



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHO 6 DUBLIN SOUTH EAST / WICKLOW
Mental Health Strategic Plan

2016 - 2020





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Acknowledgements

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Introduction by Chief Officer



Robust mental health is an integral component of general health and wellbeing, allowing a person to fully realise his or her potential. With a balanced mental disposition, people are more effective in coping with the stresses of life, can work productively and fruitfully and are better able to make a positive contribution to their communities. As health care providers it is incumbent on us to work with the communities we serve to ensure that everyone is facilitated, in as far as possible, in achieving and maintaining optimum mental health.

This plan sets the goals for Mental Health Services for the period 2016 to 2020. The plan will ensure delivery of a wide range of mental health services aligned with identified service user need and national priorities. Critically this plan places the service user at its centre. The emphasis is firmly on recovery and on developing active partnerships between service users, carer's, mental health professionals and other stakeholders including schools, local authorities and the community / voluntary sector. Inevitably, there will be challenges in ensuring that resources are found to ensure the delivery of the plan. However, I have no doubt that the implementation of this plan will bring about significant change and modernisation in the area mental health services.

Martina Queally

Chief Officer CHO Area 6

Introduction by Executive Clinical Director



In line with our national policy Vision for change, the mission of the health services overall and the local Community Healthcare organization, our commitment is to develop and provide person-centred, compassionate multidisciplinary, community and hospital based best-practice interventions for those affected by conditions of significant mental health ill health in this area. This plan has carefully aligned with all the community directorates of the Health Services Executive, those for older persons, primary care and disability services as well as the acute hospital directorate.

The cornerstone of mental health service delivery is the multidisciplinary Community Mental Health Team (CMHT) which delivers best-practice, community-based care to serve the needs of children, adults and older people. Additionally Day Hospitals, Acute and intensive care inpatient beds, High support community residences and outreach and early intervention services are provided, together with General and Specialist hospital mental health services and services for those with specialist needs. It also provides for the implementation of the National Clinical Care Programmes in Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm, Early Intervention for people developing First Episode Psychosis and Eating Disorders Service spanning Child and Adolescent and Adult Mental Health Services. This will require the development of systems and infrastructure to support service delivery, performance management and decision making, building core ICT infrastructure.

It is intended that the plan will also allow the service to respond to emerging need, it is anticipated that there will be challenges into the future in relation to, for example, programme refugees from conflict in the Middle East who will need a range of supports including access to mental health services. Other emerging service demands are from people with mental health difficulties that are homeless and misusing substances whose needs can / will be addressed by adding capacity to address these needs across mental health services.

We recognise the necessity to deepen the commitment to a recovery orientation in its fullest sense and the central role of effective partnerships with service users and carer's. We will endeavour to ensure the views of Service Users are central to the design and delivery of services. This also means we must also build and design for social inclusion taking account of the impacts of stigma, poverty, poor education and marginalisation on mental health and recovery. We plan deeper links and meaningful outcomes with housing, spatial planning, employment and training providers together with voluntary and community forces toward this objective. We intend to increasingly integrate and develop links between physical and mental health care. We also seek to support the whole community toward greater capacity and understanding of fostering well being through mental health promotion and suicide prevention.

Aware of our mutual benefits of relations with other actors in civil society, and with the express intention of realising the benefits of good mental health for the whole community we see additional opportunities to build links to them. This encompasses developing joint undertakings with communities in the Arts and Humanities sector as well as Business, Community development, Sports, Education and Public service agencies. Synergies with universities and training bodies leading to enhanced skill and knowledge for the workforce and community, together with fostering research and innovation in improving mental health are also crucial and a part of our plan.

Robust and accountable governance of services is essential. The executive team will continue to strengthen a commitment to safe, consistent, accessible and fit for purpose mental health services, soundly managed and transparently assured to the highest national standards by internal and external processes. We recognise the still developing nature and limits to the scope of current services and the challenges that delivering this plan will present. Service development and improvements are our ambition but given the uncertainties and challenges in circumstances both within and beyond our control, these are not assured. Therefore we seek support, commitment and resolve from all the participants to strengthen our common capacity to deliver the most effective service possible, one which we can all value and have confidence in.

Dr. Justin Brophy

Executive Clinical Director

Introduction

This strategic plan sets out the priorities for all Mental Health Services in CHO Area 6 for the period 2016 to 2020 and is closely aligned with the national policy imperatives. The overall responsibility for Mental Health Services rests with the Area Mental Health Management Team (AMHT) / Head of Service reporting to the Chief Officer. Membership of the Area Mental Health Management Team is agreed locally and mandated by national policy.

