



HSC Values

# From Silos to Systems Regional Mental Health Service for Northern Ireland

## Implementation and Communication Plan 2024- 2029 (updated)



**Mental  
2021-2031 Health  
Strategy**

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## 1. Introduction

An initial Implementation and Communication Plan for the establishment of the Regional Mental Health Service was developed with key stakeholders across the mental health system, including the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), HSC Trusts, Primary Care, the Community and Voluntary sector and people with lived experience. This plan was formally approved by the Mental Health Strategic Reform Board in November 2024.

Given delays in recruiting resources to implement the plan, most notably, the Head of the Regional Mental Health Service, timescales for delivery of some key actions and milestones have been revised within this updated plan.

### Background and context

The Mental Health Strategy 2021-2031 sets the vision and future strategic direction for mental health services in Northern Ireland over the next decade. Action 31 of the Mental Health Strategy commits to the development of a Regional Mental Health Service, operating across the five HSC Trusts, with regional professional leadership that is responsible for consistency in service delivery and development.

Action 31 is identified as a priority enabling action for the Mental Health Strategy overall, by the Department of Health which commissioned a project to determine the actions and arrangements necessary for the establishment of a Regional Mental Health Service. The proposals and actions from that project are set out in the **From Silos to Systems Report** ( [doh-summary-paper-regional-mhs.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/doh-summary-paper-regional-mhs.pdf) ) which has been approved by Minister for implementation.

From Silos to Systems sets out the structures and arrangements necessary for a Regional Mental Health Service encompassing Trusts' adult mental health services, primary care and services delivered by community and voluntary sector partners. CAMHS and Mental Health Services for Older People managed care networks will link in as part of the arrangements supporting a life span approach. The actions and arrangements in From Silos to Systems also anticipate the implementation of a number of the Actions in the Mental Health Strategy which are referenced in the detailed implementation templates below.

## 2. From Silos to Systems – Actions

Sixteen actions have been identified in From Silos to Systems for the establishment of the Regional Mental Health Service

ACTION	DESCRIPTOR
Action 1	Establish Local Mental Health Integrated Care Arrangements centred upon populations in GP federation areas with regionally agreed Terms of Reference
Action 2	Build on the established Care Networks to create seven Care Networks and seven Managed Care Networks with regionally agreed terms of reference.
Action 3	Establish separate co-ordinating arrangements for each of Recovery Colleges and for Peer Support workers. These arrangements to be taken forward as elements of Actions 16 and 33 of the Mental Health Strategy which relates to the support and development of these services
Action 4	Review the revised commissioning arrangements for Mental Health Services to address gaps in local Community and Voluntary Sector provision across N Ireland to ensure that these supports are equitably available linked to local population needs.
Action 5	Establish an Organisational Development work stream, led by Health and Social Care Human Resources to support the development of the Regional Mental Health Service collective leadership and partnership working model.
Action 6	Establish and recruit the Head of the Regional Mental Health Service Collaborative Board.
Action 7	Establish a Regional Mental Health Service Collaborative Board with agreed Terms of Reference
Action 8	Establish a Business Unit to support the Regional Mental Health Service Collaborative Board.
Action 9	Establish five Area Mental Health Collaboratives with agreed Terms of Reference

ACTION	DESCRIPTOR
Action 10	Area Collaboratives to develop a bank arrangement for people with lived experience and mental health carers, who will be provided with training and support to enable them to effectively contribute through co-production to the design, delivery and evaluation of services.
Action 11	Area Collaboratives to develop a range of peer and service user support posts at different levels. (This to be implemented under Action 33 of the MH Strategy)
Action 12	Create a fully funded Regional Service User Consultant(s) as part of the Regional Mental Health Collaborative Board
Action 13	Establish a People with Lived Experience forum to act as a point of reference to the Regional Mental Health Collaborative Board. This forum will be supported by the Patient and Client Council (PCC).
Action 14	Appoint two Governance Assurance Facilitators for a two-year period to lead on developing a regional mental health governance assurance framework. This will include supporting Trusts in the use of DATIX so there is a common data structure and application of the system to enable comparison and benchmarking.
Action 15	Formalise links between the HSCQI Mental Health Collaborative and the Regional TZS Mental Health Patient Safety Collaborative, building upon and developing regional Quality Improvement infrastructure and capacity.
Action 16	Develop and strengthen networks in education, training, research and quality improvement with local academia and with exemplar leaders in Innovation and quality improvement within NHS England mental health Trusts.

### 3. Implementation Structures for Regional Mental Health Service

The Head of the Regional Mental Health Service will lead the implementation of From Silos to Systems. Ownership for the implementation of the Actions and the development of arrangements rests with the Regional Mental Health Collaborative Board, once established. It is however recognised that for a period of two years additional support arrangements for implementation should be put in place to support the Head of Mental Health Collaborative Board and the Regional Mental Health Collaborative Board in the establishment and initial development of these structures. These arrangements are set out in the table below and comprise the:

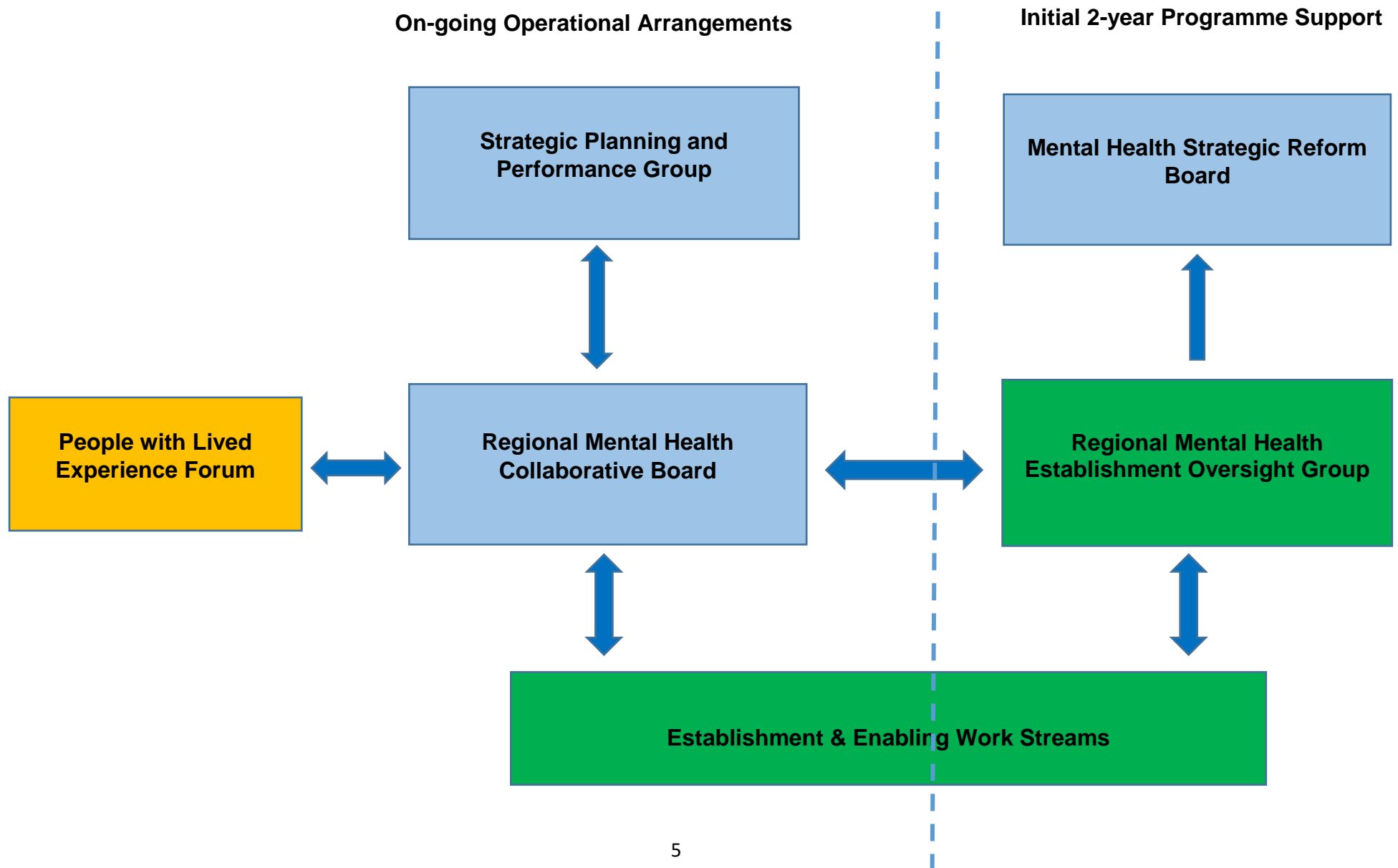
**Mental Health Strategic Reform Board.** Overall the support arrangements will report to the Mental Health Strategic Reform Board which is an existing group set up to provide strategic oversight, direction and governance for the Mental Health Strategy and Action Plan as the key strategic drivers for mental health. Its focus is on overseeing progress and not detailed implementation or policy discussions.

**Regional Mental Health Collaborative Board.** The establishment of the Collaborative Board is a central pillar of the Regional Mental Health Service. It will have overall responsibility for shaping and agreeing implementation arrangements and for the development of the Regional Mental Health Service. It will be supported in this task by the Regional Mental Health Service Establishment Oversight Group.

