

The National Implementation and Monitoring Committee (NIMC): Quarterly Report Analysis

Sharing the Vision Implementation Status Report: Quarter 2: 2023

August 2023

Introduction

The National Implementation Monitoring Committee (NIMC) welcomes this opportunity to provide an analysis of the eighth Implementation Status Report of Sharing the Vision (StV) (Q2 2023).

This is the fifth Implementation Status Report to be measured against the StV Implementation Plan 2022 – 2024 (published in March 2022). This implementation plan sets specific milestones and outlines the expected time-period for delivery of the 100 recommendations contained in StV.

The attached Q2 2023 Sharing the Vision Implementation Status Report (Q2 Report) has been prepared by the joint secretariats of the NIMC and the HSE Implementation Group (HIG) and was submitted to the NIMC in advance of its meeting on Friday 18th August 2023. NIMC members analysed the Quarterly report for the second quarter of 2023, forming the basis for this Quarterly Report Analysis. Additionally, this Quarterly Report Analysis benefits from the Feedback Report of the Reference Group for the Q2 Report. The Reference Group provides the service user, family member and carer perspective, specifically in relation to Quarterly Reports.

Summary of statements

- **The NIMC noted progress made in several areas including progression of housing provision, digital mental health developments and establishment of clinical programme teams but was concerned about lack of progress in areas of safeguarding and continuing recruitment challenges.**
- **The NIMC accepts there are challenges with current timelines for implementation delivery, noting non-alignment with the lifetimes of the StV implementation plans. The NIMC awaits the decision of the Department of Health on a proposal to better align short-term recommendations with the current implementation phase (2022-2024) but with continued focus and development of medium and long-term recommendations.**
- **The NIMC highlighted the problems experienced in implementation of recommendations due to lack of budget and funding and will raise the need for meaningful investment at ministerial level.**
- **The NIMC remains committed to ensuring lived experience is central to policy implementation and welcomes plans to improve communication processes between HSE and NIMC secretariats and the Reference Group.**
- **The NIMC is committed to ensuring an independent review of its processes be undertaken to optimise effectiveness and efficiencies.**
- **The NIMC notes the need to continue work to develop an outcomes framework for StV to allow measurement of impact of policy implementation.**
- **The importance of the scrutiny and feedback provided by the Reference Group continues to be valued by the NIMC.**

Commentary and Analysis

Sharing the Vision (StV) Recommendation Status

The Implementation Status Report for Q2, 2023 outlines the current status of the implementation of all 100 recommendations as detailed in StV. This is the fourth domain-themed report. This quarter the focus is on Domain 4 (Accountability and Continuous Improvement) covering activity completed over the course of Q2, 2023. Recommendations in Domain 4 are led by several different government departments, coordinated by the Department of Health, and the HSE. Recommendations led by HSE in this domain are progressed through its Quality Assurance Frameworks, Mental Health Planning and Mental Health Engagement and Recovery workstreams.

The domain-themed format allows for a focused, qualitative approach to reporting. In general, the Committee welcomes this report, providing an oversight of implementation across the HSE, government departments and relevant state agencies.

Key areas of implementation progress include:

- **Recruitment of new mental health staff:** In Q1 2023, 459.5 mental health posts out of the approved 784.1 posts were filled, and the remaining 324.7 posts are at various stages in the recruitment process.
- **Housing for people with mental health difficulties:** Progress is recorded and reported in housing people with mental health difficulties under the National Housing Strategy for Disabled People with returns from local authorities indicating that in 2022, 2,472 disabled household were allocated social housing and of these 695 (28%) were households who had indicated that their housing need was related to mental health.
- **Development of Dual Diagnosis services:** The Model of Care for Dual Diagnosis was launched on 23/05/23 by Ministers Butler and Naughton. Three initial sites are currently being established: adult teams in CHO 3 and 4, and an adolescent team in CHO 9. A National Dual Diagnosis Unit has been identified and work is underway with CHO 9 and the DoH to progress this (p.33).
- **Development of Crisis Resolution Services:** A Standard Operating Procedure was completed, and the Model of Care for Crisis Resolution Services launched in May 2023. A tender to establish a Monitoring and Evaluation process is at final phase (p.35).
- **Recruitment of Mental Health in Intellectual Disability teams:** In Quarter 2, 2023, significant progress was made with 41 out of 54 funded posts now filled (p.33)
- **Development of Digital Mental Health Services:** A short-term Digital Mental Health Action Plan is nearing completion (p.13).
- **Development of CAMHS Hubs Teams:** Pilot site implementation teams were established, and implementation plans are in progress. The Model of Care for CAMHS Hubs is due to be published in Quarter 3, 2023 (p.35).
- **Implementation of the Integrated Finance Management System (IFMS):** rollout of the IFMS is at an advanced stage with establishment and verification of cost centres (including those for mental health services) and quality assurance testing completed.
- **Capital Planning:** An Interim Capital Planning Working Group for Mental Health Services was established in Quarter 2, 2023, chaired by the Assistant National Director for Change Planning and Delivery - Mental Health and Disability Services. The group comprises members from Mental Health Operations, National HSE Estates and Change and Innovation. In Quarter 2, 2023, work was undertaken to assess current and future planned capital investment to ensure regulatory compliance.