Chief Officer / Other Stakeholders

The AMHT engages fully and positively with the CHO Chief Officer – responsibility for Mental Health Services in CHO Area 6 rests with the Chief Officer, the AMHT reports and is accountable to the Chief Officer. Mental Health Services do and will continue to work closely and collaboratively with each of the other HSE Directorates to ensure seamless services to service users. This plan has considered the requirement to align with all the directorates of the HSE including the acute hospital directorate, older persons, primary care, health and wellbeing and there are close linkages between disability services and mental health. Mental Health services work closely with external agencies in both the community / voluntary and state sectors to advance the mental health of the population. Mental Health Services works with each of the 3 Local Authorities in the CHO in respect of their role in the provision of housing to those affected by mental health difficulties. Additionally Mental Health Services actively engages with third level institutions on the provision of education and training in the mental health field and in relation to research and innovation in the area.

National Mental Health Directorate

The AMHT engages fully and positively with the CHO Chief Officer and the National Director / Office for mental health to ensure that national mental health policy is implemented within CHO Area 6.

Mental Health Commission (MHC)

The MHC is an independent body established by Government in 2002. The functions of the MHC are set out in the Mental Health Act 2001. Its key functions are to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted. The AMHT works with the MHC in the promotion of high standards and good practice in the delivery of Mental Health Services in CHO Area 6.

National Policy

The AMHT in CHO Area 6 implements national mental policy which is currently Vision for Change (VFC). Vision is implemented as fully as resources provided to the CHO allow. Additionally the AMHT implements all national and HSE policy in relation to patient safety, quality and risk and participates fully in all initiatives in relation to national clinical programmes. The AMHT has full responsibility in Mental Health Services CHO Area 6 for the development of local policy and initiatives to give effect to national policy imperatives. In the development of this plan the AMHT was cognisant of and drew upon the relevant policies in Social Care, Primary Care, Health & Wellbeing and Childcare / Protection arenas.

HSE Directorates

The AMHD engages fully with the other National and CHO Directorates in Primary Care, Social Care including disabilities and older persons, Health and Wellbeing and Acute Hospital Services.

Alignment with National Policy / Corporate Goals

The Strategic plan for Mental Health Services has been developed, informed by and in accordance with, the Vision for Change Policy and both the HSE Corporate Goals and the National Mental Health Divisional Goals.

HSE Corporate Goals

- ◆ Promote health and wellbeing as part of everything we do so that people will be healthier.
- ◆ Provide fair, equitable, and timely access to quality, safe health services that people need.
- ◆ Foster a culture that is honest, compassionate, transparent and accountable.
- ◆ Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.
- ◆ 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 Divisional Goals

- ◆ Ensure the views of service users are central to the design and delivery of services.
- ◆ Deliver timely, clinically effective and standardised safe services.
- ◆ Design integrated evidence based, recovery focused services.
- ◆ Promote the mental health of the population including reducing loss of life by suicide.
- ◆ Enable the provision of services by trained and engaged staff as well as fit for purpose infrastructure.

The Plan

This plan will detail the strategic approach that will be taken by Mental Health Services C.H.O. Area 6 to address the mental health needs of the populations it serves. The plan will be delivered in the period 2016 to the end of 2020 and the plan details the key actions for the service for that period. During the lifetime of the plan there will be four interlinked annual operational business plans developed and delivered to implement the strategic goals set out in this plan.

Strategic Priority 1

Development of Mental Health of Intellectual Disability Services (MHID)

Corporate Goal

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

MH Division Goal

Design integrated evidence based, recovery focused services.

VFC recognised that it is only in the last 20 years that there has been widespread acceptance of the fact that people with intellectual disability can also have a mental health problem. VFC recommends inter alia that MHID teams should be available to provide treatment and care to those with an intellectual disability and a mental health problem. These teams, and the psychiatrists working within them, should be part of the mental health services for a defined catchment area, along with other teams providing mental health services to adults, children and adolescents and other specialist mental health teams. This goal aims to implement the recommendations of VFC in respect of MHID Services.

Mental Health Services CHO Area 6 is fully committed to implementing VFC in the provision of MHID services. VFC states there is a need for a specialist mental health services for people with intellectual disability of moderate or greater degrees. Mild ID should be under the care of the relevant age related general mental health specialty. A specialist service is required for people with intellectual disability to meet their mental health needs and the development of MHID services is a key element of the strategy for mental health services. To provide oversight and support to MHID services a MHID forum has been established in CHO Area 6 to drive the implementation of the MHID service in the CHO.

The overarching strategic goal is the development of Mental Health of Intellectual Disability Services for Children and Adults.

STRATEGIC PRIORITY 1	The Development of Mental Health of Intellectual Disability Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 1.1	Child MHID Consultant and Team Recruited.	MHID Forum.	2016 - 2017	Recruitment of Team. Oversight by MHID Forum.	Dependant on Budget Allocation / Approval from National Division.
Objective 1.2	Adult MHID Consultant & Team Recruited in South Dublin.	MHID Forum.	2017 - 2018	Recruitment of Team. Oversight by MHID Forum.	Dependant on Budget Allocation / Approval from National Division.
Objective 1.3	Fully Implement National MHID Guidelines / National and CHO Standard Operating Procedures in Mental Health of Intellectual Disability.	MHID Forum.	Ongoing for lifetime of Plan.	Recruitment of Team. Oversight by MHID Forum.	

