr)	Q 1 – Q4
Implement 'Connecting for Life' Strategy	Development of Customised strategies for Cork & Kerry	Q4
	Development of local CHO suicide prevention Action Plan	Q4
Cork & Kerry MHS will work with NGO partners to develop health promotion capacity	Delivery of additional clinical suicide prevention services	Q1 – Q4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services
Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
On-going development & maintenance of generic & specialist MH teams across the	Approval & associated recruitment processes commenced for all approved posts	Q1 – Q4

CHO focussing on existing deficits & priority development areas		
New Prison In-reach Service/Assertive Outreach to be designed and established between Carrig Mor and Prison Services	New Service established	Q2
Team-Coordinator SOP for Cork MHS developed	Implemented by end of quarter 1	Q1
On-going implementation & enhancement of CAMHS SOP	Participate in national audit of SOP implementation. Roll out of standardised suite of forms across all CAMHS services	On-going
Development of the Team Co-ordinator role in CAMHS		Q3
Strive to achieve compliance across all domains of MHC inspections at good or excellent levels of compliance	Achievement at levels 3 or 4 of the judgement support framework	On-going
Further develop processes for learning opportunities through SAI's findings & recommendations	Learning notices to be discussed at CMHT meetings	On-going
Introduce local measures in order to address the capacity issues re the completion of SAI's in accordance with the current demand/policies	Develop & implement a screening process to determine progression to SAI stage	Q1
Develop & undertake clinical audit programmes across the CHO	Establish a log of all audits undertaken & a report to be furnished quarterly by the Audit Committees	On-going

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable
Mental Health Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

Actions 2016	Measure of Performance	End Qtr
Recruit a Service User, Family Member, Carer (SUFMC) Representative and appointment of service user representatives on AMHTs	SUFMC Rep & support staff recruited	Q1
Continue the development of Consumer Panels, roll out the Advancing Recovery Ireland Project, and grow links with all current community initiatives and support the national development & rollout of Peer Support Workers in a number of CMHT's	SUFMC initiatives strengthened	Q3 – Q4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Succession Plan for management of natural attrition while maintaining a safe level of service	Completed workforce plan Timely recruitment/NRS	Q2
Continue training of staff in all the HSE national standards	Training developed and provided to staff	On-going
Progress the development/recruitment and training of an Infection Control Nurse for Cork MHS	Dedicated Infection Control Nurse for Cork MHS in place	Q3
Continue to roll out & audit PMAV training in all areas of Cork & Kerry – in-house trainers in place	Training developed and provided to staff	On-going
Continued roll-out of Enhancing Teamwork programme to Community Mental Health Teams and Area Management	Training developed and provided to staff	On-going
Engage with other Divisions to maximise developments benefiting mental health e.g. Primary Care, Estates	Inclusion of MH requirements in all new developments across the CHO as required	On-going
Ensure staff consulted and/or participating in service design and improvement initiatives	Staff Participation in National Survey Development of a Cork & Kerry MHS Newsletter per quarter	Q1 – Q4 duplicate action remove below
Support & enhance continued third level education & post graduate placements across all disciplines	Engagement with third level providers for new entrants and training strategies in place for existing staff	On-going
Promote Staff Well-being Resilience Training Programmes for staff in Cork & Kerry	Complete 8 programmes (2 per Qtr)	Q 1 – Q4
Recruitment & implementation of Peer Support Workers in a number of CMHT's in Cork & Kerry	Dependent on development funding and national roll-out programme	Q3
Complete prioritised assessment of current physical infrastructure	Complete capital mapping evaluation	Q2
Ensure minor capital is targeted at QPS priorities {address anti-	QPS infrastructure deficits identified and addressed	On-going

ligature measures}		
Enhance and improve the current physical infrastructure at St. Michael's Acute Unit, Mercy University Hospital, complete the refurbishment of the Acute Unit in Kerry General Hospital & review the needs of acute in-patient facility in Bantry	Capital allocation approval awaited	Q2 – Q4
Review locations and suitable premises to facilitate staff to work as an effective team creating and facilitating the required partnership environment for successful reconfiguration	Inclusion of MH requirements in all new developments across the CHO as required	On-going
Work with staff and staff representative bodies to ensure that we effectively engage with staff, foster a culture of openness and transparency and promote a highly motivated workplace culture throughout all levels of management and staff in our services.		On-going

CHO 5
Carlow/Kilkenny/South Tipperary Mental Health Services
Waterford/Wexford Mental Health Services

Introduction

The CHO Area 5 has a total population of 496,000(CSO 2011). 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, throughout the catchment area. The extended catchment area model requires a seamless and integrated approach to service delivery.

Service Description

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

 In Carlow/Kilkenny/South Tipperary mental health services (CKST MHS) a comprehensive development of Community Mental Health Teams (CMHTs) and Home Based Treatment Teams (HBTT) has brought together the key professionals to provide a range of mental health interventions for a defined community. This has ensured the delivery of a service that facilitates recovery in the service users own home environment.   CKST MHS, as the statutory service, continues to work with our voluntary partners to ensure the meaningful involvement of the service user in the management and delivery of the service.

Waterford /Wexford MHS provides a range of secondary level specialist interventions services to service users and their families with the aim of achieving the best quality of life for each individual within available resources. Service delivery includes a broad range of services for children and adolescents, adults, older persons, those with an intellectual disability and mental illness as well as a number of rehabilitation services and suicide prevention initiatives. The Waterford / Wexford MHS works closely with primary care, acute hospitals, services for older people, services for people with disabilities and a wide range of non-health sector partners in the statutory and non-statutory sector as well as local community based groups.
Services are provided by a broad range of disciplines including medical, nursing, social work, psychology, occupational therapy, dietetics, administration, speech and language therapy, social care and addiction, suicide prevention and counselling services.

Recovery based community programmes will be further developed in 2016 to include the provision of Recovery Principles Training for all staff within the CHO 5 Mental Health Service area. Following on from a significant consultation process in 2015, the development of a Recovery College for the CHO 5 Area will be a continuing priority for 2016.

The Senior Management Teams in both CKST and W/W remain committed, to ensuring the continued delivery of high quality patient focused safe services. In this regard the focus for 2016 will be on the on-going review

of overall Service Delivery, the Model of Care and the provision of a safe and effective service in association with the Quality and Safety Executive Committees. There will be an on-going focus in 2016 in relation to the roll out of the CAMHS Standard Operational Procedures, which were launched nationally in 2015 and the progression of the implementation of Community Healthcare Organisations Report, 2014.

Quality and Service User Safety

Robust clinical governance protocols incorporating effective systems and processes in accordance with the HSE Integrated Risk Management Policy and the HSE Safety Incident Management Policy (2014) were developed, in 2015. CHO Area 5 mental health services will continue to build on these in 2016 to ensure a culture of patient safety is embedded throughout the services. Significant progress was made in 2015, in the development of our incident management systems in line with national policy.

The mental health services will continue work in 2016 in developing an increased capacity to facilitate systems analysis of serious untoward incidents and to use this analysis to increase learning for all of our staff throughout the service. Risk management processes will be audited on a continuous basis and this will include monthly audit reports in relation to Care Planning in the Dept. of Psychiatry, Kilkenny and Selsker Unit, Wexford units.

Following the introduction of the service user representative at a national level the Quality & Safety Executive Management Team will further develop the quality of our services through the increased participation of service users, family members and carers in the work of our planning and business forums as well as the on-going development of our recovery agenda.

Population	
54,600	Carlow
75,715	Kilkenny
88,432	South Tipperary
218,747	**SUB TOTAL – Carlow/Kilkenny/South Tipperary**
67,000	North Wexford
78,000	South Wexford
59,000	Waterford City
55,000	Waterford County
19,000	South Kilkenny
278,000	**Sub Total – Waterford, Wexford**
496,747	**Total – CHO Area 5**

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Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Carlow / Kilkenny / Sth Tipp	48,139,982	49,502,486	240,000	230,000	49,972,486	48,442,509	505,376	48,947,885	
Waterford / Wexford	39,253,883	40,862,489	291,246	555,000	41,708,735	40,062,101	952,624	41,014,725	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	66.38	635.66	110.94	97.68	208.07	67.21	1185.94

Services Provided

Services Provided			
Service	**No. Provided**	**Service**	**No. Provided**
No. of Adult Acute In Patient Beds	88 (44 in CKST, 44 in W/W)		
General Adult		**Psychiatry of Old Age**	
No. of non-acute beds for adults	116 (60 in CKST, 56 in W/W)	**Number of Day Hospitals**	0
No. of Day Hospitals	9 (4 in CKST, 5 in W/W)	**No. of Community Mental Health Teams**	5 (2 in CKST, 3 in W/W)
No. of Community Mental Health Teams	16.5 (8 in CKST, 8.5 in W/W)	**Number of Day Centres**	0
Number of Day Centres	12 (9 in CKST, 3 in W/W)	**Specialist Mental Health Services**	
No, of High Support Community Residences	21 (12 in CKST, 9 in W/W)	**No. of Rehab and Recovery Teams**	4 (2 in CKST, 2 in W/W)
No. of Low and Medium support Community Residences	28 (12 in CKST, 16 in W/W)	**No. of Liaison Psychiatry Teams**	0
CAMHS		**No. of MHID Teams**	2 (Brothers of Charity)
Number of In Patient Beds	0		
No. of Day Hospitals	0	**Other**	
No. of Community Mental Health Teams	7 (4 in CKST, 3 in W/W)	**Dual Diagnosis Mental Health/Substance Misuse CMH Team**	0.5
		Consultant Psychiatrist – Child & Adolescent and MH Intellectual Disability	1 (Consultant Post)

			2 Crisis House in CKST
			1 Respite House in W/W

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
To support the implementation of Connecting for Life Ireland's National Strategy to Reduce Suicide (2015 – 2020)	Engagement with various stakeholders across CHO5 to support the implementation of the Local Action Plans	3

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Improve Access to Mental Health Services and Reduce Wait times	Implement the Child and Adolescent Mental Health (CAMHs) Standard Operating Procedures	1
	Implement the Child and Adolescent Mental Health (CAMHs) On Call Service	4
	Provision of additional Liaison Psychiatry services within CHO Area 5	4
Improve access to specialist mental health services and improve service user flow	Identification and Prioritisation of the models of care including the development and implementation of standard operating procedures across the mental health services, co-terminus with CHO Primary care Networks. In addition to scope the service need and plan for the funding of these with development of a facility for people with ID and challenging behaviour	4

Develop programmes to improve the quality and safety of mental health services for adults, children and adolescents	Develop additional systems to support legislative requirements. Assuring compliance with the Mental Health Act, regulations, with the implementation of the Judgement Support Framework, Codes and Rules and addressing areas of non-compliance	3

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Enhance our engagement with service users, their families and carers and involve them in the design and delivery of services, through membership of the QSEC and EMT Committees.	Progress the organisational change programme to achieve recovery orientation in the Mental Health Service	2

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Develop Supports for staff to optimise their resilience, mental health and well-being in partnership with Health and Wellbeing and Human Resources	Develop a staff health programme to include staff health days, information regarding stress control and diet and exercise	3
Partner with Estates in the provision of appropriate buildings so that they are fit for purpose for the Mental Health Services	Progress initiatives to address the significant shortage of clinical space from which Community based services can be delivered	4
Refurbishment of existing Approved Centres to comply with Mental Health Commission standards and to introduce anti-ligature measures in all settings.	Reconfiguration of the DOP in Waterford University Hospital to provide 14 Acute and 30 Sub-Acute beds. This will involve the conversion of a 4-bedded room in line with ligature standards.	2
		4

CHO 6
Dublin South East/Wicklow Mental Health Services 2016

Introduction

In line with Vision for Change and the National Service Plan Dublin South East Wicklow service area will continue to provide high quality mental health services to ensure optimal mental health for the population of the service area. The following are the key priorities in relation to mental health services in Dublin South East Wicklow for 2016.

