

# Appendices

## Appendix 1: Members of the National Steering Group

David Gaskin	Chair, Local Health Manager Meath & Lead Local Health Manager Mental Health Services, HSE Dublin North East
Declan Mangan	Project Leader & Assistant Director of Nursing – Louth/Meath Mental Health Services, HSE Dublin North East
Martin Rogan	HSE Assistant National Director - Mental Health Services
John Redican	CEO, Irish Advocacy Network
Stephen Mulvany	HSE Assistant National Director – Finance
<i>Replaced by:</i>	Joe Sheeky, HSE Assistant National Director – Finance
Ena Lavelle	Consultant Psychiatrist (Rehabilitation), St Ita’s Hospital, Portrane.
Dora Hennessy	Principal Officer, Department of Health and Children, with Responsibility for Mental Health
Conor Kerlin	Principal Officer, Performance Evaluation Unit, Department of Health and Children
<i>Replaced by:</i>	Tracey Conroy, Principal Officer, Performance Evaluation Unit, Department of Health and Children
Eddie O Reilly	Assistant Principal Officer, Finance Unit, Department of Health & Children
<i>Replaced by:</i>	Nuala O’Reilly, Assistant Principal Officer, Finance Unit, Department of Health & Children.
David Byrne	Assistant Principal Officer, Performance Evaluation Unit, Department of Health and Children
<i>Replaced by:</i>	Tony Flynn, Assistant Principal Officer, Performance Evaluation Unit, Department of Health and Children
Patricia Purtill	Principal Officer, Sectoral Policy Division, Department of Finance
Breda Rafter	Assistant Principal Officer, Department of Finance
Barry O’Brien	Assistant Principal Officer, Department of Finance

### **Project Group: Service Objectives**

Declan Mangan: Project Leader & Assistant Director of Nursing Louth Meath Mental Health Service

John Redican: CEO, Irish Advocacy Network

Martin Rogan: HSE Assistant National Director - Mental Health

Ena Lavelle: Consultant Psychiatrist (Rehabilitation), St Ita’s Hospital, Portrane

### **Project Office**

Declan Mangan: Project Leader & Assistant Director of Nursing Louth Meath Mental Health Service

Doreen Doran: Administrator

### **Maps Produced by**

Dr. Deirdre Mullins, Senior Research and Information Officer, Project Office – PCCC, Health Service Executive, Holland Road, Plassey Technological Park, Limerick

## Appendix 2: Methodology

The review was managed by a project team who reported to the HSE's National VFMP Steering Committee. A document detailing the scope of the project was developed by the project team and agreed by the steering group.

A national audit of both residential mental health services (In-patient and community) and the individuals who use them, who meet the criteria of the project, was conducted in October 2007. A written questionnaire was developed in consultation with operational Mental Health Services, The Vision for Change Implementation Group and the National Mental Health Steering Group. Following feedback from a working group consisting of the managers of three mental health services (administrative and nursing representatives), the project team and subsequent national meetings, the questionnaires were modified prior to their circulation. The final survey was launched with three questionnaires on Low, Medium and High Support Accommodation; Long Term Residents in In-Patient Facilities; and Long Term Residents funded in Non HSE Facilities.

The questionnaires captured a broad range of information detailing:

- service provision, including management structures, unit/ward details, residence age, type, location and ownership,
- capacity, both long stay and respite,
- occupancy details including current vacancies and admission and discharge trends over a 5 year period (2002-2006),
- service user/resident activities, expenditure, including non staff and staff expenditure (utilising figures from the financial year ending 31<sup>st</sup> December 2006),
- resident charges,
- quality measurements.

The Questionnaire on Long Term Residents Funded in Non HSE Facilities captured details of contracted placements, discharge trends due to ward/unit or facility closures over a five year period (2002-2006). The purpose of this data was to explain spikes in admissions to community residences when, or if, they occurred. Prior to the circulation of the questionnaire, a letter was sent to all Local Health Managers and the National Offices of Staff Representative Groups, informing them of the survey and its purpose. The questionnaires were circulated between 27<sup>th</sup> September 2007 and 1<sup>st</sup> October 2007 with a service user census date of 10<sup>th</sup> October 2007 and a return date of 15<sup>th</sup> of November 2007. The project team in conjunction with the National Steering Group set a target of 100% return. 100% of returns were received by the end of February 2008.