- **Development of Performance Indicators:** NIMC notes the work underway to develop appropriate performance indicators aligned to StV outcomes. A research project is being undertaken by the Health Research Board, on behalf of the Department of Health (DoH) in Quarter 2, 2023, with initial findings to be presented to the DoH in Quarter 3, 2023. This will support setting out of prioritisation of outcomes indicators that best align with international evidence and best practice and will contribute to the development of outcome specific performance indicators for the 2025 – 2027 StV Implementation Plan.

NIMC noted the majority of recommendations in Domain 4 are on track (70%) and two medium term recommendations have not started. The ‘not started’ recommendations, #75 and #76, are dependent on establishment of the new Regional Health Areas (RHAs). There are two recommendations with major delivery issues – Recommendations #89 (Safeguarding) and #100 (Specialist Mental Health Training Programmes). It was noted that there was detailed mitigation included for Recommendations #89 and #100.

Budget and Funding

NIMC noted with concern that for the first time the report shows the problem category of cost and budget outweighs recruitment. Funding provided by successive budgets has contributed to commencing implementation of many of the recommendations of StV, including enhanced resources for community mental health teams, CAMHS hubs and teams, adult crisis resolution services, increased supports in employment, peer support workers, bereavement co-ordination, and dialectical behaviour therapy, among other things. While significant progress has been made, continued resourcing of StV is essential to ensure momentum.

The NIMC wishes consideration to be given as to how awareness can be brought to this issue as it is presenting challenges for implementation. There needs to be evidence of more critical use of budget and financial resources in implementing StV.

The Chair proposed that at the upcoming meeting with the Minister of State for Mental Health the agenda should highlight urgency in terms of funding and resourcing policy implementation ahead of Budget 2024.

Recruitment

As per previous Report Analyses, NIMC continues to recognise implementation of StV is heavily dependent on adequate recruitment.

NIMC noted that the HSE approved the release of 303.7 previously held programme for government (PFG) posts for recruitment in 2021. Alongside this, Budget 2021 allocated new development funding for an additional 155.4 posts and Budget 2022 allocated new development funding for 325 posts. This provided for an additional 784.1 posts across services. Significant progress was made in recruitment in 2022, and this continued in Q1 2023 with 36 new posts recruited in this quarter. There are 459.5 new posts in place, and the remaining 324.7 posts at various stages in the recruitment process. There is a significant recruitment challenge, resulting in underachievement in key aspects of StV implementation.

NIMC acknowledged increases in staff recruited to date but continues to highlight that recruitment is an issue in mental health services. To support the NIMC to continue to prioritise the issue of recruitment and to monitor challenges and progress made in the area, the NIMC secretariat, in collaboration with workforce planning colleagues in the Department of Health, HSE National HR

colleagues and HSE Mental Health colleagues, has committed to producing quarterly comprehensive recruitment reports. To date, two reports have been provided to NIMC to further inform discussions. Enhanced data has been made available in the areas of recruitment and retention, staff category, leave data by CHO, net staffing data and staff census detailing.

The NIMC welcomes the upcoming Mental Health, Human Resource, Recruitment and Workforce Planning Report for Quarter 2, 2023.

