

**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 1</b>	<b>Recommendation:</b>

**Chapter 1 Listening to what we heard: Consultation with service users, carers and providers** The principles and values described here and underpinning this policy should be reflected in all mental health service planning and delivery

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>	<b>X</b>	<b>Partially implemented</b>		<b>Not yet commenced</b>	
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Please tick

**Please provide supporting factual Information**

The Vision for Change HSE West Steering Group is held on a monthly basis by way of meetings or teleconference. The membership of the group reflects the multidisciplinary ethos described in "Vision" and includes active participation at this forum of representatives from service users, carers, advocacy & service providers. Terms of reference of this group is attached.

The group since its inception has focused on the VfC key deliverables for 2008/9 identified nationally.

**Reason for partial completion / not yet**

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**Completion Date: 28<sup>th</sup> February 2008**

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**Revised Timescale**

(commencement and completion dates):

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**Please share the key learning points which have evolved in the implementation of this recommendation**

Excellent communication forum.
Regional response to "Vision" recommendations.
Positive Service User, carer, advocacy & service provider input and feedback.
Excellent forum to share good practice and learning.
Excellent peer support established within the group since its inception.
Reflects the ethos of regional structures outlined in "Vision".

**Recommend key issues for the consideration of the Independent Monitoring Group**

These groups should now be reviewed nationally in the context of emerging Executive Clinical Directorates.
For example, members of the group should now reconfigure to ECDs X 3 (for the West), Nursing X 1, Psychology X 1, Social Work X 1, Occupational Therapy X 1, Service User/Carer X 1, Advocacy X 1 & Management X1.
These should be seen as the regional driving force for the implementation of "Vision" with the LHMs (or Integrated Service Managers when they come on line) and ECDs as being ultimately responsible for implementation.

**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 3</b>	<b>Recommendation: 3.1</b>

**Chapter 3 - Partnership in care: Service users and carers**  
 Service Users and carers should participate at all levels of the mental health system.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>	<b>X</b>	<b>Not yet commenced</b>	
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Please tick

**Please provide supporting factual information**

Service Users/Carers are involved in 80% of Catchment Management Teams in the West work is in progress within the West to insure 100% involvement by Q4 2010.
Service Users/Carers are involved in the Leadership cooperative learning programme in DCU and provide training and support services in Donegal, Mayo, Clare, Limerick & North Tipperary.

**Reason for partial completion / not yet**

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<b>Completion Date: December 2010</b>	
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<b>Revised Timescale</b> (commencement and completion dates):	
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**Please share the key learning points which have evolved in the implementation of this recommendation**

HSE West VfC Steering Group has enjoyed the benefits of Service User/Carer and indeed advocacy input especially in this current climate of cost containment by ensuring the service user is kept at the centre of all proposed developments.
Service Users/Carers and staff that have completed the "Leadership Programme" provided by DCU have engaged positively in Mental Health Developments locally in the West.

**Recommend key issues for the consideration of the Independent Monitoring Group**

Executive Clinical Directorates should prioritise and support service users, carers and staff to attend the leadership programme.

**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 20/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.1</b>	<b>Recommendation: 15.1.1</b>

**Chapter 15.1 - Special categories of service provision: Forensic mental health services**

Every person with serious mental health problems coming into contact with the forensic system should be accorded the right of mental health care in the non-forensic mental health services unless there are cogent and legal reasons why this should not be done. Where mental health services are delivered in the context of prison, they should be person-centred, recovery oriented and based on evolved and integrated care plans.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	<b>X</b>
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Please tick

**Please provide supporting factual Information**

The HSE West is currently establishing a sub group to review the recommendations set out in "Vision" as well as proposals made by Dr. Harry Kennedy, ECD of National Forensic Services in the context of regional forensic mental health services for the West.


**Reason for partial completion / not yet**

Awaiting national guidance and direction in relation to forensic services.

**Completion Date:** \_\_\_\_\_

**Revised Timescale**  
(commencement and completion dates): \_\_\_\_\_

**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.1</b>	<b>Recommendation: 15.1.2</b>

**Chapter 15.1 - Special categories of service provision: Forensic mental health services**

FMHS should be expanded and reconfigured so as to provide court diversion services and legislation should be devised to allow this to take place.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	<b>X</b>
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Please tick

**Please provide supporting factual information**

See above under 15.1.2

**Reason for partial completion / not yet**


**Completion Date:**

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**Revised Timescale**

(commencement and completion dates):

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**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.1</b>	<b>Recommendation: 15.1.3</b>

**Chapter 15.1 - Special categories of service provision: Forensic mental health services**

Four additional multidisciplinary, community-based forensic mental health teams should be provided nationally on the basis of one per HSE region.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	<b>X</b>
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Please tick