❍ C.H.O. Area 6 Dublin South East Wicklow will ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
❍ Dublin South East Wicklow will deliver integrated, evidence based and recovery focussed Mental Health services.
❍ C.H.O. Area 6 Dublin South East Wicklow will deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.
❍ C.H.O. Area 6 Dublin South East Wicklow will work to promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide.
❍ C.H.O. Area 6 Dublin South East Wicklow will work to enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

In delivering our services C.H.O. Area 6 Dublin South East Wicklow Mental Health Services are guided by The *Report of the Expert Group on Mental Health Policy - A Vision for Change* (2006). Dublin South East Wicklow delivers, in line with *Vision for Change,* progressive, evidence based services which are patient-centred, flexible and community based. Dublin South East Wicklow Mental Health Services will be working during 2016 to prioritise outstanding actions by *Vision for Change*. The plans for mental health services are also aligned with the corporate goals of the H.S.E. The additional resources that have been allocated as a result of ring-fenced budgets for the period 2012 to 2014 have been of significant benefit in Dublin South East Wicklow in allowing service developments in the areas of, Community Mental health Teams and Psychiatry of Later Life.

Quality and Service User Safety

Dublin South East Wicklow Mental Health Services have made significant progress in the area of Quality and Service User Safety over the past number of years. A number of key developments have taken place in this regard. The inclusion of service user representation on the management structures of Dublin South East Wicklow has facilitated a clearer focus on service user need and safety in all discussions relating to service provision. Further, the development of the Quality & Risk committee and the development of formal risk management structures and processes have contributed greatly to service user safety and quality service provision.

In 2016, the focus of the Quality and Service User Safety function in Dublin South East Wicklow is to continue the development of high quality and safe services for our service users and staff. A key element of these developments will be the appointment of a Quality and Risk Manager to the mental health service in 2016. Additionally there will be a focus on ensuring that effective clinical governance arrangements are in place which will incorporate systems and processes to ensure that robust and effective quality and risk management systems are further developed.

Dublin South East Mental Health Services will continue to work with the National Incident Support and Learning Team in implementing a standardised response to serious incidents, developing targeted interventions and practical strategies to help reduce loss of life by suicide, and supporting staff training in management of violence and aggression. Our commitment to the development of quality services will also be delivered through a range of service improvement initiatives, increasing participation by service users and carers and the further development and enhancement of specialist services.

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

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Dublin South East / Wicklow (incl St John of Gods)	51,016,008	52,228,373	282,159	40,000	52,550,532	52,140,871	901,567	53,042,438	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	**56,94**	**249.48**	**101.57**	**54.75**	**55.67**	**40.07**	**558.48**

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	82 including SJOGS as required.	**No. of MHID Teams**	1
No. of non-acute beds for adults	78	**Psychiatry of Old Age**	2 teams
No. of Day Hospitals	2	**Specialist Mental Health Services**	1 Eating Disorder Team Elmount.
No. of Community Mental Health Teams	9	**No. of Rehab and Recovery Teams**	In Development
Number of Day Centres	2	**No. of Liaison Psychiatry Teams**	1

No, of High Support Community Residences	2	CAMHS	Provide by Lucena under SLA
No. of Low and Medium support Community Residences	6		-

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Put in place dietetic services which will work to improve the diet and manage weight issues / obesity / eating disorders in mental health service users.	Recruitment of 2 Dieticians into the service	Q3
The development of a strategic plan for Connecting for Life suicide reduction strategy across the CHO.	Delivery of Strategic Plan	Q1
Implement an annual operational plan to implement the Connecting for Life strategy in the C.H.O.	Delivery of Operational Plan for SRO's for 2015	Q1
Work with the Local Authorities, Other State Agencies and the Voluntary / Community Sector to implement the Healthy Ireland strategy with a view to improving health outcomes for those affected by issues of mental health. Key to this will be the engagement of Mental Health Services in the LCDC process. Work across the directorates and external agencies such as Southside Partnership, Traveller Groups, Gateway and a range of voluntary and community sector agencies working in the mental health arena.	Review / Audit of Progress on Mental Health Issues arising from the LCDC process and work with other Stakeholders.	Q4
Support CAMHS teams to improve performance metrics and ensure compliance with National SOPs and on call and out of hours'	Improved compliance with performance metrics, SOP's and On Call / Out of Hours Services.	Q 3

services.		
Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services		

Actions 2016	**Measure of Performance**	**End Qtr**
Finalise and publish a strategic plan for Mental Health Services in C.H.O. Area 6 that will drive the work of the service in line with national policy for the period 2016 to 2020.	Publication of Strategic Plan for Mental Health Services CHO 6.	Q1
Open a purpose built Out Patient Department on the Clonskeagh Campus to ensure high quality facilities from which to deliver services.	Opening and operation of the OPD Dept.	Q1
Recruit a Consultant in Child Mental Health of Intellectual Disability.	An application in relation to this post has been made to the Consultants Appointment Committee. Recruitment of this post is dependent on the approval of the Consultants Appointment Committee.	Q4
Development of a Strategic Plan for the Development of Psychiatry of Old Age Services in C.H.O. Area 6.	Delivery of POA plan for CHO 6.	Q 3
Consolidate the Wicklow POA Service and ensure equity and consistency of service in POA teams across the CHO.	Joint policies and protocols and referral pathways agreed across POA Services in CHO 6.	Q4
The integration of all Recovery / Rehab services in the C.H.O. This will include the current Recovery and Rehab services provided by Cluain Mhuire mental health services and other voluntary rehabilitation and recovery providers within the CHO. The inclusion of Housing Associations / Agencies will be integral to the development of the integration of rehabilitation services	Increased integration between the developing rehabilitation services in CHO Area 6. The further development and integration will be dependent on resource allocation from the MHD nationally.	Q4
Adapt and develop a model of enhanced multi-disciplinary service for Liaison / ED / Non Scheduled Care. This will include the	Model in place and operational. Audit of practices in the ED Dept.	Q4

initiatives to respond to presentations of self-harm. Links will be made to the Suicide Reduction strategy in relation to the self-harm initiative and the national clinical care programme on reducing self-harm.		
Work in conjunction with CHO 7 and 9 and other stakeholders to support the development of a Dublin City Jigsaw initiative.	Degree of Development of the Jigsaw Service with a focus on the contribution of CHO 6.	Q4
Work with the Primary Care Directorate to improve linkages between the Mental Health Services and the counselling in primary care initiative (CIPC).	Degree of increase in integration between Mental Health and CIPC.	Q 4
Work to support the Living well with Dementia Project and explore closer integration of the project with the strategic plans for POA Services within the CHO.	Degree of integration between both Community Mental Health Teams and POA teams in respect of Living Well with Dementia.	Q4

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

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

Actions 2016	Measure of Performance	End Qtr
Recruit a Quality and Risk Manager for Mental Health Services.	Staff member recruited and in place.	Q1
Implement a proactive compliance / risk reduction plan across the CHO for the approved centres.	Compliance audit plan in operation across each of the approved centres in CHO 6.	Q3
Devise action plans to address all risks identified in the service. This will include enhanced investigation of incidents where required.	Action plans in place for each of the items on the Mental Health Risk Register and improved incident investigation processes in place.	Q 3
Further develop the roll out of the National Incident Management System across Mental Health Services in CHO Area 6.	The degree of compliance with the NIMS system in Mental Health Services.	Q 3
Recruit and appoint a Service User and Family / Carer Co-ordinator. This is dependant or resources being made available by the national M.H.D.	The appointment of a staff member.	Q4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

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

Actions 2016	Measure of Performance	End Qtr
Ensure that staff receives all required statutory and mandatory training.	Needs assessment completed and audits in place to show improved compliance with training requirements.	Q1 – Q4
Ensure that training logs and records are up to date and fully reflect the competencies of staff in the service.	Audit of training logs to verify records are up to date.	Q 3
Develop staff training and development programmes.	The increase in the numbers of staff training programmes and staff trained verified by audit.	Q 3
Develop staff training and development programmes that include the service user and carer perspective.	Audit of training / development programmes that include the service user / carer perspective.	Q 4

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Implementation of a national Mental Health Information System in the CHO.	Completion of an E-rostering initiative on a pilot basis in the CHO.	Q 4
Provision of appropriate buildings to ensure safe delivery of Mental Health Services	Development of a Capital Plan for Mental Health Services in the CHO.	QQ4
Implementing the National MHD ICT Framework	Degree to which the CHO has complied / engaged with the MHD on the roll out of the ICT Framework	Q4

CHO 7
Dublin South Central Mental Health Services
Kildare West Wicklow Mental Health Services

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 and 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 Areas of Dublin North, Kildare, West Wicklow and Midlands. The interim CAMHs Acute Inpatient unit based at St. Loman's Hospital was replaced by a 22 bed Unit which opened in December 2015.

The Kildare West Wicklow Mental Health Service is a Community Based Mental Health Service which started in 1992 with the opening of the 29 bed Lakeview Acute Admissions Unit in Naas General Hospital. The population of the area has grown from 135,000 in 1992 to 228,400 in 2011. Further population growth is expected due to the age structure in the area and its proximity to Dublin.

The mental health services in the area have been managed in a Supercatchment Area with the Laois/Offaly/Longford/ Westmeath services this is now changing to conform with the new Community Healthcare Organization boundaries.

Quality and Service User Safety

The CHO 7 mental health services will support the Division in providing high quality and safe services for our service users and staff. The service will engage with the Division to build the capacity of service users, families and carers to influence the design and delivery of Mental Health Services

Dublin South Central Mental Health Services

Population			
General Adult Teams	**Population Served**	**CAMHS**	**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	North Kildare	71,673
Drimnagh	27,384	Mid Kildare	71,679
Camac	45,298	South Kildare	66,960
Total	406,441 (inclusive of CAMHs)		

Spend and Budget									
Integrated Service Area (ISA)	**2014 Actual Net Spend**	**2015 Projected Spend - Ongoing Services**	**2015 Minor Works - Once Off**	**2015 Non Minor Works - Once Off**	**2015 Projected Total Spend**	**2016 Opening Budget**	**2013 & 2014 Dev Posts to start in 2016**	**2016 Closing Budget**	
Dublin South Central	53,994,681	55,879,411	276,900	242,152	56,398,463	56,266,595	1,001,898	57,268,493	

Staffing	**Medical/ Dental**	**Nursing**	**Health & Social Care Professionals**	**Management/ Admin**	**General Support Staff**	**Other Patient & Client Care**	**Total**
Dec 2015	75.45	268.6	116.48	54.28	25.52	132.79	673.12

Services Provided

Service	**No. Provided**	**Service**	**No. Provided**
No of Adult Acute Inpatient Beds	103		
General Adult		Psychiatry of Old Age	
No. of non-acute beds for adults	0	No. 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	12	No. of Liaison Psychiatry Teams	2

Community Residences			
		No. of MHID Teams	2
CAMHS			
Number of Inpatient Beds	22		
No of Day Hospitals	1 (Cherry Orchard)		
No of Community Mental Health Teams	8*		