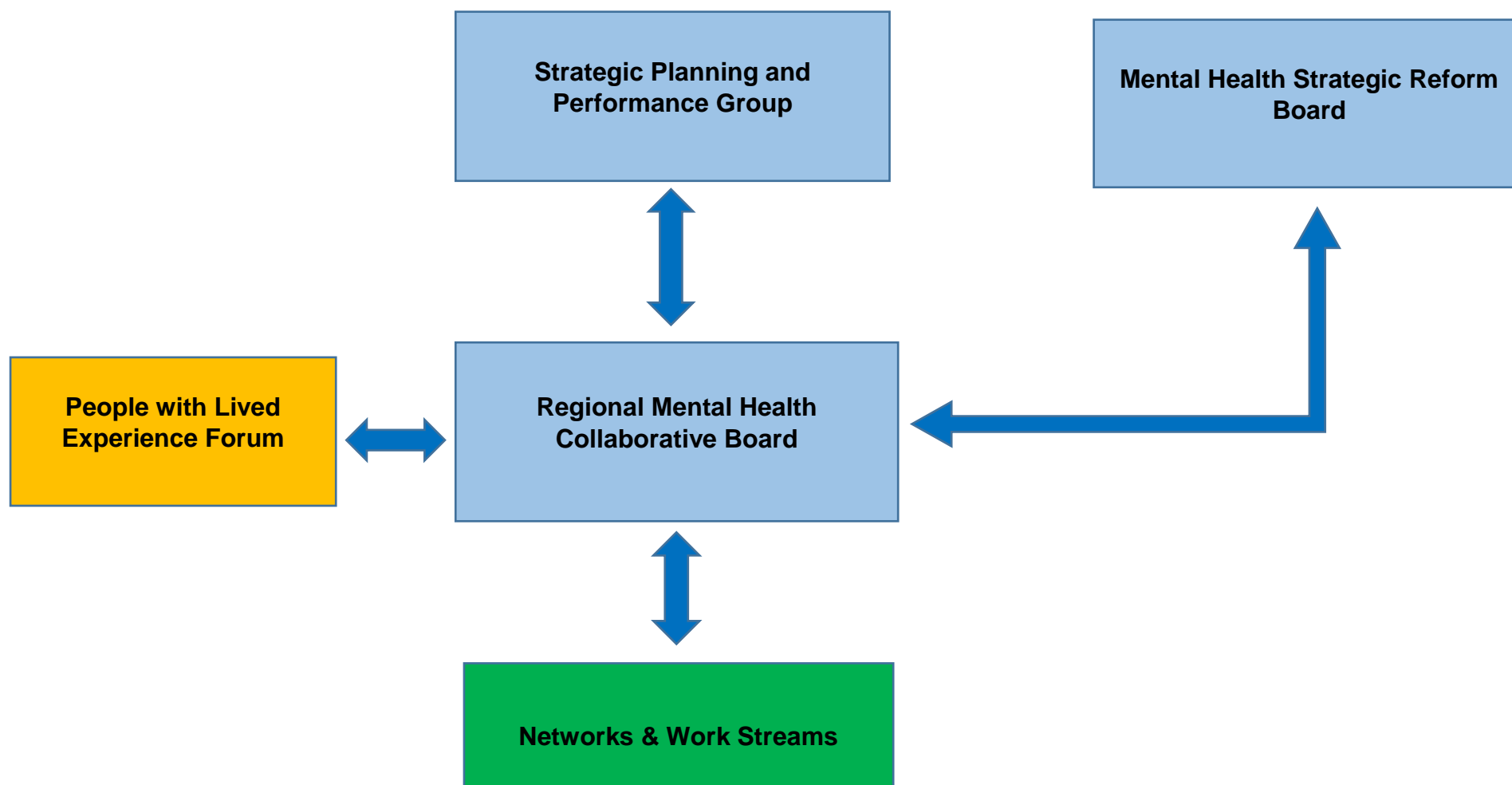
**Regional Mental Health Service Establishment Oversight Group.** This will be a newly formed senior leadership group facilitated by the Head of the Regional Mental Health Service. It will provide support and advice to the Head of the Regional Mental Health Service in driving forward the implementation of key establishment workstreams, including organisational development and communications actions necessary to develop a shared purpose and working arrangements across diverse partners. It will establish project work streams for the implementation of key structural actions including the care and managed care networks. This continuing need and/or form of this group will be reviewed at the end of an initial two-year period. The proposed membership of this group is set out in Appendix 1.

**People with Lived Experience Forum.** Co-production and co-design are central principles for the Regional Mental Health Service reflected in the proposed arrangements overall and underpinned by the establishment of a People with Lived Experience Forum. The early establishment of this forum will support co-production from the outset, ensuring a strong service user and carer voice from the inception of the Regional Mental Health Service.

## Programme Structures Regional Mental Health Service Establishment Years 1 – 2



## Programme Structures Regional Mental Health Service Years 3 +





**Establishment & Enabling Work Streams;** The Regional Mental Health Service Establishment Oversight Group will put in place a number of initial work streams responsible for implementation of key initial establishment and development works. These include:

- Organisational Development
- Communications
- Care Networks development
- Governance and Business Unit arrangements

#### **4. Governance and Reporting arrangements**

The SPPG, working with the Public Health Agency, is responsible for the development and implementation of the Regional Mental Health Service. Within this, HSC Trusts and other Collaborative Board stakeholder organisations are collectively responsible for engaging with the development and delivery of the Regional Mental Health Service. The Department of Health will provide oversight of the work of the Public Health Agency and HSC Trusts. Formal progress updates will be provided to DoH Mental Health Directorate through existing MHS implementation governance structures. These updates will be RAG rated and will be monitored against the key commitments set out in the relevant MHS Delivery Plan.

The Strategic Reform Board, which meets 3 times per annum, is the accountable body for the implementation of the Mental Health Strategy. A formal MHS implementation Highlight Report, covering the position across the full range of MHS Actions currently in progress, is provided in advance of each Board meeting, enabling it to monitor progress and to maintain oversight.

#### **5. Implementation Templates**

The implementation templates over the following pages, for the 16 Actions in From Silos to Systems, have been developed following a stakeholder engagement workshop on 30<sup>th</sup> August 2022 (See Appendix 2) and further consultation and engagement with key stakeholders across the mental health system including people with lived experience and carers. These templates will continue to be subject to review and revision as implementation on the arrangements for each of the actions progresses.

## Action 1. Establish Local Mental Health Integrated Care Arrangements centred upon populations in GP federation areas with regionally agreed Terms of Reference

Context	Inputs	Outputs		Who	Outcomes				
Local mental health service delivery will be co-ordinated through Local Mental Health Integrated Care Arrangements aligned to GP federation areas. The different organisations and services in each area from across statutory, primary care and C&V sector will come together to align services and develop and deliver local care pathways to best meet the needs of their populations. These are not seen as formally constituted committees. Their work will be co-ordinated through the five Mental Health Area Collaboratives.		What we Invest	What we will do		Outputs	Who	Implementation		Intervention
							Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029		
<ul style="list-style-type: none"><li>Head of Collaborative Board will work with Stakeholders across Trusts Primary Care and CV in identifying potential pathfinder areas.</li><li>Stage 1 programme will be for 2 to 5 pathfinders with further scale and spread following test outcomes.</li></ul>	<ul style="list-style-type: none"><li>Head of CB and SPPG staff time</li><li>Primary Care leads SPPG</li><li>Primary Care Representatives – GP feds</li><li>Trust Directors, ADs and CDs of Mental Health</li><li>Representation from key C+V organisations</li><li>Representation from PHA</li><li>Project Leads funded under MHS</li></ul>	<ul style="list-style-type: none"><li>Identify potential pathfinder GP fed areas - 2 for the region.</li><li>Identify and engage with leadership across the pathfinder area to achieve stakeholder buy in.</li><li>Hold engagement workshops with range of stakeholders in each pathfinder area.</li><li>Agree a common framework for pathfinder project with ToR, objectives, governance arrangements, outcome measures and evaluation criteria.</li><li>Put in place support for local pathfinder arrangements (including as per Action 5).</li><li>Learning from projects used to inform regional template for spread and scale– linked to implementation of MDTs/ ICS structures.</li><li>Agree alignment of CMHTs with GP Fed area</li><li>Develop project management for project spread/ scale work.</li><li>Implement spread and scale</li></ul>	<ul style="list-style-type: none"><li>Agreed TOR for Pathfinders including project plans, processes and desired outcomes</li><li>Training/OD and support plan for pathfinder members</li><li>Reporting arrangements agreed</li><li>Evaluation of Pathfinder projects including recommendations for Spread and Scale roll out</li><li>Implementation plan for Spread and Scale roll out.</li></ul>	Head of CB Directors of Mental Health/ Mental Health leads Mental Health Area Collaboratives supported by Area Integrated Partnership Boards.	<ul style="list-style-type: none"><li>Seek expression of interests from Trusts/GP feds to explore 2 possible pathfinder projects – possibility of 1 with GP Fed MDT and one without MDT although we recognise this may be difficult.</li><li>Set up project’s structures for 2 test sites with agreed ToR, project structures, agreed outcome measures &amp; evaluation criteria, governance arrangements and timeframes</li></ul>	<ul style="list-style-type: none"><li>Engage with broader stakeholders and establish pathfinder projects</li><li>Agreed reporting arrangements and monitoring of progress and outcome.</li><li>Evaluation of the initial pathfinder projects</li><li>Agreement on Scale and Spread programme linked to the development of MDTs and the implementation of MHS Action 15.</li></ul>	<ul style="list-style-type: none"><li>Roll out of the agreed spread and scale programme for establishing MH Local integrated care Arrangements across all 17 GP federation areas.</li></ul>		
Assumptions	Internal Factors				External Factors				
<ul style="list-style-type: none"><li>The Local Mental Health Integrated Care Arrangements are the means of implementation of the MHS Action 15.</li><li>Consistent arrangements for Primary Care MDTs will be funded and implemented across the region.</li></ul>	<ul style="list-style-type: none"><li>Ensuring commitment and buy in across primary and secondary care leadership to the pathfinder approach</li><li>Agreement on objective and outcome criterion for pathfinder</li><li>Agreement on accountability and reporting arrangements</li><li>Alignment of the arrangements for Local Mental Health Integrated Care Arrangements and Primary Care MDTs</li><li>Ensuring clarity on how the Local Mental Health Integrated Care arrangements sit with the ICS locality groups</li></ul>				<ul style="list-style-type: none"><li>Need to prepare the way with key stakeholders</li><li>Reference communications strategy</li><li>Need over time to develop relationships with a broad range of stakeholders including councils, housing, PSNI etc</li></ul>				

**Action 2. Build on the established Care Networks to create seven Care Networks and seven Managed Care Networks with regionally agreed terms of reference.**