**Please provide supporting factual Information**

See above under 15.1.2

**Reason for partial completion / not yet**


**Completion Date:**

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**Revised Timescale**

(commencement and completion dates):

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**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.2</b>	<b>Recommendation: 15.2.5</b>

**Chapter 15.2 Mental health services for homeless people**

The CMHT team with responsibility and accountability for the homeless population in each catchment area should be clearly identified. Ideally this CMHT should be equipped to offer assertive outreach. Two multidisciplinary, community-based teams should be provided, one in North Dublin and one in South Dublin, to provide a mental health service to the homeless population.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	<b>X</b>

Please tick

**Please provide supporting factual Information**

These developments will be subject to resource availability.
However, currently there is a dedicated CMHN attached to the homeless person centre in Limerick.
In Galway the Simon Community have a CMHN in place who deals with the Mental Health issues of homeless persons here in Galway city. He liaises and works with the West Galway Mental Health Services as well as the Homeless Agencies in the city.

**Reason for partial completion / not yet**


**Completion Date:**

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**Revised Timescale**

*(commencement and completion dates):*

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**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.4</b>	<b>Recommendation: 15.4.6</b>

**Chapter 15.4 Mental health services for people with eating disorders**

There should be four specialist multidisciplinary teams providing specialist in-patient, outpatient and outreach services for eating disorders; one team per HSE region. These teams should link closely with local adult CMHTs to ensure continuity of care.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	<b>X</b>
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Please tick

**Please provide supporting factual Information**

This service will be developed as resources permit. However referrals for services are available within CAMHs and Adult Services.

**Reason for partial completion / not yet**


**Completion Date:**

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**Revised Timescale**

*(commencement and completion dates):*

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**Please share the key learning points which have evolved in the implementation of this recommendation**

The HSE areas of the CAWT region (Donegal, Sligo/Leitrim, Cavan, Monaghan & Louth) have commenced a 3year project to develop an eating disorder network in conjunction with our Northern Counterparts.

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**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.4</b>	<b>Recommendation: 15.4.7</b>

**Chapter 15.4 Mental health services for people with eating disorders**  
 Each team should manage an eating disorder sub-unit in a regional general hospital mental health unit. These subunits should have six beds each, thereby contributing 24 public ED beds nationally.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	
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Please tick

**Please provide supporting factual Information**

This service will be developed as resources permit. However specialist services are available within CAMHs and Adult Services.

**Reason for partial completion / not yet**


<b>Completion Date:</b>	
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<b>Revised Timescale</b> (commencement and completion dates):	
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**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

<b>Signed</b>	<b>Title</b>	<b>Date: 29/01/10</b>
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**Vision for Change Independent Monitoring Group Report for Jan 2010**

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 15.4</b>	<b>Recommendation: 15.4.8</b>

**Chapter 15.4 Mental health services for people with eating disorders**

The four specialised multidisciplinary adult teams, and the national team for children and adolescents, should provide community-based consultation, advice and support to all agencies in their area.

**Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>		<b>Not yet commenced</b>	
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Please tick

**Please provide supporting factual information**

This service will be developed as resources permit. However specialist services are available within CAMHs and Adult Services


**Reason for partial completion / not yet**


**Completion Date:**

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**Revised Timescale**

(commencement and completion dates):

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**Please share the key learning points which have evolved in the implementation of this recommendation**


**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

**Signed**

**Title**

**Date: 29/01/10**

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## Vision for Change Independent Monitoring Group Report for Jan 2010

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 16</b>	<b>Recommendation: 16.1</b>

### Chapter 16 - Management and organisation of mental health services

Mental Health Catchment Areas should be established with populations of between 250,000 and 400,000 with realigned catchment boundaries to take into account current social and demographic realities. These catchment areas should be coterminous with local health office areas and the new regional health areas. They should take into account the location of acute psychiatric in-patient units in general hospitals.

### Recommendation Completion in this Area (Tick Box)

<b>Fully Implemented</b>	<input type="checkbox"/>	<b>Partially implemented</b>	<input checked="" type="checkbox"/>	<b>Not yet commenced</b>	<input type="checkbox"/>
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Please tick

### Please provide supporting factual information

The HSE West has been reorganised into Executive Clinical Directorates as follows:	
• <b>NW:</b> Donegal/Sligo/Leitrim	<b>Total population: 238,297</b>
• <b>West:</b> Galway/Roscommon/Mayo	<b>Total Population: 414,277</b>
• <b>Mid West:</b> Limerick/Clare/North Tipperary	<b>Total Population: 361,028</b>
• <b>Total Population HSE West:</b>	<b>1,013,622</b>

### Reason for partial completion / not yet

Executive Clinical Directors are in place although no support systems have been established.
Delay in realigning catchment boundaries.
Current industrial unrest with transformation process

<b>Completion Date:</b> 31/12/10	
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<b>Revised Timescale</b> (commencement and completion dates):	
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### Please share the key learning points which have evolved in the implementation of this recommendation

Need national direction to establish supports for the Executive Clinical Directors by way of an Executive team as described in "Vision".
Importance of changing "hearts and minds" focusing on new extended catchment areas and true working as a MDT.
Important to include all stakeholders in the process.
The challenges of Managing Change in the current financial climate.
Crucial that all Executive Clinical Directors take an active lead in this development.