*Number of CMHT's includes teams for Dublin North, Kildare/ West Wicklow

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	**Measure of Performance**	**End Qtr**
Promote participation in smoking cessation programmes and provision of nicotine replacement therapy to those in residential settings	Increased participation in smoking cessation initiatives.	Q3
Implement *Connecting for Life* Ireland's National strategy to reduce suicide	CHO Suicide Prevention Action Plan developed in conjunction with the local Suicide Prevention resource Officer	Q3
Staff participation in and promotion of screening programmes.	Increased uptake of screening by users of Mental Health Service.	Q1-4
Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need		
Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services		
Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements		
Actions 2016	**Measure of Performance**	**End Qtr**
Continued support of the 3 Clinical Care Programmes including the provision of a Community Based Eating disorder programme in CAMHS	Monitor uptake of Early Intervention of Psychosis Programme.	Q3-4
Review and implement the Clinical Deliberate Self Harm programme in the Emergency Departments in consultation with the National Office	Ensure programme is implemented. Reduction of incidents of self-harm. Submit data to National Office.	Q1-4
Development of new local mental health governance structures in CHO 7 by planning for re-alignment of our sector boundaries to an average pop' of 50,000 in	Engage with colleagues in CHO 7 forum re: new structures. Monitor progress of development of structures.	Q1-4

line with the development of the Primary Care Networks in the area. Appointment of Quality and Risk Manager Service User Rep to CHO	Ensure appointments are in place.	
Continue with supporting the reconfiguration of all General Adult CMHTs & Develop and progress process for assigning team co-ordinators Develop out of hours service for 16-17 year olds	Progress introduction of Team Coordinators to piloting with one CMHT and one MHID. Service provided.	Q1-2
Continue to roll out local service developments in line with 2015 development monies and ensure anti ligature and capital works are completed	Approved developments commended and completed. Capital Works completed.	Q1-3
Further develop the infection control measure and prevention within the service and the inspection process.	Develop and infection control strategy in line with national policy	Q1

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Continue with pilot project of ECT based in AMNCH.	ECT Service operable.	Q1-4
Continue the roll out of programmes to support collaboration and partnership with service users, family members and carers.	Number of family and Carers engaged.	Q1-4
Roll out open disclosure training.	Numbers trained.	Q2-4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Continue to support the roll of recently appointed Suicide Prevention Resource Officers in the community.	No of facilitated sessions.	Q2-4

Implement the Peer Support Worker role within the Mental Health Services		
Optimise the recruitment and retention of staff by engagement with NRS and Third Level Colleges to maximise the available skill sets.	Increased retention of staff.	Q1-4

Kildare West Wicklow Mental Health Service

Population	
228,410	Kildare/West-Wicklow

Clinical Teams	Population
North Kildare	72,161
Mid East Kildare	61,984
Mid-West Kildare	54,070
South Kildare	39,688

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Dublin SW / Kildare / W Wicklow	14,563,105	15,918,822	157,787	86,110	16,162,719	14,707,701	903,728	15,611,429	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	20.80	106.33	21.96	5.83	3.12	10.37	168.41

Services Provided

Services Provided			
Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	29+6 (Portlaoise)		
General Adult		Psychiatry of Old Age(To de developed in 2015)	
No. of non-acute beds for adults	0	Number of Day Hospitals	0
No. of Day Hospitals	4	No. of Community Mental Health Teams	0
No. of Community Mental Health Teams	4	Number of Day Centres	0

Number of Day Centres	2.5		Specialist Mental Health Services	
No, of High Support Community Residences	2		No. of Rehab and Recovery Teams	0.5
No. of Low and Medium support Community Residences	4 (0 Med and 4 low)		No. of Liaison Psychiatry Teams	0
CAMHS			No. of MHID Teams	0
Number of In Patient Beds	0			
No. of Day Hospitals	0		Other – Training Centre	0
No. of Community Mental Health Teams	0			

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	**Measure of Performance**	**End Qtr**
Engage with Connecting for Life Strategy as rolled out in Kildare Develop Suicide Prevention Action Plan for CHO	Kildare localised Connecting for Life Strategy	Q4
Develop the Rehabilitation service in AMH KWW to enhance individual recovery and ultimately reduce the pressures on the inpatient bed resource	Increase in number of individuals engaging with rehab team	Q1-Q4
Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need		
Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements		
Actions 2016	**Measure of Performance**	**End Qtr**
Plan realignment of our sector boundaries to an average population of 50,000 in line with the development of the Primary Care Networks in the area.	New aligned teams	Q2-4
A plan has been developed based on identified needs of the area for 3 new 17 bed high support hostels. For submission to Estates planning meeting Feb 2016 Plan to develop a High Obs unit	Decreasing length of stay in acute unit. Decrease in institutionalisation of individuals.	Q2-4

within existing footprint in Lakeview unit		
MOU to be agreed with Portlaoise in absence of new structure, Ongoing bed shortage now at crisis in KWW	Approval from Estates to proceed	Q2-4
Develop a model of care for DSH in ED	MOU in place	Q1
Continued roll out of 3 national Clinical care Programs	Initiate DSH capacity including SOP in NGH ED. CNS role in Place.	Q2
Support for Training and recruitment of staff in KWW	Continued BFT, FEP and DTB training	Q2

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Streamline process for purchasing assessment tools for normal day to day activities in OT & Psychology service.	Continue the process of bringing MH staffing in KWW up to Vision for Change levels. Ease and speed of supply to service managers	Q1-4 Q2
Develop 3 Homecare teams in Kildare_ will allow people to be treated in the most appropriate setting.	Reduced risk in acute unit due to decrease in demand for beds	Q1

CHO 8
Midlands Mental Health Services

Introduction

The Midlands Mental Health Services (MHS) area incorporates 2 former Mental Health (MH) Catchment Areas (CAs) of Laois/ Offaly(LO) and Longford/Westmeath (LW). The combined population from the 2011 census is shown below and the area has considerable geographic spread. The service was managed in a Supercatchment Area with Kildare West-Wicklow Mental Health Services and is currently transitioning to become part of the Community Healthcare Organization CHO Area 8 also incorporating Louth/Meath (L/M) MHS..

Laois/ Offaly, Longford /Westmeath		
Mental Health Catchment Area	**Population**	**Approved Centres**
Laois/Offaly	157,246	Department of Psychiatry, MRH, Portlaoise. Ward 6, St Fintans Hospital, Portlaoise
Longford/Westmeath	127,520	Acute Admission & High Dependency Unit, St Loman's Campus, Mullingar. Cluain Lir aCNU, MRH Mullingar
Midlands	**284,766**	**4**

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Midlands	46,000,358	49,211,288	146,224	72,000	49,429,512	45,936,818	392,535	46,329,353	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	**40.99**	**299.66**	**58.86**	**52.26**	**40.81**	**123.38**	**615.96**

Service Description

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

Adult MHS, Psychiatry of Later Life Services (POLL), Rehabilitation & Recovery (R&R), Substance Misuse & Liaison.

In Laois Offaly, Acute Admissions are to the Department of Psychiatry at the Midland Regional Hospital, Portlaoise and MH Elderly Care Admissions are to Ward 6, St. Fintan's Hospital, Portlaoise, an older institution with only this ward remaining. An adapted Community Nursing Unit (a CNU - approved centre) is in advanced planning stages with projected completion in 2016 to allow closure of this final ward.

In Longford Westmeath, Acute Admissions are to the new Acute Unit (co-located with new Adult High Dependency Unit) on St Loman's campus and MH Elderly Care Admissions are to Cluain Lir (a new CNU opened 2012) adjacent to MRH Mullingar. The last ward in old hospital closed in December 2013 completing the closure of the old hospital.

6 - 10 Acute beds are currently accessed by the Kildare West Wicklow (KWW) Service to the Acute Admissions Unit in Portlaoise. The Acute Admissions Resource is shared according to population need and proximity to community location with especially close working relationships between KWW and LO. The plan is to continue this under a Memorandum of Understanding (MOU) which is mutually beneficial to both services.

Child and Adolescent MHS (CAMHS)

CAMHS are provided currently provided by 6 Consultant led teams which are managed by the Midlands MHMT. This service has undergone the most transformation and development in the past few years with development of 3 new teams, a specialist service for ADHD, and a planned separation of the LW team into 2 separate county teams. Access to acute inpatient beds where required are to the Linn Dara Acute Inpatient Unit and the CAMHs Acute Inpatient Unit in St Vincent's Fairview. Capacity and Acute access is being improved in conjunction with the MHD and CAMHS Development Group.

Mental Health of Intellectual Disability Services (MHID) Adult and Child, (AMHID & CAMHID)

These services have had the least development in the area and there are proposals to realign MHID services with small MHID teams working with Generic Disability teams where the majority of resources are based.

The MHID teams will be reporting into the Midland MHMT. Very strong working links and a well-developed Interagency forum have been developed with CAMHS and 0-18 Disability Services, Primary Care Services as well as partners from Education and Social Services to the benefit of children and families.

Quality and Service User Safety

The objective of the Midlands Mental Health Services is to ensure safe care, improve quality and provide assurance and verification of same. The service will support the Division in providing high quality and safe services for our service users and staff. The service will engage with the Division to build the capacity of service users, families and carers to influence the design and delivery of Mental Health Services. The Midland MHS has a truly lifespan service for mental health within its remit and will promote strong integration and shared learning across specialties within mental health and with partner agencies to achieve a seamless service to the benefit of all age groups and their families.

Laois/Offaly, Longford/Westmeath Mental Health Service

Population	
284,766	Laois/Offaly – 157,246, Longford/Westmeath – 127,520

Staffing	Medical/Dental	Nursing	Health & Social Care Professionals	Management/Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	40.99	299.66	58.86	52.26	40.81	123.38	615.96

Services Provided

Services Provided				
Service	**No. Provided**		**Service**	**No. Provided**
No. of Adult Acute In Patient Beds	54 (+10 KWW)			
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	2
No. of Low and Medium support Community Residences	24 (9 Medium 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			

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and

agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Consolidate the Laois Offaly Interagency Forum and roll out in Longford Westmeath	Consolidated and roll out planned	Q1-Q4
Extend SCAN Laois Offaly	Services extended	Q1-Q4
Implement *Connecting for Life* Ireland's National strategy to reduce suicide	CHO Suicide Prevention Action Plan developed in conjunction with the local Suicide Prevention resource Officer	Q3

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Continue to develop rapid access to urgent assessment in A+E to CAMHS LO Rollout STORM training to Liaison Service to create Lifespan Liaison CAMHS LW Progress the sourcing of appropriate Team accommodation Extend ADHD service to LW to allow meeting of CAMHS SOP targets	Improved access	**Q1-Q4**
Establish 16/17 team in LWM Team and source appropriate team base	In place	Q3
Develop Adult rehab and recovery services in Longford/Westmeath	Service developed	Q2
National Clinical Programme	Support on-going training of all staff in the Early Intervention Psychosis, Eating disorders and DSH.	On-going

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Progress the development of service user and carer	Service User and Carer representation on MHMT	Target Q2

representation on the MHMT		

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Develop a Training database with priorities aligned to service developments	In place	Q1
Actively progress the filling of development posts for MMHS	Posts filled	Q3
Support the training and recruitment of new staff	Identification of training needs for staff once recruitment process is complete	Q3

Louth Meath Mental Health Services

Introduction

The Louth Meath ISA Mental Health Service has core objectives of:

- Striving to provide a high quality services by implementing A Vision for Change (Vision) and 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 Louth Meath population and in our approach to suicide prevention.

- Implementing the Health Reform programme fully within Louth Meath mental health services in a way which ensures appropriate integration with other health and social services.

