

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

Sharing the Vision Implementation Status Report: Quarter 4, 2023

February 2024

Introduction

The National Implementation Monitoring Committee (NIMC) welcomes this opportunity to provide an analysis of the tenth Implementation Status Report of *Sharing the Vision* (StV) ([Q4 2023](#)).

This is the seventh 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 Q4 2023 *Sharing the Vision* Implementation Status 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 23rd February 2024. NIMC members analysed the Quarterly report for the fourth quarter of 2023, forming the basis for this Quarterly Report Analysis.

Additionally, this Quarterly Report Analysis benefits as in previous quarters from the Feedback Report of the Reference Group (RG) for the Q4 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, Youth Mental Health Transitions, CAMHS Hubs, Women’s Mental Health, and Digital Mental Health.
- The NIMC also recognised on-going challenges posed to policy implementation in certain areas, including in relation to the HSE recruitment moratorium introduced in Q4 2023, insufficient resourcing of initiatives such as social prescribing, and the need to continue to emphasise the importance of improving reporting processes.
- The NIMC recognises the necessity for adequate financial and staffing resources across mental health services to ensure that the implementation of *Sharing the Vision* can be delivered on.
- The NIMC commends the work done on enhancing engagement processes between the Reference Group and other structures of the NIMC, while recognising that there remains additional work to be done to improve processes in this space.

Commentary and Analysis

Sharing the Vision (StV) Recommendation Implementation Status

The Implementation Status Report for Q4, 2023 outlines the current status of the implementation of all 100 recommendations as detailed in StV. This is the fifth domain-themed report. For this quarter, the focus is on Domain 2 (Service access, coordination and continuity of care), covering activity completed over the course of Q4, 2023. All recommendations in Domain 2 are HSE-led and are progressed through the HSE’s thematic workstreams for Clinical Programmes, Mental Health Planning, Mental Health Promotion & Digital Mental Health, Children & Young People and Mental Health in Primary Care.

The domain-themed format allows for a focused, qualitative approach to reporting. In general, the Committee welcomes and accepts this report, providing a comprehensive oversight of implementation across the HSE's thematic workstreams.

Key areas of implementation progress include:

- **Recruitment of new mental health staff:** In Q4 2023, a total of additional 93.6 posts were filled. Of the 785 funded and available development posts (up to end 2023), 616.4 are now in place with the remaining 168.6 posts at various stages in the recruitment process.
- **NIMC Steering Committee:** The membership of the second term (2024-2027) of NIMC Steering Committee was confirmed, with new members and a new Chairperson appointed by Minister Butler. In addition, the NIMC finalised its end-of-term analysis report which was [published on the Department of Health website](#).
- **Closure of Recommendations:** Over the course of Q4 2023, the NIMC approved the closure of three recommendations: Recommendations 3, 38 and 94. Details of these closures are included in the Minutes of October 2023 and December 2023 minutes of the NIMC Steering Committee, [published on the Department of Health website](#).
- **Mental Health Promotion Framework:** The drafting of the *Pathways to Wellbeing*, the new National Mental Health Promotion Framework is complete, with an expected launch in Q2 2024.
- **Crisis Resolution Services:** The Crisis Resolution Service team in Sligo/Leitrim were in receipt of a 2023 HSE Excellence Award.
- **Youth Mental Health (recommendation 36):** The Youth Mental Health Transitions Specialist Group finalised a plan for 'Transforming Youth Mental Health Services in Ireland: A New Model', which includes recommendations for the provision of age-appropriate specialist mental health services up to age 25. This reconfiguration plan will be presented alongside a plan for enhanced transitions between CAMHS and adult mental health services to the NIMC in Quarter 1, 2024 and will be incorporated as part of the HSE's Child and Youth Mental Health Improvement Programme
- **Mental Health Outcomes Indicators Research:** The final report of the Evidence Synthesis brief 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, was [published on the Department of Health website](#).
- **CAMHS Hubs:** In line with the Model of Care for CAMHS Hubs, continued progress was made in the first part of Quarter 4, 2023, on recruitment for CAMHS Hubs Teams with 2 pilot sites complete (CHOs 2 and 6).
- **Perinatal Mental Health:** The postnatal multidisciplinary clinic supporting women following a traumatic birth experience at the Lavender Clinic, University Maternity Hospital Limerick won a HSE Service Excellence Awards 2023 in the Improving Patient Experience category.
- **Digital Mental Health:** In Quarter 4, 2023, following extensive discussion, drafting and consultation, a HSE Digital Mental Health Work Plan was finalised. This will provide structure and tangible actions for this important area of work in 2024. The plan builds on the range of digital mental health supports offered by the HSE, including through partnership with SilverCloud.
- **National Clinical Programme for Self-Harm and Suicide Related Ideation:** The National Clinical Programme for Self-Harm and Suicide Related Ideation hosted a two-day training and education event in Dublin, which was attended by 70+ clinicians. A calendar of online training seminars was developed for all clinicians delivering the programme and a 5-year report covering data for each ED service is being finalised for circulation in Quarter 1, 2024.

