

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

### *Sharing the Vision* Implementation Status Report: Quarter 3, 2023

November 2023

#### Introduction

The National Implementation Monitoring Committee (NIMC) welcomes this opportunity to provide an analysis of the ninth Implementation Status Report of *Sharing the Vision* (StV) (Q3 2023).

This is the sixth 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 Q3 2023 *Sharing the Vision* Implementation Status Report (Q3 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 17th November 2023. NIMC members analysed the Quarterly report for the third 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 (RG) for the Q3 Report. The RG provides the service user, family member and carer lived experience perspective, specifically in relation to Quarterly Reports.

#### Summary of statements

- The NIMC noted progress made in several areas, including recruitment, research on mental health outcome indicators, digital mental health, and the internal process review of the NIMC.
- The NIMC also recognised on-going challenges posed to policy implementation in certain areas, including where recruitment has not been possible, in relation to ensuring mental health remains a budget priority, and advocating for the inclusion of the voice of lived experience across all policy implementation areas.
- The NIMC recognises that ensuring adequate budget for policy implementation is vital to ensuring the recommendations in *Sharing the Vision* are delivered on, particularly in the context of annual Budgets.
- The NIMC welcomed the advancement of research into mental health outcome indicators, which will form the basis for a future Outcomes Measurement Framework for *Sharing the Vision*.
- The NIMC noted the decision taken by the Department of Health to approve its recommendation to modify the timeline for delivery of short-term recommendations to align with the existing Implementation Plan 2022-2024.
- The NIMC expressed satisfaction with the on-going enhancement of engagement processes between the NIMC and the Reference Group (RG) and noted the positive impact of information sessions conducted in Q3 2023.

#### Commentary and Analysis

##### *Sharing the Vision* (StV) Recommendation Implementation Status

The Implementation Status Report for Q3, 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 Domains 1 (Promotion, Prevention & Early Intervention) and 3 (Social Inclusion) covering activity completed over the course of Q3, 2023. Recommendations in Domains 1 and 3 are led by several different government departments and agencies, coordinated by the Department of Health, and the HSE.

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 Q3 2023, a total of 66.3 new posts were recruited. 522.8 posts out of the approved 784.1 were in place, with the remaining 261.4 posts at various stages in the recruitment process.
- **Mental Health Promotion Plan:** The drafting of the new National Mental Health Promotion Plan is nearing completion, with an expected launch in Q1 2024.
- **Women's Mental Health:** An approach has been developed that will fully embed the Women Mental Health Charter across the StV policy from now and over the course of its second Implementation Plan, including a toolkit and provision of training resources to embed recommendations across relevant workstreams.
- **Youth Mental Health:** A dedicated Child and Youth Mental Health Office has been established in the HSE, with a National Clinical Lead for Child and Youth Mental Health and Assistant National Director appointed to same. An enhanced Youth Mental Health Transitions Plan has been drafted, with a view to final sign-off in Q4 2023.
- **Mental Health Outcomes Indicators Research:** An Evidence Synthesis brief was conducted by the Health Research Board (HRB) on behalf of the Department, entitled '*Mental health-related indicators for measuring performance and impact of mental health policy*', examining the use of outcome indicators in an international context, across multiple different jurisdictions. The report will be published on the Department of Health website in Q4 2023.
- **Housing for people with mental health difficulties:** A new protocol to guide the effective transition of individuals from HSE-supported accommodation to community living has been drafted, with expected rollout in Q1 2024.
- **Dual Diagnosis:** In line with the Model of Care for Dual Diagnosis, initial base locations have been identified and recruitment of teams is underway with 9 WTE posts filled as of September 2023. The three initial sites being established are located in CHOs 3 and 4 (adult teams) and CHO 9 (adolescent team) and are progressing well. The adolescent team in CHO 9 is in place and it is planned for the CHO 3 adult team to accept referrals in Quarter 1, 2024. Recruitment of a consultant for the CHO 4 adult team is progressing.
- **Mental Health and Wellbeing in Schools:** Nearly half of all primary and secondary schools across the country have completed wellbeing promotion training.
- **Digital Mental Health:** A new Digital Mental Health Work Plan has been developed to improve the management and delivery of digital mental health services and secure future service improvements.