The Louth Meath Mental Health service is recovery focused, clinically excellent in all aspects of care provided and fully involves service users, carers and family members in all aspects of the design and delivery of care. Fulfilling our purpose to provide safe services to those who need them and to seek to continuously improve those services, the divisional and area plans aim to set out credible steps which will, over time, enable us to improve the service.

Area Description

Louth Meath Mental Health Service (LMMHS) delivers psychiatric services to a total population of 304,676, (2011 cen. figures). Population over 65 is 29,513. Population under 18 years is 84,818

Service Description

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

There are 10 General Adult Community Mental Health Teams with an average catchment area of 30/35,000 population. The opening of the New Acute Inpatient Unit in Drogheda in 2016 will allow for the reconfiguration of existing Community Mental Health teams to take place in line with Vision for Change. It is planned to have 6 Vision for Change teams working to 50K population. There are 3 psychiatry of old age multi-disciplinary Teams with (100,000 approx. pop each).

There is a Liaison Team and Deliberate Self Harm Nurse based at Our Lady of Lourdes Hospital, Drogheda & Self Harm Nurse at Our Lady's Hospital, Navan.

In 2016, a Rehabilitation Team will be set up using development posts. A number of team members are currently in post. Consultant Psychiatrist post has been approved and the recruitment process is currently underway.

Two Adult MHID teams have been approved for Louth Meath & Cavan Monaghan through the NSP posts. A CAMHS ID Consultant has also been approved. 8 WTE's in total will be allocated to these 3 teams.

Currently there are two Adult Acute Units, one in St Brigid's Hospital, Ardee (old style male & female dormitory) with 24 beds and an acute unit at Dept. of Psychiatry, Our Lady's Hospital, Navan with 25 beds. All acute inpatient beds will move to the new acute psychiatric 46 bed inpatient unit which is scheduled to open early in 2016. Also in St Brigid's, as part of the approved centre, is St Ita's Ward (20 beds) with 15 occupied beds with patients long term enduring mental health illness. The Louth Meath acute bed numbers are currently being reduced to reach 46 beds as per Vision for Change for the total population served.

CAMHS

CAMHS is provided by 6 teams (3 in Louth & 3 in Meath). The 6th team is currently awaiting accommodation and sector reconfiguration.

OTHER COMMUNITY BASED SERVICES

Louth Meath Mental Health Service also provides 2 Assertive Outreach teams, 1 in Louth & 1 in Meath and 2 Home based Treatment Teams, 1 in Louth & 1 in Meath. These teams are nurse led with accountability resting with the respective sector Consultant Psychiatrist.

We also provide a self-harm service, Alcohol Counsellors, Family Therapy, Cognitive Behaviour Therapy, Community Support Team, Affective Disorder Team, DBT, Clozapine service (Meath) and Eating Disorder Therapy.

Quality and Service User Safety

Building on 2015, the focus of the Quality and Service User Safety function is to provide high quality and safe services for service users and staff. Robust clinical governance arrangements, incorporating effective systems and processes to enable quality and risk management ,are key requirements of safe quality services and are managed via a clinical governance structure that is led by an Assistant Director of Nursing within the service.

Population	
304,676	Divided into two geographical sectors by county, Meath's population is 184,135 and Louth's population is 122,987 Catchment area pop Louth is 156,406 (Co. Louth + actual sector), Meath is 148,270 (Meath minus Trim rural Eds)

Spend and Budget									
Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget	
Louth / Meath	30,910,695	33,294,686	541,705	229,293	34,065,684	32,128,351	1,054,067	33,182,418	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	41.40	201.66	77.29	46.59	19.16	39.68	425.78

Services Provided

Service	No. Provided	Service	No. Provided
No. of Adult Acute In Patient Beds	49		
General Adult	Access to beds from within the 49 inpatient beds	**Psychiatry of Old Age**	Access to beds from within the 49 inpatient beds

No. of non-acute beds for adults	70		Number of Day Hospitals	0
No. of Day Hospitals	2		No. of Community Mental Health Teams	3
No. of Community Mental Health Teams	10		Number of Day Centres	0
Number of Day Centres	6 (currently under reconfiguration)		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	2 (low support)		No. of Liaison Psychiatry Teams	1
CAMHS			No. of MHID Teams	0
Number of In Patient Beds	0		Other	
No. of Day Hospitals	0		Assertive Outreach Team	2
No. of Community Mental Health Teams	6		Home based treatment team	2
			Effective Disorder Team (Louth only)	1
			Community Support Team (Dundalk only)	1

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier		
Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide		
Actions 2016	Measure of Performance	End Qtr
Continue to support staff and service users engaged in Advancing Recovery Ireland (ARI) steering group in LMMHS	Completion of discharge planning/information booklet.	Q2
Launch Louth Meath Consumer Panel for Service users and families in January 2016 following on from training completed in Q4 2015.	Consumer panel established with terms of reference and appropriate support structures.	Q1
Continue to build on links with patient advocates, Service User reps, Carer and service user support groups.	Links established	On-going
Development of Day Hospital programme responsive to the needs of the local community.	Day Services being reconfigured to Day Hospital Model	Q1

Implement the Tobacco Control Policy/Tobacco Free Campus across LMMHS	Implementation	Q4
Work to further develop the Jigsaw project to respond to the mental health needs of young people 12-25yrs.	Build on established links	Q1
Develop a Son-going Prevention Action Plan for CHO	Governance structure in place and plan developed	on-going
Provide and sustain suicide prevention training to health and social care professionals, including frontline mental health service staff. .	Carry out a needs analysis (consultation/collation of data) regarding services	Q2/Q3
Implement and integrate national communications campaigns e.g. Little Things at a local level	Quarterly data collection of number of sessions & participants trained.	Q4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services

Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Work with Primary Care Services, Social Care Services and Tusla to provide a patient centered recovery orientated approach to service delivery.	Process in place	Q13
Work with PCS to look at provision of access to dementia / challenging behaviour accommodation and services	Needs identified and plan in place	on-going
Support staff with the roll out of Wellness Recovery Action Plan (WRAP) programmes in Louth and Meath Mental Health Services	Multidisciplinary WRAP training organised for staff	Q1-Q4
Continue to work with Local Authority, housing agencies, Navan Mental Housing Association, and HAT to provide appropriate housing for service users with mental health problems in line with national policies.	Pathways and links established	
Support the local Early Intervention Psychosis Hub to roll out National programme for First Episode Psychosis	Review data collected on first episode psychosis as per agreed SOP	Q2

Delivery of Dialectical Behaviour therapy (DBT) for adult services users across Meath and Louth	Pre and post intervention measures being used as part of a national study of outcomes	Q4

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr
Establish 5th & 6th CAMHS teams in Meath and Louth and implement National SOP for CAMHS services.	Recruitment of additional staff in 2015 development posts.	Q2
Implement the MHC Judgement Support Framework document	Processes in place	Q3

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Continue to support the Navan CM Team participating in the DCU Co Operative learning project. Team of Service user, carer and professional will identify and work on project to aid promoting recovery (Nov 15 – May 16)	Feedback from group and support selected project/initiative.	Q3
Work with National Office on implementation of recommendation of reference group for Service User, families and supports	AMT nominee to join implementation group and develop local plan for LMMHS	Q1
Inclusion of service user and family views in on-going development of CAMHS services		
Explore the development of 5 day a week day hospital for children and adolescents in order to meet needs of young people attending service and reduce need for admission	CAMHS Day Hospital operational	Q3
Open the new purpose built Department of Psychiatry, Drogheda/ 46 single ensuite rooms with separate areas for Psychiatry of Old Age and High Observation	Unit functional	Q1

Open new Sector team headquarters in Meath & Louth.	Sector HQs open	Q3
Progress providing adequate appropriate accommodation for expanding CAMHS services in Louth & Meath	Accommodation provided	Q2
Reconfigure day services to day hospital models. Establish Rehab team	Reconfiguration of service is on-going	Q3
Clinical Governance group meet on a formal and regular basis to manage clinical governance issues for all disciplines	Minutes of meetings highlight actions and review	Q4

CHO 9
Dublin North City and County Mental Health Services

Introduction

Mental Health Services in CHO Dublin North City & County (CHO 9 DNCC) are provided to a population of 584,539 via a comprehensive General Adult Service, Child and Adolescent Mental Health Service (CAMHS), Mental Health Intellectual Disability (MHID) Service and Psychiatry of Old Age (POA) Service based on A Vision for Change. The focus is on providing assessment and treatment at the least complex level and as close as possible to the patient's home by way of community mental health teams throughout the service. The General Adult and CAMHS Service provide assessment and treatment at out-patient, homecare and day hospital levels. POA is a home or clinic based first assessment service and treatment is augmented by day hospital and out-patient services when recommended and available.

There are sub-specialist services in Rehabilitation Psychiatry and Liaison Psychiatry in the general hospitals (Beaumont, Connolly and Mater).

Acute General Adult, Child and Adolescent, and Psychiatry of Old Age acute in-patient care is provided in four locations (Ashlin Centre - Beaumont, Connolly Hospital, Mater Hospital and St. Vincent's Hospital, Fairview). Two of these sites, Mater and St. Vincent's, provide the service by way of service arrangements.

The Mental Health Intellectual Disability service is provided by a mix of statutory services (St. Joseph's Intellectual Disability Service) and funded agencies that provide assessment and treatment to clients attending their services. The Mental Health of Intellectual Disability - St. Joseph's Intellectual Disability Service includes an Approved Centre under the Mental Health Act, 2001 and community residential and outreach services.

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

Our operational plans for Mental Health Services provide clarity as to the services we intend to provide over 2016, building on progress made over recent years, detailing the many actions we will undertake over the year. Our actions and goals will be dependent primarily on financial and human resources available to us. We will ensure compliance with the Pay-bill Management and Control Framework within CHO DNCC in all our operational endeavours and all service provision will be subject to compliance with same.

Quality and Service User Safety

A key element of the culture and accountability within the mental health service is the need to continue to develop the measurement and management around quality and patient safety with the same focus as applied to measurement and management around resources. CHO Dublin North City & County Mental Health Service is committed to promoting and protecting the mental health and mental wellbeing of the population it serves to the maximum extent possible within the limits of the resources provided.

Work is progressing towards implementing the HSE Safety Incident Management Policy (May 2014). An Area risk register is in place together with site specific risk registers. The active use of these risk registers, including periodic review and updating of risks and the control actions being taken to mitigate them, is a critical

component of the service safety management programme. 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 changes in notification procedures for Serious Incidents/Serious Reportable Events are embedded in CHO 9 DNCC Mental Health Services. Identified risks to further develop and implement standardised incident management include the need to recruit a dedicated Quality & Safety Advisor for CHO 9 DNCC Mental Health Services and to enhance the capacity to release staff to participate in serious incident review teams for the Area.

All complaints are recorded and used to identify trends and opportunities for learning, risk reduction and quality improvement. All staff are required to report accidents, dangerous occurrences and 'near-miss situations' to their immediate supervisor via the standard incident report form. These forms are available in each department. All accidents, incidents and near miss reports are entered on the NIMS Web System. CHO Dublin North City & County's Mental Health Service commitment to the development of quality services will also be delivered through increasing participation by service users and carers to build their capacity to influence the design and delivery of services.

CHO Dublin North City & County Mental Health Quality and Safety Committees are established and meet on a monthly basis.

Quality and Patient Safety Objectives 2016 are:

- To support the clinical governance of Quality & Patient Safety through the established committee structures in all areas of the service
- To continue to implement the HSE Safety Incident management policy 2014;
- To continue to use the risk register as a system for the monitoring, managing and reporting of risk in CHO 9 DNCC Mental Health Services;
- To support quality initiatives that enhances the involvement of service users and carers.