Strategic Priority 2

Development of Psychiatry of Old Age Services

Corporate Goal

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

MH Division Goal

Design integrated evidence based, recovery focused services.

VFC states that the critical principle in service provision for older people, including those living in the community, is that – regardless of their mental health history – they should have access to the services most appropriate to their needs. In principle, anybody aged 65 years or over with primary mental health disorders, or with secondary behavioral and affective problems arising from dementia, should be cared for by a POA team. People with a previous history of mental health problems, including those with severe and enduring mental illness, may already have an established relationship with their local community mental health service. On turning 65 of age, they should be afforded the option of choosing to continue this relationship, but they should also be afforded the option, to which they are entitled, of transferring their care to their local POA team.

Mental Health Services CHO Area 6 is fully committed to implementing VFC in the provision of Psychiatry of Old Age (POA) services. The provision of POA services will become increasingly important in light of the demographic pressures of an ageing population. The demographic profile in C.H.O. Area 6 has a high proportion of older persons. It is the position of the Area Mental Health Management Team (AMHT) that an ongoing systemic process of review and audit should be in place in POA in respect of appropriate bed usage in POA services and with external providers.

The overarching strategic goal is to ensure the development of POA Services in line with international best practice and national policy.

STRATEGIC PRIORITY 2	The Development of Psychiatry of Old Age Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 2.1	Development of a Strategic Plan for the Development of Psychiatry of Old Age Services.	Area Mental Health Management Team (AMHT)	2016 - 2017	Plan in place.	
Objective 2.2	Capital development sought to provide fit for purpose POA service for the CHO.	Capital Sub Committee Area Mental Health Management Team (AMHT)	2017 as an element of a Capital Development plan for Mental Health Services for the CHO.	Capital application completed and submitted.	Dependant on Budget Allocation / Approval from National Division.
Objective 2.3	Consolidate the Wicklow Development of POA Service and ensure equity and consistency of service across the CHO.	POA Working Group reporting to Area Mental Health Management Team (AMHT)	2016 -2017	Integrated working between teams.	
Objective 2.4	Ensuring a fully resourced and staffed POA service across the CHO in line with VFC recommendations. This should include specialist nursing posts in POA.	Area Mental Health Management Team (AMHT)	Ongoing for lifetime of Plan.	Review by AMHT against VFC recommendations.	Dependant on Budget Allocation / Approval from National Division.

Strategic Priority 3

Development of Recovery and Rehabilitation Services

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

VFC notes that individuals with severe and enduring mental illness can experience a range of problems that result in their lives becoming restricted and impoverished. Difficulties may arise as a direct or indirect result of the disorder; persistent symptoms can cause distress for the individual and for those around them. Other problems can arise in a service context where the skills and resources required to promote meaningful recovery are unavailable. In the absence of comprehensive recovery-oriented care, problems experienced by service users include loss of self-confidence and sense of purpose in life, institutionalisation, unemployment, social isolation and housing difficulties. This group of service users is perhaps the most vulnerable in the mental health service, and ultimately, the quality of the service overall can be measured by the quality of care provided to this group.

Mental Health Services CHO Area 6 is especially committed to implementing VFC in the provision of recovery and rehabilitation services. There is recognition and commitment in the AMHT that recovery and rehabilitation needs to be central to our engagement with patients from their first appointment. The approach / ethos in relation to recovery that should be broad and will include, work, leisure the arts and reflect the full range of human enrichment.

The strategic goal is the development of a Recovery and Rehabilitation approach across mental health services in CHO Area 6.

STRATEGIC PRIORITY 3	Development of Rehab and Recovery Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 3.1	The integration of all Recovery / Rehab services will form part of this strategic goal. 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.	Recovery / Rehabilitation Committee mandated by and report to the Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	Integration of Services.	
Objective 3.2	Recovery / Rehab Team Recruited South.	Recovery / Rehabilitation Committee mandated by and report to the Area Mental Health Management Team (AMHT).	2016 - 2017	Team in place.	Dependant on Budget Allocation / Approval from National Division.
Objective 3.3	Recovery / Rehab Team Recruited North.	Recovery / Rehabilitation Committee mandated by and report to the Area Mental Health Management Team (AMHT).	2018 - 2020	Team in place.	Dependant on Budget Allocation / Approval from National Division.
Objective 3.4	Capital Developments to support the Rehabilitation Teams.	Recovery / Rehabilitation Committee mandated by and report to the Area Mental Health Management Team (AMHT).	2017 - 2018 as an element of a Capital Development plan for Mental Health Services for the CHO. The Capital Development Plan will include high support residences as required to support rehabilitation.	Capital Development Committee of the AMHT.	Dependant on Budget Allocation / Approval from National Division.

