



Mental Health Reform

Promoting Improved Mental Health Services

Snapshot analysis of the HSE Mental Health Division Operational Plan 2017

8th March 2017

The HSE Mental Health Division Operational Plan 2017 expands on the HSE National Service Plan. It provides further detail on the high-level commitments in the Service Plan. Many of the actions in the 2017 Operational Plan reflect previous recommendations made by Mental Health Reform, highlighting that the HSE has taken our concerns into consideration.

The below highlights are taken from the text of the HSE's Operational Plan.

The overarching mental health strategic priorities for 2017 are as follows:

- Promote the mental health of our population in collaboration with other services and agencies including reducing loss of life by suicide
- Design integrated, evidence based and recovery focussed mental health services
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Enable the provision of mental health services by highly trained/engaged staff and fit for purpose infrastructure demonstrating maximum value for available resources

The specific commitments of the Division for 2017 include:

- Mainstream the recovery ethos in the mental health services
- Train staff on new national mental health quality standards
- Finalise the models of clinical care for eating disorders and early intervention in psychosis and commencing implementation across the country
- Complete the design of the clinical programme for ADHD and co-morbid mental health difficulties and substance misuse (dual diagnosis)

- Increase liaison psychiatry capacity (particularly in Waterford, Kerry, Cavan, Donegal, Sligo, Mayo)
- Update the Standard Operating Procedures in CAMHS services
- Appoint and embed team co-ordinators in all CMHTs
- Develop a model of care for mental health and intellectual disability services and developing MHID CMHTs for adults in 6 CHOs and at least 4 CHOs for children
- Develop enhanced suicide bereavement support services in line with agreed standards and practices
- Ensure appropriate pathways are in place to support the physical health needs of mental health service users
- Develop perinatal mental health service capacity (funded from 2016 programme for Government). This will include the appointment of clinical nurse specialist resources to relevant maternity hospitals and the development of perinatal services in Cork University and Limerick Hospitals
- Appoint Individual Placement Support Workers to CHO's (to support people with mental health difficulties into employment)
- Further develop the DeafHear national service, including to recruit and appoint additional posts to the service using 2016 funding
- Recruit and establish a CAMHS community based forensic mental health team provided for by PFG funding in 2015
- Implement targeted mental health tenancy supports through employment of tenancy support workers
- A review of compliance with "Your Service, Your Say" in mental health
- Develop a plan for establishing access to advocacy for young people using CAMHS
- Strengthen accountability with the voluntary agencies funded by the HSE including accountability for the clinical services they are mandated to provide
- Enhance standardised data collection and performance monitoring and management systems, including the design and implementation of performance indicators
- Participate in the development of the HSE strategy for the implementation of the assisted decision making legislation in mental health service delivery

More specifically, Programme for Partnership 2017 funding has been identified for the following areas of service improvement:

- A continued focus on service user, family and carer engagement through implementation of the Reference Group recommendations as well as development of peer support service models
- The increased safety of mental health services, including improved regulatory compliance and incident management
- The promotion of positive mental health and implementation of the health sector actions in Connecting for Life
- Implementation of actions arising from the work of the National Taskforce on Youth Mental Health
- A continued re-configuration and development of CAMHS, Adult and POA community mental health teams at a consistent level across all areas within available resources
- A continued focus on ensuring appropriate access by older adolescents to specialist mental health services and for those requiring acute admission, their continued appropriate placement and care in child and adolescent specific settings
- The enhancement of specialist services using new 2017 and previous PFG funding together to provide
 - 7-day service responses for known mental health service users in crisis including provision of a weekend service in nine locations nationally¹
 - to continue to increase services to meet the needs of those with severe and enduring [mental health difficulties] with complex presentations
 - to continue the multi-year development of acute care, including the opening of new acute units in Kerry and Letterkenny
 - to provide and fund counselling/therapeutic supports for those with [mental health difficulties]
 - to further enhance responses to those who are homeless and [have mental health difficulties]
 - to improve mental health service responses to those with eating disorders²
 - to enhance community based forensic in-reach teams
 - to embed specialist clinical responses through the existing mental health clinical programmes

¹ This will be facilitated by the mapping of existing services; the development of an implementation plan and designing a model for improved service response nationally.

² CAMHS Dublin CHO6 and 7 (original team proposed and funded through 2015/2016) and Adult CHO6 and 7 and part of CHO 8. Q2 CAMHS Cork CHO 4 and 5.

- The strengthening accountability and performance monitoring systems
- An increased number of undergrad psychiatric nursing places by 60 in autumn 2017

The development of the national forensic mental health service will also receive the benefit of significant capital investment in 2017.

In addition, the Service Reform Fund has been established with an allocation of €18M for mental health services for the purposes of advancing recovery focused initiatives, supporting individual placement and supports, supporting individuals transition from HSE provided accommodation and meeting the mental health needs of individuals who are homeless.