Population	
337,000	Population served by CHO 9 DNCC Mental Health services in Dublin North City
244,362 (plus 3,177 from North City	Population Served by CHO 9 DNCC Mental Health services in Dublin North

Spend and Budget									
Integrated Service Area (ISA)	**2014 Actual Net Spend**	**2015 Projected Spend - Ongoing Services**	**2015 Minor Works - Once Off**	**2015 Non Minor Works - Once Off**	**2015 Projected Total Spend**	**2016 Opening Budget**	**2013 & 2014 Dev Posts to start in 2016**	**2016 Closing Budget**	
Dublin North City (incl St Vincent's Fairview)	69,878,940	71,143,935	339,169	150,000	71,633,104	71,194,557	1,196,359	72,390,916	
North Dublin	31,431,140	31,890,263	218,510	344,880	32,453,653	31,198,267	312,948	31,511,215	

Staffing	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total
Dec 2015	119.24	585.44	163.46	110.02	140.65	112.97	1,231.78

Services Provided CHO 9 DNCC

Service	No. Provided DNC	No. Provided DN		Service	No. Provided DNC	No. Provided DN
No. of Adult Acute In Patient Beds				Psychiatry of Old Age		
General Adult	87	38		Number of POA Acute In Patient Beds	6	
				Number of Day Hospitals	2	6
No. of non-acute beds for adults	43 63 (of which 34 are POA long stay)	99 (of which 25 are long stay)		No. of Community Mental Health Teams	1 Triple Team	0
No. of Rehabilitation beds	10			Number of Day Centres		0
No. of Day Hospitals	5	3		Specialist Mental Health Services		
No. of Community Mental Health Teams	13	7		No. of Rehab and Recovery Teams	3	1
Number of Day Centres	1	0		No. of Liaison Psychiatry Teams	2 (not full teams)	1 (Beaumont Hospital)
No, of High Support Community Residences	6 (107 places)	4		No. of MHID Teams	0	Community Service provided by St. Joseph's IDS. No complete team.
No. of Low and Medium support Community Residences	10 (78 places)	4 medium and 1 low		Homeless Specialist Team	1	
No. of Regional Psychiatric Intensive Care Beds	24			Homeless Day Hospital	1	
CAMHS				Other – Training Centre		
Number of In Patient Beds	12	0				
No. of Day Hospitals	1	0				
No. of Community Mental	5	0				

Health Teams					

Key Priorities and Actions to Deliver on Goals in 2016

Corporate Goal 1 - Promote health and wellbeing as part of everything we do so that people will be healthier

Mental Health Priority 1 - Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide

Actions 2016	Measure of Performance	End Qtr
Support the development of a Suicide Prevention Action Plan in line with the new National Strategy "Connecting for Life"	PET improved Patient experience improved 70% of Clinical staff on CMHTs provided with suicide prevention and assessment training programmes	Q1 – Q4 Q4
Develop a CHO strategy, in partnership with Primary Care, to promote the health and wellbeing of service users and staff, inclusive of healthy eating, exercise, alcohol reduction and smoking cessation	Strategy developed and implemented Monitor compliance of the Tobacco Free Campus Policy	Q1 – Q4 Q1 – Q4

Corporate Goal 2 - Provide fair, equitable and timely access to quality, safe health services that people need

Mental Health Priority 2 - Design Integrated, evidence based and recovery focussed mental health services
Mental Health Priority 3 - Deliver timely, clinically effective and standardised safe Mental Health service in adherence to statutory requirements

Actions 2016	Measure of Performance	End Qtr
Reconfigure acute bed capacity to meet service need	Reconfiguration complete	Q4
Continue strategic and operational engagement with acute hospitals	On-going engagement	Q1 – Q4
Realign the CMHT and CAMHs teams with the development of PCNs across CHO 9	On-going implementation	Q1 – Q4
Implement in full the Access Protocol for 17 year olds to CAMHs	Full implementation	Q1 – Q2
Establish new Dialectical Behaviour Teams to increase service capacity to provide interventions	Teams established and service provided	Q1 – Q4

Corporate Goal 3 – Foster a Culture that is honest, compassionate, transparent and accountable

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

Actions 2016	Measure of Performance	End Qtr

Establish Structures and mechanisms for engagement with service users, family members and carers, in line with the National reference Group Recommendations and Implementation Plan	Continued engagement between the Management Teams and the existing Service users Forum	Q1 – Q4
	Appointment of an Area Head for Service User engagement and their inclusion as a member of the Area Management Team	Q4
	Continue capacity building training for service users, families and carers	Q1
	Continue the roll out of recovery orientated programmes such as Eolas/ARI for service users, carers and family members	Q1 – Q4
	Facilitate the establishment of an Advocacy Service for CAMHs	Q1 – Q4
	Slan Abhaile Genio Project will continue throughout 2016	Q1 – Q4
Work with the Mental Health National Division Management Team in the roll out of the introduction of Peer Support workers	Appointment of Peer Support Workers	Q4

Corporate Goal 4 – Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Corporate Goal 5 – Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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

Actions 2016	Measure of Performance	End Qtr
Undertake a consultation process, with relevant stakeholders, in the development of a staff training strategy, to reflect the service user and carers perspective	Strategy developed and implemented	Q4
Develop a communication Strategy for engagement with staff through a series of events and visits over the year	Strategy developed and communicated	Q1
Development of a consultation liaison psychiatry POA service to acute hospitals	Appointment of Consultants	Q4

Develop plan for the introduction of Employment Specialists to a number of MDTs	Appointment of Specialists	Q3
Continue engagement with Estates Management to progress initiatives to address shortages of clinical and office space	Regular meetings with CHO and Estates	Q1 – Q4

Appendices

Appendix 1: Financial Tables

Finance Tables – Key Financials (before 2016 PfG €35m)

Table 1 below shows the key mental health financial numbers for each ISA and CHO. The numbers are draft and subject to audit adjustments. The key components are –

- **Column A** – the 2014 Net Spend (Pay + Non Pay – Income)
- **Column B** – the estimated Net Spend for Mental Health Services 2015 subject to audit adjustments.
- **Columns C and D –** show additional once-off spend relating to investment in service infrastructure in Mental Health Services
- **Column E** – Is the sum of all spend in 2015 (Cols B, C & D)
- **Column F** – Initial Opening Budget 2016.
- **Colum G** - The CHO/ISA additional budget for PfG 2013 & 2014 posts that are still being recruited (whereas the PfG 2015 posts are included in the Mental Health National section as these are currently being allocated).
- **Column H** – Closing budget 2016 inclusive of all PfG 2012 to 2014 allocated posts

Table 1 - Indicative Mental Health Budgets and Spend by CHO & ISA

Community Health Org	Integrated Service Area (ISA)	2014 Actual Net Spend	2015 Projected Spend - Ongoing Services	2015 Minor Works - Once Off	2015 Non Minor Works - Once Off	2015 Projected Total Spend	2016 Opening Budget	2013 & 2014 Dev Posts to start in 2016	2016 Closing Budget
		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
1	Cavan / Monaghan	20,061,953	20,453,423	681,586	-	21,135,009	20,280,765	1,111,809	21,392,574
1	Donegal	21,919,116	22,963,644	342,946	219,000	23,525,590	21,426,325	458,353	21,884,678
1	Sligo / Leitrim / West Cavan	22,879,153	23,503,496	46,500	10,000	23,559,996	23,220,054	367,776	23,587,830
CHO 1 Total		**64,860,222**	**66,920,563**	**1,071,032**	**229,000**	**68,220,595**	**64,927,144**	**1,937,938**	**66,865,082**
2	Galway / Roscommon	63,369,581	64,007,747	978,800	170,000	65,156,547	64,345,638	614,021	64,959,659
2	Mayo	25,348,433	27,815,165	788,400	90,000	28,693,565	25,797,964	235,069	26,033,033
CHO 2 Total		**88,718,014**	**91,822,912**	**1,767,200**	**260,000**	**93,850,112**	**90,143,602**	**849,090**	**90,992,692**
3	Mid-West	56,146,569	58,803,321	1,021,470	245,000	60,069,791	57,570,141	1,105,913	58,676,054
CHO 3 Total		**56,146,569**	**58,803,321**	**1,021,470**	**245,000**	**60,069,791**	**57,570,141**	**1,105,913**	**58,676,054**
4	Cork	80,921,978	81,699,350	442,000	770,000	82,911,350	80,835,832	1,723,368	82,559,200
4	Kerry	21,226,160	21,914,875	235,000	-	22,149,875	21,729,715	1,047,396	22,777,111
CHO 4 Total		**102,148,138**	**103,614,225**	**677,000**	**770,000**	**105,061,225**	**102,565,547**	**2,770,764**	**105,336,311**
5	Carlow / Kilkenny / Sth Tipp	48,139,982	49,502,486	240,000	230,000	49,972,486	48,442,509	505,376	48,947,885
5	Waterford / Wexford	39,253,883	40,862,489	291,246	555,000	41,708,735	40,062,101	952,624	41,014,725
CHO 5 Total		**87,393,865**	**90,364,975**	**531,246**	**785,000**	**91,681,221**	**88,504,610**	**1,458,000**	**89,962,610**
6	Dublin South East / Wicklow (incl St John of Gods)	51,016,008	52,228,373	282,159	40,000	52,550,532	52,140,871	901,567	53,042,438
CHO 6 Total		**51,016,008**	**52,228,373**	**282,159**	**40,000**	**52,550,532**	**52,140,871**	**901,567**	**53,042,438**
7	Dublin South Central	53,994,681	55,879,411	276,900	242,152	56,398,463	56,266,595	1,001,898	57,268,493
7	Dublin SW / Kildare / W Wicklow	14,563,105	15,918,822	157,787	86,110	16,162,719	14,707,701	903,728	15,611,429
CHO 7 Total		**68,557,786**	**71,798,233**	**434,687**	**328,262**	**72,561,182**	**70,974,296**	**1,905,626**	**72,879,922**
8	Louth / Meath	30,910,695	33,294,686	541,705	229,293	34,065,684	32,128,351	1,054,067	33,182,418
8	Midlands	46,000,358	49,211,288	146,224	72,000	49,429,512	45,936,818	392,535	46,329,353
CHO 8 Total		**76,911,053**	**82,505,974**	**687,929**	**301,293**	**83,495,196**	**78,065,169**	**1,446,602**	**79,511,771**
9	Dublin North City (incl St Vincent's Fairview)	69,878,940	71,143,935	339,169	150,000	71,633,104	71,194,557	1,196,359	72,390,916
9	North Dublin	31,431,140	31,890,263	218,510	344,880	32,453,653	31,198,267	312,948	31,511,215
CHO 9 Total		**101,310,080**	**103,034,198**	**557,679**	**494,880**	**104,086,757**	**102,392,824**	**1,509,307**	**103,902,131**
CMH	Central Mental Hospital	23,798,799	23,845,959	633,240	71,110	24,550,309	22,732,111	1,302,386	24,034,497
NOSP	National Office of Suicide Prevention	8,554,409	9,451,668	-	-	9,451,668	11,874,206		11,874,206
National	Mental Health National & Regional Services	6,401,566	12,632,076	2,000,000	-	14,632,076	49,748,131	-15,187,193	34,560,938
National	Social Care (MHID/Elderly) - Note 1	-	7,070,000	-	-	7,070,000	-	0	-
National & Regional Services		**38,754,774**	**52,999,703**	**2,633,240**	**71,110**	**55,704,053**	**84,354,448**	**- 13,884,807**	**70,469,641**
Grand Total		**735,816,509**	**774,092,477**	**9,663,642**	**3,524,545**	**787,280,664**	**791,638,652**	**0**	**791,638,652**

Note 1 - 2015 Spend on National & Regional Service includes €7,007,000 spent in Social Care

Finance Tables – 2016 Opening Budget (before 2016 PfG €35m)

Table 2 below shows the indicative Opening Budget 2016 before inclusion of the additional €35m secured for 2016 Developments analysed between Pay, Non Pay and Income.