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029
Care networks and managed care networks will be the drivers for ensuring regional consistency of mental health provision and delivery within the Regional Mental Health Service. This will see the establishment of 14 care networks. Four managed care networks are currently in place whose ToR’s <u>require</u> to be aligned with the regionally agreed ToR’s. The Care and Managed Care Networks will be accountable to the Mental Health Collaborative Board.	<ul style="list-style-type: none"><li>• SAP co-chairs</li><li>• Head of CB and SPPG staff time including Governance leads</li><li>• Leads of existing Networks</li><li>• Trust Directors, ADs and CDs of Mental Health</li><li>• Representation from key C+V organisations</li><li>• Primary Care Representatives – GP feds &amp; OOHs</li><li>• Project Leads funded under MHS</li></ul>	<ul style="list-style-type: none"><li>• Review the progress of established networks.</li><li>• Engage with established networks on their terms of reference to ensure in line with regional requirements.</li><li>• Set up project management structures &amp; ToRs to support the establishment of networks.</li><li>• Engage with Mental Health SIMs in their support roles for Care Networks.</li><li>• Hold engagement workshops with clinical and other leads on the establishment of networks for their services.</li><li>• Agree and implement programme for the establishment of the care networks</li><li>• Agree reporting arrangements into the Collaborative board for existing and new Care networks.</li></ul>	<ul style="list-style-type: none"><li>• Agreed TOR for networks, project plans, processes and desired outcomes</li><li>• Training/OD and support plan for networks</li><li>• Reporting arrangements agreed</li><li>• Evaluation of current managed care networks including recommendations.</li><li>• Implementation plan</li><li>• Recognised accreditation programmes will be used to drive consistency and best practice e.g. ACOMHS</li></ul>	Head of CB Collaborative Board Directors of Mental Health/ Mental Health leads In-place care network leads. MH SIMs Project Leads funded under MHS	<ul style="list-style-type: none"><li>• Clearly communicate how care networks will drive regional consistency through agreed best practice care pathways – drawing on spread &amp; scale learning from HSCQNI</li><li>• Agreeing ToRs and reporting arrangements for networks</li><li>• Drawing up proposals to establish CMHT care network as a priority</li><li>• Work with current established networks to bring their existing ToRs into line with reviewed ToRs</li><li>• Establish networks in line with funding – ED, PD etc as funding allows</li></ul>	<ul style="list-style-type: none"><li>• All networks established with ToRs and agreed work plans</li><li>• Networks reporting to Collaborative Board on annual work plans to achieve regional consistency in service delivery.</li></ul>	<ul style="list-style-type: none"><li>• Networks to have achieved consistent application of regionally agreed pathways and service delivery</li></ul>
Actions							
<ul style="list-style-type: none"><li>• Head of Collaborative Board will work with Stakeholders across SPPG, existing networks, directors and clinical leads in Trusts in agreeing processes and timeframes for realignment of existing networks and the establishment of new networks.</li></ul>							
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"><li>• The Care Networks and Managed Care Networks will report within the Regional Mental Health Service Structures.</li><li>• Trust SIMS will be freed up sufficiently to allow then to support Care Networks</li><li>• Funding to support the networks will be available through MHS.</li></ul>	<ul style="list-style-type: none"><li>• Support of relevant SPPG senior managers in realignment of existing Managed Care Network to regionally agreed Terms of Reference</li><li>• Agreement on accountability and reporting arrangements</li></ul>				<ul style="list-style-type: none"><li>• Need to prepare the way with key stakeholders</li><li>• Reference communications strategy</li><li>• Need over time to develop relationships with a broad range of stakeholders including councils, housing, PSNI etc</li></ul>		

Action 3. Establish separate co-ordinating arrangements for each of Recovery Colleges (RC) and for Peer Support workers (PSW).							
Action 11. Area Collaboratives to develop a range of peer and service user support posts at different levels. These Actions will be taken forward as part of the implementation of Actions 16 and 33 MHS, which will be led by PHA							
Context	Inputs	Outputs		Who	Outcomes		
Recovery colleges and Peer support workers are important elements of a regional mental health service. These recommended actions will be taken forward as elements of Action 16 and 33 of the MHS. Action 16 - Create a recovery model. Action 33. Create a peer support and advocacy model across mental health services. It is anticipated that a NI peer support and advocacy model would require an average of 5 Peer Support Workers per Trust					Implementation	Intervention	
					Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029
<ul style="list-style-type: none"><li>SAP co-chairs to develop and agree a co-produced Peer support worker JD/Spec with DoH and SPPG</li><li>Appoint Implementation Officer to take forward recovery development</li><li>Agree a peer support model for the Region</li><li>Agree a recovery model and implement.</li></ul>	<ul style="list-style-type: none"><li>SAP co-chairs &amp; DoH /SPPG &amp; PHA staff time</li><li>Regional Service User Consultant</li><li>Implementation officer B7</li><li>HR input and AfC matching</li><li>Setting up stakeholder engagement</li><li>Actions to promote peer posts to ensure wide interest</li><li></li></ul>	<ul style="list-style-type: none"><li>Research recovery models and agree on the best fit for RMHS</li><li>Research Peer support model, review of existing provision and agree best for NI</li><li>Engagement aimed to ensure clarity as to the purpose, scope and function of RC/ peer support</li><li>Co-produce JD for the PSWS including support, training, accountability.</li><li>Engage with HRs (TBI) on banding of posts</li><li>Identify office location and other administrative arrangements</li><li>Agree a recruitment process including communications to encourage wide interest</li><li>Agree composition of recruitment panel Selection and recruitment processes</li><li>Induction and support for successful candidates</li></ul>	<ul style="list-style-type: none"><li>Banded Job description and specifications for peer workers and implementation officer</li><li>Recruitment processes agreed and implemented</li><li>Office and other requirements identified and secured</li><li>Support and training for peers</li></ul>	<div>SAP co-chairs DoH SPPG</div> <div>Regional SU Consultant</div> <div>Implementation Officer B7</div> <div>Area SU Consultants</div> <div>HR Steering Group/SAP</div>	<ul style="list-style-type: none"><li>Regionally agreed coproduced model for Recovery Colleges</li><li>Consider how 5 Trust colleges can work as one coordinated regional model</li><li>Regionally agreed coproduced peer support model</li><li>Agreed action plans for both peer support and recovery college models.</li></ul>	<ul style="list-style-type: none"><li>Recruitment of peer support workers and Implementation Officer</li></ul>	<ul style="list-style-type: none"><li>Continuing support within the structure from Collaborative Board and SPPG</li></ul>
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"><li>Strategic support for the Development of a regional Recovery Model &amp; RCs</li><li>Co-ordinating arrangements will be part of MHS 16/ 33</li><li>The Regional SU Consultant will provide a regional co-ordination/support function</li><li>An IO, reporting to the Regional SU Consultant, will work with RC to establish peer support arrangements.</li></ul>	<ul style="list-style-type: none"><li>Ensuring clarity on Revised Role and Model for Recovery College and Peer support worker model</li><li>Support arrangements to the peer support workers</li><li>Coproduction on all tasks</li><li>RMHS to refresh on the commitment to IMROC</li></ul>				<ul style="list-style-type: none"><li>Need to prepare the way with key stakeholders especially Trusts Ch Exs, GP Feds and C&amp;V sector</li><li>Reference communications strategy</li><li>Need clearer understanding and agreement on the role of Recovery Colleges and Peer Support Workers contribution to the recovery journey</li><li>Alignment with recovery approaches and initiatives in the C&amp;V sector</li></ul>		

## Action 4. Review the revised commissioning arrangements for Mental Health Services to address gaps in local C&V Sector provision across NI

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029
<p>C&amp;V services are an important element of RMHS provision and there is a need to harness the skill and capacity of this sector. There is significant variance and inequity of C&amp;V support across the region. Equitable commissioning and access to service is fundamental to the aims of a RMHS and should be addressed through commissioning arrangements.</p> <p>SAP co-chairs to develop and agree with DoH, PHA and SPPG a Job specification &amp; description for this Project officer.</p> <p>The content of the Tor for the review must have support from stakeholders from across the system and should be engaged with through the Collaborative Board</p> <p>SAP Chairs will support establishment and work of Project team</p>	<ul style="list-style-type: none"> <li>SAP co-chairs &amp; DoH, PHA and SPPG staff time</li> <li>Funding for project lead for review</li> <li>Setting up stakeholder engagement</li> </ul>	<ul style="list-style-type: none"> <li>Draw up and agree with key DoH and SPPG &amp; PHA stakeholders JD for the Project Officer (6 months) who will lead the review of commissioning arrangements</li> <li>Selection and recruitment processes</li> <li>Identify office location and other administrative arrangements</li> <li>Agree ToR and establish project team lead by SPPG &amp; PHA and supported by the project officer to undertake review of commissioning arrangements and make recommendations for improvement</li> <li>Involve C+V in area collaborative to better inform local commissioning approaches</li> <li>Commissioning will reflect the measures in the Mental Health Outcomes framework</li> </ul>	<ul style="list-style-type: none"> <li>Job description and specification</li> <li>Recruitment processes agreed and implemented</li> <li>Office and other requirements identified and secured</li> <li>Agreed project ToR</li> <li>Project team established</li> <li>Project Review undertaken and report with recommendations</li> </ul>	<p>SAP co-chairs</p> <p>Head of Collaborative Board</p> <p>DoH / SPPG /PHA</p> <p>Project Officer</p> <p>Trust Contracts departments</p> <p>Representatives C+V</p> <p>Representation</p>	<p>Set up a single work-stream pulling together relevant elements across PC Hubs, PHA commissioning, Outcomes Framework and this Action 4 Lead by PHA</p>	<ul style="list-style-type: none"> <li>Recruitment completed and the Project in position</li> <li>Project team with ToRs established and</li> <li>Report on review available to inform Commissioning arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Implementation for recommendations to address gaps and ensure equity and consistency</li> <li>Ongoing review of Commissioning Arrangements</li> </ul>
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"> <li>Recognition of the important varied contribution of C+V</li> <li>Commitment to integrate C+V sector in RMHS delivery</li> <li>The need for equitable arrangements of care and additional revenue</li> <li>Action 17 MHS funding will be available to support the revised commissioning arrangements and address the gap in service provision.</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring clarity and agreement on the important contribution of C&amp;V sector</li> <li>Willingness to review contractual arrangements to enable more sustainable models of provision</li> </ul>				<ul style="list-style-type: none"> <li>Need to prepare the way with key stakeholders especially PHA, C&amp;V, and Trusts</li> <li>Reference communications strategy</li> <li>Engagement with the Community and Voluntary Sector around their capacity to contribute to the delivery of actions under the MHS.</li> </ul>		

## Action 5 Establish an Organisational Development work stream, led by HSC HR to support the development of a collective leadership model.