Timelines, Planning and Processes

As per previous report analyses, concerns remain about difficulty adhering to current timelines for implementation. NIMC acknowledged previous HIG input outlining contributing factors impacting on delivery which included Covid-19, the widespread HSE and DoH cyberattack, on-going re-structuring in the HSE with the development of the Regional Health Areas, and the complexity of implementing several recommendations across multiple government Departments and HSE care structures. The Chair also acknowledged that planning and processes within large, complex organisations can be burdensome and having the structures in place to make policy work in action is challenging but not insurmountable. Noting the robust policy implementation structures which are in place, the strong monitoring processes established and ongoing commitment to tracking delivery issues, an alternative timeline for implementation has been agreed in principle by NIMC.

This alternative timeline proposes the 42 short-term recommendations would be delivered in line with the current Implementation Plan i.e. by the end of 2024, but with continued focus and development of medium and long-term recommendations. The 53 medium-term recommendations would align with the second implementation plan i.e. 2022-2027, and the entirety of the policy would be delivered by 2030 in line with the final implementation plan.

The NIMC currently awaits the outcome of Department of Health consideration to the revised timeline proposal. The NIMC will continue to track and advocate strongly for recommendations to be completed on time.

Outcome Evaluation

The Chair highlighted the need for clear vision and focus in delivery of recommendations and the requirement for meaningful outcome measurement to ensure outcomes are loyal to the spirit of StV. The Chair also noted the need to ensure robust quality in implementation of Recommendation #77 which recommends a standardised set of performance indicators be directly aligned with the desired outcomes in StV, and that agreed standards of care and quality frameworks should be developed accounting for quantitative and qualitative delivery of intended outcomes.

NIMC welcomed the successful application to the Health Research Board for an Evidence Synthesis review, examining the 15 outcome indicators published in policy, and prioritisation of indicators as aligned with international best practice and evidence. This research is part of the first phase of developing appropriate performance indicators and the NIMC anticipates further updates on completion of this in Quarter 3, 2023.

Safeguarding Concerns

The NIMC notes the major delivery issue in implementing StV Recommendation #89 which recommends access to safeguarding teams and training should be provided for staff working in statutory and non-statutory mental health services in order to apply the national safeguarding policy. The delivery issue centres around the exclusion of mental health services from the national

safeguarding policy which currently refers only to 'the social care division'. The NIMC is concerned there is inadequate consideration of wider safeguarding initiatives that are being progressed nationally and their integration with safeguarding planning in mental health services and that there should be an entire programme of review as this is a multi-service issue and as such should be integrated across all levels.

The decision was taken for NIMC to write to the Implementation Lead for Recommendation #89 to communicate its concerns and recommendations in this regard.

Independent Evaluation

The NIMC welcomes the ongoing work in the Department of Health in developing plans for the continuation of the NIMC into its second term in 2024, to ensure that robust policy implementation structures are continued without pause or delay.

In keeping with the implementation of recommendation 99 which sets out an action to conduct an independent review of the structures of the NIMC, the NIMC requests that an independent review of process should be undertaken and welcomes the initial planning that is underway for this in the Department of Health. The NIMC urges the scope of the review to include consideration of how to maximise skills of the NIMC and the Reference Group and to have a focus on efficiency and streamlining of processes, including implementation monitoring. The NIMC would request that the review would examine how the feedback provided by the Reference Group is implemented in order to examine the contribution of the lived experience perspective to implementation.

Reference Group

The NIMC welcomed the Reference Group (RG) Feedback Report for Q2 2023 (with a summary of same included at Appendix I). As in previous report analyses, the NIMC acknowledged the positive impact the RG has in terms of provided detailed scrutiny of implementation progress. It welcomed the efforts made by the RG to produce a more user-friendly format this Quarter. It also acknowledged the volume of effort and consideration that the RG delivers in its feedback on all 100 recommendations.

As had been the case in Q1 2023, the RG Feedback on individual recommendations from the Q1 2023 report was shared with all the relevant implementation leads so that it could be addressed in the updates provided for Q2 2023. This process ensures the feedback of the RG is directly considered at the level of responsibility for policy implementation. It fosters improved communication between implementation leads and the RG and efforts will be ongoing to continuously improve this process.

The relationship between NIMC and the RG is a collaborative partnership, the NIMC benefitting from the RG's experience, expertise, and insight. A relationship between service users, services, and policy makers is important for the implementation of the policy as a whole. The NIMC supports the close working relationship between the NIMC and HIG secretariats and the planned face-to-face engagements between the secretariats and the RG. These engagements will serve to inform, provide system-wide implementation context and to further develop the collaborative partnership. The inaugural meeting, to which NIMC members are welcome to attend, will cover issues such as funding, recruitment, communications, and timelines.