Strategic Priority 4

Development of Child and Adolescent Mental Health Services (CAMHS)

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

The importance of children's mental health is well recognised and Ireland is party to international commitments to provide health services for children, e.g. Article 24 of the United Nations Convention on the Rights of the Child which requires the state to recognise the rights of a child to the enjoyment of the highest attainable standard of health including mental health. VFC recognises the need to prioritise the full range of mental health care, from primary care to specialist mental health services for children and adolescents.

CAMHS services including the use of residential CAMHS beds will be delivered in line with all relevant national policy and practice guidelines. The policy of CHO Area 6 is that CAMHS services will continue to be provided by Lucena Services under Service Level Agreement. In line with National Policy the admission of children to Adult Services will, except where there are no residential CAMHS beds available, cease.

The goal is the Development of Child and Adolescent mental health services to ensure that there is timely access to a full range of high quality CAMHS services.

STRATEGIC PRIORITY 4	Develop and Grow CAMHS Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 4.1	Work to ensure that each CAMHS team would be fully staffed in line with the Vision for Change Policy Document.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	Fully Staffed CAMHS Teams / Lucena Management.	Dependant on Budget Allocation / Approval from National Division.
Objective 4.2	Support transfer of CAMHS to Primary Care Centres across the CHO.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	Number of Teams transferred.	Dependant on the development of required primary care facilities across the C.H.O.
Objective 4.3	Support CAMHS teams to improve performance metrics and ensure compliance with National SOPs and on call and out of hours services.	Lucena Management.	Ongoing for lifetime of Plan.	Improved metrics measured by Lucena Management in consultation with the AMHT.	
Objective 4.4	Support CAMHS teams to ensure that children are always placed in age appropriate units for children.	Lucena Management.	Ongoing for lifetime of Plan.	Lucena Management in consultation with the AMHT.	
Objective 4.5	Deliver an acute day hospital for CAMHS services.	Area Mental Health Management Team (AMHT) in conjunction with Lucena Management.	2018 – This will be developed initially as an element of the Capital Development Plan for Mental Health Services for CHO Area 6.	Delivery of the day hospital.	Dependant on Budget Allocation / Approval from National Division.
Objective 4.6	Development of a Jigsaw Service for CHO Area 6.	Area Mental Health Management Team (AMHT).	2018	Delivery of the Jigsaw Service.	Dependant on Budget Allocation / Approval from National Division.

Strategic Priority 5

Development of Community Mental Health Teams

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services

VFC comments that Adults within the 18–65 year age group, two thirds of the Irish population, present the greatest challenge to mental health service provision because of the range and prevalence of mental health problems they experience. VFC further states that General adult mental health services should provide mental health care in local sectors of approximately 50,000 populations, coordinated through CMHTs. These teams should combine a diverse range of expertise and coordinate care through a number of treatment modalities and service structures.

Community Mental Health teams should be resourced and staffed in line with VFC. Further, all CMHT's teams should be community based and aligned to co-located where possible Primary Care / Teams Networks with catchments as per Vision for Change. CMHT's teams should have appropriate governance and practice in place that is clearly aligned with national policy. A key priority for each Community Mental Health team is to reduce bed dependency by providing enhanced and innovative services to patients seeking unscheduled care. Mental Health Services CHO Area 6 is concerned at the increasing number of presentations of dual diagnosis and substance misuse induced psychosis in Mental Health Services. Of particular concern is the increasing number of patients presenting as a result of new compounds or what have commonly termed as "head shop" drugs. Dual diagnosis will inhibit the process of recovery for patients and additional capacity to address the issue of Dual Diagnosis is planned.

The Development of Community Based General Adult Psychiatry Services to ensure that the Community Mental Health Teams are staffed and delivering services in line with Vision for Change standards.

STRATEGIC PRIORITY 5	Develop Community Mental Health Teams	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 5.1	Work to ensure that each Community Adult team would be fully staffed in line with the Vision for Change Policy Document. The first step in this work will be a Gap Analysis to establish exact development need.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	% increase in team staffing. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division.
Objective 5.2	Support transfer of CMHT Teams to Primary Care Centres across the CHO. Ensure that the CMHT's are co-terminus and where practicable colocated with Primary Care networks serving populations of 50,000 as recommended in VFC.	Area Mental Health Management Team (AMHT) / CHO Management Team.	Co-location will be ongoing for the lifetime of the plan.	Number of teams transferred. Area Mental Health Management Team (AMHT).	The development of Primary Care Centres by Estates Function.
Objective 5.3	To develop capacity in the CHO for enhanced treatment in community settings, leading to fewer hospital admissions. This will include home based and assertive outreach competencies, increased access to psychological therapies, dual diagnosis expertise and crisis response capacity including crisis beds extended.	Area Mental Health Management Team (AMHT) / CHO Management Team.	Ongoing for lifetime of Plan.	Increase in capacity as per plan. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division. Training and service / staff reorientation.
Objective 5.4	Open a purpose built OPD on the Clonskeagh Campus to ensure high quality facilities from which to deliver services.	Area Mental Health Management Team (AMHT).	2016	Delivery of OPD. Area Mental Health Management Team (AMHT).	
Objective 5.5	Open an acute day hospital on the Clonskeagh Campus to ensure high quality facilities from which to deliver services.	Area Mental Health Management Team (AMHT).	2017	Delivery of Acute day Hospital. Area Mental Health Management Team (AMHT).	
Objective 5.6	Development of enhanced capacity in relation to the treatment and management Dual Diagnosis with specific reference to substance misuse. This enhanced capacity will also provide supports to the Community Mental Health Teams in addressing substance misuse.	Recovery / Recovery Rehabilitation Committee mandated by and report to the Area Mental Health Management Team (AMHT).	2017 - 2018	Level of increased capacity in CMHTS Teams to treat dual diagnosis. Recovery / Recovery Rehabilitation Committee.	Dependant on Budget Allocation / Approval from National Division.