Finance

- The 2017 PfP funding provides for additional spending for enhanced services up to €35M on a full year basis. However, a maximum spend of just €15M in 2017 has been allocated
- Such funding will be made available to the HSE once developments are agreed with the Department of Health and the costs related to new posts come on stream
- This will bring the total revenue budget for mental health to €853M. This represents an overall increase in budget of €24.5m and equates to 3% compared to the equivalent net closing budget figure in 2016
- However, this equates to only 6% of the overall health budget, a reduction in mental health funding as a proportion of the overall health budget in recent years
- The HSE states that 2017 development funds of €15M will be administered to ensure equity across regions, age and social need as appropriate

Financial risks to the Operational Plan

The HSE Mental Health Division has identified that there will be a significant financial challenge for them to maintain existing levels of service within the 2017 funding allocation.

The cost of providing existing services at the 2016 level will grow in 2017 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, and price rises etc.

The Operational Plan states that underlying cost pressures faced by mental health services will be dealt with in 2017 from within the current base budget.

Mental Health Reform is concerned that the HSE intends to utilise development funding from prior years to cover the costs of maintaining existing levels of service. The HSE states that they will use prior year development funding to cover costs such as “the premia cost in medical agency and the cost of external placements”.

The HSE states that the key non pay cost pressure in mental health relates to private placements, which although are always a feature of expenditure have increased significantly in recent years due to more complex presentations, including eating disorders and challenging behaviour as well as increased costs per placement from regulatory based requirements.

Workforce

- At the end of December 2016 there were 9,594 WTE positions in place delivering mental health services. This is just 79% (approx.) of the staffing levels recommended in AVFC and still almost 1,000 below the number of staff in place in 2008
- It is also an increase of just 190 staff (or 2%) during 2016
- Planned service developments under the Programme for Government and prioritised internal initiatives will require targeted recruitment in 2017

The Mental Health Division acknowledges in the plan that “the greatest internal challenge that faces the Division workforce is to recruit new talent while retaining current staff to support the transformation underway...”. “This is in addition to the potential for additional budget constraints, increased workload, rising costs, employee recruitment and retention, and the transfer of organisational knowledge.”

The Mental Health Division has established a Workforce Planning Steering Group. The purpose of the group is to develop and sign off on a Workforce Plan for the delivery of mental health services and to provide advice to the Mental Health Division on workforce planning and development matters. This is in conjunction with a national working group on workforce planning in line with the HSE People Strategy³, to which the MHD is a participant.

³ The People Strategy 2015-2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The Division will continue to support the implementation of the priorities as set out in the strategy, which is underpinned by the commitment to engage, develop, value and support the workforce. The Division will engage with developments in Workforce planning, Learning & Development and Coaching and Mentoring with National HR

Other risks identified

A number of risks have been identified by the Mental Health Division to the delivery of the Operational plan, including:

- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties
- The budget and staffing assigned to mental health provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above planned levels thus impacting on the ability to deliver services⁴
- Lack of a robust performance management culture supported by good data in mental health services. This is exacerbated by the absence of a single national mental health information system and the dependence on a multitude of recording systems and processes
- The significant requirement to reduce agency and overtime expenditure given the scale and complexity of the task, including the scale of recruitment required and the information systems constraints
- Unavoidable public pay policy and approved pay cost growth in areas that have not been funded including staff increments
- The capacity for programme management and change management of the mental health services due to both a shortage of these skill sets and the need to continue to deliver “business as usual” i.e. core services
- The challenge in achieving the culture change required in mental health services to move to genuinely recovery focused services with full service user, carer and family member involvement
- Any failure to develop fully functioning CHO/CMHTs will impact adversely on overall delivery of the Operational Plan and the adequacy of the service response

⁴ The expected increase in the population of over 65 years and 85 years and over will have significant implications for the Psychiatry of Old Age (POA) services. Furthermore, there is an increase in the number of older people with dementia which can be associated with significant behavioural and psychotic symptoms where psychiatry of old age services are required. Additionally, the population of children nationally is expected to increase by 8,530 between 2016 and 2017 creating an additional demand on child and adolescent mental health services (CAMHS).

Additional note

The Operational Plan recognises the introduction of the National Guidelines for Long Stay Charges. According to the HSE, a long-stay contribution is an “affordable contribution towards the maintenance and accommodation costs in certain HSE, or HSE funded, residential settings.” It will apply from 1 January 2017. The HSE reports that they are working through financial assessments with its service users and the financial impact cannot be fully gauged at this stage.

2016 implementation

The HSE also reports on its activities and achievements in 2016, including:

- Working with service users to design, plan and inform improvements to the mental health services including the launch of the report into the work of the Reference Group of service users and family members, the appointment of the National Head of Mental Health Engagement and recruitment of local leads for mental health engagement
- Development of a set of quality standards for mental health
- Development of local Connecting for Life action plans in CHOs and the appointment of additional Suicide Resource Officers
- The launch of the Clinical Care Programme on Self Harm (together with a Standard Operating Procedure (SOP) to guide services in its implementation)
- Reduced waiting lists in CAMHs and increased capacity in in-patient services
- The embedding of a functioning Programme Management Office dedicated to supporting standardised approaches and methods in the improvement of mental health services
- Publication of the first mental health services overview report building on reports previously published for CAMH services

The Operational Plan for 2017 also spells out in detail where the 2016 development funding was allocated (see pages 17-18).

The full HSE Mental Health Division Operational Plan is available on the HSE’s website at <http://hse.ie/eng/services/publications/serviceplans/Service-Plan-2017/Operational-Plans-2017/Mental-Health-Operation-Plans-2017.pdf>