The NIMC noted that the majority of recommendations in Domains 1 and 3 are on track (66.6%), and only one medium term recommendation is paused (Recommendation no. 7 – Stigma Reduction). There is one recommendation with a major delivery issue – Recommendation no. 69 (Independent Living Supports). It was noted that there was detailed mitigation included for Recommendations no. 7 and no. 69.

## Recruitment

As per previous Report Analyses, NIMC continues to recognise that implementation of StV is heavily dependent on adequate recruitment of new development posts, as well as staff retention. 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 has been made to date in recruitment for these posts, and this continued in Q3 2023 with 66.3 new posts recruited in this quarter. There are 522.8 posts in place, and the remaining 261.4 posts at various stages in the recruitment process.

However, the NIMC believes that there remains a significant recruitment challenge, resulting in underachievement in key aspects of StV implementation. Implementation is reliant not just on mental health recruitment but on adequate recruitment in key areas such as nursing and Health and Social Care Professionals (HSCPs). 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, three 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. It was noted that feedback provided by NIMC members will continue to be used to improve future versions of the report. The NIMC welcomes the upcoming Mental Health, Human Resource, Recruitment and Workforce Planning Report for Quarter 3, 2023.

### **Budget 2024**

The NIMC noted that mental health was identified as a priority area for funding by both the Minister of Health and the Minister of State for Mental Health and Older People for 2024. As a result of that focus, additional development funding was secured for mental health services, bringing the mental health budget to a total of €1.3bn for 2024. However, the NIMC expressed some concern that the increase in budget would not be sufficient to sustain positive momentum in policy implementation and service improvement in a variety of areas, to a satisfactory level. It was noted by the NIMC that annual budgetary processes have a potentially negative impact on long-term policy implementation such as *Sharing the Vision*, which the NIMC believes requires financial commitments on an on-going, multi-annual basis.

The Chair raised concerns on behalf of the NIMC with the Minister for Mental Health and Older People in their October meeting to discuss the Q2 2023 Implementation Status Report. The Chair reported that the Minister agreed that both recruitment and service improvement were key items to driving implementation and reiterated her commitment to implementing StV. The Chair highlighted the problems experienced in implementation of recommendations due to lack of budget and funding and emphasised the need for meaningful investment with the Minister. The NIMC will continue its work of advocating for increased and meaningful investment in mental health services to Government.

### **Timelines, Planning and Processes**

In acknowledgement of previous HSE Implementation Group (HIG) input outlining contributing factors impacting on delivery which included Covid-19, the widespread HSE and Department of Health (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 DoH approved the NIMC's previously delivered recommendation – detailed in the Report Analysis document for Quarter 2 of 2023 – of a revised timeline for implementation, according to which the Policy's 42 short-term recommendations will 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 Department advised that on-going consideration be given by the NIMC to the delivery of medium- and long-term recommendations in the development of future Implementation Plans. This was noted by the NIMC in its discussion of policy implementation progress this Quarter, while acknowledgement was also given to the robust policy implementation structures which are in place, the strong monitoring processes established and on-going commitment to tracking delivery issues. It was highlighted that there is expected to be a number of proposals for Recommendation closure brought forward to the NIMC in its December 2023 meeting.

## **NIMC Process Review**

The NIMC welcomed the progress to date of the independent process review of the NIMC being conducted by the agency Prospectus. There will be a full report completed by December 2023 based on the process review of the NIMC and its associated implementation monitoring structures, which is being undertaken in line with recommendation 99 of *Sharing the Vision*. The review is focused on reviewing and making recommendations on improving NIMC processes, as opposed to altering NIMC structures. The timelines for the development of the second NIMC Steering Committee – to start in January 2024 – are independent of the timelines for the completion of the process review, but the process review will potentially inform the manner by which the new Committee plans and delivers its agenda. It was noted that all NIMC members, including the Chair, had contributed to the work of the review, and the NIMC looks forward to reviewing the final report and its findings.

