

**Department of Finance
Memorandum on the Second
Report from the
Public Accounts Committee
Mandate 2022-2027**

Mental Health Services in Northern Ireland

**Presented to the Northern Ireland Assembly
by the Minister of Finance**

8 August 2024



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Glossary of Abbreviations

CAMHS	Child and Adolescent Mental Health Services
C&V	Community and Voluntary
DE	Department of Education
DoH	Department of Health
DoJ	Department of Justice
EI&P	Early Intervention and Prevention
HSC	Health and Social Care
HSCDI	Health and Social Care Data Institute
ICS	Integrated Care System
MATT	Multi Agency Triage Teams
MHOF	Mental Health Outcomes Framework
MHS	Mental Health Strategy
NI	Northern Ireland
NIAS	Northern Ireland Ambulance Service
OBA	Outcomes Based Accountability
PSNI	Police Service of Northern Ireland
RCRP	Right Care Right Person
RMHS	Regional Mental Health Service

Second Report

Department of Health

Mental Health Services in Northern Ireland

PAC Recommendation 1

The Committee recommends that the Department takes this opportunity to review the deliverability of the strategy. Where necessary, it should develop revised plans and timescales for the transformation of mental health services, to ensure maximum progress as soon as possible. As part of this, the Department should develop actions plans focused on actions that are deliverable and publish performance against these actions annually.

The Department of Health (DoH) accepts this recommendation.

Target Implementation Date: June 2025

At a meeting of the Mental Health Strategic Reform Board in May 2024, there was agreement on the need to take a longer view and work was commissioned to examine:

- What the end product for actions will be i.e. what will ‘completed’ look like and what the timescales for this are over the lifetime of the Strategy.
- For ongoing actions, the identification of a programme of key milestones in completing the action.
- For ongoing actions, the identification of metrics to measure the change between the baseline position and the position upon completion of the action.
- The linkages across a number of actions and ensuring we are maximising synergies between actions.

This work is likely to take up to a year to complete and will be used to review and take a wider look at the overall deliverability of the Strategy. However, DoH would be reluctant to scale back the overall ambition set out in the Strategy which was co-produced with partners.

There are a number of action plans with timescales in place for key Mental Health Strategy (MHS) enabling actions with work already ongoing to develop others which will be finalised this year. All of the action plans will be reviewed and revised if necessary to ensure that the actions being committed to are deliverable within the funding and resources available. However, it should be noted that the full implementation of the actions as envisaged in the Strategy will require additional funding and resources. DoH believes that the appropriate funding of these actions will go some way to helping deliver the transformation to our mental health services which is needed.

DoH has published Annual Delivery Plans for 2022-23 and 2023-24 which set out targets for those years together with an update on performance of delivery against actions from the previous year. The Annual Delivery Plan for 2024-25 is at an advanced stage and is due to be published by the end of August 2024. DoH will continue to publish these following the end of each financial year.

DoH would highlight that action plans could be developed for further actions if funding were to become available and will work with stakeholders to identify which actions should be prioritised for detailed implementation plans, when funding permits.

PAC Recommendation 2

As a critical enabler of the mental health strategy and in addressing mental health needs, there is a clear need to grow the mental health workforce. Now, already three years into the strategy, is the time to invest. Otherwise, given the time lag between recruitment to training and introduction to the workforce, the envisaged transformation of services is unlikely to be achievable.

The Department needs to urgently implement the recommendations of the mental health workforce review, developing plans for the required expansion of the workforce within 6 months. This should include setting out how and over what timescale it intends to do this, together with the estimated cost of doing so. This should include the identification and cost estimate of the future number of training places needed.

DoH partially accepts this recommendation.

Target Implementation date: June 2025

DoH acknowledges the need to urgently implement the recommendations of the Mental Health Workforce Review. Recommendation 1 of the Workforce Review aims to evaluate the cost of the proposed future workforce profile to inform the phased delivery of recommendations of the Review, while recommendation 2 is focused on the establishment of a task and finish group to prioritise service developments and plan the recruitment of key posts, including agreement of pre-registration training places.