### Recommend key issues for the consideration of the Independent Monitoring Group

National guidance on establishing Executive Clinical Directorates and how members are assigned to same.
Training in effective team working for developing ECDs and CMHTs.
Maintain a local, regional and national "issues log" throughout development and a forum where these issues are addressed and communicated.

**Thank You**

	<b>Date: 29/01/10</b>
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## Vision for Change Independent Monitoring Group Report for Jan 2010

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 19</b>	<b>Recommendation: 19.3</b>

### Chapter 19 - Mental health information and research

Measures should be put in place to collect data on community-based mental health services.

#### **Recommendation Completion in this Area (Tick Box)**

<b>Fully Implemented</b>		<b>Partially implemented</b>	<b>X</b>	<b>Not yet commenced</b>	

Please tick

#### **Please provide supporting factual Information**

Suite of data for collection in 2010 agreed as part of the national process.
Consultation process has been developed in relation to the proposed minimum data set between MHC, HSE, DOHC & HRB
Collection of Minimum Data to inform service plans.
HSE minimum data set agreed.
Include Minimum data set in National Service Plan 2010.

#### **Reason for partial completion / not yet**

Further work and consultation required for CMHTs. This is being let out nationally by Dr. Ian Daly & Martin Rogan in consultation with the National Strategic Management Group for MH.

**Completion Date: March 2010**

#### **Revised Timescale**

(commencement and completion dates):

#### **Please share the key learning points which have evolved in the implementation of this recommendation**


#### **Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

		<b>Date: 29/01/10</b>
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## Vision for Change Independent Monitoring Group Report for Jan 2010

<b>Regional Recommendations</b>	
<b>HSE REGION</b>	Catchment: <b>HSE West</b>
<b>Date</b>	Completed by;
<b>Chapter 20</b>	<b>Recommendation: 20.</b>

### Chapter 20 - Transition and transformation: Making it happen

The first steps that should be taken to implement this policy include the management and organisational changes recommended in Chapter 16 and the provision of training and resources for change

### Recommendation Completion in this Area (Tick Box)

<b>Fully Implemented</b>		<b>Partially implemented</b>	<b>X</b>	<b>Not yet commenced</b>	
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Please tick

### Please provide supporting factual Information

Mental Health Catchment Areas have been established in the HSE West and Executive Clinical Directors appointed.
Proof of Concept of the WISDOM ICT Project in Donegal will be completed and evaluated in 2010.
CMHTs are reorganising within extended catchment areas to reflect population sizes outlined in "Vision" and also taking into account PCT and HSCN developments.
Mental Health Professionals are involved in the development of Primary Care Teams within the HSE West.
Closure Plans and closure time frames for the remaining longstay facilities in the West have been established. See attached.
Service Users are involved in the development of MH services in the West.

### Reason for partial completion / not yet

Mental Health Services have engaged positively over the last five years to the changes experienced through the following (1) Transition from Health Boards to the HSE (2) Introduction of the MHA 2001/8, Criminal Insanity Act, Child Care and Disability Acts (3) Vision for Change Strategy (4) HSE Transformation Programme. However, so many changes for both staff and service users have resulted in delays in the overall implementation of VfC.
Caution by staff representative bodies in negotiating change with management due to the current climate of reconfiguration and cost containment.
Lack of training in relation to the benefits of multidisciplinary team working.

<b>Completion Date:</b>	
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<b>Revised Timescale</b> (commencement and completion dates):	
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### Please share the key learning points which have evolved in the implementation of this recommendation

Service Users/Carers and advocacy reps need to be involved at all stages of service development.
Representatives from all disciplines need to be involved at all stages of development.
True understanding of multidisciplinary team working is lacking throughout the service.
Staffing groups tend to remain in "professional silos".

**Recommend key issues for the consideration of the Independent Monitoring Group**

Circulate national guidance document on CMHT development. Refer to other guidance documents issued by the MHC in this regard.
All stakeholders are responsible for implementation of "Vision". However, National, Regional and local structures identified in the VFC Implementation 2009 – 2010 need to be established.
Establish a training programme to be rolled out in each region in respect to multidisciplinary team working.
Identify leaders within each region who are willing to champion CMHT development as outlined in "Vision".

**Thank You**

	<b>Date: 29/01/10</b>
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