The NIMC noted that the majority of recommendations in Domain 2 are either on track (24) or with minor delivery issue (17), from a total of 53, with one Recommendation completed. However, 11 Recommendations are either Paused (6), with major delivery issue (4) or not started yet (1).

Details on implementation problems and mitigations for these include:

- **Recommendation 15:** A bid for additional funding in 2024 to support a number of social prescribing initiatives was unsuccessful. In order to mitigate potential impact on service provision caused by retention risks, there will be planned engagements in Quarter 1, 2024, with each of the funded host organisations for social prescribing.
- **Recommendation 22:** The audit report of assessment rooms found that eight EDs do not have a dedicated room in line with agreed standards. In order to mitigate, the Clinical Lead and Nurse Lead for the National Clinical Programme for Self-Harm and Suicide Related Ideation are engaging directly with the relevant hospital groups to ensure improvement plans are in place.
- **Recommendation 35:** Providing a comprehensive specialist mental health out of hours service will require additional investment to support recruitment of staff and delivery of on-call services. Following escalation and engagement with the HIG, it has been agreed that this recommendation will be led by the HSEs Child and Youth Mental Health Office and considered as part of the HSEs Child and Youth Mental Health Improvement Programme.
- **Funding and Recruitment:** Funding to enable continued delivery of the Seeking Safety programme (Recommendation 57/NCP Dual Diagnosis) has not yet been secured for 2024. Along with a loss of previously approved but unfilled posts and the temporary recruitment pause in the HSE, this presents risks for the implementation of this National Clinical Programme. Mitigation measures are being considered with the NCAGL – Mental Health.

Recruitment

As per previous Report Analyses, the NIMC continues to recognise that implementation of StV is heavily dependent on adequate recruitment of new development posts, as well as staff retention. The 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 continued in Quarter 4, 2023 in the recruitment of staff, with an additional 93.6 posts filled. Of the funded development posts, 616.4 are now in place with the remaining 168.6 posts at various stages in the recruitment process.

The NIMC Steering Committee welcomes the opportunity to review the upcoming HSE Mental Health, Human Resource, Recruitment and Workforce Planning Report for Quarter 4, 2023.

However, the NIMC believes that there remains a significant recruitment challenge, resulting in underachievement in key aspects of StV implementation. The NIMC expresses concern in relation to the risks on recruitment, retention, service delivery and policy implementation resulting from the moratorium on recruitment introduced in the HSE in Q4 2023. The moratorium is having an impact on service delivery and expansion where there are roles that cannot currently be recruited into.

However, the NIMC also notes that posts allocated to mental health services under new development funding for 2024 will not be affected by the moratorium and will be recruited. These posts are mostly in the area of child and youth mental health services, and there will also be some recruitment into the National Clinical Programmes for mental health services. Recruitment of Consultant Psychiatrists is key in the development of our National Clinical Programmes in Mental Health, and this has continued as these posts are exempt from the moratorium. The Chair of the NIMC will raise these issues in the scheduled meeting with Minister Butler in Q1 2024.