Work to inform the development of a co-produced implementation plan to deliver the recommendations in the Workforce Review is underway, with co-design workshops held in November 2023 and March 2024. These workshops provided an opportunity to gather input from a broad range of stakeholders to inform the prioritisation of recommendations. In particular, it was an opportunity to identify potential priority actions which can be progressed during 2024-25. The requirement to fully cost the proposed workforce profile has been identified as a priority and will be taken forward as part of that implementation plan for 2024-25.

While it is anticipated that the general Workforce Review Implementation Plan will be in place by early Autumn 2024, some of the more detailed elements of the Committee's recommendation on costs and agreement of training places, which coincide with delivery of recommendations 1 and 2 of the Workforce Review, as outlined above, will take some further time to deliver. DoH is however in the process of establishing a task & finish group to progress this work by June 2025 as indicated above.

DoH would highlight that the speed at which the agreed implementation plan can subsequently be delivered will depend on the availability of resources (both staffing and budget); however, DoH recognises the importance of undertaking this workstream and will seek to progress it as quickly as possible.

PAC Recommendation 3

There are significant levels of mental health need in Northern Ireland, and despite being a stated priority, mental health continues to be underfunded. Alongside the moral imperative to reduce suffering, there are clear economic arguments to increase funding levels. More funding for mental health represents an 'invest to save' opportunity in terms of reducing the impact on wider society, together with its potential to reduce future demand for (and cost of) services in both mental health and physical healthcare.

The Committee recognises the benefits of multi-year budgets in facilitating effective long-term planning and development. However, even in the absence of these budgets, the Committee recommends that the Department outlines how it can increase the mental health budget by setting out a target and timeframe over which to grow funding towards the 10-11 per cent suggested by the Mental Health Champion.

The Department should also set out how it intends to grow the CAMHS budget towards a 10 per cent share of the overall mental health budget.

DoH partially accepts this recommendation.

Target Implementation date: March 2025

Action 10 of the MHS sets out DoH's commitment to increasing the Child and Adolescent Mental Health Services (CAMHS) budget to 10 per cent of the adult mental health budget and DoH remains committed to this objective. Over the last two years of the Strategy, DoH has provided an additional £2 million as

evidence of its intent, increasing the proportion to 8 per cent. To increase this further would require funds to be removed from other areas of healthcare provision and it remains the case that DoH is not prepared to take that step and so must rely on new monies being secured.

In relation to the issue of the broader target for mental health spend, similar to other Health and Social Care (HSC) services, DoH recognises that mental health services are not adequately funded to meet need. However, it is not considered that a target percentage is an appropriate way of addressing this issue. Rather, it is DoH's view that the adequacy of the mental health budget should be considered relative to assessed need rather than as a percentage of the overall HSC budget, which may not in itself be adequate.

In the absence of a budget beyond the current year it is not possible to make firm plans to increase overall spending on HSC services. However, it is DoH's intention to look at longer term planning for the HSC sector as a whole to consider how best services can be delivered to bring them onto a sustainable footing and enable unmet need to be addressed. Planning for mental health spending will be an integral part of this process.

PAC Recommendation 4

In light of the importance of data on the outcomes of mental health services in demonstrating value for money, the Committee expects to be updated on the progress in collecting outcome data in 12 months' time. At that stage, we expect all Trusts to be able to provide full, consistent and reliable information on mental health services and outcomes in a format that allows for effective regional comparability.

DoH partially accepts this recommendation.

Target Implementation Date: June 2025 (for initial update), or later by agreement.

DoH would be pleased to update the Committee on the progress of the first phase of this work in 12 months' time, although a later timescale would be more appropriate.

However, the expectation that HSC Trusts will be able to provide full, consistent and comparable information on mental health services will realistically be unable to be met for the reasons outlined below.