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> October 2024	Up to 2 years March 2027	By 2029
<p>Collective leadership will underpin the direction, alignment and commitment of the RMHS operational structures, helping bring together PWLE, carers and different organisations, each with its own culture, values and traditions, to deliver consistent, high quality integrated mental health care.</p> <p>Through collaborative working, all the organisations and individuals comprising the RMHS will foster a just and learning culture of strong visible collective leadership focused on delivering high quality mental health care.</p> <p>The OD approach will support common vision, relationship building, capacity development and collective decision-making.</p>	<ul style="list-style-type: none"> <li>SAP co-chairs &amp; DoH and SPPG staff time</li> <li>HR input and AfC matching</li> <li>HR specialist OD advice and input</li> <li>HR support across partners in delivery</li> <li>Actions to promote post to ensure wide interest</li> <li>Support to Trust Chief Executives as part of work stream to develop understanding of relationship between Trust Board and Collaborative Board and the roles of Directors of Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>Engagement aimed to ensure clarity as to the purpose, scope and function of OD Officer.</li> <li>Coproduce JDs/Spec</li> <li>Identify office location and other administrative arrangements for OD staff</li> <li>Agree and implement recruitment process</li> <li>Agree initial supports for the successful candidate in taking forward the initial development of RMHS</li> <li>Induction and support for successful candidates</li> <li>Establish OD work stream including Head CB/ OD officer/ Admin support/ reps from each stakeholder HR OD department/ PWLE</li> <li>Agree organisational development project plan</li> <li>Deliver against organisational development project plan</li> <li>Creation &amp; maintenance of a culture of collective leadership</li> </ul>	<ul style="list-style-type: none"> <li>Job description and specification</li> <li>Recruitment processes agreed and implemented</li> <li>Office and other requirements identified and secured</li> <li>Initial support for postholder agreed</li> <li>OD project plan developed</li> <li>Work stream established/ operational Collective Leadership embedded</li> </ul>	<p>Head of Collaborative Board</p> <p>SAP co-chairs</p> <p>DoH</p> <p>SPPG</p> <p>SPPG HR</p> <p>Trust HR</p> <p>Stakeholder HR</p> <p>Steering Group/SAP</p>	<ul style="list-style-type: none"> <li>Given importance of collective leadership model, non-recurrent funding to be secured for professional organisational development support to the formation of the Collaborative Board</li> <li>Engage with Trust OD leadership to help drawn up a template for this workstream</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment completed and the post holders in position</li> <li>OD work stream established and fully functioning</li> <li>Implementation of OD project plan</li> </ul>	<ul style="list-style-type: none"> <li>Continuing support within the structure from Collaborative Board and SPPG</li> </ul>
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"> <li>Full commitment across all stakeholders to develop collective leadership approach</li> <li>SPPG HR resources will support the completion of this action</li> <li>Co-production continues to be a fundamental value</li> </ul>	<ul style="list-style-type: none"> <li>Ensure clarity across all stakeholder on what collective leadership is and means for the functions and relationships within a RMHS</li> <li>Agreement on accountability and what/what not accountable for – understanding that Trusts and other providers remain accountable for their own performance</li> <li>Ensure clarity around the relationship between Collaborative Board and Trust Boards</li> </ul>				<ul style="list-style-type: none"> <li>Need to prepare the way with key stakeholders including Trusts, Gp Feds and C&amp;V sector</li> <li>Reference communications strategy</li> </ul>		

## Action 6. Establish and recruit the Head of the Regional Mental Health Service Collaborative Board.

Context	Inputs	Outputs		Who	Outcomes			
This position is critical to the establishment and development of the Regional Mental Health Service and its structures. Establishing these will take a number of years and over the initial years, this position needs to be seen principally as a project lead post with a distinct remit to accomplish. The post holder needs to have the confidence of the wide range of stakeholders in forging the shared vision and purpose, which will help achieve change across a currently disparate system.		What we Invest	What we will do	Outputs	Who	Implementation		Intervention
						Short	Medium	Long –Term
Action						By 30 <sup>th</sup> August 2024	Up to 2 years March 2027	By 2029
<ul style="list-style-type: none"><li>• SAP co-chairs to develop and agree with DoH and SPPG a Job specification &amp; description for this position.</li><li>• The content of the JD must have support from stakeholders from across the system and should be engaged with through steering group (SAP).</li></ul>	<ul style="list-style-type: none"><li>• SAP co-chairs &amp; DoH and SPPG staff time</li><li>• HR input and AfC matching</li><li>• HR advice re non – AfC applicants</li><li>• Setting up stakeholder engagement</li><li>• Actions to promote post to ensure wide interest</li></ul>	<ul style="list-style-type: none"><li>• Engagement aimed to ensure clarity as to the purpose, scope and function of this position.</li><li>• Draw up and agree with key DoH and SPPG stakeholders JD for the post including accountability arrangements.</li><li>• Engage with HRs (TBI) on the wording and the grading of the position</li><li>• Identify office location and other administrative arrangements</li><li>• Agree a recruitment process including communications to encourage wide interest amongst potential applicants</li><li>• Agree composition of recruitment panel (wider interests)</li><li>• Selection and recruitment processes</li><li>• Agree initial supports for the successful candidate in taking forward the initial development of RMHS</li><li>• Induction and support for successful candidate</li></ul>	<ul style="list-style-type: none"><li>• Job description and specification</li><li>• Clarity on grading</li><li>• Good interest from capable candidates</li><li>• Recruitment processes agreed and implemented</li><li>• Office and other requirements identified and secured</li><li>• Initial support for postholder</li></ul>	SAP co-chairs DoH SPPG HR Steering Group/SAP	<ul style="list-style-type: none"><li>• Recruitment completed and the post holder in position</li><li>• Initial enhanced support in establishing key initial elements of structures and supporting OD functions</li></ul>	<ul style="list-style-type: none"><li>• Continuing support within the structure from Collaborative Board and SPPG</li></ul>	<ul style="list-style-type: none"><li>• Continuing support within the structure from Collaborative Board and SPPG</li></ul>	
Assumptions	Internal Factors				External Factors			
<ul style="list-style-type: none"><li>• Strategic support for the aims of the RMHS &amp; creation of the post.</li><li>• SPPG HR resources will support the completion of this action</li><li>• Co-production continues to be a fundamental value in the establishment and running of RMHS</li><li>• Performance Management will sit outside of the remit of the Head CB</li></ul>	<ul style="list-style-type: none"><li>• Ensuring clarity on unique nature of this role and that it is given the scope to deliver on the vision</li><li>• Agreement on accountability and what/what not accountable for – understanding that Trusts and other providers remain accountable for their own performance</li><li>• Ensuring clarity of understanding on how this sits with other key snr roles including in SPPG /Trust Directors/leads of MH care networks etc.</li><li>• Support arrangements to the post holder in the initial stages of development of the RMHS</li></ul>				<ul style="list-style-type: none"><li>• Need to prepare the way with key stakeholders especially Trusts Ch Exs, GP Feds and C&amp;V sector</li><li>• Reference communications strategy</li><li>• Need to recruit an individual who has or who can gain the confidence of the wide range of stakeholders in the RMHS</li></ul>			



## Action 7. Establish a Regional Mental Health Service Collaborative Board with agreed TOR

Context	Inputs	Outputs		Who	Outcomes			
This leadership group is critical to the establishment and development of the Regional Mental Health Service and its structures. Membership of the group must be inclusive and each member organisation must ensure their representative has the time and resources to commit to fully engaging with the group and contributing to the delivery of the other Actions set out in this plan and those within the agreed project plan for implementation. Members need be of sufficient seniority to influence the cultural and organisational changes needed across the system.		What we Invest	What we will do	Outputs	Who	Implementation		Intervention
						Short	Medium	Long –Term
Action	By 31 <sup>st</sup> December 2024					Up to 2 years March 27	By 2029	
<ul style="list-style-type: none"><li>SAP Co-Chairs leads to seek nominations from stakeholder groups</li><li>SAP Co-Chairs to facilitate development of Agreed Terms of Reference</li><li>Establish the CB</li></ul>	<ul style="list-style-type: none"><li>SAP Co-Chairs &amp; DoH and SPPG staff time</li><li>Trust Directors of Mental Health</li><li>Primary Care Representatives</li><li>Representation from key C+V organisations</li><li>Regional Service User Consultant</li></ul>	<ul style="list-style-type: none"><li>Engagement workshop with Accountable officers to ensure clarity and agreement on issues of accountability – finance, governance (including patient safety) and performance across the key stakeholders to enhance understanding on the role and remit of this leadership group including lines of accountability and reporting</li><li>Recruit the Head of Collaborative Board who will support the establishment of the group</li><li>Seek and secure nominations from key stakeholders including engagement with PC and C&amp;V sector on how representation should be selected</li><li>Workshop to agree remit and roles of the members, commence of organisational development journey</li><li>Create a shared Vision across stakeholder groups</li><li>Establish relationships based on shared leadership across statutory providers, primary care and C+V</li></ul>	<ul style="list-style-type: none"><li>Agreed Terms of Reference</li><li>Clearly identified membership</li><li>Schedule of meetings agreed</li><li>Project plan agreed to deliver the identified actions</li><li>All members working to new arrangements within a safe and effective culture</li></ul>	SAP co-chairs DoH SPPG HR Steering Group/SAP	<ul style="list-style-type: none"><li>Nominations secured from all stakeholders and establish CB</li><li>Agree TOR</li><li>Agree priority actions for Year 1 under Project management structures</li><li>Agree lines of accountability between stakeholder groups and the members of the Board</li><li>Clarity in lines of accountability between stakeholder providers and SPPG</li></ul>	<ul style="list-style-type: none"><li>Continue to enhance relationships and cultural change through HR OD support plan</li><li>By end of 2 years have a fully functioning effective CB capable of delivering the Actions associated with the RMHS and MHS</li></ul>	<ul style="list-style-type: none"><li>Continuing support within the structure from SPPG/ Trusts/ PC and all key stakeholders</li></ul>	
Assumptions	Internal Factors				External Factors			
<ul style="list-style-type: none"><li>Strategic support for the aims of the RMHS &amp; creation of Head of Collaborative Board.</li><li>SPPG HR resources will support the completion of this action</li><li>Co-production continues to be a fundamental value in the establishment and running of RMHS</li><li>Overall Performance Management will sit with SPPG</li></ul>	<ul style="list-style-type: none"><li>Ensuring clarity on unique nature of the collaborative Board</li><li>Secure agreement to enable Mental Health Directors to fulfil the role expected as part of the Collaborative Board</li><li>Agreement on accountability and what/what not accountable for – understanding that Trusts and other providers remain accountable for their own performance</li><li>Ensuring clarity of understanding on how this sits with other key snr roles including in SPPG /Trust Directors/leads of MH care networks etc.</li><li>Support arrangements to members of the CB</li><li>Representation from wide range of PWLE through PWLE forum</li></ul>				<ul style="list-style-type: none"><li>Need to prepare the way with key stakeholders especially Trusts Ch Exs, GP Feds and C&amp;V sector</li><li>Members of CB need to have the time and resources to deliver the RMHS</li><li>Reference communications strategy</li><li>Members of CB must be in the key leadership positions of provider organisations</li><li>Engagement with C&amp;V on how it has a representative voice on Collaborative Board with communications up and down with wider C&amp;V stakeholders.</li></ul>			