Timelines, Planning and Processes

The NIMC Steering Committee discussed the implementation timelines for StV Recommendations in light of revised timeline for implementation of short-term recommendations to the end of the current Implementation Plan (end 2024)

on foot of a decision by the Department of Health in Q3 2023, prompted by the NIMC's previously delivered recommendation regarding same – detailed in the [Report Analysis document for Quarter 2 of 2023](#).

It was noted that progress has been demonstrated on the implementation of all short-term recommendations and that the preparation of the next Implementation Plan will provide an opportunity to again support strong programmatic policy implementation. It was acknowledged that the development of StV policy was an exercise undertaken at a specific point in time and that the implementation of its recommendations is subject to a range of interdependencies that impact on the ease and speed with which they can be delivered.

Independent Process Review of the NIMC

A number of engagements, including interviews and workshops, were held as part of the independent process review of the NIMC. The review is focused on reviewing and making recommendations on improving NIMC processes, as opposed to altering NIMC structures, in line with Recommendation 99 of *Sharing the Vision*. The review benefited from the input of all NIMC Steering Committee members and the Chair of its first term, as well as Reference Group members and the HSE Implementation Group.

The NIMC Steering Committee look forward to reviewing the final report. On foot of the report, the NIMC will look at altering some of its key processes as part of its second term, commencing in January 2024. The NIMC Steering Committee look forward to benefiting from process improvements recommended by the review.

HSE Restructuring

The NIMC notes the importance of ensuring that mental health services remain prioritised in the restructuring of the HSE into Regional Health Areas (RHAs). The NIMC Steering Committee had an opportunity to discuss this with HSE CEO Mr Bernard Gloster in its November 2023 meeting.

In its engagement with Mr Gloster, the NIMC Steering Committee highlighted a number of items with relevance to the restructuring process, including the importance of developing e-health solutions, including e-referrals in mental health services, the HSE Service Plan, the HSE National Office of Suicide Prevention (NOSP), the National Clinical Programmes in mental health, Child and Adolescent Mental Health Services (CAMHS), the role of the community sector in delivering mental health services, the current HSE pause on recruitment, liaison mental health services and integrated care.

The NIMC remains committed to advocating for the development of mental health services and the delivery of *Sharing the Vision* in the context of the restructuring process.

Women's Mental Health

Following on from the launch of [Embedding Women's Mental Health in Sharing the Vision](#) – a report by the Women's Mental Health Specialist Group – in Quarter 1, 2023, a position paper was developed between the HIG and NIMC Secretariats and presented to the NIMC in Quarter 4, 2023. The paper offered immediate opportunities for progressing recommendations contained in the report. It also proposed further work, including scoping and commissioning the development of a toolkit to be made available to workstream leads, policy implementation leads and supporting partners to embed the Women's Mental Health Charter into StV implementation.

The monitoring of outputs will be undertaken by workstream leads, the HIG and by the NIMC, through the regular quarterly progress reporting on StV implementation and through the Implementation Plan 2025-2027, which will have a gender lens, per the Report's recommendations. Following discussion and agreement on the follow up actions, NIMC agreed to the closure of Recommendation 3 and as the work of the Specialist Group on Women's Health was considered to be complete, based on the relevant terms of reference, this Specialist Group was dissolved.

Reference Group

The NIMC welcomed the Reference Group (RG) Feedback Report for Q4 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 Q3 2023 report was shared with relevant implementation leads so that it could be addressed in the updates provided for Q4 2023 or through separate provision of information where appropriate.

To this end, the NIMC, HIG and RG secretariats continued their joint work to enhance communication and engagement between these structures in conjunction with and between the quarterly reporting cycles. There was further engagement between NIMC and HIG Secretariats and the Reference Group with members of the NIMC Steering Committee in attendance, to improve engagement processes and provide the RG with as much information on implementation of individual recommendations as possible, in order to maximise the role and function of the RG. Further engagement is planned for 2024.