The regional Mental Health Outcomes Framework (MHOF) envisages establishing robust and consistent systems of data capture and reporting for mental health services across dimensions of service activity, user experience and clinical outcomes utilising an Outcomes Based Accountability (OBA) approach aligning it to the overarching Programme for Government agenda and OBA approach to monitoring government services. This is a highly ambitious programme and it should be noted that currently the deficiencies in data on mental health services in Northern Ireland (NI), as compared to elsewhere, is in respect of activity data, and that there is little published national data elsewhere in these islands on outcomes data from mental health services.

The first phase of the implementation of the MHOF is currently ongoing and involves two key objectives:

- embedding the MHOF in the design and build of Encompass, the new regional digital patient record system; and
- establishing the capacity to report robust regional data on mental health service activity.

Full regional roll-out for Encompass is projected for spring 2025. Following regional roll out the Encompass programme incorporates a two-year window for refining business reporting processes. For the MHOF, this includes validating and auditing activity reports to assure that the resultant data is fit for purpose including, ensuring that services across HSC Trusts are collecting the relevant data consistently, accurately and in a timely way. It is worth highlighting that refining business reporting processes is not specific to mental health services, but will be a focus for Encompass programme resources across HSC services.

The plan for the MHOF implementation is that this first phase will be completed by Quarter 1 2026. By that time the MHOF will be fully embedded in Encompass, with further capacity to provide full, consistent and reliable regional information on HSC Trusts' mental health service activity in a format that allows for effective regional comparability. This timeframe is dependent on overall Encompass

programme capacity, which also has to respond to the many other priorities and issues which will arise with Encompass implementation.

The second phase of the implementation of the MHOF involves supporting mental health professionals and services in the use of the outcomes measures embedded in the Encompass build under phase 1. It is through this primary use of outcomes measures by mental health staff in supporting their clinical practice, that data is generated which can be collated into regional reports on outcomes for mental health service users.

The second phase will involve a phased programme of engagement with teams/clinicians and regional clinical networks to select appropriate measures for similar services across HSC Trusts and to regionally operationalise these in a robust and consistent manner. It will involve training and supporting teams and services across HSC Trusts to integrate the use of outcomes measures within their clinical practice. It will also require service user engagement to test and to gain evidence from them on acceptability and how best to support them in using and completing the outcomes measures. Evidence from mental health care systems elsewhere (e.g. Australia and Scotland) is that implementing and supporting outcome measurement in mental health services is a long-term strategic commitment requiring ongoing engagement, support and practice development with services.

The initial focus of the second phase will be on mental health services where the evidence internationally is that outcome measures are most readily integrated and accepted into clinical practice. These services include CAMHS, psychological therapies, eating disorders and peri-natal mental health services. It is the aim that the MHOF will be sufficiently embedded with these services to support outcomes reporting from the fourth quarter 2026. The second phase will also include data on service user experience aligned to the development of the patient portal on Encompass.

The further roll out of the MHOF will be progressed by the regional mental health service, through a programme co-designed and agreed with clinical leadership and service users through to the fourth quarter of 2029.

Recruitment has now commenced to appoint a MHOF Implementation Programme lead to progress work on a regional basis, with the second phase of work being dependent on funding being made available this financial year to appoint leads in each of the five HSC Trusts.

PAC Recommendation 5

The Committee recommends that the Department reviews and considers how best to use the data it will collect to improve the services it provides. This should be commenced now so that it is completed when Encompass is fully rolled out.

DoH accepts this recommendation.

Target Implementation date: Initial review completed by June 2025, with ongoing programme of work thereafter.

Within the MHS, DoH has identified two key objectives to be achieved through the implementation of a MHOF. These are:

- A clear, evidence-based outcome framework which allows evidence to be the foundation for decision making; and
- A robust data set which is comparable across HSC Trusts to measure performance and to determine what works.

These objectives are reflective of the vision for data set out in the HSC Data Strategy NI 2022-2030 which establishes a Quadruple Aim which includes improving the health of our people, supporting and empowering staff and improving the quality and experience of care.