### Action 8. Establish a business unit (BU) to support the Regional Mental Health Service Collaborative Board.

Context	Inputs	Outputs		Who	Outcomes			
The Business Unit will support the CB to fulfil its functions through the collation, analysis and presentation of information and intelligence across services. This information will concentrate on the performance against the agreed work plans to address variance and support standardisation, in addition to the specific RMHS outcomes. It will define Patient safety indicators and the Data sets required for comparison and standardisation. Information will be provided to stakeholder groups, SPPG/ ICS Executive on how the CB is performing against regional consistency and key performance indicators.		What we Invest	What we will do	Outputs	Who	Implementation		Intervention
						Short	Medium	Long –Term
Action						By 31 <sup>st</sup> December 2024	Up to 2 years March 2027	By 2029
	<ul style="list-style-type: none"><li>SAP co-chairs &amp; DoH and SPPG staff time</li><li>Head of CB</li><li>RQIA</li><li>Newly appointed staff into BU</li><li>Trust Directors of Mental Health</li><li>Primary Care Representatives</li><li>Representation from key C+V organisations</li><li>Regional Service User Consultant</li></ul>	<ul style="list-style-type: none"><li>Engagement across the key stakeholders to enhance understanding on the role and remit of the Business Unit and how it will help the regional position but also individual Trust and stakeholders in their work</li><li>Decide how the business unit is placed within the overall SPPG structure</li><li>Agree TOR of BU and reporting arrangements</li><li>Recruit the positions needed for the BU to function</li><li>Induction and support for successful candidate</li><li>Establish structures that will support the collation of information from providers to inform RMHS Collaborative Board in relation to performance and Patient Safety</li><li>Agree the Data sets required</li><li>Work to further develop ENCOMPASS as a facilitating system.</li></ul>	<ul style="list-style-type: none"><li>Agreed Terms of Reference of BU</li><li>Agreed banded JDs/Spec for Each post</li><li>- Business Manager</li><li>- Business Support Managers</li><li>- Admin posts</li><li>Recruitment processes agreed and implemented</li><li>Accommodation / structure requirements secured</li><li>Project plan agreed to deliver the identified actions</li></ul>	SAP co-chairs Head CB DoH SPPG HR Steering Group/SAP  Trust MH Directors	<ul style="list-style-type: none"><li>Agree TOR, clarity of roles and lines of accountability and reporting structures</li><li>Agree priority actions for Year 1 under Project management structures</li><li>commence Recruitment to key posts and establish Business unit</li><li>Focus work of business unit to support top 2/3 priorities for first 2 years</li></ul>	<ul style="list-style-type: none"><li>Complete Recruitment to all positions</li><li>By end of 2 years have a fully functioning effective BU</li><li>Establish the reporting structures of performance against KPIs, work plans, and patient’s safety</li></ul>	<ul style="list-style-type: none"><li>Continuing support within the structure from SPPG/ Trusts/ PC and all key stakeholders</li><li>The BU will take responsibility for the OBA accounting</li></ul>	
Assumptions	Internal Factors					External Factors		
<ul style="list-style-type: none"><li>Strategic support for the creation of a Business unit that will benefit RMHS/ stakeholders</li><li>SPPG HR resources will support of this action</li><li>The BU team will have access to all health and social care information systems to enable data collation/comparison across the system.</li></ul>	<ul style="list-style-type: none"><li>Ensuring clarity on the role and scope of the BU and its relationship with Business and Governance Departments across the system</li><li>Agreement on accountability and what/what not accountable for – understanding that Trusts and other providers remain accountable for their own performance</li></ul>					<ul style="list-style-type: none"><li>Need to prepare the way with key stakeholders especially Trusts Ch Exs, GP Feds and C&amp;V sector</li><li>Reference communications strategy</li><li>Need to recruit people who have the competence and confidence to establish the processes and relations to develop an effective BU that will meet identified outcomes.</li></ul>		

### Action 9. Establish five Area Mental Health Collaboratives with agreed Terms of Reference

Context	Inputs	Outputs		Who	Outcomes			
Five Area Mental Health Collaboratives (AMHC) will be responsible for the development and delivery of mental health services within their geographical areas. They will work to build upon and further develop existing relationships and working arrangements across services and providers. They will co-ordinate the work of Local MHIC Arrangements which will locally deliver the majority of mental health services to their local populations. AMHC will be strongly aligned with the Regional CB, with a collective commitment to delivering consistency.		What we will do	Outputs		Who	Implementation		Intervention
						Short	Medium	Long –Term
Action	What we Invest				By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029	
<ul style="list-style-type: none"><li>SAP co-chairs to work with DOH/SPPG/Collaborative Board to agree TOR for the AMHC</li><li>Directors will lead on the establishment of the AMHC with representation secured from the range of stakeholders</li></ul>	<ul style="list-style-type: none"><li>SAP co-chairs &amp; DoH and SPPG staff time</li><li>Head of CB</li><li>Trust Directors of Mental Health</li><li>Mental Health SIMs</li><li>Trust Area Service User Consultants</li><li>Primary Care Representatives</li><li>Representation from key C+V organisations</li><li>Project Leads funded under MHS</li></ul>	<ul style="list-style-type: none"><li>Engagement across the key stakeholders to create a shared vision for and understanding of the Area Mental Health Collaborative and how they sit within the RMHS the ICS IPBS</li><li>Early Engagement with C&amp;V on how it has a local representative voice.</li><li>Agree TOR including collective decision making and reporting arrangements</li><li>Recruit 8a Project Lead positions identified in MHS Funding Plan and communicate clearly where this additional resource sits</li><li>Agree support arrangements including OD inputs and activities necessary to create strong collective leadership of mental health services</li><li>Establish fully functioning 5 Area Collaboratives</li><li>Induction, training and support for collaborative members</li><li>Agree Annual plans of work</li></ul>	<ul style="list-style-type: none"><li>Agreed TOR</li><li>Agreed processes that will support the development and delivery of AIPBs plans of work that will deliver a standardised Regional MHS</li><li>Training and support plan for members agreed</li><li>Reporting arrangements agreed</li></ul>	SAP co-chairs Head CB Directors / Assistant Directors of Mental Health Service User Consultant DoH SPPG HR Steering Group/SAP	<ul style="list-style-type: none"><li>Engagement with stakeholders to enhance understanding of the role and function of AIPBs</li><li>Review current arrangements in each Trust area to build on existing good relationships</li><li>Agreed TOR</li><li>Agreed support and accountability arrangements</li></ul>	<ul style="list-style-type: none"><li>Clearly agreed communication processes between CB – AMHC and ICS AIPBs</li><li>AIPBs established</li><li>Review of progress and working arrangement</li></ul>	<ul style="list-style-type: none"><li>Continuing support within the structure from SPPG/ Trusts/ PC and all key stakeholders</li></ul>	
Assumptions	Internal Factors				External Factors			
<ul style="list-style-type: none"><li>Strategic support for the creation of Area Mental Health Collaboratives</li><li>There will be capacity for the 8A Project lead positions identified in the MHS Funding Plan to prioritise this work</li></ul>	<ul style="list-style-type: none"><li>Ensuring clarity on the role and scope of AMHC and how they connect and report within the RMHS and the ICS</li><li>Agreement on accountability and reporting arrangements</li><li>Agreement on the role of the additional 8a Project leads funded within MHS</li></ul>				<ul style="list-style-type: none"><li>Need to prepare the way with key stakeholders – including local communication arrangements with C&amp;V sector</li><li>Need to attract people who have the competence and confidence to contribute to the work of the AMHCs</li><li>Arrangements for Area Collaboratives to work with other key partners such as NIHE, PSNI, Local Councils etc</li><li>Consideration of information sharing arrangements across organisations through Open Application Programming Interfaces to support joint working</li></ul>			

### Action 10. Area Collaboratives to develop a bank arrangement for people with lived experience and mental health carers.