## **Health Research Board Evidence Brief on Mental Health Policy Outcome Indicators**

The NIMC noted positive developments associated with Recommendation 77 of StV. An Evidence Synthesis brief was conducted by the Health Research Board (HRB) on behalf of the Department of Health, entitled '*Mental health-related indicators for measuring performance and impact of mental health policy*', examining the use of outcome indicators in an international context, across multiple different jurisdictions, and its initial findings were presented to the Department and the NIMC. The review of this international evidence is intended to provide a strong basis for the development of an Outcomes Framework for StV. This brief was presented to the Department in August 2023, and to the NIMC in September 2023; it will be published in Q4 2023. It was noted by the RG and the NIMC that the HRB will present on the brief to the Reference Group in Q4 2023. The NIMC welcomed progress on this significant piece of work and looked forward to its further progression under the current and future Implementation Plans.

## **Reference Group**

The NIMC welcomed the Reference Group (RG) Feedback Report for Q3 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 providing detailed scrutiny of implementation progress. It also acknowledged the volume of effort and consideration that the RG delivers in its feedback on all 100 recommendations.

As has been the case in previous quarters, the RG Feedback on individual recommendations from the Q2 2023 report was shared with relevant implementation leads so that it could be addressed in the updates provided for Q3 2023 or through separate provision of information where appropriate. This process ensures the feedback of the RG is directly considered at individual recommendation implementation lead level. It fosters improved communication between implementation leads and the RG and efforts will be ongoing to continuously improve this process.

To this end, the RG Secretariat and the NIMC noted the positive contribution made by the NIMC and HIG-led information workshops that have been undertaken to enhance engagement between the Reference Group and the NIMC. It was reported that the workshops have been positively received by RG members and that the information, slides and recordings provided as part of the process have been helpful.

The RG and the NIMC discussed the increased level of detail and quality of many Recommendation progress reports over recent quarters, attributed to positive engagement with feedback from the NIMC and the RG. While it was agreed by the NIMC that some discrepancy between individual reports is unavoidable with a policy of this level of complexity, it was hoped that all Recommendation leads could implement improvements to their reporting in future quarters, to reflect the positive work being done.

## **Involvement of lived experience perspective**

The RG and the NIMC noted the welcome involvement of a lived experience perspective in the implementation of many recommendations. The RG queried whether there were areas that could benefit from more involvement of lived experience or for this to be given more emphasis in reporting, where such work is being undertaken. The NIMC noted the extensive work being undertaken by the HSE Mental Health Engagement and Recovery Office (MHER) through its National Volunteer Coproduction Panel to actively include individuals with lived experience.

MHER works to enhance the lived experience voice at the centre of specialist mental health services by engaging with and gathering the experiences of service users, family, carers and supporters. In addition, they work to develop and support the implementation of Peer Support working, Recovery Education, and Individual Placement and Support. MHER also provide consultancy across a range of service improvement initiatives and lead on the implementation of 11 recommendations across StV. MHER StV Workstream Steering Group works to support and provide specialist expertise to the broader HSE StV implementation process.

The NIMC agreed that the involvement of the lived experience perspective is vital in the work of policy implementation and review and looked forward to seeing the work continue and develop.

## **Conclusion**

The NIMC presents the StV Implementation Status Report for Q3, 2023. 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 noted that despite challenges previously noted, there remains positive progress on policy implementation across all Domains. The NIMC reiterated the need for work to be prioritised on recommendations that are paused or experiencing delivery issues. In addition, the NIMC welcomed the level of detail provided by many workstream leads, which has seen an increase in quality and quantity following feedback from the NIMC and the RG. 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')

November 2023

#### **Overview**

*The NIMC Reference Group (hereon referred to as 'the group' or 'RG') is made up of people with a range of personal, family and professional experiences of mental health services, each one bringing to the group their own unique perspectives and skills. The RG was established by the National Implementation and Monitoring Committee (NIMC) who oversee implementation of Sharing the Vision: A Mental Health Policy for Everyone; Irelands mental health policy for 2020 – 2030 (Sharing the Vision) to ensure that the voice of lived experience is consulted on an ongoing basis in the roll-out of this important national policy.*