Table 2 - Indicative Mental Health Budgets and Spend by ISA & CHO

Community Health Org	Integrated Service Area (ISA)	Pay	Non-Pay	Gross Spend	Income	Total	2016 Opening Budget
1	Cavan / Monaghan	18,560,568	3,147,006	21,707,574	- 315,000	21,392,574	21,392,574
1	Donegal	19,795,849	3,038,503	22,834,352	- 949,674	21,884,678	21,884,678
1	Sligo / Leitrim / West Cavan	21,199,515	3,118,671	24,318,186	- 730,356	23,587,830	23,587,830
CHO 1 Total		**59,555,932**	**9,304,180**	**68,860,112**	**- 1,995,030**	**66,865,082**	**66,865,082**
2	Galway / Roscommon	55,993,768	10,920,891	66,914,659	- 1,955,000	64,959,659	64,959,659
2	Mayo	21,212,947	5,347,554	26,560,501	- 527,468	26,033,033	26,033,033
CHO 2 Total		**77,206,715**	**16,268,445**	**93,475,160**	**- 2,482,468**	**90,992,692**	**90,992,692**
3	Mid-West	49,396,195	9,906,490	59,302,685	- 626,631	58,676,054	58,676,054
CHO 3 Total		**49,396,195**	**9,906,490**	**59,302,685**	**- 626,631**	**58,676,054**	**58,676,054**
4	Cork	71,342,381	13,493,658	84,836,039	- 2,276,839	82,559,200	82,559,200
4	Kerry	19,892,924	3,777,871	23,670,795	- 893,684	22,777,111	22,777,111
CHO 4 Total		**91,235,305**	**17,271,529**	**108,506,834**	**- 3,170,523**	**105,336,311**	**105,336,311**
5	Carlow / Kilkenny / Sth Tipp	42,228,046	7,811,999	50,040,045	- 1,092,160	48,947,885	48,947,885
5	Waterford / Wexford	34,819,849	7,086,350	41,906,199	- 891,474	41,014,725	41,014,725
CHO 5 Total		**77,047,895**	**14,898,349**	**91,946,244**	**- 1,983,634**	**89,962,610**	**89,962,610**
6	Dublin South East / Wicklow (incl St John of Gods)	41,291,732	13,382,677	54,674,409	- 1,631,971	53,042,438	53,042,438
CHO 6 Total		**41,291,732**	**13,382,677**	**54,674,409**	**- 1,631,971**	**53,042,438**	**53,042,438**
7	Dublin South Central	40,677,875	18,050,619	58,728,494	- 1,460,001	57,268,493	57,268,493
7	Dublin SW / Kildare / W Wicklow	13,035,181	2,730,250	15,765,431	- 154,002	15,611,429	15,611,429
CHO 7 Total		**53,713,056**	**20,780,869**	**74,493,925**	**- 1,614,003**	**72,879,922**	**72,879,922**
8	Louth / Meath	27,512,783	6,141,704	33,654,487	- 472,069	33,182,418	33,182,418
8	Midlands	40,504,348	6,987,005	47,491,353	- 1,162,000	46,329,353	46,329,353
CHO 8 Total		**68,017,131**	**13,128,709**	**81,145,840**	**- 1,634,069**	**79,511,771**	**79,511,771**
9	Dublin North City (incl St Vincent's Fairview)	57,018,235	18,654,390	75,672,625	- 3,281,709	72,390,916	72,390,916
9	North Dublin	24,012,403	8,616,292	32,628,695	- 1,117,480	31,511,215	31,511,215
CHO 9 Total		**81,030,638**	**27,270,682**	**108,301,320**	**- 4,399,189**	**103,902,131**	**103,902,131**
CMH	Central Mental Hospital	20,599,534	3,596,961	24,196,495	- 161,998	24,034,497	24,034,497
NOSP	National Office of Suicide Prevention	2,810,237	9,063,969	11,874,206	-	11,874,206	11,874,206
National	Mental Health National & Regional	26,982,324	8,736,600	35,718,924	-	35,718,924	34,560,938
National & Regional Services		**50,392,095**	**21,397,530**	**71,789,625**	**- 161,998**	**71,627,627**	**70,469,641**
Grand Total		**648,886,694**	**163,609,460**	**812,496,154**	**- 19,699,516**	**792,796,638**	**791,638,652**

Appendix 2: HR Information

Table 1 - Mental Health Staffing position by Community Health Area / Integrated Service Area Dec 2015

Mental Health	Medical	Nursing	Health & Social Care Profs	Management/ Admin	General Support Staff	Patient & Client Care	Total
Cavan/Monaghan	26.32	130.62	32.07	33.87	14.07	37.52	274.47
Donegal	19.89	181.97	38.25	36.00	36.57	17.31	329.99
Sligo-Leitrim/West Cavan	20.88	173.96	36.10	24.77	46.52	22.86	325.09
CHO 1	**67.09**	**486.55**	**106.42**	**94.64**	**97.16**	**77.69**	**929.55**
Galway/Roscommon	67.82	354.53	91.22	96.26	71.83	146.75	828.41
Mayo	15.50	184.50	26.24	27.19	11.08	81.12	345.63
CHO 2	**83.32**	**539.03**	**117.46**	**123.45**	**82.91**	**227.87**	**1,174.04**
Mid West	54.65	380.63	150.42	65.57	48.38	76.89	776.54
CHO 3	**54.65**	**380.63**	**150.42**	**65.57**	**48.38**	**76.89**	**776.54**
Cork	91.25	583.86	146.02	79.06	74.42	104.72	1,079.33
Kerry	19.22	180.89	29.91	13.82	33.31	17.89	295.04
CHO 4	**110.47**	**764.75**	**175.93**	**92.88**	**107.73**	**122.61**	**1,374.37**
Carlow/ Kilkenny/ South Tipperary	28.38	346.60	50.60	61.10	143.46	35.32	665.46
Waterford/ Wexford	38.00	289.06	60.34	36.58	64.61	31.89	520.48
CHO 5	**66.38**	**635.66**	**110.94**	**97.68**	**208.07**	**67.21**	**1,185.94**
Dublin South East/ Wicklow	56.94	249.48	101.57	54.75	55.67	40.07	558.48
CHO 6	**56.94**	**249.48**	**101.57**	**54.75**	**55.67**	**40.07**	**558.48**
Dublin South Central	75.45	- 93.16	72.52	86.91	79.78	55.77	277.27
Dublin South West/Kildare	20.80	106.33	21.96	5.83	3.12	10.37	168.41
CHO 7	**96.25**	**13.17**	**94.48**	**92.74**	**82.90**	**66.14**	**445.68**
Louth/ Meath	41.40	201.66	77.29	46.59	19.16	39.68	425.78
Midlands	40.99	299.66	58.86	52.26	40.81	123.38	615.96
CHO 8	**82.39**	**501.32**	**136.15**	**98.85**	**59.97**	**163.06**	**1,041.74**
Dublin North City	89.24	403.28	126.92	77.05	81.94	62.98	841.41
Dublin North	30.00	182.16	36.54	32.97	58.71	49.99	390.37
CHO 9	**119.24**	**585.44**	**163.46**	**110.02**	**140.65**	**112.97**	**1,231.78**
Corporate				1.00			1.00
CMH Dundrum	18.96	187.57	21.89	7.50	14.63	38.64	289.19
National/Regional	**18.96**	**187.57**	**21.89**	**8.50**	**14.63**	**38.64**	**290.19**
Total	**755.69**	**4,705.36**	**1,222.68**	**806.45**	**843.81**	**1,070.17**	**9,404.16**

Appendix 3: Performance Indicator Suite 2016

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Frequency	KPIs 2015		KPIs 2016										
KPI Title			2015 National Target / Expected Activity	2015 Projected outturn	2016 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO1	CHO2	CHO3	CHO4	CHO5	CHO6	CHO7	CHO8	CHO9
							HG1	HG2	HG3	HG4	HG5	HG6	HG7		
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	92%	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	74%	75%	CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	22%	18%	CHO	18%	18%	18%	18%	18%	18%	18%	18%	18%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age	Quality	M	99%	98%	98%	CHO	98%	98%	98%	98%	98%	98%	98%	98%	98%

Community Mental Health Teams														
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	94%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	2%	3%	3%	CHO	3%	3%	3%	3%	3%	3%	3%	3%	3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	95%	71%	95%	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	New	New	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	78%	78%	CHO	78%	78%	78%	78%	78%	78%	78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent	Quality	M	72%	72%	72%	CHO	72%	72%	72%	72%	72%	72%	72%	72%	72%

Community Mental Health Teams															
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	12%	10%	CHO	10%	10%	10%	10%	10%	10%	10%	10%	10%
Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,632	2,509	2,449	CHO	394	53	289	465	123	446	251	237	191
Total No. to be seen 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	145	46	107	210	83	287	162	161	107
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,479	1,371	1,141	CHO	249	7	182	255	40	159	89	76	84
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	203	0	CHO	0	0	0	0	0	0	0	0	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	12,947	12,726	12,726	CHO	1,212	1,472	980	2,202	1,332	1,074	1,386	1,548	1,520
Median length of stay	Access /Activity	Q in arrears	10	12.4	10	CHO	10	10	10	10	10	10	10	10	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	70.5	70.5	70.5	CHO	72.7	81.7	70.0	79.5	70.2	63.8	59.7	69.5	68.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	23.1	23.1	CHO	18.9	31.8	18.6	25.3	25.7	19.1	21.9	22.4	23.0
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	74%	63%	73%	68%	63%	70%	63%	68%	67%

Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	47.6	47.6	CHO	53.8	51.9	51.4	54.2	44.5	44.7	37.8	47.1	46.1
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	21.6	21.6	CHO	23.2	22.2	20.8	25.4	18.8	18.3	21.5	18.8	23.6
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,714	1,724	1,724	CHO	192	136	128	228	206	196	222	204	212
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	9.3	9.3	CHO	12.4	10.7	10.5	8.9	9.1	11.1	6.2	6.9	10.8
% 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		Q	>50%	N/A	N/A	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	9	11	11	17	11	9	12	17	17
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	41,499	43,637	43,637	CHO	3,766	7,370	4,041	6,634	4,648	2,498	4,071	6,075	4,534
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	39,424	39,122	41,448	CHO	3,578	6,999	3,837	6,300	4,417	2,372	3,866	5,771	4,308
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first	Access /Activity	M	46,846	37,624	41,810	CHO	4,177	5,412	3,268	6,851	4,701	2,223	5,656	5,036	4,486

appointment for the current month (seen and DNA below)														
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	38,465	29,471	35,430	CHO	3,539	4,586	2,770	5,806	3,984	1,884	4,794	4,266	3,801
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	8,381	8,153	6,380	CHO	638	826	498	1,045	717	339	862	770	685
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	22%	18%	CHO	18%	18%	18%	18%	18%	18%	18%	18%	18%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	31,539	23,009	33,158	CHO	2,860	5,600	3,069	5,041	3,534	1,898	3,093	4,617	3,446
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	25	26	26	CHO	3	4	2	1	4	2	3	5	2
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	10,986	11,664	11,664	CHO	1,789	1,759	1,068	423	1,574	1,096	1,023	1,646	1,286
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	9,887	10,953	11,082	CHO	1,701	1,672	1,014	402	1,495	1,041	972	1,563	1,222