While DoH will review and consider how best the data collected can be used to improve services, primarily DoH's intent is for the MHOF to be used by mental health professionals and providers to better inform the delivery of treatment to service users, to improve the quality of care and to promote the use of evidence-based practice and interventions. This will further facilitate the audit of outcomes by

teams/services and by HSC Trusts. It will also allow similar services across HSC Trusts to benchmark their performance and provide a focus for collaborative, evidence based, quality improvement work.

The establishment of the Regional Mental Health Service (RMHS) under Action 31 of the MHS sees the creation of a RMHS Business Unit. The Business Unit will have devolved to it regional responsibility for the MHOF with a key role in the collation, analysis and presentation of data and intelligence across the Regional Mental Health system to support assurance and inform decision-making by the RMHS leadership Collaborative Board and the HSC Integrated Care System. Funding has been identified by DoH to progress the establishment of the RMHS Business Unit in this current financial year and initial work has recently commenced to scope how the new reporting arrangements being put in place via Encompass will support the work of the Unit. This work will include identifying and addressing any gaps in relation to mental health outcomes data so that these are addressed before Encompass is fully embedded.

PAC Recommendation 6

Alongside providing a roadmap of how and when it intends to roll out the newly developed outcomes framework, the Committee believes that it is essential that the Department outlines how it will publish mental health data to bring transparency to the services.

DoH accepts this recommendation.

Target Implementation date: June 2025

The HSC Data Strategy NI 2022-2030 includes a commitment to the establishment of a HSC Data Institute (HSCDI) with a mission that “HSC will make health and care data easily available to our population, our people and policy makers, facilitated and governed by a new Health and Social Care Data Institute (HSCDI)”. The RMHS Business Unit will work with the HSCDI and Digital Health and Care NI in developing technical solutions for reporting requirements, including automation of reports and processes, and the development of data visualization tools, outcomes-based accountability reporting and regional dashboards. These tools and approaches will have the capacity to support transparency and public access to data on mental health service activity, performance and outcomes.

It is envisaged that the MHOF will sit within the overall NI Integrated Care System (ICS) Strategic Outcomes Framework with data from the MHOF contributing to ICS overall population outcomes measurement. Good joint working and information sharing has been established across the two programme frameworks, and this is continuing through respective implementation arrangements.

PAC Recommendation 7

We recommend that the Department engage with CAMHS services to identify common areas and themes around failed referrals and any other barriers to access appropriate support. This information should be used to inform and improve the quality and number of referrals.

DoH accepts this recommendation.

Target Implementation date: December 2024.

DoH is committed to improving the quality of referrals and ensuring that referrals are made where appropriate, whilst reducing the number of inappropriate referrals by supporting potential referrers to have a common understanding of the threshold criteria. From a process perspective, the Regional CAMHS Care pathway outlines threshold criteria and referrals are assessed against these criteria. However, it will always be more appropriate for the CAMHS teams to take the decision as to whether the threshold has been met rather than the referrer and so there will always be some referrals which, ultimately, are judged not to pass the threshold. To ensure consistency each Trust has implemented a central point of entry and employ referral co-ordinators to triage and assess all referrals against threshold. The aim is to ensure that young people who clinically indicate the need for specialist mental health services are accepted onto the most appropriate pathway.

DoH accepts that referral rates vary across HSC Trusts and will request that each Trust undertakes an 18-month audit of referrals not accepted from January 2023 - June 2024. This audit will identify why referrals are not accepted (failed referrals) and if there are any common areas and themes; what steps

HSC Trusts took to signpost children and young people to appropriate services and if there are any barriers; and what actions HSC Trusts take to improve the quality of referrals over this period. Records will be kept to monitor progress in the reduction of inappropriate referrals. Reporting and actions required to reduce inappropriate referrals will be monitored through management meetings both internally in the HSC Trusts, and regionally to ensure a consistent approach to CAMHS thresholding.

PAC Recommendation 8

The Committee recommends that the Department carries out a review within 12 months to examine whether it is providing sufficient, early support to those children in need. It should put a strong focus on providing additional support to those in need to prevent conditions escalating and ultimately becoming more challenging to treat.