A sub-group of the national steering group was established to review the objectives of Long Stay Mental Health Care. This group comprised of:

Declan Mangan, Project Leader

John Redican, Advocacy Ireland

Martin Rogan, Assistant National Director Mental Health

Dr Ena Lavelle, Consultant Psychiatrist (Rehabilitation) St Ita's Hospital, Portrane

A small project team was led by Declan Mangan, and based in David Gaskin's office in Kells, Co. Meath. David is Lead LHM Mental Health Services for Dublin North East, and Chair of

the Value for Money Steering Group. The project team conducted extensive background literature reviews to establish likely alternatives to current provision, examined relevant reports and strategy documents and analysed income and expenditure.

Secondary data sources were supplemented by consultation with the Department of Health and Children, Local Health Managers, Administrators and Service Area Managers. International comparators were obtained through liaison with:

Fran Silvestri, Director, International Initiative for Mental Health Leadership, New Zealand.  
Bob Glover, Executive Director, National Association of State Mental Health Program Directors (NASMHPD), USA  
David W. Miller, Project Director, NASMHPD, USA.

A statistical analysis company, 'Insight Statistical Consultants' were employed to input the data and produce a summary of all data captured from each question within each questionnaire in tabular format. David Harmon of Insight oversaw this aspect of the project. The review was independently assessed and validated by Michael Griffin, of Petrus Consulting Limited.

### **Data quality**

The results of the survey are very much dependant on the quality of the data supplied by Mental Health Service Areas. Every effort was made by the project team to both improve and verify the accuracy of the data. The steps taken include:

- A series of meetings, two per HSE Region, was held with mental health administrators and/or representatives of nursing management prior to circulating the survey questionnaires. All mental health catchment areas were represented at these meetings.
- Guidance notes based on issues raised at these meetings accompanied the questionnaires.
- Throughout the census month (October 2007) a helpline and dedicated email support was available with FAQs and their answers were circulated to all mental health managers on a daily basis.

Where anomalies were discovered in returned questionnaires, these queries were referred back for validation to the services concerned. Further meetings were then organised with these services to clarify the anomalies prior to commencing data analysis.

In April 2008, Insight Statistical Consultancy produced a summary sheet for each mental health catchment area. This was circulated to each Local Health Manager for verification.

### **Limitations**

The findings of the project are limited by the level of information available. The lack of a single consistent approach to financial data management across mental health services has made it difficult to compare like with like. At times, it was necessary to use averages based on returns from areas where more detailed records were held and apply these to form a national picture.

Expenditure is recorded in most services as total expenditure for the services, there are limited or no systems in place to give a detailed breakdown of expenditure to specific unit level. This

lack of a consistent approach to financial data management forced the project to take a bottom up approach and the focus is based on a cost analysis.

The fact that costs are not broken down means those “corporate” costs such as superannuation, high level administrative and clinical costs can not be applied to a unit level.

It is also difficult to prove the effectiveness of long stay residential mental health care in terms of outcomes for individuals who use the service. This effectiveness is best measured by a combination of outcomes and more particularly, the structure and systems that are in place to deliver it. Notwithstanding the above , a 100% return rate allied to cross checking of averages used , relief rates and pay scales applied ensures sufficiently reliable data quality to support the findings of the report.

### Appendix 3: A Vision for Change

The current policy document ‘*A Vision for Change*’ (2006) was developed by an Expert Group on Mental Health Policy established in 2003 by the Minister of State for Mental Health. The Group engaged in a wide consultation process, with all stakeholders playing an active part in its deliberations. Published in January 2006 and accepted by Government as National Policy for Mental Health the Expert Group’s report ‘*A Vision for Change*’ (2006) ...“details a comprehensive model of mental health service provision for Ireland” and “proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems<sup>26</sup>”

Moving forward into the 21st century, ‘*A Vision for Change*’ (2006) focuses on the delivery of care in the most appropriate environment to meet the needs of the clients/service users. It outlines the objectives of all care, including long stay mental health care, advocating the key concepts of a dignified (chapter 1), inclusive (chapter 4) and recovery (chapter 12) based model of care for people with mental health problems. It recommends that steps be taken to bring about the closure of all mental hospitals and to re-invest the resources released by these closures in a community based mental health service.