The RG and the NIMC discussed the increased level of detail and quality of many Recommendation progress reports over recent quarters, noting that they remain opportunities for improvement of these as implementation progresses. It was acknowledged that the varying degrees of complexity and progress achieved across individual Recommendations contribute to the level of detail of implementation status updates in a given quarter. The NIMC Steering Committee accepts that reporting quality can be improved on a number of Recommendations and will work to address RG concerns where these have been expressed.

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, and the RG queried whether this could be enhanced as implementation progresses.

It was noted that the HSE Mental Health Operations have undertaken a survey of implementation leads to ask the question of how lived experience is involved and reflected in their work and that they will share the findings of this survey on its completion, as well as utilising the findings to enhance operations. The positive work of the office of the HSE Mental Health Engagement and Recovery Office (MHER) through its National Volunteer Coproduction Panel which actively includes individuals with lived experience was also noted in this regard.

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 Q4, 2023. The NIMC is committed to continuous improvements in all processes, including 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, including that posed by the moratorium on recruitment in the HSE. The NIMC emphasises the urgent need for all improvements recommended by StV to be implemented.

The NIMC notes the on-going restructuring process in the HSE and highlights the need to ensure that Mental Health-related considerations are central to the change process. The NIMC notes its active engagement with the HSE CEO Mr Bernard Gloster and other relevant colleagues in relation to same.

The NIMC welcomes the iterative improvements in reporting quality as a result of feedback and ongoing discussions between all areas of the NIMC, including the Reference Group, while acknowledging that these processes can be enhanced and improved further. The NIMC is committed to on-going review and improvement of all processes. The NIMC also recognises the challenges to implementation posed by recruitment issues and funding. The NIMC looks forward to the delivery of progress across all areas of StV policy in 2024 and beyond.

Reference Group Feedback Q4 2023

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 RG strongly supports recommendations from the World Health Organisation and the United Nations - to move towards holistic approaches to mental health supports that are firmly grounded in a **Human Rights** based approach.*

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.4 2023. The ongoing recruitment embargo and the lack of funding and other resources that has impacted on the implementation of an alarming number of recommendations in this report must surely be as frustrating and demoralizing for staff who wish to see positive change as it is for the Reference Group and the people they speak on behalf of. Reading through and commenting on each of the recommendations in this latest report it is clear that the impact of recruitment embargo, staffing shortages and other resource shortages is now showing in the number of recommendations that are facing delivery issues or have come to a complete halt. The RG have consistently raised concerns from day one in regard to the budgets and funding allocations for recommendations and it now seems that the situation is worse than was originally anticipated. To compound these concerns is the fact that very few mitigating factors or 'Plan B's' have been considered. There is a serious lack of thought and planning included across a high number of recommendations which does not instill the RG with any degree of confidence that solutions will be developed with any sense of urgency.

At the quarterly meeting in August 2023, the Reference Group noted that some recommendations and domains of Sharing the Vision receive less commentary than others. While this is not necessarily a problem, it was suggested that an analysis of lived experience commentary over the last two years may be worthwhile. The RG subsequently undertook an analysis of their last five historical reports to review which recommendations are receiving most commentary and least commentary. The RG were also interested to know if there had been any noticeable changes in the pattern of their commentary over the course of their feedback. The resulting report has been discussed at length by the RG and possible changes to how the RG focus their time on recommendations will continue to be explored.

Following an intensive recruitment process the Reference Group are delighted to welcome four new members onboard who will provide significant expertise in areas that were previously highlighted as underrepresented in the makeup of the group. Our new members bring expertise in representing the voices of refugees and asylum seekers, people of colour, neurodiversity and physical disability and eating disorders.