DoH accepts this recommendation.

Target Implementation date: June 2025.

There are a wide range of services and interventions delivered across partner organisations to support the emotional health and wellbeing of children and young people.

The MHS Early Intervention and Prevention (EI&P) Action Plan outlines the need to “ensure collective responsibility for promoting and supporting the emotional wellbeing of all our infants, children and young people and those who support them including families and carers.” To date, a number of interventions to support children and young people have been supported through EI&P programme funds.

DoH is committed to ensuring that these programmes and initiatives are providing sufficient, early support to those children in need and that they are making a difference. Therefore, a review of the EI&P Plan will be taken forward to assess its effectiveness in meeting its objectives. It must be recognised however, that the outcomes of investment in early intervention and prevention take time to evidence, and in the meantime DoH will consider whether any additional support could be put in place to prevent conditions escalating and ultimately becoming more challenging to treat as highlighted by the Committee.

Work is also being led by the Strategic Planning and Performance Group within DoH to develop a DoH Children & Young Peoples Emotional Health & Wellbeing Framework. This draft framework is in the final stages of development and will be subject to public consultation. The framework when finalised will support health and social care services and practitioners to collaborate with other services, agencies and key stakeholders in order to rationalise, coordinate and integrate high-quality, evidence-based support, intervention and diagnostic care pathways that best meet the needs of children, young people and their families.

PAC Recommendation 9

Waiting lists and waiting times in mental health services are unacceptable, and are contributing to increased acuity in presentation, making conditions harder and more costly to treat. While there is a general need to reduce the numbers on waiting lists and improve performance against waiting times, there is particular need to address the numbers waiting for psychological therapies.

We recommend, therefore, that the Department develops an action plan setting out how it intends to address waiting lists in mental health. The Committee views the need to improve waiting lists as so urgent, that the Department should report back to the Committee in 6 months’ time on its progress in reducing waiting lists.

DoH partially accepts this recommendation.

Target Implementation date: March 2025

DoH acknowledges that HSC Trust Mental Health Services have been experiencing significant pressures as a consequence of increased demands upon services, (including increased numbers of new referrals, increased complexity and acuity of people presenting to the service) as well as significant workforce pressures, as a result of increased staffing vacancy levels. There have been some improvements in waiting

times in relation to the CAMHS service, however, the overall picture is one where although activity levels are increasing, the levels of demand are increasing more quickly.

DoH will review the data regarding waiting times in mental health and psychological therapies services across all five Trust areas, and engage with each of the HSC Trusts to understand the reasons for patients waiting longer than the extant Ministerial maximum waiting time targets in order to identify and agree specific actions required to address and reduce waiting times in mental health.

While DoH is content to report to the Committee in six months' time on any progress in reducing waiting lists, DoH would wish to highlight that at this stage it is clear that the 2024-25 budget allocated to DoH will not facilitate a reduction in waiting lists within the next twelve months. The allocation of funding at June monitoring does not change this position as DoH is still facing a shortfall of £130 million to deliver existing services and does not have funding to enable a 2024-25 pay uplift for staff.

It is expected that significant and sustained recurrent investment will be required to tackle the backlog in waiting lists, including expansion and strengthening of the workforce, as set out in the Mental Health Workforce Review (2023), to build the sustainable capacity needed to tackle the waiting lists in Mental Health Services.

PAC Recommendation 10

The Department should urgently implement planned regional crisis services. In addition, the Department should learn lessons from pilot schemes including the Western Trust pilot, and Multi Agency Triage Teams, with the aim of providing alternative safe places within Emergency Departments and improved access to crisis services across the region as a matter of urgency.

DoH accepts this recommendation.

Target Implementation date: March 2025

A working definition of crisis has been agreed regionally and a regional meeting held with all key stakeholders to plan the next steps. DoH (in cooperation with the Public Health Agency) is establishing a regional crisis team to lead this work and a regional workshop will be held in October 2024 to begin to standardise regionally consistent solutions and services.

