

## The NIMC Quarterly Report Analysis

### Sharing the Vision Implementation Status Report: Quarter 2: 2022

September 2022

#### Introduction

##### Background to this report analysis

The National Implementation Monitoring Committee (NIMC) welcomes this opportunity to provide an analysis of the fourth Implementation Status Report of Sharing the Vision (Q2 2022).

This is the second Implementation Status Report to be measured against the *Sharing the Vision Implementation Plan 2022 – 2024*, (published in March 2022) which sets specific milestones and the expected time period for delivery with the implementation time-period commencing from the publication of the Implementation Plan.

The attached Q2 StV 2022 Implementation Status Report has been prepared by the joint secretariats of NIMC and the HSE Implementation Group (HIG) and was submitted to the NIMC in advance of its meeting on Friday 19 August 2022. This Quarterly Report Analysis is an output of the analysis of the report, by members of the NIMC. Additionally, this Report Analysis benefits from the Feedback of the Reference Group. The Reference Group is tasked with providing the service user, family member and carer perspective, specifically in relation to Quarterly Reports.

##### Summary of statements

- **NIMC would like to highlight again recruitment as a fundamental issue that must be prioritised and addressed by Government as a matter of urgency.**
- **In order to properly understand both the rate of attrition and the impact of new posts on the system, NIMC requests future reports provide enhanced data on the net gain of WTEs in HSE MH services**
- **Any opportunities to address recruitment issues within mental health services should be utilised, such as workforce planning drives and flexible working on the part of multi-disciplinary teams. While such measures may mitigate this issue to a degree within mental health services, cross-government action to address recruitment and workforce planning is needed.**
- **NIMC recommends the prioritisation and rollout of the HSE Integrated Community Case Management System to improve data, additionally requesting a presentation on the same, to understand how mental health data needs will be met.**
- **NIMC specifically requests the following improvements to future reports:**
  - **Greater detail on risk mitigation for implementation**
  - **Greater detail on the proportionality of certain types of problems throughout the policy implementation.**
- **NIMC understands that the HLTF report has been finalised. The report addresses key issues like diverting vulnerable people away from prison, NFMHS/IPS capacity, and post release community-based supports. It will be submitted to Government for approval and then published as soon as practicable. The NIMC looks forward to the report's publication and supporting the implementation of its recommendations, in particular those relating to mental health, in line with STV.**

- **The NIMC will seek to address the Reference Groups needs and concerns insofar as possible, recommending that in the first instance the Reference Group Feedback be in full shared with all implementation leads, so that this Feedback can directly support policy implementation at all levels, and so that requests for information and/or clarification can be addressed through iterative reporting processes.**
- **The NIMC will seek to engage (through the HIG and NIMC secretariats in the first instance) with the Reference Group, to address the Reference Group’s request for information and context, but more broadly to develop this collaborative partnership.**

## **Commentary and Analysis**

### **StV Recommendation Status**

This Implementation Status Report for Q2, 2022 outlines the implementation status of all 100 recommendations as detailed in StV. In general, the Committee requested and welcomes this integrated report, providing an oversight of implementation across the HSE, government departments and relevant state agencies.

Key areas of implementation progress include:

- Commencement of national rollout of the Wellbeing Policy and Framework for Practice, with continuous professional development being delivered across schools (p. 16).
- Progress in developing the National Mental Health Promotion Plan (p. 16).
- In response to the arrival of people fleeing war in Ukraine, a significant amount of capacity building has been undertaken across the health sector to provide supports to meet their mental health needs (p. 19).
- Progress in enhancing integrated care for the treatment of paediatric eating disorders, while new Adult ADHD services in CHOs 4, 7 and 8 continue to be developed and funded (p.19).
- Drafting of the Implementation Plan for the National Housing Strategy for Disabled People (p.25).
- Establishment of a new Mental Health Reference Group to develop knowledge in Assisted Decision Making across mental health (p.28).
- Participation of the Reference Group in official reporting processes, thereby providing the service user and family member perspective and enhancing robustness (p.28).

### **Recruitment**

**In previous Report Analyses, the NIMC have cited recruitment as existential to the StV implementation and would like to highlight again this a fundamental issue that must be prioritised and addressed by Government as a matter of urgency.**

Though noting that recruitment is a broader issue than mental health that needs to be addressed across all health services and noting that some recruitment is progressing (as evidenced by this Implementation Status Report), nevertheless inadequate staffing is a major risk for the policy implementation.