The recommendations from the expert group in ‘*A Vision for Change*’ (2006) are:

*Involvement of service users and their carers should be a feature of every aspect of service development and delivery.*

*Mental health promotion should be available for all age groups, to enhance protective factors and decrease risk factors for developing mental health problems.*

*Well-trained, fully staffed, community-based, multidisciplinary CMHTs (Community Mental Health Teams) should be put in place for all mental health services. These teams should provide mental health services across the individual’s lifespan.*

*To provide an effective community-based service, CMHTs should offer multidisciplinary home-based and assertive outreach care, and a comprehensive range of medical, psychological and social therapies relevant to the needs of services users and their families.*

*A recovery orientation should inform every aspect of service delivery and service users should be partners in their own care. Care plans should reflect the service user’s particular needs, goals and potential and should address community factors that may impede or support recovery.*

*Links between specialist mental health services, primary care services and voluntary groups that are supportive of mental health should be enhanced and formalised.*

*The mental health services should be organised nationally in catchment areas for populations of between 250,000 and 400,000. In realigning catchment boundaries, consideration should be made of the current social and demographic composition of the population, and to geographical and other administrative boundaries.*

<sup>26</sup> Department of Health and Children, 2006

*Organisation and management of local catchment mental health services should be co-ordinated locally through Mental Health Catchment Area Management teams, and nationally by a Mental Health Service Directorate working directly within the Health Service Executive.*

*Service provision should be prioritised and developed where there is greatest need. This should be done equitably and across all service user groups.*

*Services should be evaluated with meaningful performance indicators annually to assess the added value the service is contributing to the mental health of the local catchment area population.*

*A plan to bring about the closure of all mental hospitals should be drawn up and implemented. The resources released by these closures should be protected for re-investment in the mental health service.*

*Mental health information systems should be developed locally. These systems should provide the national minimum mental health data set to a central mental health information system. Broadly-based mental health service research should be undertaken and funded.*

*Planning and funding of education and training for mental health professionals should be centralised in the new structures to be established by the Health Services Executive.*

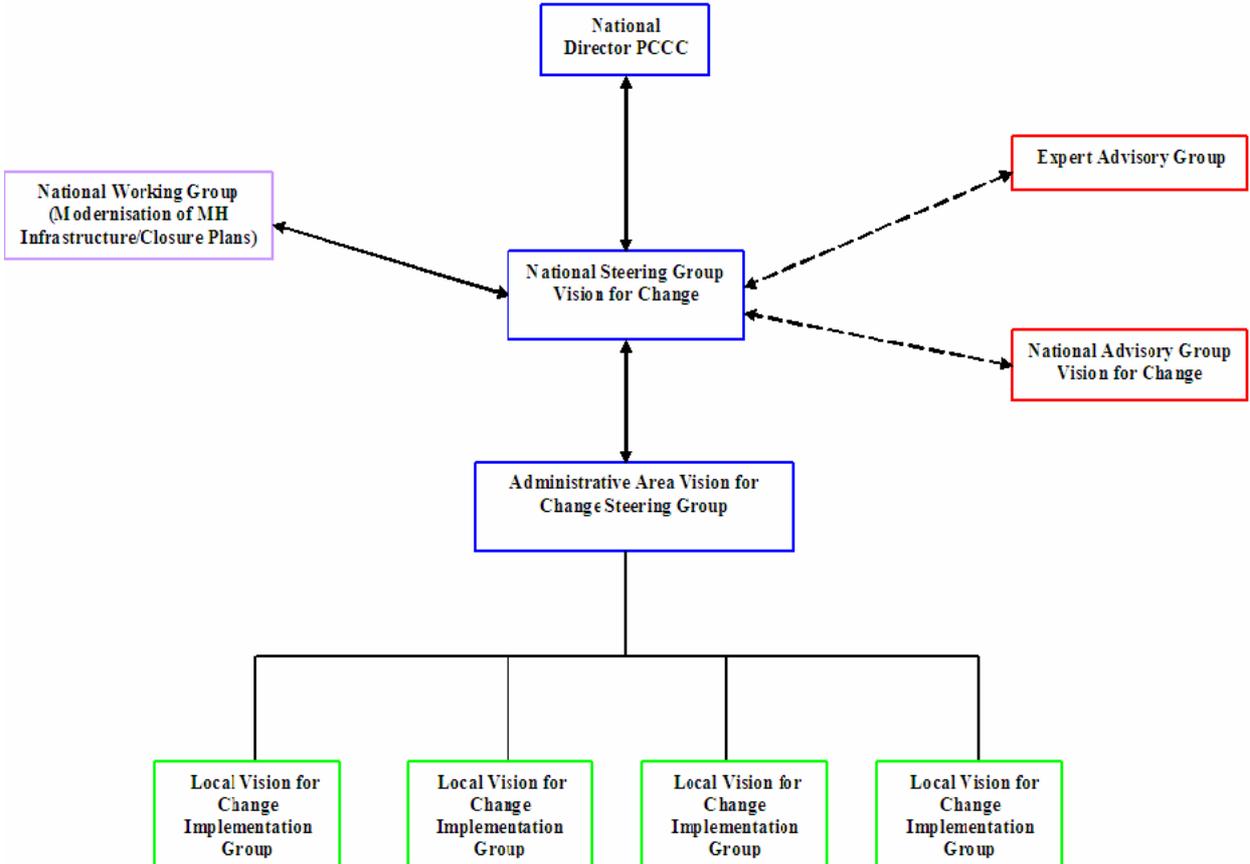
*A multi-professional manpower plan should be put in place, linked to projected service plans. This plan should look at the skill mix of teams and the way staff are deployed between teams and geographically, taking into account the service models recommended in this policy. This plan should be prepared by the National Mental Health Service Directorate working closely with the Health Service Executive, the Department of Health and Children and service providers.*