Strategic Priority 6

To ensure appropriate equitable access to Acute Mental Health beds in the CHO

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

VFC provides that the provision of a high-quality acute in-patient unit based in a general hospital is an important element of a community-based mental health service. Its purpose is to provide a range of therapeutic interventions and clinical care options for service users experiencing severe and acute psychological distress, e.g. psychosis, severe depression. Admission is offered when it is established that the individual's acute care needs cannot be treated appropriately at home, or in an alternative, less restrictive, setting. Within the proposed policy framework, 50 beds will be provided for each mental health catchment area of 300,000 population. These beds may be located in a single unit, or may be divided across two units in the catchment area to facilitate easy access for service users and their carer's.

Mental Health Services CHO Area 6 currently utilises acute mental health beds broadly in line with national policy / norms. The AMHT priority is to ensure that there are sufficient, safe, acute mental health beds for the population of the CHO. Common clinical criteria and standards should apply throughout the inpatient journey extending to seamless CMHT continuing treatment as required. Each approved centre will provide care in compliance with the regulations set down by the Mental Health Commission.

To ensure that the Approved Centres in C.H.O. Area 6 are providing safe assured quality care in safe facilities with a fully trained staff complement and that each of the approved centres in the CHO is fully compliant with the requirements of the Mental Health Act and associated regulation.

STRATEGIC PRIORITY 6	Equitable Access to Acute Service	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 6.1	Ensure sufficient acute beds are available with safe levels of care in each of the approved centres.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	Number of beds as per VFC. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division. A key risk with the challenge in attracting and recruiting and retaining staff.
Objective 6.2	Policy Standardisation and practice alignment across the approved centres in the CHO leading to appropriate and care pathways across the spectrum of care.	Area Mental Health Management Team (AMHT).	2016 – 2017 with annual review.	Level of Policy Standardisation across the CHO. Area Mental Health Management Team (AMHT).	
Objective 6.3	Proactive compliance / risk reduction plan across the CHO for the approved centres.	Area Mental Health Management Team (AMHT).	2016 with ongoing compliance work for lifetime of Plan.	Compliance reports of MHC monitored by Area Mental Health Management Team (AMHT).	
Objective 6.4	A feasibility study will be undertaken to establish the optimal location and configuration of acute mental health beds, including for example specialist services such as Psychiatry of Old Age.	Area Mental Health Management Team (AMHT).	2017 – This will be developed initially as an element of the Capital Development Plan for Mental Health Services for CHO Area 6.	Delivery of feasibility study. Area Mental Health Management Team (AMHT).	
Objective 6.5	An options appraisal will be undertaken in relation to the Newcastle site to establish what developments may be located on that site.		2017 – This will be developed initially as an element of the Capital Development Plan for Mental Health Services for CHO Area 6.	Delivery of options appraisal. Area Mental Health Management Team (AMHT).	
Objective 6.6	To ensure that all acute units / approved centres are fully staffed.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	Level of staffing in Acute Units. Area Mental Health Management Team (AMHT).	Dependant on the availability of trained staff and the ability to recruit and retain these staff.

Strategic Priority 7

Development of Liaison Psychiatry Services

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

VFC notes that Liaison mental health services (LMHS) provide clinical services and education, teaching and research in general hospital settings. Every acute admitting hospital in Ireland should have access to liaison mental health services. The number of teams required will depend on the volume and type of workload.

Mental Health Services CHO Area 6 will develop and resource services in St Vincent's ED to ensure that the needs of those requiring liaison services are safely met. Further, that liaison to general and specialist Hospitals in the CHO will be provided in agreement with those sites requiring liaison services.



The development of Liaison Psychiatry services to ensure that there is fully functioning and resourced Liaison Psychiatry Service in SVUH and across the CHO.