It is timely that new members of the Reference Group have joined at a time with the NIMC is also welcoming new members and a new Chairperson and we look forward to supporting the development of closer working relationships between the two groups in the year ahead. The RG welcomed the new NIMC chairperson Catherine Brogan to their February 2024 meeting to hear of her ideas and priorities for the work of NIMC in 2024 and beyond. The NIMC Chair spoke of her desire to see greater integration and more open communication pathways between the RG and NIMC going forward including. She also reiterated the importance of focusing not only on implementation of recommendations but on the outputs and impacts of actions that are being undertaken. As outlined in our last feedback report #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." Without taking away from the skills or commitment of the current NIMC the RG are very disappointed to learn that there is no representation from other Government Departments on the NIMC and that there is no independent lived experience on the NIMC. The Reference Groups

direct appeal to the Minister in our last feedback report to consider representation so that the NIMC 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 has gone unheeded.

The recently published review of NIMC undertaken by Prospectus highlights a number of key areas of concern that the Reference Group have raised over the past two years. Firstly the tight timelines and significant pressures of the vast workload required of RG volunteers to complete reviews and feedback on 100 recommendations has been acknowledged as unsustainable for all stakeholders. The Prospectus report recommends changes to meetings including decentralization. This will be a very welcome change which will hopefully lend to greater engagement with the six new health authorities.

The RG is still concerned about the seemingly low levels of awareness of StV implementation across the country as consistently reported by staff working within the services. A robust communications strategy does not yet seem to have been designed to address this gap and the RG recommends that it is addressed as soon as possible to ensure greater buy in across mental health services. A strong communications strategy is also necessary to highlight the good work that is taking place under Sharing the Vision and in the Q.4 report it has been heartening to read that two separate recommendations have received awards under the HSE Excellence in Mental Health Awards for 2023. The continuation of Enhancing Communications workshops is welcomed in 2024 and these will be of great benefit to existing and new members of the RG and the NIMC.

A number of other key changes come into force in 2024. The move from CHO regions to Health Regions has for some time been a key concern for the RG and it has been very helpful to have received information from the HSE on the structure of the new regions and look forward to further developments in this space. The scarcity of information regarding risk and issue management tracking in relation to the majority of recommendations is very worrying as we move forward and the RG urges the NIMC to prioritise this need going forward.

Areas of Progress

Two recommendations, #24 and #53, contained within Sharing the Vision were recipients of HSE Excellence Awards in 2023. This is a wonderful good news story for each of these recommendations and should be promoted as an example of good implementation.

There has been a significant reduction in the number of recommendations presenting poor quality updates in this report compared to last quarter.

Consideration and inclusion of suggestions made by the RG have been taken on board by a couple of the working groups and this is heartening to receive feedback on.

*The development of the **enhanced communications strategy** is viewed by the RG as an area of important progress that can be further developed to produce useful resources for a range of stakeholder audiences enabling a more in-depth explanation, clarity and discussion where needed.*

Reference to the involvement of lived experience in working groups seems to be improving slightly but it would be helpful if there was a database or list of all recommendations that have sought and are meaningfully involving the voices of lived experience in implementation.

The inclusion of colour coding, provision links to articles and documents referred to, and the range of visual diagrams and diagram descriptions that have recently been included is very helpful and has made the review process much easier.

The RG are pleased that that ongoing funding for the IPS programme (#71) is in place although there is no information regarding how this funding will grow to ensure pay parity for employment specialist staff in the future.

While numbers of staff in post are improving (excluding those impacted by the embargo) the rate is not sufficient to meet demand.

In Q.4 2023 the RG met with the Health Research Board to hear about the work that they have been doing on developing an Evidence Brief on Mental Health Outcomes Indicators, This work is seen as very positive and the RG will continue to seek updates on how this is progressing.

A number of updates in the quarterly report provide clear and valuable information and links that are very helpful to readers. In particular recommendations 2, 9, 25, 36, 52, 53(a), 64,72 and 84 are commended for their clarity and content.