The NIMC noted the RG feedback welcoming the improved communication strategy with workstream leads. The RG continues to raise concerns about the timelines for delivery stressing the

point that people accessing services don't have the time to wait. The RG also queried the input of lived experience in delivery of a number of recommendations. The NIMC discussed the importance of lived experience involvement and noted the establishment of the HSE Mental Health Engagement and Recovery (MHER) Co-Production Panel.

The Chair proposed that the NIMC provide structured written feedback to the RG to address specific queries raised in its summary report. The NIMC also noted that providing a HSE MHER-led census of all recommendations where there is lived experience contribution would also be a positive feedback tool for the RG.

Conclusion

The NIMC presents the StV Implementation Status Report for Q2, 2023, 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. NIMC is committed to continuously improving reporting. The NIMC seeks 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. NIMC acknowledges the progress to date across several service areas, while acknowledging barriers and challenges to implementation. NIMC also underlines the urgent need for the changes as set in the StV policy.

The NIMC continues to urge implementation partners to remain focused on implementation in areas where there is evidence of slow or absent progress. The NIMC has acknowledged the challenges with the current timeline targets and awaits Government decision on revision of these. The NIMC, in consultation with the RG, remains committed to highlighting and advocating for service improvement as laid out in policy.

Appendix I
NIMC Reference Group Feedback (Extract 'Overview' and 'Summary')
August 2023

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. This is the sixth feedback report produced by the Reference Group following on from previous reports in May, August and November 2022, and February and May 2023. This feedback report reviews implementation work undertaken on each of the 100 recommendations contained within Sharing the Vision in Q2 2023 and builds on the continuous improvement approach that all NIMC/Sharing the Vision stakeholders are developing.

The process of putting together this report included a survey of RG members to gather information on structure, language, and overall thematic areas; a template to feedback on each recommendation; an in-person workshop to discuss feedback, areas of progress, and ongoing challenges. A draft report was then prepared and reviewed by RG members before being finalised and forwarded to the NIMC Steering Group. In addition, a summary of feedback including issues identified is presented to the NIMC Steering Group during a follow up meeting by the Chair of the Reference Group and Shine secretariat. This meeting provides an opportunity for NIMC to outline actions that are in place to mitigate issues raised. The RG acknowledges that significant work is ongoing within HSE services and with partner organisations across a number of recommendations and that time taken to engage multiple departments, service areas and various key leads has proven beneficial in the cohesive approach towards implementation of the 100 recommendations of Sharing the Vision.

Summary

*The Reference Group (RG) would like to acknowledge the input of staff across the HSE and various government departments who were involved in submitting the update reports for Q.2 2023 and would like to thank them for the increased quality across most recommendations. The RG provides observations of progress made and suggestions for improvement to NIMC on the implementation of each of the 100 recommendations contained within Sharing the Vision from the service user and family member perspective and views each and every recommendation as highly important. The RG is committed to providing commentary in line with the core values of Sharing the Vision – **Respect, Compassion, Equity and Hope.***

Moving forward into our second year of work and focusing on a continuous quality improvement methodology the RG feels that there have been significant improvements in the structure of the reporting mechanisms and that it is now time to focus on the higher-level objectives and expected outcomes that the NIMC monitors. It is important to note that the RG still holds concerns regarding timelines, resourcing (both human and financial), communications, and the overall quality of some of the recommendation implementation updates. With the establishment of identified implementation leads and specific workstreams the RG believes that our time can best be used in providing commentary to NIMC based on information gathered through quarterly reports and our meetings with these workstreams; Mental Health Engagement and Recovery; Mental Health Planning; MH Promotion and Digital; Children and Young People; Quality Assurance Framework; Clinical

Programmes; Primary Care; Social Inclusion; Justice and Mental Health Services and we will modify reporting template to enable a more streamlined and concise approach in our feedback reports from Q.3 2023 onwards.

In feedback on the Q.1 2023 report the RG expressed frustration and highlighted concerns regarding communications and the quality and relevance of updates provided for each of the 100 Sharing the Vision recommendations. In consultation with NIMC, the HSE Implementation Group (HIG) and the Department of Health (DoH) it was agreed that an enhanced communication strategy should be developed to address these concerns. The enhanced communication strategy includes representatives from the HIG and DoH attending each of the quarterly RG meetings and the development of an additional set of meetings between the RG, NIMC, HIG, DoH and workstream Implementation Leads (with oversight for each of the workstreams listed above) beginning in September 2023.