STRATEGIC PRIORITY 7	Development of Liaison Psychiatry Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 7.1	Recruit Liaison consultant and team for St Vincent's.	Area Mental Health Management Team (AMHT) in conjunction with the Clinical Director.	2016 - 2017	Consultant in post. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division / Consultant Appointments Committee.
Objective 7.2	Adapt and develop a model of enhanced multi-disciplinary service for Liaison / ED / Non Scheduled Care. This will include the 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.	Area Mental Health Management Team (AMHT) in conjunction with the Clinical Director and the Director of Nursing.	2016 - 2018	Model in place and fully operational. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division / Consultant Appointments Committee.
Objective 7.3	Revise and develop liaison Service to ensure a full liaison service in all hospitals across the CHO including Neuro-Psychiatric Services to the National Rehabilitation Hospital.	Area Mental Health Management Team (AMHT).	2016 - 2018	The level of development of Liaison Service. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division.
Objective 7.4	Develop and grow liaison services to the National Maternity Hospital. A focus will be on a cohort of women with dual diagnosis of mental health difficulties and substance misuse.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	The level of development of Liaison Services to NMH. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division.
Objective 7.5	Develop in line with national guidelines and the clinical care programme a comprehensive eating disorder service which will cover both community and acute service.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of Plan.	The level of development of Eating Disorder Service. Area Mental Health Management Team (AMHT).	Dependant on Budget Allocation / Approval from National Division.

Strategic Priority 8

Development of Suicide Reduction Initiatives

Corporate Goal

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

MH Division Goal

Promote the mental health of the population including reducing loss of life by suicide.

The National Policy on Suicide Reduction is 'Connecting for Life', a 5 year action plan that is grounded in an approach that recognises the contributions that can be made across all sectors of our community. It is important that people feel confident and competent talking about mental health, suicide prevention and suicide, and that everyone can recognise the signs and symptoms of people with mental health problems and suicidal behaviour, know how to support them and where to go for help. It is equally important that the services providing support do so in a timely and effective manner. Suicidal behaviour is complex and usually cannot be explained by a single cause or risk factor.

CHO Area 6 Mental Health Services will play the lead role in implementing the National Policy Connecting for Life within CHO Area 6. Connecting for Life involves preventive and awareness-raising work with the population as a whole, supportive work with local communities and targeted approaches to priority groups. This wide reach presents unique implementation challenges. The multi-agency, inter-professional, expert by experience, local/national focuses will involve multiple stakeholders across and between stakeholders in the CHO.



The strategic goal is the full delivery of Connecting for Life strategy across the CHO

STRATEGIC PRIORITY 8	Suicide Reduction Initiatives	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 8.1	The development of a strategic plan for Connecting for Life across the CHO.	Suicide Working Group reporting to the Area Mental Health Management Team (AMHT).	2016	Delivery of strategic plan by Suicide Working Group reporting.	
Objective 8.2	Implementing annual Connecting for Life plans over the lifetime of the strategy.	Suicide Working Group reporting to the Area Mental Health Management Team (AMHT).	Ongoing for lifetime of the plan.	Delivery of operational plans by Suicide Working Group reporting.	
Objective 8.3	Delivery of 4 inter-connected annual operational plans over the life of this strategic plan.	Suicide Working Group reporting to the Area Mental Health Management Team (AMHT).	Ongoing for lifetime of the plan.	Delivery of operational plans by Suicide Working Group reporting.	

Strategic Priority 9

Implementing National Clinical Care Programmes

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

The Clinical and Integrated Care Programmes (ICPs) are core to operational delivery and reform in Mental Health Services. Mental health recognises the potential for these programmes to improve integration of services, access and outcomes and commits to actively supporting the development and implementation of the priority work streams of the programmes in 2015 as outlined in our actions. The Mental Health Division has three programmes currently. These are:

- ◆ National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm.
- ◆ Early Intervention for people developing First Episode Psychosis.
- ◆ Eating Disorders Service spanning Child and Adolescent and Adult Mental Health Services.

Mental Health Services CHO Area 6 is fully committed to implementing each of the national clinical care programmes for eating disorders, early onset psychosis and self harm. It is the position of Mental Health Services that increased access to psychological therapies and training is essential in effectively implementing the national clinical care programmes.

Implement each of the Mental Health Clinical Care Programmes across the CHO.

STRATEGIC PRIORITY 9	Clinical Care Programmes	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 9.1	Implementing the Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of the plan.	Delivery of programme. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.
Objective 9.2	Early Intervention services for people developing first episode psychosis. Key to this initiative will be the DETECT service which is currently undertaking this work.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of the plan.	Review of effectiveness of first episode psychosis interventions. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.
Objective 9.3	The development of Eating Disorders Service spanning Child and Adolescent and Adult Mental Health Services. This will be linked to both strategic priority 7 Liaison Psychiatry and with Strategic Priority 13 which addresses the overall health and wellbeing of service users.	Area Mental Health Management Team (AMHT).	Ongoing for lifetime of the plan.	Development of Eating Disorder Service. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.

Strategic Priority 10

Ensure Trained and Engaged Staff and Fit for Purpose Infrastructure

Corporate Goal

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

MH Division Goal

Enable the provision of services by trained and engaged staff as well as fit for purpose infrastructure.