No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	11,238	9,748	10,384	CHO	1,466	1,330	692	497	1,298	1,175	1,050	1,837	1,039
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	10,960	9,472	10,083	CHO	1,424	1,291	672	483	1,260	1,140	1,020	1,785	1,008
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	278	276	301	CHO	42	39	20	14	38	35	30	52	31
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	2%	3%	3%	CHO	3%	3%	3%	3%	3%	3%	3%	3%	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	7,910	7,058	8,866	CHO	1,360	1,337	812	322	1,196	833	778	1,251	977
No. of child and adolescent Community Mental Health Teams	Access	M	64	62	66	CHO	6	6	5	10	7	7	9	10	6
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0	1	0	0	0	1	1	0	1
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0	0	0	0	0	0	2	0	1
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	231	256	281	CHO	0	81	0	47	0	0	100	0	53
No. of children / adolescents admitted to	Access /Activity	M	<30	95	30	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

adult HSE mental health inpatient units															
i). <16 years	Access /Activity	M	0	3	0	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ii). <17 years	Access /Activity	M	0	37	0	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
iii). <18 years	Access /Activity	M	<30	55	30	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	17,254	17,964	18,864	CHO	1,406	1,637	1,982	2,344	2,140	2,030	2,743	2,742	1,840
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	13,803	13,694	15,092	CHO	1,124	1,309	1,586	1,875	1,713	1,624	2,195	2,193	1,473
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	14,155	13,494	13,895	CHO	1,054	1,570	1,194	1,817	1,436	1,345	1,562	2,123	1,794
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,718	11,906	12,628	CHO	957	1,427	1,085	1,653	1,305	1,222	1,420	1,929	1,630
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,437	1,588	1,259	CHO	96	142	108	165	130	123	141	191	163
%. of new (including re-referred) child/adolescent referrals	Access /Activity	M	10%	12%	10%	CHO	10%	10%	10%	10%	10%	10%	10%	10%	10%

offered appointment and DNA in the current month															
No. of cases closed / discharged by CAMHS service	Access /Activity	M	11,042	12,442	12,072	CHO	900	1,047	1,268	1,500	1,370	1,299	1,756	1,754	1,178
Total No. to be seen for a first appointment by expected wait time at the end of each month.	Access /Activity	M	2,632	2,509	2,449	CHO	394	53	289	465	123	446	251	237	191
i) 0-3 months	Access /Activity	M	1,153	1,138	1,308	CHO	145	46	107	210	83	287	162	161	107
ii). 3-6 months	Access /Activity	M	534	595	585	CHO	93	4	80	112	23	107	60	62	44
iii). 6-9 months	Access /Activity	M	314	355	346	CHO	98	1	50	94	13	47	11	12	20
iv). 9-12 months	Access /Activity	M	614	217	210	CHO	58	2	52	49	4	5	18	2	20
v). > 12 months	Access /Activity	M	0	204	0	CHO	0	0	0	0	0	0	0	0	0

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2014/2015 but not operational, projects due to be completed and operational in 2016 and also projects due to be completed in 2016 but not operational until 2017

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m	2016 Implications			Rev Costs €m
							2016	Total	WTE	
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan										
Community Mental Health Unit, Donegal	Refurbishment of Rowanfield House to provide a community mental health unit for the area.	Q1 2015	Q1 2016	0	0	0.00		1.98	0	0.00
CHO 2: Galway, Roscommon, Mayo										
St. Bridget's, Ballinasloe, Co. Galway	Reconfiguration of admissions building (ground floor) to accommodate Beds (x16) from St. Brendan's CNU, St. Joseph's disability day centre and to provide accommodation for a rehabilitation team (POL Project).	Q1 2016	Q2 2016	0	16	0.30		1.50	0	0.00
Loughrea, Co. Galway	Refurbishment of a section of the recently vacated St. Brendan's Community Hospital to provide accommodation for the community mental health team and day hospital.	Q2 2016	Q3 2016	0	0	0.20		1.20	0	0.00
Gort Glas, Ennis, Co. Clare	Refurbishment (at front of St. Joseph's Hospital) to provide a mental health day centre.	Q3 2016	Q4 2016	0	0	0.70		1.50	0	0.00
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork										
Killarney, Co. Kerry	Provision of a combined challenging behaviour and mental health residential unit to facilitate the relocation of	Q3 2015	Q4 2015 / Q1 2016	0	40	1.11		13.00	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m	2016 Implications			
							2016	Total	WTE	Rev Costs €m
	remaining residents from St. Finan's Hospital (*Vision for Change*).									
Kerry General Hospital, Tralee, Co. Kerry	Upgrade and extension to the acute mental health unit to include a 4 bed closed observation unit.	Q4 2014	Q1/Q2 2016	0	4		0.00	2.00	0	0.00
CHO 6: Wicklow, Dun Laoghaire, Dublin South East										
Clonskeagh, Dublin	Development of an acute day hospital in St. Brock's on the Clonskeagh Hospital campus.	Q3 2016	Q4 2016	0	0		0.35	0.65	0	0.00
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West,										
Cherry Orchard, Dublin	Child and adolescent residential Unit (Linn Dara).	Q4 2015	Q1 2016	14	8		0.60	12.48	0	0.00
Brú Chaoimhín, Dublin	Refurbishment of Unit 4, to accommodate adult day mental health services.	Q4 2015	Q1 2016	0	0		0.20	1.60	0	0.00
CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath										
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	New acute mental health unit.	Q1 2015	Q1 2016	0	45		0.30	12.90	0	0.00
St. Fintan's, Portlaoise, Co. Laois	Alvernia House refurbishment to accommodate Child and Adolescent Mental Health Unit, primary care centre expansion, Irish Wheelchair Association and other disability service facilities.	Q4 2015	Q1 2016	0	0		0.17	4.67	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West										
St. Ita's Hospital, Portrane, Co. Dublin	Stabilisation work to listed building, including repairs to roofs, windows, paraphet walls and heating systems (*will not impact on operational status)	Q1 2016	*N/A	0	0		0.40	2.20	0	0.00

Appendix 5 – Accountability Framework 2016

The HSE's **Accountability Framework** was introduced in 2015 and has been further enhanced and developed for 2016. It sets out the means by which the HSE and in particular the National Divisions, Hospital Groups and CHOs, will be held to account for their performance in relation to **Access** to services, the **Quality and Safety** of those Services, doing this within the **Financial resources** available and by effectively harnessing the efforts of its overall **Workforce**.

The introduction of an Accountability Framework as part of the HSE's overall governance arrangements is an important development. The key components of the Performance Accountability Framework 2016 are as follows:
- Strengthening of the performance management arrangements between the Director General and the National Directors and between the National Directors and the newly appointed Hospital Group CEOs and the CHO Chief Officers.
- Formal Performance Agreements between the Director General and the National Directors and between the National Directors and the Hospital Group CEOs and the CHO Chief Officers.
- A developed and enhanced formal Escalation and Intervention Framework and process for underperforming services which includes a range of supports, interventions and sanctions for significant or persistent underperformance.
- The continuation of the national level management arrangements for the CHO Chief Officers
- The continuation of the **National Performance Oversight Group** with delegated authority from the Director General to serve as a key accountability mechanism for the Health Service and to support the Director General and the Directorate in fulfilling their accountability responsibilities.
- Accountability arrangements will be put in place in 2016 between the Director General and the relevant National Directors for support functions (e.g. Finance/ HR/ Health Business Services etc) in respect of delivery against their Operational Business Plans.

A key feature of the Accountability Framework is the formal **Performance Agreements**. They will be updated to reflect the 2016 National Service Plan. These Agreements will be in place at two levels.
- The first level will be the **National Director Performance Agreement** between the Director General and each National Director. (i.e. Acute Hospitals, Primary Care, Social Care, Mental Health, Health and Wellbeing and the National Ambulance Service).
- The second level will be the **Hospital Group CEO Performance Agreement** and **CHO Chief Officer Performance Agreement** which will be with the National Director Acute Hospitals and relevant National Directors for community services respectively.

Accountability Processes
The National Director, Mental Health is accountable for the delivery of the Mental Health services component of the National Service Plan. This is reflected in the Performance Agreement. The Performance Agreement focuses on a number of key priorities contained in the Service Plan or Operational Plan. These priorities are captured in the **Balanced Score Card** to ensure accountability for the four dimensions of **Access** to services, the **Quality and Safety** of those services, doing this within the **Financial resources** available and by effectively harnessing the commitment and expertise of its overall **Workforce**. The Balanced Score Card sets out both quantitative and qualitative measures.

One of the key features of the Accountability Framework is the **National Performance Oversight Group** which is the principal performance accountability mechanism in the HSE. The main outputs from this Group are:
- Scrutiny of the Monthly **National Performance Report** for submission to the Director General

- A formal **Escalation Report** in relation to serious performance issues to the Director General by the Deputy Director General which is published as part of the monthly Performance Report.

The monthly Performance Management processes between the Director General and the National Director, Mental Health and between National Director and the CHO Chief Officers will be further strengthened in 2016. The **Operational Plans** for each CHO, as well as the Divisional Operational Plan, will be the basis against which the performance of these service delivery organisations will be measured and reported.

Mirroring the accountability arrangements in place between the Director General and each National Director, delivery of the CHO Plans will be measured, monitored and performance managed in 2016 through a formal **Performance Agreement** between the relevant National Directors and each CHO Chief Officer. This Performance Agreement will focus on a number of key priorities set out in the CHO Plans. The Agreement will also set out the core performance expectations and accountability arrangements between the National Director and the CHO Chief Officers.

Performance Agreements for each Hospital Group CEO and CHO Chief Officer will set out the integration arrangements between hospital and community services.

Escalation, Interventions and Sanctions

Where it is required, the Accountability Framework provides for escalation of performance through a series of levels culminating at the issue being escalated for action to the Director General. The MHD will engage in any necessary escalation and adopt any service improvement requirement to address any underperformance. Where necessary, escalation measures will be taken in the context of the performance discussions with the Chief Officers.

The full Accountability Framework is published as part of the National Service Plan 2016 and applies to the MHD in the same way as it applies to the other Service Divisions and the CHOs.

Appendix 6 – Mental Health Division PMO

About the SPPMO
The Mental Health Division, Strategic Portfolio and Program Management Office (MHD SPPMO) was established in 2015 by the National Mental Health Division of the HSE in conjunction with the Centre for Effective Services (CES). This collaborative initiative aims to deliver a structured sustainable programme of change throughout mental health services within the broader context of the overall healthcare reform program. Due to the scope and complexity of the healthcare reform program, it is important that service improvement changes are initiated, planned and executed using a programmatic approach. This will ensure the change initiatives and projects are relevant in terms of overall strategic alignment and thereby contribute to the success of the service reform objectives.

What happens when you contact the SPPMO?
You will be asked some questions in order to register your project or idea with the SPPMO team. Registration is the SPPMO mechanism to discover all of the projects and change initiatives happening across mental health services. Based on the information gathered at registration, a member of the SPPMO team will be assigned to work with you and will make an appointment to meet with you to discuss your project further. The first introductory meeting will look in-depth at your project or idea. As part of this, we will assess your situation, identify the task required at this point, discuss your approach and anticipated results. This is the first stage in the structured project Stage Gating approach and it is known as the Discovery Stage. At this meeting, the stage at which your project is currently at within the Stage Gating process and the feasibility of your project to enter the Mental Health Division Project Portfolio will be agreed.