NIMC notes again the issues of redeployment of personnel around the system (as distinct from adding capacity) and the consequent reduction in basic staff grades. Moreover, the post pandemic world has seen in an increase in costs for agency work, which may be seen as more attractive than

public sector work for various reasons (including more attractive hours), some of which may not be possible to easily address. The impact of environmental factors such as the cost of living should also be noted. **In order to properly understand both the rate of attrition and the impact of new posts on the system, NIMC requests future reports provide enhanced data on the net gain of WTEs.**

**Any opportunities to address recruitment issues within mental health services should be utilised, such as workforce planning drives and flexible working on the part of multi-disciplinary teams. While such measures may mitigate this issue to a degree within mental health services, cross-government action to address recruitment and workforce planning is needed.**

## **Data**

High quality, up to date data is essential as an enabler of policy implementation and implementation monitoring. Specifically, there is a need for accurate data to measure progress. NIMC opposes the development of any separate data system for mental health services, and understands that the HSE's Integrated Community Case Management System has the potential to deliver data for all services including mental health services.

**NIMC recommends the prioritisation and rollout of the Integrated Community Case Management System to improve data, additionally requesting a presentation on the same, to understand how mental health data needs will be met.**

## **Reports**

NIMC welcomes the improvements that have been made to the Q2 Report, noting the Report's greater readability and robustness. Many of the most recent changes were prompted by the Feedback of the Reference Group. Reporting remains an iterative process: the Q1 Report was the first report for which the Reference Group provided Feedback; the Q2 Report is the first report to feature a 'Problems' section; the Q3 Report will pioneer reports themed around domains for more focused qualitative reporting.

**NIMC specifically requests the following improvements to future reports:**

- **Greater detail on risk mitigation**
- **Greater detail on the proportionality of certain types of problems throughout the policy implementation.**

## **High Level Taskforce**

The High Level Taskforce on mental health, primary care and addiction challenges of persons interacting with the criminal justice system (HLTF) is a Programme for Government commitment. It was established in April 2021, independently chaired by Kathleen Lynch (former Minister of State with special responsibility for mental health).

NIMC has a particular interest in the work of the Taskforce as it relates to STV and mental health. To date, work on the High Level Taskforce has been reported under StV recommendation 87 (to which the work of the Taskforce greatly aligns):

*The Department of Justice and the Implementation and Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system.*

However, recommendations 54, 55 and 56 concerning forensic mental health services, diversion schemes and the development of ICRUs are also relevant to the work of the Taskforce, as indeed are many recommendations in StV regarding dual diagnosis and addiction, homeless and community care.

Given the status of StV as the national mental health policy, and the existing StV implementation and implementation monitoring structures in place under NIMC, it is important that the work of the Taskforce aligns with StV. NIMC and the Taskforce have engaged through meetings of respective chairs, and through official channels (to note, there are Departmental and HSE officials on NIMC who are also members of the Taskforce).

**NIMC understands that the HLTF report has been finalised. The report addresses key issues like diverting vulnerable people away from prison, NFMHS/IPS capacity, and post release community-based supports. It will be submitted to Government for approval and then published as soon as practicable. The NIMC looks forward to the report's publication and supporting the implementation of its recommendations, in particular those relating to mental health, in line with STV.**

## **Reference Group**

The NIMC welcomes the Reference Group Feedback, with an extract of same included at Appendix I in this Analysis document. **The NIMC will seek to address the Reference Groups requests and concerns insofar as possible, recommending that in the first instance the Reference Group Feedback, as relevant and appropriate, be shared with all implementation leads, so that this Feedback can support policy implementation at all levels, and so that requests for information and/or clarification can be addressed through iterative reporting processes (i.e. each report will build on and refine previous reports, to ensure continuous improvement in reporting).**

The relationship between the NIMC and the Reference Group should be one of collaborative partnership, whereby the full potential the Reference Group's experience, expertise and insight can be benefited from. Specifically, the NIMC would like to avoid tokenistic dynamics and 'monitoring loops' (whereby one group monitors or 'marks' the other). Apart from being a preferred way of working, this should also model on a macro level, the appropriate relationship model between service users, services and policy makers in the implementation of the policy as a whole. With this in mind, **the NIMC will seek to engage with the Reference Group, in the first instance, to address the Reference Group's need for information and context, but more broadly to develop this collaborative partnership.**

## **Conclusion**

The NIMC presents the StV Implementation Status Report for Q2, 2022, and provides this Quarterly Report Analysis. The report gives detail on the implementation status of each of the 100 recommendations as detailed in the StV policy, published in June 2020. Notwithstanding challenges

and barriers to implementation, and the urgent need for the changes as set in the StV policy, the NIMC acknowledges the progress to date across several service areas.