Context	Inputs	Outputs		Who	Outcomes		
The Mental Health Strategy has meaningful and effective co-production and co-design as a core principle. This will be maintained in the arrangements for the Area Mental Health Collaboratives to have a bank of people with lived experience and mental health carers who have been supported through training and support which will enable them to effectively contribute to the design, delivery and evaluation of services.					Implementation		Intervention
					Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 31 <sup>st</sup> March 2025	Up to 2 years March 2027	By 2029
<ul style="list-style-type: none"><li>SAP Co-Chairs to develop and agree with Area Collaboratives DoH/SPPG bank arrangements for PWLE and carers</li><li>Training and support arrangements to be agreed</li></ul>	<ul style="list-style-type: none"><li>SAP Co-Chairs Leads &amp; AMHC representatives and TRUST HR input</li><li>Regional SU Consultant</li><li>Service User Consultants</li></ul>	<ul style="list-style-type: none"><li>Engagement aimed to ensure clarity as to the purpose, scope and function of the banks</li><li>Agree JD /Specification and remuneration</li><li>Engage with HRs (TBI) on the bank position description</li><li>Identify and agree/ Develop training and support arrangements fit for purpose</li><li>Be clear about remuneration arrangements</li></ul>	<ul style="list-style-type: none"><li>Bank position description and specification</li><li>Clarity on remuneration / pay</li><li>Good interest from capable candidates</li><li>Recruitment processes agreed and implemented</li><li>Training and support agreed</li></ul>	<div>SAP co-chairs Area Collaborative Service User Consultants</div> <div>Head CB will oversee</div> <div>HR Steering Group/SAP</div>	<ul style="list-style-type: none"><li>Review Capacity building programmes and share best practice across all Trust areas</li><li>Develop Regional JDs for these posts</li></ul>	<ul style="list-style-type: none"><li>Bank conditions agreed and Expression of Interest (EOI) distributed within AMHC</li><li>Support and training plans agreed and available</li></ul>	<ul style="list-style-type: none"><li>Continuing support within the Area MH Collaboratives</li></ul>
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"><li>Trust HR resources will support the completion of this action</li><li>Co-production continues to be a fundamental value in the establishment and running of RMHS</li></ul>	<ul style="list-style-type: none"><li>Ensuring clarity of these bank positions</li><li>Agreement on accountability and what/what not accountable for</li><li>Agreement on terms and conditions of bank and how PWLE and carers will be identified to be engaged on projects of the AMHC</li></ul>				<ul style="list-style-type: none"><li>Reference communications strategy</li><li>Need to attract individuals who have or who can gain the confidence and competence to represent service user / care experience in projects.</li></ul>		

## Action 12. Create a Regional Service User Consultant(s) role as part of the RMHS Collaborative Board

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
<p>This position is critical to ensuring the voice of PWLE influence the discussion and decision making at the CB. The Regional SU Consultant will work closely with the Trust Area SU Consultants and the newly formed PWLE Forum (Action 13) to ensure the information and experience across the service user groups is harnessed to influence the work of the CB and the RMHS. The post holder needs to have the confidence of People with Lived Experience and representative Groups</p>	What we Invest	What we will do	Outputs	Who	By November 30 <sup>th</sup> 2024	Up to 2 years March 2027	By 2029
	<ul style="list-style-type: none"> <li>SAP Co-Chairs &amp; DoH and SPPG staff time</li> <li>HR input and appropriate matching</li> <li>Setting up stakeholder engagement to attract suitable applicants to the post</li> <li>Actions to promote post widely to ensure wide interest</li> </ul>	<ul style="list-style-type: none"> <li>Engagement aimed to ensure clarity as to the purpose, scope and function of this position.</li> <li>Agree JD /Specification and banding</li> <li>Engage with HRs (TBI) on the wording and the grading of the position</li> <li>Identify office supports and other administrative arrangements</li> <li>Agree a recruitment process including communications to encourage wide interest amongst potential applicants</li> <li>Agree composition of recruitment panel (wider interests)</li> <li>Selection and recruitment processes</li> <li>Induction and support for successful candidate</li> <li>Agree how Regional Consultant can assist PCC in establishing PWLE Forum</li> <li>Agree how this Regional SU will link with the Recovery College Network</li> </ul>	<ul style="list-style-type: none"> <li>Job description and specification</li> <li>Clarity on grading</li> <li>Good interest from capable candidates</li> <li>Recruitment processes agreed and implemented</li> <li>Office and other requirements identified and secured</li> <li>Initial support for postholder</li> </ul>	<p>SAP co-chairs Head CB DoH SPPG HR Steering Group/SAP</p>	<ul style="list-style-type: none"> <li>Post to be recruited as a priority</li> </ul>	<ul style="list-style-type: none"> <li>Initial enhanced support in establishing key initial elements of structures and supporting OD functions</li> </ul>	<ul style="list-style-type: none"> <li>Continuing support within the structure from Collaborative Board and SPPG</li> </ul>
Action							
<ul style="list-style-type: none"> <li>SAP Co-Chairs to develop and agree with DoH/SPPG and representative groups / individuals a Job specification &amp; description for this position.</li> <li>The content of the JD must have support from stakeholders from across the system and should be engaged with through steering group (SAP).</li> <li>Agreement on how the Regional SU will work with Area SU</li> </ul>							
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"> <li>Strategic support for the RMHS &amp; creation of the post</li> <li>SPPG HR resources will support this action</li> <li>Co-production continues to be a fundamental value in the establishment and running of RMHS</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring clarity of this role</li> <li>Agreement on accountability and what/what not accountable for</li> <li>Agreement on relationship with Trust Area Service User Consultants and PWLE Forum and PCC</li> <li>Support arrangements to the post holder in the initial stages of development of the RMHS</li> </ul>				<ul style="list-style-type: none"> <li>Reference communications strategy</li> <li>Need to recruit an individual who has or who can gain the confidence of the wide range of stakeholders in the RMHS</li> </ul>		

**Action 13. Establish a People with Lived Experience forum to act as a point of reference to the RMHS Collaborative Board.  
This forum will be supported by the Patient and Client Council (PCC).**

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
Action	What we Invest	What we will do	Outputs	Who	By 3 <sup>0th</sup> November 2024	Up to 2 years March 2027	By 2029
<p>The Mental Health Strategy has meaningful and effective co-production and co-design as a core principle. This will be maintained in the arrangements for the Regional Mental Health Service through a forum of People with Lived Experience supported by the Patient and Client Council to act as a reference point for the Collaborative Board.</p>	<ul style="list-style-type: none"> <li>SAP co-chairs &amp; DoH and SPPG staff time</li> <li>PCC</li> <li>Head of CB</li> <li>Regional Service User Consultant</li> <li>Trust Area Service User Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Engage with PCC and their PWLE forum to review progress in establishing the forum and agree actions to move this forward</li> <li>Review Service User and Care Council of Governors to identify best practice and learning that can be applied to the NI model</li> <li>Agree how is it chaired and supported</li> <li>Agree TOR</li> <li>Explore how/if this forum can represent service users and carers</li> <li>Agree how the Forum will engage formally with the CB</li> <li>Consider how this forum might relate to other condition or service specific service user &amp; carer forums</li> </ul>	<ul style="list-style-type: none"> <li>Agreed TOR with PCC and PWLE</li> <li>EOI criteria and process agree with PCC</li> <li>Work plan for Forum members and PCC to deliver against</li> <li>Training and support plan for members agreed</li> <li>Reporting arrangements agreed</li> </ul>	<ul style="list-style-type: none"> <li>SAP co-chairs Head CB</li> <li>Regional Service User Consultant</li> <li>DoH</li> <li>SPPG</li> <li>Steering Group/SAP</li> </ul>	<ul style="list-style-type: none"> <li>Engagement with PCC - agreed TOR for Forum</li> <li>Agreed support and accountability arrangements for the Forum including training and induction</li> <li>Clearly agreed communication processes between Head CB / Regional SU Consultant/Forum</li> <li>Expression of Interests sought and forum established</li> <li>Established fully functioning PWLE Forum</li> </ul>	<ul style="list-style-type: none"> <li>Continuing development of the forum including training and support plan developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>Continuing support within the structure from SPPG/ Trusts/ PC and all key stakeholders</li> </ul>
Assumptions		Internal Factors			External Factors		
<ul style="list-style-type: none"> <li>Strategic support for the creation of a People with Lived Experience Forum</li> <li>Experience and capacity and commitment within PCC to support the establishment and functioning of the Forum – newly funded band 6 post within PCC</li> </ul>		<ul style="list-style-type: none"> <li>Ensuring clarity on the role and scope of PWLE Forum and how it connects with the Collaborative Board and the Regional Service User Consultant</li> <li>Agreement on accountability and reporting arrangements</li> </ul>			<ul style="list-style-type: none"> <li>Need to prepare the way with key stakeholders especially Service user Consultants and representative groups and individuals</li> <li>Reference communications strategy</li> <li>Need to attract people who have the competence and confidence to contribute to the work of the Forum</li> </ul>		

**Action 14. Appoint 2 Governance Assurance Facilitators for a 2-year period to lead on developing a RMH mental health Governance Assurance framework.**