DoH has established five cross-Trust task and finish groups with respect to the issues pertaining to the bed flow and acute bed pressures; the outcomes of which will be presented in September 2024. These groups and their findings, alongside the learning from the evaluations concerning the Western Trust pilot and the Multi Agency Triage Teams (MATT) and, will shape the discussions at the next regional crisis workshop in terms of the short-term, medium-term and longer-term actions which need to be taken forward to address the nature of the crisis services needed. The need to provide alternative safe places within Emergency Departments and improve access to crisis services will also form an integral part of those discussions.

With respect to the MATTs (currently only operational in two Trust areas) and the NI Ambulance Service (NIAS) pilot initiative to include mental health professionals in their control rooms, DoH needs to await the receipt of the evaluations to consider how best to proceed with this regionally. Any implementation however of these crisis services will be dependent upon evaluations which indicate positive outcomes and available investment for regional roll out.

It is further important to note that regional mental health crisis services and their associated components will require reconfiguration of services and/or additional workforce, which will take longer to achieve. Fundamentally, the model requires systems-wide change, sustainable funding and available workforce to allow its full potential to be realised.

PAC Recommendation 11

The Committee expects better and stronger collaboration across government. In this case, it is clear that the mental health needs of children in Northern Ireland will only be addressed through genuine partnership working between Health and Education. We recommend that the Department builds on the work it has undertaken to date and increase collaboration with the Department of Education to support emotional wellbeing.

DoH partially accepts this recommendation.

Target Implementation Date: Ongoing programme of engagement and work.

There has been, and continues to be, a significant amount of engagement and collaboration between DoH and Department of Education (DE) to support the emotional wellbeing of children and young people. A key output of this collaboration has been the Children and Young People's Emotional Health and Wellbeing in Education Framework, which was jointly launched in February 2021, and is jointly funded by both Departments (original commitment at that time was £1.5 million from DoH and £5 million from DE). This Framework is a commitment to working together to an integrated model that supports a wellbeing for all - whole school caring/supportive, building understanding and resilience approach, early support, and enhanced intervention when appropriate, focus on children's emotional health and wellbeing needs. It supports a number of projects and programmes across educational settings to align to this model in meeting the needs of children and young people. This Framework provides a model for joint working and signals a clear intent on the part of both Departments to work closely together.

In addition, a Joint Health Education Oversight Group has been established which is jointly chaired by both departments to ensure they work in an integrated way. The Group takes oversight of key emerging issues for children and young people, identifies areas for a collaborative and integrated approach, and considers the operational impacts of relevant policies.

However, it has to be pointed out that the ambition to increase collaboration is constrained by the budget availability. In 2023-24, severe budgetary pressures within DE meant that the Framework lost circa £0.8 million in funding as a non-statutory service in DE, with further cuts possible in 2024-25. It is DoH's view that the collaboration between both departments has been robust and that sufficient ringfenced funding to fully implement this Framework is necessary to ensuring the substance of this collaboration is realised.

PAC Recommendation 12

The Committee recommends that the Department and PSNI speed up consideration of proposals and bring forward an appropriate model that ensures those in mental health crisis can be seen by the most appropriate professional. We firmly believe that better services can be delivered by better collaboration.

DoH accepts this recommendation.

Target Implementation date: April 2025

DoH fully recognises the critical importance of working closely and collaboratively with counterparts in the Department of Justice (DoJ) and Police Service of Northern Ireland (PSNI) to ensure that there are effective models in place to ensure that those in mental health crisis can access the support that they need. There is already a number of important workstreams being progressed in this area.

A Coroner's report published in December 2023 on an inquest into tragic deaths in May 2017, highlighted failures on the part of both the HSC system and the PSNI on several occasions prior to the deaths. In particular, the inquest highlighted the need for robust and collaborative multi-agency working, across all interfaces in dealing with mental health in NI. The Coroner has suggested that this could be improved by way of interface meetings, meaningful engagement, and shared learning, in order to build, enhance and maintain positive relationships among those agencies involved in mental health care.