Representatives from the HIG and DoH attended the Q.2 2023 RG report review meeting and presented updated information which was helpful to the RG in forming this Feedback Report. The RG is keenly aware that improving communications across a range of stakeholders is required to ensure that Sharing the Vision policy implementation is driven by cultural change within HSE and other services. This cannot happen if staff and other key stakeholders are unaware of Sharing the Vision and are not engaged in the design and implementation of recommendations. The RG continues to ask, 'What is the communications strategy for each group of stakeholders, both internal and external?' Without a strong communication strategy there is a significant risk that implementation of Sharing the Vision will become little more than a tick box exercise across many of the recommendations.

The RG have been informed that, in line with the NIMC Terms of Reference, an independent external review will be undertaken focusing on the role and impact of NIMC and how they engage and communicate with the Minister, HIG, DoH, RG and specialist groups and that the RG will be consulted as part of this process. The RG welcomes the opportunity to participate in any such mechanisms for improved communications.

Areas of Progress

The Q2. 2023 report has provided significant improvement in quality of reporting on many of the recommendations contained within Sharing the Vision and the RG appreciates the time and effort that has clearly been put into providing this information. It enhances the ability of the RG to provide NIMC with relevant and timely comments and provides them with the information needed to relay back to the groups and communities that they represent. The RG acknowledges that there are still instances of "copy and paste" updates on a number of recommendations and looks forward to discussing why this continues to happen with relevant workstream leads as part of the enhanced communications strategy.

The development of the enhanced communications strategy is viewed by the RG as an area of important progress.

The RG appreciates the amount of detail that is provided in the report regarding the resourcing of posts and is heartened to see the steady increase in posts recruited in Mental Health Services.

The formation of a working group to develop a 10-year plan that addresses the existing and future capital requirements within mental health, including required acute bed capacity is welcomed as this recommendation depends on adequate inflationary indexed funding. The RG notes that while advances are welcomed, we are already three years into a 10-year plan and the fact that bed capacity has not significantly increased in line with need is worrying.

The Launch of the Medical Model of Care for Dual Diagnosis and its alignment with Sharing the Vision is very much welcomed, particularly for those who have for too long been excluded from Mental Health services because of a co-existing substance dependency.

The RG feel that they have had a positive impact on the need for inclusion and intersectionality across recommendations. Although there is much work still to be done in this area there has been slow but consistent improvement over time. The new RG recruitment round planned to be launched in August 2023 will also ensure greater representation of key priority groups, including migrants, refugees, people of colour and representatives of the older population in Ireland. The RG also notices their key role in ensuring the voice of lived experience in the monitoring and implementation of Sharing the Vision.

Areas of Concern

Timelines- *The RG was informed that NIMC was concerned that some short and medium-term timelines for completion of recommendations would not be achieved. This aligns with previously expressed concerns of the RG. The RG were informed that NIMC has made recommendations to the Minister for the extension of timelines for short, medium, and long-term recommendations and is awaiting a decision from the Department of Health on the timelines. The RG wishes to express serious concerns regarding the impact of timeline extensions. Life expectancy for a person with significant mental illness is 10 – 15 years less than the average population. People experiencing mental illness do not have the luxury of time to wait for services. The RG is frustrated that workstreams have not engaged with external stakeholders who could have supported and expediated the implementation of a number of the short-term recommendations in Sharing the Vision. Some working groups have wasted valuable time replicating existing reports and services that are already available in the community. There appears to be still an unfortunate cultural mentality within the HSE that believes that everything needs to be created ‘in-house’. It has been a concern of the RG from the beginning of our work in reviewing reports in how many recommendations were delayed because of ‘explorations’, ‘reviews’, ‘framework development’s’ and many of the other ‘buzz words’ that have been prevalent across all reports over the past 18 months.*

Understanding of timelines is further blurred by the lack of information contained within many recommendations and the quantity of inaccurate and irrelevant information being provided. Given the immediate need for access to timely and appropriate mental health services, particularly for people with serious mental illness, the RG urges NIMC to review why it has been necessary to recommend the extension of timelines across a number of recommendations and to take into consideration the risk to people who use mental health services in having to bear yet more delays in receiving the care that they need. Recommendations where timeline delays have been identified as concerning are:

5,7,15,17,29(b),21,22,23,25,28,30,32,33,34,35(a),37,38,39,41,42,43,45,46,49,52,53(a),56,62,66,68,69,74,75,76,89,92,100.