*This is the seventh feedback report prepared by the RG on the quarterly Sharing the Vision Implementation Status Reports ('StV quarterly status reports'), and is the final one for 2023 following on from previous reports in February, May and August of 2023 and November, August and May of 2022.*

*Feedback given by the RG to initial StV quarterly status reports focused strongly on the structure of reporting, i.e., that reports are written in plain English, use gender inclusive language, include an acronyms index, and provide links to the many documents referenced in each StV quarterly status report.*

*The RG viewed this as one of their priority objectives because of the significant amount of information contained in the StV quarterly reports, much of it framed in clinical language and context rather than a recovery focused language. The RG believe that it is significantly important to ensure that the StV quarterly status reports are as accessible and as easy to read as possible for the 'ordinary' person, who has an interest in how the Irelands national mental health policy will impact on outcomes in the delivery of mental health services across the country.*

*From the outset the RG were determined that each of the one hundred recommendations contained within Sharing the Vision would be carefully reviewed and that the NIMC would be provided with observations of progress made, and suggestions for enhanced stakeholder engagement, in the continuing implementation of recommendations. The RG's determination was also focused on the increased participation of people who use mental health services and their families, carers, and supporters in the design and implementation of mental health services now and into the future.*

*The process of putting together each feedback report includes 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 feedback report is then prepared and reviewed by RG members before being finalised and forwarded to the NIMC. In addition, a summary of feedback including issues identified is presented to the NIMC during a follow up meeting by members of the RG. This meeting provides an opportunity for NIMC to outline actions that are in place to mitigate issues raised.*

#### **Summary**

*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**.*

*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 StV quarterly Status Report for Q.3 2023 and noted in particular that there was specific mention across some recommendations of the comments previously provided by the RG.*

*As the RG completes its second calendar year of work and reflects on the work undertaken in 2023 their focus has moved*

on the higher-level objectives and expected outcomes that the NIMC monitors. In the August 2023 feedback report to NIMC, the RG spoke frankly of their frustrations with the perceived ongoing lack of communication and engagement across multiple recommendations. The RG felt that they were operating in a vacuum that did not facilitate two-way communication and that comments and suggestions that they made were not being heard and that further work was required to ensure that a well-designed communications strategy which can facilitate the exchange of information, feedback, and coordination among the different actors involved in the policy process was developed. In consultation with NIMC, the HSE Implementation Group (HIG) and the Department of Health (DoH) it was agreed that an enhanced communication strategy would be developed to address the concerns of the RG and that a series of hybrid workshops would take place between the RG, NIMC, HIG, DoH and Sharing the Vision Workstream Implementation Leads. The first of these workshops took place in September 2023 with an agenda focused on areas of work where the RG felt it was most important to garner additional information. These areas were identified as: Communications, Timelines, Inclusion, Resourcing, Accountability, Measurement and Evaluation. The general consensus was that this workshop was helpful to RG members for their own understanding and also for the information they were able to relay back to the interest groups they represent. The workshop was also identified as beneficial to members of NIMC and staff of the HSE and Dept. of Health who attended. A second workshop ran in November of 2023 with a specific agenda focusing on the Workstreams **of Mental Health Engagement and Recovery** and **Mental Health in Primary Care** where a significant volume of information was presented. It is well known that a successful communications strategy can help to increase the transparency, accountability, and legitimacy of policy decisions and actions and the RG felt that the voice of lived experience at this second workshop was presented opportunities to directly highlight variances in language, interpretation, inclusion, resourcing and accountability to workstream leads. An example of this was in relation to recommendation #20(b) regarding the piloting of an autism assessment and intervention protocol across four CHO regions. While this pilot is very welcomed there was concern raised regarding potential unintended bias in the diagnostic criteria being used, e.g., non-application of a gender inclusive lens, to ensure that atypical autistic people are effectively identified and supported. This is particularly relevant in light of current research which indicates that autistic people have higher rates of LGBT identities and gender dysphoria/gender variance than the general population.