Context	Inputs	Outputs		Who	Outcomes		
					Implementation		Intervention
					Short	Medium	Long –Term
What we Invest		What we will do	Outputs	Who	By 31 <sup>st</sup> December 2024	Up to 2 years March 2027	By 2029
Two Governance Assurance Facilitators will be appointed for a 2-year period to work with organisations in the development of a regional mental health assurance framework. This will include developing common systems, agreeing outcomes and objectives for the regional service and agreeing key patient safety indicators and data metrics for DATIX and patient information systems. The Governance Facilitators will sit as part of the Business Unit and support it in its role to collate, analyse and present information	<ul style="list-style-type: none"> <li>SAP co-chairs &amp; DoH and SPPG staff time</li> <li>SPPG HR staff</li> <li>SPPG Governance staff</li> <li>RQIA</li> <li>Head of CB</li> <li>Newly appointed staff into BU</li> <li>Gov Facilitators</li> <li>Trust Directors of Mental Health</li> <li>Primary Care Representatives</li> <li>Representation from key C+V organisations</li> <li>Regional Service User Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Engagement across the key stakeholders to enhance understanding on role and remit of the Gov Facilitators and how they will help regional position and stakeholders in their work</li> <li>Agree JD/Spec</li> <li>Recruit positions (may be via Leadership Centre)</li> <li>Induction and support for successful candidate</li> <li>Establish governance work stream chaired by Business Unit Manager to support collation of performance/Patient Safety info – including provider MH Gov leads and Information Technology</li> <li>Agree co-produced Regional Patient Safety Data sets linking in clearly SAI/Accident/Incidents</li> <li>Agree how the governance leads work will fit with other governance arrangements across the system</li> </ul>	<ul style="list-style-type: none"> <li>Agreed banded JDs/Spec for posts</li> <li>Recruitment processes agreed and implemented</li> <li>Accommodation / structure requirements secured</li> <li>Agreed Terms of Reference for Gov Assurance Work Stream</li> <li>Agreed membership from across stakeholders</li> <li>Project plan agreed to deliver</li> </ul>	<ul style="list-style-type: none"> <li>SAP co-chairs</li> <li>Head CB</li> <li>Business Manager</li> <li>Gov Facilitators</li> <li>DoH</li> <li>SPPG</li> <li>SAP</li> </ul>	<ul style="list-style-type: none"> <li>Agreed JD/Spec</li> <li>Engage with key stakeholders who will be involved in the completion of this work</li> <li>Development of an overall project specification</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment completed and the post holders in position</li> <li>Establish Governance Work stream</li> <li>Work plan / Consultancy plan agreed and timescales for specific actions</li> <li>Agreed DATA sets</li> <li>Components of a RMHS assurance framework agreed and established</li> </ul>	<ul style="list-style-type: none"> <li>Continuing support within the structure from SPPG/ Trusts/ PC and all key stakeholders</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>SAP co-chairs to agree coproduced JD/specs</li> <li>Recruit 2 Governance Facilitators</li> <li>Establish Governance Work stream</li> <li>Development of Terms of Reference of governance work stream</li> <li>Agree work plan</li> </ul>						
<b>Assumptions</b>	<b>Internal Factors</b>				<b>External Factors</b>		
<ul style="list-style-type: none"> <li>Governance Facilitators will have access to all health and social care information systems to enable data collation/comparison across the system.</li> <li>All providers support the function of the common Patient Safety Data Set –</li> <li>DATIX platform used</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring clarity on the role and scope of the BU and the 2 Governance Facilitators and their relationship with Business and Governance Departments across the system</li> <li>Agreement on accountability and what/what not accountable for – understanding that Trusts and other providers remain accountable for their own performance</li> </ul>				<ul style="list-style-type: none"> <li>Need to prepare the way with key stakeholders especially Trusts Ch Exs, GP Feds and C&amp;V sector /RQIA</li> <li>Reference communications strategy</li> <li>Need to recruit people who have the competence and confidence to establish the processes and relations to develop an effective BU that will meet identified outcomes.</li> </ul>		



Action 15 Formalise links between the HSCQI and the Regional TZS Mental Health Patient Safety Collaborative, building upon and developing regional Quality Improvement infrastructure and capacity. & Action 16 Develop and strengthen networks in education, training, research and quality improvement with local academia and with exemplar leaders in Innovation and quality improvement within NHS England mental health Trusts.							
Context	Inputs	Outputs		Who	Outcomes		
The Regional Mental Health Service will pursue excellence through innovation and quality improvement (QI), working with the HSCQI and the proposed centre of excellence for mental health research (MHS Action 35). This work to be informed by links to academia, training, research and centres of mental health excellence elsewhere		What we will do	Outputs	Who	Implementation		Intervention
					Short	Medium	Long –Term
Action	What we Invest				By 31 <sup>st</sup> December 2024	Up to 2 years March 2027	By 2029
<ul style="list-style-type: none"><li>Head of CB, TZS Lead/Lead Director, HSCQI MH lead and Head of HSCQI to agree process of programme alignment and support across regional QI work.</li><li>Mental Health QI work to form part of the C Board’s annual work programme supported through the business unit.</li><li>Contacts &amp; relationships to be established with QI &amp; patient safety high performing NHS Trusts</li></ul>	<ul style="list-style-type: none"><li>Head of CB time to lead on alignment work</li><li>Improvements to Datix to establish regional patient safety outcomes measures.</li><li>Input to Encompass development to support regionally consistent data reporting platform</li><li>Leadership from RMHS/HSCQI and TZS time and effort.</li><li>H&amp;SC system wide resources to support QI work and development of QI leadership and capacity in MH services.</li></ul>	<ul style="list-style-type: none"><li>Develop regional QI infrastructure and capacity through the HSCQI and the Regional TZS Mental Health Patient Safety Collaborative.</li><li>Formalise working across the TZS patient safety Collaborative and the HSCQI programmes</li><li>Establish systems to Identify and agree regional Mental Health QI and patient safety priorities</li><li>Align resources to these priorities and the identification of any additional resource that will be required.</li><li>On-going identification, sharing and celebration of best practice with a focus on data and evidence-based practice.</li><li>Strengthen links with academia and relationships with Mersey Care and East London NSH Foundation Trusts.</li><li>Through M H centre of excellence strengthen links with academia and training bodies re QI work and MH Outcomes.</li><li>Established structures for multidisciplinary training</li></ul>	<ul style="list-style-type: none"><li>Structures to support QI work as part of RMHS</li><li>Training Framework for developing staff capacity and knowledge of Outcomes &amp; QI methods</li><li>Annual work plan of QI projects</li><li>Data driven service improvement</li><li>Spread and Scale of new systems of working.</li><li>Effective working relationships with NHS centres of excellence</li></ul>	<ul style="list-style-type: none"><li>Head of CB</li><li>Regional Leads and Lead Directors HSCQI, TZS</li><li>Head of Business Unit</li><li>Mental Health Research Centre of Excellence</li><li>Governance Facilitators</li><li>Regional Project/Programme lead for Outcomes Framework</li><li>Trust Directors and Clinical leads</li><li>Service Improvement Managers</li><li>PHA Mental Health leads</li></ul>	<ul style="list-style-type: none"><li>Data infrastructure requirements shared with Encompass for establishment on Epic</li><li>Agreement and clarity with Encompass on the process for establishment of the required data infrastructure on Epic system</li><li>Regional Programme of MH QI works</li><li>Agree arrangements for Regional TZS to report into Collaborative Board</li></ul>	<ul style="list-style-type: none"><li>Agreed Working arrangements for Regional MH QI work</li><li>Datix System and common data sets agreed and reporting available</li><li>N Ireland QI work linked into NHS England MH centres of excellence and QI networks.</li><li>Building relationships with current MH research capacity – e.g. IMPACT &amp; Bamford Centre</li><li>Reports on QI projects as element of RMHS reports</li><li>Develop MD training with key providers</li></ul>	<ul style="list-style-type: none"><li>Established programme of QI work reflecting learning from Regional Patient Safety and Regional Outcomes reporting</li><li>Spread and Scale plans for evidence-based service improvements</li><li>MH research Centre of Excellence informing and supporting regional QI work</li><li>QI and Outcomes part of training curriculum</li><li>Excellence in mental health practice is identified, shared and celebrated (NICON events?).</li></ul>
Assumptions	Internal Factors				External Factors		
<ul style="list-style-type: none"><li>Regional alignment of Datix is achieved</li><li>Encompass provides robust data for QI work</li><li>HSCQI continues to be supported in H&amp;SC.</li><li>MH Centre of excellence will be funded.</li></ul>	<ul style="list-style-type: none"><li>The endorsement of the HSCQI Leadership Alliance in this working</li><li>Ensuring IT system builds, provide the capacity to collect robust and consistent data on mental health services quality and patient safety through the Epic and Datix systems</li><li>Ensuring co-design and co-production involving in particular the perspectives of lived experience is central to QI work</li><li>Developing capacity to work across service delivery sectors as evidenced in TZS</li><li>MH Service support to MH staff and others who are motivated to show leadership in driving service improvement.</li></ul>				<ul style="list-style-type: none"><li>Capacity to build relationships with Centres and networks of MH excellence in NHS England and elsewhere</li><li>Development of NHS Benchmarking and capacity to inform and identify areas or issues for service improvement.</li></ul>		

## 6. Communications and Engagement Plan 2022 onwards

### Background

The Regional Mental Health Service arrangements envisage collective leadership and collaborative working across the diverse organisations delivering mental health services across Northern Ireland. This Communications and Engagement Plan has been developed to support full engagement and appropriate information sharing across these key stakeholders in the implementation of the actions agreed to establish a regional mental health service. It summarises the actions and processes that will support communications and engagement with all key stakeholders as an essential element to the implementation of the 16 actions set out in From Silos to Systems Report. It will continue to be subject to review and revision as implementation on the arrangements for the Regional Mental Health Service progresses.

### Aims and Objectives

This aim of the communications plan is to ensure that all key stakeholders are engaged and communicated with on progress and issues in implementing the agreed actions to establish a regional mental health service. This will be supported through a monthly newsletter issued through the Collaborative Board.

The objectives of this plan are to:

- ensure a consistent approach to communications and engagements in relation to progress against the approved actions necessary for full implementation of a Regional Mental Health Service,
- coordinate communications activities via SAP / Collaborative Board once its established,
- use appropriate forums and groups across mental health services to target relevant engagement and communications,
- provide consistent messages to stakeholders that can be shared within their organisation.



## Co-Production and Involvement Processes Supporting the development of From Silos to Systems

In line with the Mental Health Strategy co-design and co-production principles (appendix 3) co -production with stakeholders including people with lived experience as service users and as carers was central to the development of the From Silos to Systems Report and Actions. This included involvement across project structures comprising the project steering group and the work streams established to develop the proposed way forward for establishing a Regional Mental Health Service. Two virtual engagement events with people with lived experience further informed proposals through use of their expertise to shape the vision and recommended actions.