Areas of Concern

Funding/Resourcing – As highlighted in our last feedback report and again in this report the impact of funding and other resourcing restrictions is very worrying and has the capacity to derail implementation of Sharing the Vision in line with intended timelines. It is critical that funding and resourcing implications are addressed across all of the recommendations impacted upon and that a clear outline of what will be done is articulated. It is not good enough to say that a recommendation is paused due to lack of resources. Recommendations in this report that are negatively impacted upon by lack of funding/resources are recommendations 15, 23, 25, 51, 52, 53(a), 53(b), 56, 57 and 69.

Language – The RG are alarmed that the use of the term Mother and Baby Unit may be considered appropriate in the development of recommendation #53. The RG consistently requests in their feedback reports that there is a conscious move away from clinical language in service provision. This unfortunate naming is a good example of why it is important to be conscious of language that is being used in service provision.

Quality Assurance process for closure – The RG are disappointed and frustrated that despite persistent requests for inclusion in the closure process for recommendations that their requests have never been acknowledged or responded to. Recommendation #3 has long been a bone of contention between the RG and NIMC.

This recommendation has been closed and marked as “completed” despite only part of it being implemented. How is it possible that a recommendation has been closed when we have voiced our opposition to the closure of the recommendation repeatedly? Why does our voice not matter here?

The RG will continue to highlight the importance of ensuring that the voice of lived experience is included at recommendation closure stage. The RG also note that they are not confident that the Quality Assurance document that is completed as part of the closure review process adequately identifies the longer-term monitoring process for this recommendation and ask that they are invited to review recommendations which have been/are currently flagged for closure.

Lived Experience - Inclusion of the voice of lived experience is lacking across a number of recommendations. The NIMC have previously noted that providing a HSE MHER-led census of all recommendations where there is lived experience contribution would also be a positive feedback tool but no further action has been made on this in some time.

Consistency of reporting across the different working streams – updates that have been deemed ‘poor quality’ have been identified across a number of recommendations. While the term ‘poor quality’ has not been formally defined it is taken to mean that a number of important pieces of information are missing or not transparent. Further work in determining a scale for measuring consistency across updates will be flagged with the Enhancing Communications team. It is interesting to note that the ‘poor quality’ of updates in two cases comes from lead agencies outside of the HSE - Recommendation #67 Housing Agency/Local Authorities and recommendation #87 Department of Justice. The reference group wonders if this may partly be due to the lack of inclusion of these two departments in the implementation and monitoring committee. In this report recommendations 7, 8, 62 and 97 have also been highlighted as ‘poor updates’. The RG are keen that 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 and will work with the Enhancing Communications team to ensure a way of articulating what they mean by ‘good’ and ‘poor’ quality updates evenly and fairly across all recommendations.

Areas for Further Improvement

- **Stakeholder Engagement**– *Internal and External. Continuing to engage the voices of lived experience in the design and implementation of recommendations. Ensuring that key stakeholders in other Government Departments are included in the implementation of StV in a meaningful way and prioritising staff engagement in 2024.*
- **Measurement** - *It seems that a number of recommendations that have been impacted upon by the hiring embargo and other resource issues may have to develop other strategies and extend timelines to get their actions completed. Now could be the time for them to include SMART goal setting and outcome measurement as part of any reconfigurations.*
- **Inclusion of priority/minority groups.** *Ensure that a gender lens and an intersectionality lens is being applied to recommendations. This message is not being heard or applied in any meaningful way across recommendations at present and it is very worrying given the growing number of people from minority groups who need access to mental health services.*
- **Accountability and consequences.** *This is particularly important now with the number of recommendations paused and experiencing delays. Where recommendations are not being appropriately implemented and where updates provided are inaccurate or misleading there needs to be a strong response from NIMC.*
- **Timing of reports** – *It is heartening that the Prospectus report has found that the time allowed for review of reports is not sufficient and that NIMC have accepted this recommendation. The RG looks forward to working with NIMC to determine timelines that will be suitable to all stakeholders in the review process.*

[ENDS]