*The RG had the opportunity to highlight components of #16 that caused concern to them personally. It was highlighted that people who are neurodivergent or have other challenges may not be able to communicate through speaking words. How then are these people acknowledged and serviced in this recommendation?*

*Again, in relation to #16, while the RG understand that therapy modality is not the most important factor in the effectiveness of therapy, and that the client-therapist relationship is much more important. There does not seem to be any clarity on the selected modalities, whether they are evidence based, and if they are appropriate for a range of needs. Is there a document that outlines which talk therapies are included in the implementation of this recommendation? If so, could the RG receive a copy for increased knowledge?*

*The enhanced communication strategy also includes representatives from the HIG and DoH attending a portion of each of the quarterly RG meetings. This enables direct conversation on queries that the RG may have prior to producing their report and again has proven to be a very useful strategy.*

*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 but that they are highly appreciative of the commitment of partners in this enhancing communications process to ensure that communications improve across a range of stakeholders and that information is relayed to those who need it in the timeliest manner.*

**Oversight** - *RG representatives recently participated in the independent external review of the role and impact of NIMC, and view this as a timely activity given the upcoming rotation of chair and member positions within NIMC. #99 states that "A national 'whole-of-government' Implementation Committee should be established with strong service user and VCS representation to oversee the implementation of the recommendations in this policy and to monitor progress." The RG understands that selection of members to the NIMC will be made directly by the Minister for Older People and Mental Health, Mary Butler TD, and would like to urge the Minister to ensure that the selection process takes into account the wide range of interdepartmental recommendations that would benefit from the inclusion of other Government Departments at the table. Likewise, that representation is equitably balanced between those implementing recommendations and those best placed to independently monitor and evaluate recommendations, including those representing the voices of lived experience.*

### **Areas of Progress**

*The RG are pleased to see the continued focus on improvement in staffing resources across mental health services underpinned by the **HSE Resourcing Strategy** which was launched in June 2023 and hope that the recently implemented staffing embargo will not undo the efforts being made to address the 58% of new problems reported in Q.3 2023 directly related to recruitment/human resources.*

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



*progress and the impact so far has been very beneficial for all stakeholders. The enhanced communications strategy provides opportunities for RG members, NIMC, HIG, Workstream Leads and the StV secretariats to engage in one-to-one dialogue on each of the recommendations. To ensure that this important dialogue is accessible to volunteers and staff now and into the future each enhancing communications workshop is offered in-person, on-line and is recorded to serve as a resource to current and future stakeholders.*

*The work of the **Youth Transitions Specialist Group** is highly welcomed by the RG, particularly the inclusion of an online focus group which took place in September with parents and caregivers of young people who have experience of CAMHS. There is significant work required to rebuild the trust of young people and their families who have been adversely impacted by CAMHS services and the RG see this as a positive step in the right direction.*

*The RG noted that reading through and working with a report that contains 100 recommendations and substantial additional information can be a tiring and tedious process. The inclusion of colour coding, provision links to articles and documents referred to, and the range of visual diagrams included is very helpful and has made the review process much easier. The RG would like to ask that diagrams include a brief description below them as people who use document readers will not receive any information presented in a diagram unless an explanation is also provided.*

### **Areas of Concern**

**Funding/Resourcing** – Budget 2024 announced limited additional funding for mental health services in Ireland and it remains to be seen if any of this funding will be directed towards recommendations that the RG have consistently highlighted as a priority. For example:

*#69 -The National Housing Strategy for Disabled People 2022 -2027 promises that 'The HSE will nominate a housing coordinator in each CHO area for both Mental Health Services and Disability Services to lead on the interagency collaboration' There are currently 4.5 WTE Housing Coordinators in post and it is expected this will be reduced to 4.0 WTE due to retirement. This leaves a number of CHO areas without funded posts. In order to mitigate, 5.0 WTE Housing Coordinators were sought through the 2024 estimates process but have not been prioritised for funding. The RG have specifically mentioned the lack of housing coordinators as a significant across a number of feedback reports and wish to highlight the exclusion of the voice of lived experience in seeking to ensure that housing security should be prioritised for tenancy-related/independent living supports for service users with complex mental health difficulties. Secure and sustainable housing is a significant mental health protective factor, without which other fundamental areas of need cannot be adequately addressed and which will further impact on the slow pace of people with mental health difficulties moving from institutionalised settings into their own homes.*

*Similarly, the RG are disappointed to note that funding for increased security of tenure and an increase in posts across the IPS employment programme #71 has not been successful. There is a strong evidence base for employment as a mental health protective factor and well- researched positive quality of life outcomes for people with significant mental health difficulties who are in employment.*

*Other recommendations that continue to be negatively impacted by lack of funding/resources are recommendations 8,35(a),42, ,53(a), 53(b), 57,79.*

**Quality Assurance process for closure** – Reference Group has repeatedly requested information on the Quality Assurance process for closure of recommendations that NIMC approved for trialing in Q.1 2023. The RG were recently presented with information on a recommendation that NIMC has approved for closure although the RG did not have any opportunity to feed into the development of the Quality Assurance process or the closure of this particular recommendation. It has been noted that the Quality Assurance document, (which outlines Outputs, Outcome Indicators and Delivery Details for this particular recommendation), provides a clear picture of the work undertaken and gives some oversight towards the rationale to close. The RG wishes to again highlight the importance of ensuring that the voice of lived experience is included at recommendation closure stage. The RG also noted that they are not confident that the Quality Assurance document adequately identifies the longer-term monitoring process for this recommendation and ask that they are invited to review recommendations which have been/are mooted for closure.

**Lived Experience** - Inclusion of the voice of lived experience is lacking across a number of recommendations and the RG would like to highlight in particular recommendations 4, 13, 21, 25,26,45,61,88 that require more in-depth information on the range of lived experience input that has been sought in the implementation of these recommendations. 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 and agree that this would be a very worthwhile activity.

**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 2,5,6,7,9,12,15,19,23,24,30,31,36,46,58,67,73,91, and 92. Recommendation 38 is an example of an update that provides in-depth information but is difficult to understand. Plain English is always the preferred option. Poor quality updates have been identified in recommendations 4,11,28,29,32,37,42,43,79,82,83,84,94,96. It is even more disappointing to note that a number of these recommendations provide consistently poor updates and these will be highlighted to NIMC in the hopes that they can emphasise that the quality of updates should be consistent across all working streams so that information can be relayed to people who are impacted upon by the implementation of recommendations.

A more detailed description of updates and/or the inclusion of links to documents/reports mentioned would be very welcomed on recommendations,10,13,20(a),22,29,35(b)39,44,47,49,51,60,64,74.

**Measuring Progress** – The RG are delighted to have received the recently released HRB - Evidence Brief on Mental Health Outcomes Indicators, and will be meeting with the HRB to review the document. This work is seen as very positive and the RG welcome the opportunity to engage in this process.

**Move to HSE Health Regions** – The RG welcomes the opportunity to attend the upcoming NIMC meeting at which Bernard Gloster, CEO of the HSE will provide an update on the move to Health Regions. It is

*understood that the planned date of February 2024 remains unchanged. This is cause for concern amongst both staff and people who use mental health services as the impact of such changes on service provision has not been identified or articulated as far as the RG are aware.*

### ***Areas for Further Improvement***

- *Stakeholder Engagement– Internal and External. Continuing to engage the voices of lived experience in the design and implementation of recommendations.*
- *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 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.*
- *Continue to focus on person centered rather than service user terminology and service provision. Examples include the use of the phrases ‘stood-up’ and ‘stood-down’ instead of beginning/began and completed/finished. Referring to people accessing services as ‘cases’ (#48) is also non-person-centered and this terminology can and should easily be changed without any undue impact.*

**[ENDS]**