It is self evident that to provide a high quality service there is a requirement to have highly qualified staff and fit for purpose infrastructure.

Accordingly Mental Health Services in CHO Area 6 will work to:

- ◆ Ensure the availability of a highly trained workforce to deliver Mental Health Services.
- ◆ Develop and implement a process to maximise the allocation of resources on an equitable basis aligned to population need.
- ◆ Progress the development of systems and infrastructure to support service delivery, performance management and decision making.
- ◆ Address core ICT infrastructure deficits.
- ◆ Work to Implement the e-Rostering System for Mental Health.
- ◆ Address the infrastructure and support deficits for staff to work effectively within their professions.
- ◆ Engage staff and service users in the design of services and consult on service developments.

The goal is to enable the provision of services by trained and engaged staff as well as fit for purpose infrastructure.

STRATEGIC PRIORITY 10	Develop Staff and Infrastructure	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 10.1	Development of a Mental Health Human Resource / Workforce planning function in the CHO that will address the wider challenges of attracting recruiting training and retaining all grades of staff to ensure services can be delivered to the highest standard. Promotional and development opportunities for staff will be a key element of this objective.	Area Mental Health Management Team (AMHT).	2016 -2018	Development and delivery of Workforce Plans. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division. Key risk is the inability to attract recruit train and retain all grades of staff to ensure services can be delivered to the highest standard.
Objective 10.2	Development of a Mental Health Capital Plan for CHO 6 which will include provision of all infrastructures / facilities required for the CHO to comply with Vision for Change.	Area Mental Health Management Team (AMHT).	2016 -2018	Delivery of Capital Plan. Area Mental Health Management Team (AMHT).	Dependant on engagement and support of the Estates function.
Objective 10.3	Engage with and implement the National Plans on E- Rosters and the implementation of a national Mental Health Information System in the CHO.	Area Mental Health Management Team (AMHT)	Ongoing over the lifetime of the plan.	Level of use of e-Rosters. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.
Objective 10.4	Supporting a workplace culture where the work of our staff is valued and structures are strengthened to effect personalised training and career development opportunities	Line Managers / HR Function.	Ongoing over the lifetime of the plan.	This will be challenging to measure but use of surveys is recommended. Area Mental Health Management Team (AMHT).	

Strategic Priority 11

Ensuring Patient Safety and Quality Services

Corporate Goal

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

MH Division Goal

Deliver timely, clinically effective and standardised safe services.

In line with national policy on Patient Safety and the provision of quality services, it is the policy and practice of CHO Area 6 that patient safety is central to our work and that all safety incidents are identified, reported and investigated. Incidents will be disclosed in accordance with the guidance provided in the HSE /State Claims Agency (SCA) Open Disclosure: National Guidelines (HSE / SCA, 2013).

CHO 6 aims to:

- ◆ Promote a just, proportionate and consistent approach to the management and investigation of safety incidents.
- ◆ Be committed to the protection and wellbeing of its service users and employees and others.
- ◆ Demonstrate compliance with legislative and regulatory requirements and HSE risk management and control assurance processes.
- ◆ Manage and investigate safety incidents in a timely and cost effective way and in a manner in which managers, employees, service users and the public can be confident.

To ensure that services are provided to a high standard with an emphasis on ensuring patient safety.

STRATEGIC PRIORITY 11	Ensuring Patient Safety and Quality Services	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 11.1	Development & recruitment of a Mental Health Quality & Risk Manager.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	2016	Risk Manager in place. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.
Objective 11.2	To proactively manage all risks in mental health services. This will include the use of risk registers and a systemic approach to risk management aligned to national policy.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Review of structures. Area Mental Health Management Team (AMHT).	
Objective 11.3	Analyse and devise action plans to address identified risk. Including investigation of incidents where required.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Plans in place and incident reviews. Area Mental Health Management Team (AMHT).	
Objective 11.4	Promote and deliver a whole service safety culture reflected by training, implementation audit and innovation in safety practice.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	% increase in staff trained and audits undertaken. Area Mental Health Management Team (AMHT).	
Objective 11.5	Roll out of the National Incident Management System across Mental Health Services in CHO Area 6.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	2016 - 2017	Review of Roll Out by Area Mental Health Management Team (AMHT).	
Objective 11.6	Provide supports to staff through line managers to grow competencies in quality assurance and practice audit, learning the value of practice review in a safe, supportive culture of learning and improvement.	Quality & Risk Committee reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	% increase of staff with improved competencies. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.

Strategic Priority 12

Ensure the views of Service Users, Carer's and Families are central to the design and delivery of services.

Corporate Goal

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

MH Division Goal

Ensure the views of service users are central to the design and delivery of services.