Quality Assurance process for closure - The Reference Group has repeatedly requested information on the Quality Assurance process for closure of recommendations. Whilst the RG acknowledge that this issue will be addressed as part of the enhancing communications strategy now in place it is frustrating that some recommendations have been approved for closure without transparency in the Quality Assurance process and without a definite strategy for ensuring that mechanisms for monitoring the continued implementation of these recommendations post-closure is in place. The RG feels that a process should have been agreed upon prior to any recommendations being approved for closure and urges NIMC to identify such a process as a priority action.

Consistency of reporting across the different working streams - The Reference Group continues to highlight discrepancies in relation to the content and quality of updates. Some updates are produced to high standards while others are a copy paste exercise of previous periods or do not provide enough information. Some examples of good quality updates are included in Recommendations 1, 2,6,8,9,36,40,42,56,57,61,63, and 65. Recommendation 86 provides in-depth information but is also an example of the need to ensure that language is framed in plain English as it is quite complex. Poor quality updates have been identified in recommendations 5,10,11,12,15,30,33,34,39, 51,53(b),59,70,71, 73,94,95,96,97. More work needs to be done to ensure the quality of updates is consistent across all working streams.

Measuring Progress – The RG continues to raise concerns in relation to the measurement of progress for individual recommendations and across the Sharing the Vision policy as a whole. There is a fundamental need to measure outcomes and impact for each of the recommendations to ensure that policy implementation is relevant and produces the intended outcomes. To date the RG have not received any information on how progress, outcomes and impact will be measured and feel that their concerns have not been heard and as a result that their impact in this area has been weak.

Funding - In the words of one RG member “It is infuriating that some recommendations have been delayed because of resourcing”. The RG asks, “Why is funding a barrier in implementing recommendations contained within Sharing the Vision?” and “Why have recommendations not been adequately funded and who is responsible for this?” With a budget allocation of €1.2 billion in Budget 2023 how is it possible that funding is not available?” “Do similar funding restrictions impact on other Mental Health policies such as Connecting for Life?” These are fundamental questions that should not have to be asked this far into the implementation of Sharing the Vision and it is extremely disappointing that there have been no answers to numerous funding questions to date. The RG would also like to know how many posts have been funded but have not been advertised? The RG hopes that answers to these questions will be provided as part of the enhanced communications strategy and highlights the need for Budget 2024 to ensure that adequate funding for all recommendations is identified and provided. Recommendations that are specifically impacted by lack of funding/resources are 5,23,42,43,52,53(a),56,69.

Inclusion of the voice of lived experience is lacking across a number of recommendations and the RG would like to highlight in particular recommendations 21,22,25,26,27,28,32,46,68,71,72,78,87 and 98 that provide little or no clarity on whether any lived experience input has been given to the design and implementation of these recommendations.

Move to HSE Health Regions – Little information has been provided on the impact of the move to Health Regions despite this change being planned for February 2024, a mere six months away. The RG urges greater information sharing on this subject as it is vitally important to ensure that the

continuity of implementation of Sharing the Vision is protected throughout upcoming structural changes.

Areas for Further Improvement

- *Stakeholder Engagement (internal and external): Continuing to engage the voices of lived experience in the design and implementation of recommendations.*
- *Internal knowledge and cultural change: though a strong communications strategy.*
- *Inclusion of priority/minority groups: Ensure that a gender lens and an intersectionality lens is being applied to recommendations. Is an intersectionality lens being applied to all recommendations?*
- *Accountability and consequences: Where recommendations are not being appropriately implemented and where updates provided are inaccurate or misleading there needs to be a strong response.*
- *Exploring how to provide wrap-around support to people: Employment/Education/Housing.... the bio-psycho-social model of care.*
- *Terminology: Focusing on 'person centred' rather than 'service user' terminology and service provision across all recommendations.*
- *Reviewing the context of Sharing the Vision: in line with the current climate of homelessness, cost of living, refugees, gender. Adaptability of policy implementation and addressing areas of impact that are not identified within Sharing the Vision. The needs of non-binary people in Mental Health Services need to be addressed.*
- *There is a need for charts and graphs to be accessible to all: Screen readers cannot read graphs and charts, so it makes this information inaccessible for people who use screen readers.*