To support ongoing co-production, People with Lived Experience as service users and carers will participate on all groups and have the appropriate information and papers to enable them to engage as fully as possible. Chairs of these groups have a responsibility to facilitate engagement and explain what we mean by co-production in simple terms

### Engagement with Third Sector

DoH are working directly Community and Voluntary Organisation Representatives to explore how we can enhance their capacity to contribute to the implementation of the Mental Health Strategy Actions including the establishment of the Regional Mental Health Service, harnessing their expertise and varied contribution across a wide range of mental health service user groups

### Communication & Engagement Action Plan

Audience	Action	Lead	Timeframe	Outcome
<b>People with Lived Experience (PWLE) as Service Users and Mental Health Carers</b>				
<b>Regional PWLE forum</b>	Initial meetings to provide a brief and update and clarification on their role in the delivery of a RMHS	PCC organising SAP co-chairs	March 2023, ongoing	Informed and engaged PWLE Forum

	Monthly Meeting  Bimonthly newsletter	Regional SU Consultant initially supported by SAP co-chairs	Summer 2024	Quarterly PCC report detailing PWLE input / comments on CB and all work stream progress/ recommendations.
<b>Regional PWLE wider engagement</b>	Host 2 virtual engagement events, focusing on implementation plan.	PCC  DoH Content	By September 2023, ongoing	Opportunity to share implementation plan and get feedback
<b>Stakeholder organisations - SPPG/PHA Trusts, Primary Care, C&amp;V</b>				
<b>SPPG/PHA</b>	Stakeholder events for co-production of Implementation Plan  PHA Board	DoH SPPG SAP Co-Chairs  SAP Co-Chairs	August 2022 May 2023  summer/Autumn 2024	Co-design of implementation plan  Share proposals and implementation plan
<b>Chief Executive Forum</b>	Meeting to share approved -- RMHS Paper  Implementation plan  Implementation support structures Bi monthly newsletter	DoH SPPG  SAP  co-chairs Head CB	Initial engagement March 23; follow up engagement Summer 2024	Informed C Ex who are committed to delivering the RMHS
<b>Primary Care</b>	Meeting with GP Federation Leads to share approved -- RMHS Paper		Autumn 24	Informed Primary Care staff who are committed to delivering the RMHS

	Implementation plan			
	Implementation support structures			
	Bi Monthly newsletter			
<b>Trusts</b>	Meeting separately with each Trust to	DoH	By September 2023	Informed Trust staff who are committed to delivering the RMHS
<b>Trust SMTS</b>	Share approved –	SPPG		SHSCT SMT Jan 2023
	RMHS Paper	SAP		
<b>Directors of Mental Health</b>	Implementation plan	co-chairs		
	Implementation support structures	Head CB		
<b>Trust MH SMTS</b>	Monthly meeting over next 2 years		Commence March 2024	
	Bi Monthly newsletter	Leads of each work stream		
<b>Mental health Community &amp; Voluntary Organisations</b>	Virtual Meeting to Share approved –	DoH	September 23/ March 24, ongoing	
	RMHS Paper	SPPG		
	Implementation plan	SAP		
	Implementation support structures	co-chairs		
	Monthly meeting over next 2 years	Head CB		
	Monthly newsletter			

		Leads of each work stream with co-chairs		
<b>SAP group Members / Collaborative Board when established</b>	Current Progress against actions  Issues / thinking to date	DoH SAP Chairs Head CB	From September 23	
<b>HSC Staff and Professional Groups</b>				
<b>HSC Frontline staff</b>	Host webinar to provide a high-level overview of process, current thinking and next steps.  Consider a short video for website.  Bi-monthly newsletter through organisations	DoH SAP Chairs Head CB	From summer 24	Informed and engaged workforce, opportunity to identify staff issues and concerns and address these / agree how these will be addressed
<b>Professional groups RCPsy BASW</b>	Host webinar / meeting to provide a high-level overview of process, current thinking and next steps.	DoH SAP Chairs Head CB	May/June 24	Informed and engaged staff
<b>Staff side</b>		DoH	TBC	

	Do presentation at DOH regular meetings with staff side reps  Bi-monthly newsletter	SAP Chairs Head CB  Leads of each work stream with co-chairs		Informed and engaged Union, opportunity to identify issues and concerns and consider these
<b>All party group</b>	Develop a brief and presentation.	DoH  SAP co-chairs  Head CB	May 2024	Keep informed.

## Regional Mental Health Service Implementation Plan – High Level Project Plan

Establishment of Regional Mental Health Service - High Level Project Plan			Quarter / Year											
			Year 0 23/24	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29						
1	Form RMHS Establishment Oversight Group													
1.1	Setting up and Operation of Oversight Group	DoH/SPPG/CoChairs												
2	Communications and Engagement with stakeholders													
2.1	Initial Communications and Engagement Events/Meetings SPPG/PHA/Trusts teams	MHU /SPPG/CoChairs												
2.2	Engagement meetings PCC re PWLE Forum	SPPG/CoChairs												
2.3	Initial PWLE forum meeting & Quarterly Meetings	SPPG/CoChairs												
2.4	HSC Frontline Staff Virtual Events	SPPG/CoChairs												
2.5	Virtual Engagement Events PWLE/C+V	SPPG/CoChairs												
2.6	Professional bodies/GPs/ & Staff Side Virtual Events	SPPG/CoChairs												
2.7	Wider Engagements e.g. APG Mental Health	MHU /SPPG/CoChairs												
3	Establishment of Collaborative Board structures													
3.1	Appoint Head of the Regional Mental Health Service	SPPG/CoChairs												
3.2	Recruit Staff and establish Business Unit	SPPG/CoChairs												
3.3	Recruit Regional Service User Consultant	Head RMHS/ SPPG/CoChairs												
3.4	Establish Collaborative Board	Head of RMHS/ SPPG/CoChairs												
3.5	Collaborative board monthly meetings	Head RMHS/ SPPG/CoChairs												

Establishment of Regional Mental Health Service - High Level Project Plan																			
		Quarter / Year																	
		Year 0 23/24	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29												
4	Regional Governance Workstream																		
4.1	Engage with key stakeholders and develop project specification																		
4.2	Recruit Governance Facilitator Posts & Establish Governance Workstream																		
4.3	Develop & Implement Regional Governance Framework																		
5	HR Organisational Development																		
5.1	Scope OD workstream with Trust OD lead(s)																		
5.2	Recruit Staff and establish OD support arrangements																		
5.3	Support OD development of cultural change																		
5.4	Continuing programme of OD support																		
6	Care Networks																		
6.1	Establish Care Network work stream with Terms of Reference																		
6.2	Engage with current care networks re implementing regional ToRs																		
6.3	11 new care/managed care networks established																		
6.4	Establish & implement programmes for regional consistency																		
7	Area Collaboratives																		
7.1	Initial engagement and scoping with key stakeholders																		
7.2	Agreed Tor and Workplan																		
7.3	Workstream Groups established																		
7.4	5 Area Collaboratives established & yearly reviews																		
7.5	Establish Bank arrangements for co-production																		

### Establishment of Regional Mental Health Service - High Level Project Plan

			Quarter / Year															
			Year 0 23/24	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29										
8	Review of C&Y Contracts																	
8.1	Scope and Establish workstream - Appoint Project Lead		PHA/SPPG															
8.2	Complete Review and Recommendations made																	
8.3	Implementation of agreed actions & ongoing review																	
9	Recovery College - Peer support Worker																	
9.1	Establish Recovery College and Peer support workstreams with agreed TOR and workplan		Head RMHS/SPPG/Directors of MH															
9.2	Develop regionally agreed models for Recovery Colleges & Peer support																	
9.3	Implement Arrangements for RC & Peer Support																	
10	Establishment of Local MH Care Arrangements																	
10.1	Seek expressions of interest from 2 Gp Feds		Head RMHS/Directors of MH															
10.2	Establish Workstream and agree test localities																	
10.3	Review learning and actions & make spread & scale recommendations																	
10.4	Spread and Scale Regionally																	
11	Development and Implementation of QI and QA arrangements																	
11.1	Establish Workstream		Head of Business Unit/Head RMHS Board U															
11.2	Implement Arrangements for programme development and implementation																	
12	High Level Implementation of the Regional Outcomes Framework																	
12.1	Recruitment of Regional Programme Implementation lead		Regional Programme Implementation Lead/Head of Business Unit/ PMSID/ SPPG MH Prof lead															
12.2	Recruitment of Trust Outcomes leads																	
12.3	Assurance of Outcome Measures																	
12.4	Development of Basic Metric Template Reporting on Encompass																	
12.5	Basic Metrics Reporting by Trust					ET/BT/NT	ST/wT											
12.6	SU & Carer Experience Outcome Measures embedded on Encompass																	
12.7	Embedding Outcome Measures in the encompass system																	
12.8	Clinical networks identifying outcomes measures and op.procedures																	
12.9	Trust Outcome leads supporting SU & C Experience Outcome Measures																	
12.10	Trust Outcome leads supporting MH Teams Outcome Measure Use																	
12.11	Business Intelligence Reporting Established on Encompass																	
12.12	Initial Test OBA Reporting SET																	
12.13	Regional OBA Reporting																	





**DoH**

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Working together



Excellence



Openness & Honesty



Compassion

**HSC Values**

# Appendices

### **Regional Mental Health Service Establishment Oversight Group Membership**

Head of Regional Mental Health Service  
Head of Business Unit (when appointed)  
DoH Rep  
Asst Director Mental Health SPPG  
PHA MH Lead  
Trust Directors Mental Health (2-3 to be agreed)  
C&V Rep (1-2 to be agreed)  
Service User Consultant  
SAP Co-Chairs  
HR/OD representative

## Appendix 2

### **RMHS Action Plan Stakeholder Engagement Event– 30 August 2022**

#### **Attendees**

Oscar Donnelly SAP Co-Chair

Phil Hughes SAP Co-Chair

Peter Beattie MHU DOH

Claire Wright MHU DOH

Catherine Cassidy SPPG

Martina McCafferty SPPG

Julie Haslett SPPG

Moirá Kearney BHSCT

Julia Lewis BHSCT

Martin Daly SU Consultant BHSCT

Petra Corr NHSCT

Jacqui Armstrong NHSCT

Margaret O’Kane SEHSCT

Jan McGall SHSCT

Lara Sutton SU Consultant SHSCT

Joe Walker SHSCT

John Doherty WHSCT

Anne Doherty Mindwise

Alex Bunting Inspire Wellbeing

Audrey Allen Action Mental Health

Grainne Bonar GP Fed Lead DOH

Pauline Campbell, Dunlewey

Anne Marie McClure Start 360

Apologies – Stephen Beattie PHA

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## ***MENTAL HEALTH STRATEGY 2021 – 31-***

### ***CO-DESIGN AND CO-PRODUCTION PRINCIPLES***

***We recognise and value the contribution and experience of all stakeholders including, but not limited to: carers, families, services users, people with lived experience, professional bodies, those working in an HSC setting, academia, other government Departments, community and voluntary sector organisations***

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***We create space to bring together different and representative perspectives and to let people be heard***

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***We view all participants as experts and their input is valued and has equal standing***

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***We harness the efforts and work of all people and organisations who have something to contribute***

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***We embrace and respect diversity and difference  
and learn from it***

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*We identify issues as a means to finding solutions and improvements, rather than barriers to progress*

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