In March 2024, DoH, working alongside DoJ, established a multiagency task and finish group to coordinate the response to the Coroner's findings, with a view to ensuring a coordinated, focused response that addresses each of the recommendations made by the Coroner and ensures that vital lessons are learned from this tragic case. The group includes senior representation from across health and justice, including PSNI, NIAS, Regulation and Quality Improvement Authority, HSC Trusts, the Royal College of Emergency Medicine and the Mental Health Champion. Significant progress has already been made in progressing this work including the establishment of a number of underpinning workstreams focused on, for example, a review of mental health legislation and guidance as well as training requirements across both health and social care and policing, in order to ensure that the responsibilities in relation to

mental health across these sectors are understood and are being implemented in a consistent manner. The work of the task and finish group is expected to be completed by April 2025.

In parallel, PSNI have advised DoH of their intention to implement the Right Care Right Person (RCRP) model within NI in the coming months, following the approach already being implemented in other parts of the UK. Implementation of the RCRP model would see a reduction in the number of PSNI responses to mental health calls and reflects the need to ensure that mental health crises are dealt with by the most appropriate organisation. Engagement is ongoing between DoH and PSNI, recognising that the PSNI and partner agencies need to work together to identify the most appropriate approach to ensuring that vulnerable people in crisis can access the most appropriate service. Any decision in relation to the RCRP model needs to be made in partnership with healthcare providers and relevant government departments in order to ensure that there are effective processes in place and that vulnerable people are not left at risk. DoH will continue to work closely with PSNI counterparts as the RCRP is shaped and delivered in the coming months.

PAC Recommendation 13

The Committee recommends that the Department reviews its reliance on the voluntary and community sector. It should know how many referrals there are to, and from, that sector; how many people are reliant on the services carried out by the voluntary and community sector; and the value of those services provided. It should use this to engage with and carry out a review of how best to provide greater funding certainty to this sector.

DoH accepts this recommendation.

Target Implementation date: March 2025

DoH is planning to commission a review of its engagement with the community and voluntary (C&V) sector in early Autumn 2024. This work will sit alongside other work DoH is carrying out to ensure that it is engaging with the sector across a range of key areas in an optimal way and specifically in order to implement Actions 17, 31 and 32 of the MHS.

DoH intends this further exercise will determine the scope, scale and capacity of the C&V sector. The exercise will not duplicate but build on the findings and recommendations from the 2023 Brenda Kelly Consulting Report (commissioned in 2022 to consider the most effective mechanism/structure by which the C&V sector can come together to use its collective experience, knowledge and skills to shape the implementation of the MHS and the delivery of mental health services), and will focus on three key objectives:

- **Scope:** To define the scope of the C&V sector within the context of mental health services provision, including an assessment of how well integration of the sector is working within the context of the stepped care model and identification of areas for improvement, drawing on good examples of current collaborative/integrated working, where relevant. However, it is also important to recognise that this sector provides a significant level of informal support and information at a local level and it may not be possible to accurately capture that information;
- **Scale:** To identify and map the current levels and sources of funding (both government and non-government) and activity undertaken within the sector, including impact and outcomes being delivered across the range of mental health services provided. This work should include recommendations on optimum approaches for utilising existing funding and resources to best effect in the delivery of the priorities set out in the MHS, including how current commissioning and funding arrangements may be strengthened; and
- **Capacity:** To review the current capacity within the sector including workforce mix and expertise, opportunities and barriers which exist to engagement, in order to support integration in the development and delivery of mental health services.

DoH can confirm that it is supportive of moving to longer term contracts/funding arrangements with C&V sector partners as this would provide greater funding certainty to the sector; however, budget cycles would need to align for this to be possible and this is outside the control of DoH.

PAC Recommendation 14

The Committee expects that the Department reassesses its engagement with the voluntary and community sector. As part of this, the Department should set out more clearly how it intends to improve engagement with the voluntary and community sector. It is crucial that any barriers to having a more mature conversation are overcome and the expertise that exists is fully harnessed.