VFC states that the involvement of service users and their carer's should be a feature of every aspect of service development and delivery. Further it is HSE policy that service users should be central to their own care and to the design and delivery of health and personal social services. This will result in more appropriate services of a higher quality with increased service user compliance and satisfaction. CHO Area 6 Mental Health Services are fully committed to ensuring that the views of service users and their carer's / families are fully considered in the development and delivery of Mental Health Services in CHO Area 6.

Ensure the views of Service Users are central to the design and delivery of services.

STRATEGIC PRIORITY 12	Engage Service Users /Carers and Families	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 12.1	Recruit and appoint a Service User and Family / Carer Co-ordinator.	Recovery / Rehabilitation Sub Committee mandated by and reporting to the Area Mental Health Management Team (AMHT).	2016	Staff member in place. Area Mental Health Management Team (AMHT).	Dependant on resource allocation / approval from National Division.
Objective 12.2	Establish Area and Local forums within the CHO in line with national policy.	Recovery / Rehabilitation Sub Committee mandated by and reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Number of forums established. Area Mental Health Management Team (AMHT).	
Objective 12.3	Develop a culture of open communication between service user and provider including promoting co-production and co ownership of services and service developments.	Recovery / Rehabilitation Committee mandated by and reporting to the Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	This will be challenging to measure but use of surveys is recommended. Area Mental Health Management Team (AMHT).	

Strategic Priority 13

To improve the health and Wellbeing of both Service Users and Staff in Mental Services

Corporate Goal

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

MH Division Goal

Ensure the views of service users are central to the design and delivery of services.

The physical health of Mental Health Services users is central to their recovery and quality of life. Better diagnosis and treatment can extend and improve the lives of those individuals with mental health difficulties. Many diseases and premature deaths are preventable and strongly related to life style health determinants such as smoking, physical inactivity and obesity. Mental Health Services in CHO 6 are committed to improving the overall health of their service users including their physical health.

Additionally, it is recognised that the staff of the Mental Health Services are its most valuable resource and this plan commits to supporting a workplace culture where the work of our staff are valued and supported in delivering best care. This also means personalised investment and supports in training and career development opportunities, practical supports and solutions to overcoming obstacles and a whole system ambition to realise the benefits from investing in workforce wellbeing toward sustainable recruitment, retention and job satisfaction. This will also lead to better clinical outcomes, the core service objective.

The goal is to improve the Health and Wellbeing of both Service Users and Staff in Mental Services

STRATEGIC PRIORITY 13	Promote the Health and Wellbeing of Service Users and Staff	Responsibility	Timeline	Performance Measure / Review	Dependencies / Risks
Objective 13.1	Implement services that will enhance the physical health of service users of mental health services.	Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Reduced morbidity in service users. Area Mental Health Management Team (AMHT).	
Objective 13.2	Put in place dietetic services which will work to improve the diet and manage weight issues / obesity / eating disorders in both the wider community and in mental health service users.	Area Mental Health Management Team (AMHT).	2016	Increase in number of dietetic services. Area Mental Health Management Team (AMHT).	Dependant on resource allocation from Mental Health Division.
Objective 13.3	Continue to promote initiatives such as the Woodlands for Health Walking Group and other related initiatives aimed at enhancing the overall health of Service Users.	Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Review of initiatives. Area Mental Health Management Team (AMHT).	
Objective 13.4	Devise and implement strategies to assist staff improve their physical and mental health. This will include initiatives in smoking cessation, and stress reduction initiatives.	Area Mental Health Management Team (AMHT).	Ongoing over the lifetime of the plan.	Review of initiatives. Area Mental Health Management Team (AMHT).	

Implementation

The strategy will be implemented through 4 interlinked service / annual plans between 2016 and 2020. A key element of the delivery of the strategy will be to convert each of the strategic goals into separate work streams / projects with an identified lead and project plan for each of the work streams / projects.

Evaluation

The plan will be monitored and evaluated biannually by the Area Mental Health Management Team. Additionally, there will be a formal annual evaluation of progress in implementing each of the actions arising from the strategic goals and an annual report on progress will be submitted to the Chief Officer and the National Mental Health Division.

Conclusion

Delivery of this plan over the period 2016 – 2020 will significantly enhance Mental Health Services in CHO 6. It will ensure that the provision of quality services with a resolute focus on patient safety across the full range of mental health services in CHO 6. As has been indicated by the Chief Officer, robust mental health is an integral component of general health and wellbeing, allowing a person to fully realise his or her potential. With positive mental health people are more effective in coping with the stresses of life, can work productively and fruitfully and are better able to make a positive contribution to their communities. The implementation of this plan in CHO Area 6 will significantly advance the goals for mental health set down in Vision for Change and will lead to enhanced mental health for all the communities served by CHO Area 6.

Mental Health Strategic Plan 2016 – 2020

Vision

To support the population to achieve their optimal mental health.

Mission

To promote, protect and restore the mental health of persons in our community, by providing safe, effective and integrated services, alone and in partnership with others while making the best use of resources, and in a framework of workforce development and continuous quality improvement.

Mental Health Services CHO 6 Plan