What is expected from me when I work with the SPPMO?
The MHD SPPMO works within a framework of best practice in project and change management. Often people rush ahead in projects and miss out on stages or actions that will affect the buy-in and sustainability of a project. In the SPPMO we operate a planned Stage Gated approach to ensure that this is not an issue. In order to work effectively together, a commitment is required by the project team to work in accordance with the SPPMO methodologies. While this may seem a little daunting at first we will be supporting you along the way. This approach is about changing practice and ensuring more successful and sustainable project outcomes.

Am I P-Cert?
A minimal skill set has been identified in order to be proficient to deliver a successful project. You can discuss your own project management skills with your SPPMO Program Manager to agree what training you could benefit from. The SPPMO have a suite of information, tools and training to support you and key members of your team to up skill to the required standard. Ensuring that everyone is P-Cert will result in a more effective and meaningful engagement with the SPPMO. Once you are registered as P-Cert you will be certified for all future projects.

How do I contact the SPPMO?
The SPPMO team are based in the Linn Dara building on the Cherry Orchard Hospital campus and can be contacted by phone on 07 669 56449 or by email on mhd.sppmo@hse.ie

The SPPMO will support you to manage your project by providing:
- One to One Project Management Support
- Workshops and Group Facilitation
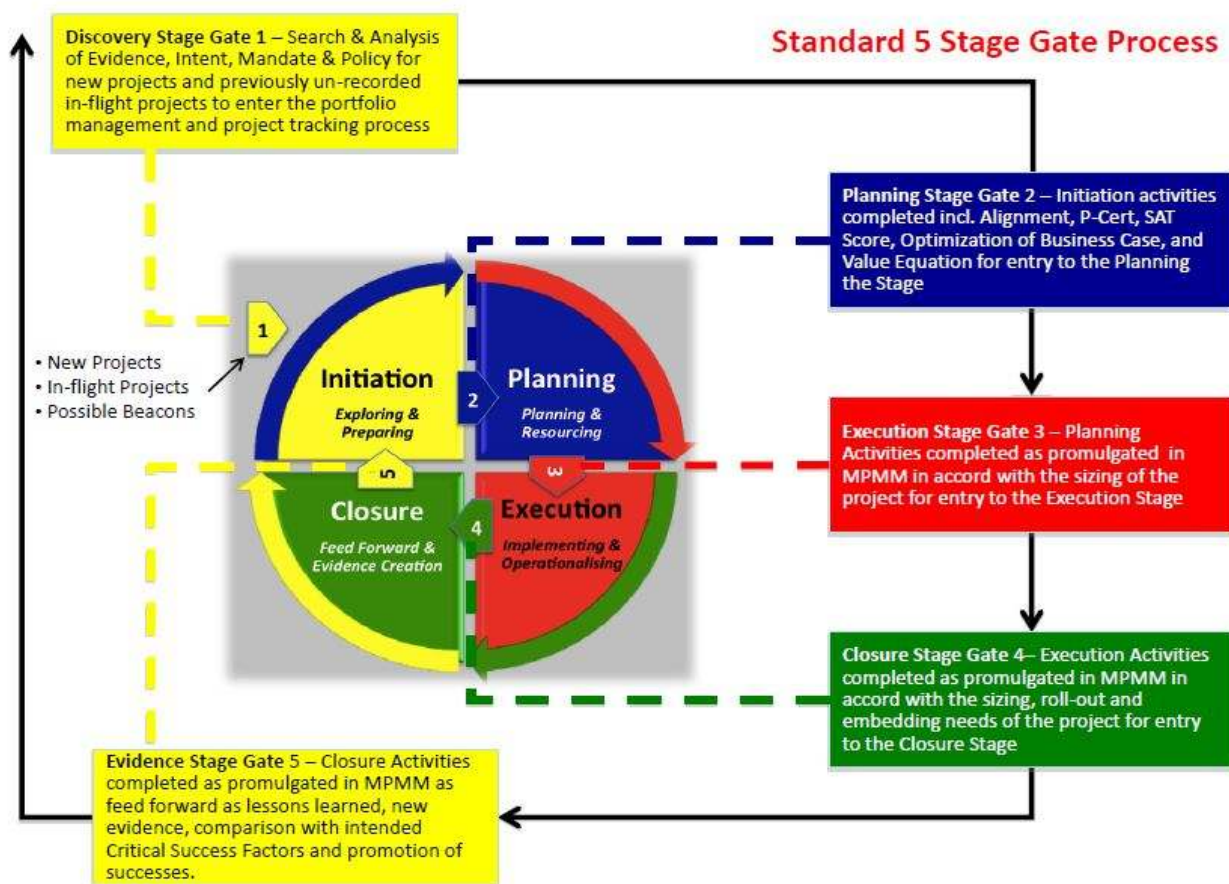- Online and Classroom Training

- Access to Project Management Methodologies. The methodology that the SPPMO use is MPMM. MPMM is considered a "Best Practice Project Management Methodology" because it is aligned with the worldwide standard for Project Management: PMBOK (Project Management Body of Knowledge) Guide.
- Access to Project Management Software (ProjectManager.com) The software that the SPPMO use to manage projects and the portfolio is projectmanager.com.   It enables Project Leads to; create and share customisable online plans to collaborate with their team, access real-time dashboards which show the project status at a glance and to produce reports that can be printed or shared online in order to monitor time, budget and team workload.
- Access to Project Management Tools and Templates (tailored to the SPPMO gated process)
  One tool is The Project Health Check which is a reflective learning exercise, a snapshot of the status of a project or program in order to identify what is going well and what areas need amendment. Project Managers, Sponsors and Project Teams are often so involved in the day-to-day activities that they can fail to recognise the true status of a project. The checks purpose is to gain independent appraisal of how well the project or program is performing in accordance with its objectives and how well it adheres to organisational processes or standards.
- Assistance with complying with Systems Reform Group (SRG) reporting requirements (Project Vision)
- Access to a Community of Practice (On-line platform for information sharing and discussion)

The SPPMO approach to Project Management and Stage Gating
The SPPMO is taking a structured approach to project management which includes:
- Pipeline Management of the overall Mental Health Division Portfolio. This is a structured process for identifying, prioritising and populating the project portfolio with strategically aligned projects.
- Robust Governance Structures at both project and portfolio level.
- Strategic Alignment and Project Optimisation. This ensures that the Mental Health Division are maximising the value and benefits that projects deliver.
- Alignment with SRG (Systems Reform Group) and OGCIO (Office of Government Chief Information Officer)
- Stage Gating

The Stage-Gating process essentially sets a series of criteria for a project to pass through in a number of phases. Stage Gates are approval checkpoints during the life cycle of a project. For each phase there are deliverables which must be created and tasks to accomplish. This is the 'stage' aspect of the process. Then, before the project can move forward to the next 'stage', it must pass through a formal review; the 'gate'. Stage Gate Reviews can be effectively integrated within the project management process to reduce project uncertainty and cycle time.

Standard 5 Stage Gate Process

Discovery Stage Gate 1 – Search & Analysis of Evidence, Intent, Mandate & Policy for new projects and previously un-recorded in-flight projects to enter the portfolio management and project tracking process

Planning Stage Gate 2 – Initiation activities completed incl. Alignment, P-Cert, SAT Score, Optimization of Business Case, and Value Equation for entry to the Planning the Stage

Execution Stage Gate 3 – Planning Activities completed as promulgated in MPMM in accord with the sizing of the project for entry to the Execution Stage

Closure Stage Gate 4 – Execution Activities completed as promulgated in MPMM in accord with the sizing, roll-out and embedding needs of the project for entry to the Closure Stage

Evidence Stage Gate 5 – Closure Activities completed as promulgated in MPMM as feed forward as lessons learned, new evidence, comparison with intended Critical Success Factors and promotion of successes.

- New Projects
- In-flight Projects
- Possible Beacons

Initiation Exploring & Preparing

Planning Planning & Resourcing

Closure Feed Forward & Evidence Creation

Execution Implementing & Operationalising

What happens at the gate?

Our governance model includes the formation of a Joint Program Transformation Board which will review the current status of your project. The MHD Project Lead and SPPMO Program Manager may advocate for approval for the project to proceed to the next stage or present risks or issues that prevent progression at this point. The board will make a decision with four possible outcomes; the project will progress to the next stage, the project may progress to the next stage on condition that it makes recommended amendments, issues may be identified by the board that need to be resolved before progressing the project to the next stage or the project is not suitable for progression to the next stage at this time. This could be due to a variety of factors such as; the complex nature of the project, external environmental influences, resource issues or the stage criteria has not been met. The rationale for this process is to ensure greater project success and avoid missing out on important actions that affect change sustainability.

Who are the Joint Program Transformation Board (JPTB)?

The JPTB oversees the management of the entire MHD Project Portfolio, from inception to fulfilment and roll-out; paying particular attention to the effectiveness of the overall project portfolio in terms of achieving the MHD's Strategic Priorities, Imperatives and Reforms and ensuring sustained improvements. The board will be made up of senior representatives from the National Mental Health Division, other Support Divisions and CHOs.

The Initiation Stage - Together we can work on.....

- Completing a Project Evaluation Form
- A workshop in logic modelling to help you define the desired outcomes of your project and the inputs and outputs required to achieve them

- A workshop on Project Optimisation to help you assess your projects strategic contribution and define the value and benefits that your project will deliver
- Developing a Business Case
- Conducting a Stakeholder Analysis and Developing a Communications Plan
- Establishing a project team and ensuring your Sponsor and Steering Group are aware of roles and responsibilities
- Developing a high level project plan
- Documenting and recording all activities in this stage
- Conducting an Initiation Stage readiness review
- Proceeding through Gate 2 to the Planning stage

The Planning Stage - Together we can work on.....
- Developing a detailed project plan which includes a work break down structure, resource plan, financial plan, quality plan and risk plan
- Designing a detailed business, clinical and technical requirements document
- Completing a project tender management document
- Updating the stakeholder analysis and communication plan
- Documenting and recording all activities in this stage
- Conducting a Planning Stage readiness review
- Proceeding through Gate 3 to the Execution stage

The Execution Stage - Together we can work on.....
- Executing the deliverables in the project plan
- Monitoring and controlling the project plan
- Developing a business readiness checklist
- Developing a "Go Live" implementation plan
- Managing the time, costs, and quality of the project
- Utilising a formal change management process
- Updating the stakeholder analysis and communication plan
- Documenting and recording all activities in this stage
- Conducting an Execution Stage readiness review
- Proceeding through Gate 4 to the Closure stage

Closure Stage - Together we can work on.....
- Developing a post implementation review
- Documenting project performance, achievements, failures and lessons learned
- Completing project documentation
- Documenting and recording all activities in this stage
- Conducting an Closure Stage readiness review
- Proceeding through the final gate and closing the project

The Mental Health Division Project Portfolio – 2016

In 2016, all projects in the Mental Health Division's Operational Plan will be assessed to identify the stage at which the project is currently at within the Stage Gating process and to quantify the strategic contribution of the project towards the overall Mental Health and HSE Reform Programs. The status of all projects will be reviewed quarterly by the Joint Program Transformation Board (JPTB). This quarterly review process will apply to all projects accepted into the MHD Project Portfolio, including those not being actively supported by the SPPMO. As capacity is limited, the SPPMO will focus resources on supporting the projects which achieve the highest strategic contribution ratings. Projects not previously identified in the Divisional and CHO Operational Plans may also enter the Portfolio and seek SPPMO support provided that they can demonstrate a high level of alignment with MHD strategic priorities.