The NIMC embraces the fact that reporting remains an iterative process, seeking to provide enhanced monitoring, greater transparency and more robust interrogation of data and information provided, by working with the secretariats and implementation leads to attain the highest standards in reporting.

## **Appendix I**

### **NIMC Reference Group Feedback (Extract 'Overview' and 'Summary')**

**August 2022**

#### **Overview**

The NIMC Reference Group (hereon referred to as 'the group' or 'RG') is made up of twelve people with a range of personal, family and professional experiences, each one bringing to the group their own unique perspectives and skills. The first feedback report was made by the Reference Group in May 2022. This is the second feedback report produced by the Reference Group and builds on the continuous improvement approach that all NIMC/Sharing the Vision stakeholders are eager to collaboratively develop. The process of putting together this report included a survey to gather information on structure, language and overall thematic areas; a template to feedback on each recommendation; and an online meeting to discuss feedback, areas of progress and remaining challenges

#### **Summary**

Following on from the Reference Group summary report to the NIMC Steering Committee in Quarter 1, 2022 it has been noted that there have been improvements in a wide number of areas, and the Reference Group would like to thank the members of NIMC and its supporting secretariat for following up on a number of the suggestions provided in their May 2022 feedback report. The group would also like to thank staff across the HSE and various government departments who were involved in compiling reports for listening to the members and responding to some relevant concerns and suggestions of the group. Overall, the group would like to send a continuous improvement message to NIMC members through this report, highlighting some areas of progress and identifying remaining challenges.

The reduction in the use of acronyms and clinical/medicalised language was immediately recognised within the presentation of the Q2 draft status report, though the group recommends that acronyms be further reduced (or included / explained) in further reports. The inclusion of page numbers, improved graphics, referencing of documents, and greater clarity of timeframes were also noted positively by the group. Members felt that the inclusion of links for referenced documents was not consistent and where links existed they did not always work, 'I feel that linksto documents referred to would give more insight to the plans and inform opinion''.

While there was noticeable improvement to updates in a number of areas, the group felt that there was still a high degree of uncertainty around timeframes and the tracking of progress from one report to the next, "It would be useful if a bar chart system could be included to align progress from

one report to the next". The group acknowledges that there is work in progress, and suggests the inclusion of metrics for each recommendation developed in collaboration with implementation leads, in further reports.

The recruitment of posts to ensure the commencement of key service improvements is clearly one that has impacted on the development and implementation of a number of recommendations and the inclusion of an Appendix to the interim report highlighting staffing levels was very useful. The group would be interested to hear what strategies are in place to address recruitment problems across a number of programme areas mentioned in the report. Plain language reporting by implementation leads of problems in implementing some of the recommendations also provided greater clarity to the RG, " Glad to see the breakdown of implementation problems, (...) this is reassuring as it demonstrates that major problems are recognised and being addressed".

While great efforts are made to include the needs of women (particularly through the inclusion of recommendations made by the Women's Mental Health Specialist Group), it was noted that the application of gender, diversity and inclusion terminology (and progress in related work) was not as apparent as had been hoped for, but there is also an acknowledgement that the work, the group and all stakeholders involved are in the early days of this journey together. However, this is an area of importance that the RG would like to highlight and to prioritise for development, " More effort needs to be made to ensure that we are not leaving behind the most vulnerable members of society and those most at risk of mental health difficulties, such as transgender, (...) non-binary, ethnic minorities (...), and people living in poverty".

Overall, members of the group feel there is more clarity on who are key stakeholders and implementation leads, though more information is needed to further clarify accountability and responsibility issues for each recommendation, " Glad to see consultations being conducted with the relevant stakeholder group, e.g. consultations with young people on transition from CAMHS to GAMHS". The Reference Group continues to encourage a stronger presence from key volunteer and community organisations already working on mental health in Ireland as well as the development of collaboration bridges and/or the recognition of current collaborations. Improvement in this area was not evident in the draft report.

Other suggestions from the Q1 feedback report that need further work, included a need for clarity on measuring outcomes, impact and change. The inclusion of good practice or positive impact through quotes, highlighting current good practice was previously recommended. Members of the RG are keen to encourage the inclusion of these suggestions into the future.

Having reviewed progress on all 100 recommendations the Reference Group provide a number of comments for review, reflection, and inclusion in the final Implementation Status report for Q.2 2022.