DoH accepts this recommendation.

Target Implementation date: March 2025

As referenced in the response to recommendation 13, a report was commissioned in 2022 to undertake a review to consider the most effective mechanism/structure by which the C&V sector can come together to use its collective experience, knowledge, skills, and backgrounds to shape the implementation of the MHS and the development of mental health services. The review was completed in March 2023 and made a number of recommendations for how best to harness the collective voice of the C&V sector.

As outlined above, DoH will shortly commission an exercise to assess the skillset, capacity and knowledge within the C&V sector to support the delivery of mental health services, and as part of that exercise, relevant actions and recommendations of the MHS will be revisited in order to ensure timely and effective implementation. As part of this exercise, DoH will consider and set out how it can improve its engagement with the C&V sector and ensure that the knowledge and expertise that exists is fully harnessed.

PAC Recommendation 15

The Committee expects that the Department's review of the deliverability of the strategy also incorporates an identification of key gaps in services, including regional disparities across Northern Ireland. The Department should begin to plan now for addressing key gaps, rather than allow these challenges to build to a stage at which they are unsustainable. The Department's review should consider areas where working with health services across the island could result in better outcomes for patients.

DoH accepts this recommendation.

Target Implementation date: Initial review of the deliverability of the strategy including gaps completed by June 2025 (as per recommendation 1) and full delivery of the RMHS Implementation Plan by April 2029.

As part of the response to recommendation 1 above, DoH has accepted the need to review the deliverability of the strategy and has set out an approach and timeframe for undertaking this work. It is anticipated that this review will also identify any gaps in provision that have emerged since the publication of the strategy.

However, DoH recognises that more can be done now to address gaps and disparities in mental health provision across the region. Within this context, the MHS includes an action to establish a regional mental health service, with a key objective of providing people across NI with equitable access to high quality, regionally consistent but locally based mental health services, working across primary and secondary mental healthcare and with the full integration of the C&V sector.

A five-year Implementation Plan for the establishment of the RMHS has been codesigned with stakeholders and service users and includes key actions and milestones to be delivered over the next five years. Following the appointment of the Head of the RMHS in March 2024, work has now commenced on implementing this plan.

To date, good progress has been achieved including commencing recruitment to fill priority posts within the team, such as the RMHS User Consultant who will be responsible for representing the views and voices of people with lived experience within the new service. Work has also recently commenced on the establishment of a RMHS Collaborative Board. Comprising senior representatives from across the HSC sector, the C&V sector and those with lived experience, this Board will undertake a critical leadership role in the future development of mental health services, including supporting consistency and addressing disparities in provision across the region.

To support the Board, work is also being progressed to further develop the existing Care Networks, which will act as the main drivers for regionality and consistency, through ensuring consistent practice and eliminating unwarranted variation in approaches across the region.

DoH will continue to explore options for collaboration with health services in the Republic of Ireland where this is possible in order to secure better outcomes for patients.

While some funding has been allocated to support initial progress on the RMHS, the Committee may wish to note that additional funding and delivery of interdependent actions within the MHS will be needed to enable full implementation.

PAC Recommendation 16

The Committee recommends that the Department urgently implement services for those with co-occurring mental health and substance use issues. It is not acceptable that the pace of change in this area is so slow.

DoH accepts this recommendation.

Target Implementation date: Audit of current challenges in relation to service provision and Action Plan on Service Improvements required – September 2025

Services for people with co-occurring mental health and substance use issues are currently in existence which include assessment and treatment within Community Mental Health Services and Acute Mental Health In-patient Services; and within Community Addiction Services and Tier 4 In-patient Detoxification and Residential Rehabilitation Services for Substance Use.

It is however recognised that this is a challenging area and more partnership working is required between these services to allow for better outcomes for individuals and a more positive patient experience for those with co-occurring issues. In order to improve current service provision, DoH in the process of recruiting a fixed term (one year) post specifically to scope current service challenges and facilitate service improvement. It is anticipated that that recruitment will be completed by August 2024.