*An implementation review committee should be established to oversee the implementation of this policy.*

*Substantial extra funding is required to finance this new Mental Health Policy. A programme of capital and non-capital investment in mental health services as recommended in this policy and adjusted in line with inflation should be implemented in a phased way over the next seven to ten years, in parallel with the reorganisation of mental health services.*

*A Vision for Change (2006) should be accepted and implemented as a complete plan.*

VISION FOR CHANGE IMPLEMENTATION PLAN PROJECT MANAGEMENT STRUCTURE



## Appendix 4: Estimation of Pay Costs

In order to determine the amount of pay costs, an analysis was made of all staff in post in the HSE Dublin North East Region, to establish the average point on the pay scale for each grade of staff (in excess of 1,200 staff were included in the analysis). This average was then applied nationally. All pay was calculated on the basis of an 11.14 hour shift, due to the variety of shift patterns and local arrangements. The formula to calculate pay cost included basic pay calculated on the hourly rate of appropriate pay scale, Sunday, night and Saturday premiums, and premium pay.

An additional 18% (relief costs) was included to capture annual leave and sickness costs, based on an analysis of actual nursing costs for Louth Meath Mental Health Services for 2007. This was broken down to, 12% was applied for relief cover required for annual leave based on the assumption that staff have six weeks annual leave; 4% to cover sick leave on the assumption of two weeks sick per employee each year; and 2% for other leave, including public holiday relief and maternity leave. Finally, 10.7% was added for employer PRSI contributions.

Salary scales for 1<sup>st</sup> June 2007 were applied to all grades.

**Assessment Report to the**



**Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive**

**From**

**Petrus Consulting Ltd**



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**Value for Money and Policy Review of  
The Efficiency and Effectiveness of Long-Stay  
Residential Care for Adults within the Mental Health  
Services**

**17<sup>th</sup> December 2008**

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## **1. Introduction**

### **1.1 Background**

This draft report presents an independent Quality Assessment of the Value for Money and Policy Review (VFMPR) of the Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services. The review was prepared internally within the HSE with external assistance and presented for assessment on the 3<sup>rd</sup> December 2008. The file submitted for assessment was named "Mental Health report 081204 with Maps".

This report is presented by Petrus Consulting Limited, an independent management consulting firm and a member of the panel of independent experts appointed by the Department of Finance for the purposes of the VFMPR process.

### **1.2 Value for Money and Policy Review Process**

Government Departments and Offices are required to undertake VFMPRs of expenditure under their responsibility which analyse in a systematic way what is being achieved by Government spending and to provide a basis on which more informed decisions can be made on priorities within and between programmes. The VFMPR process is overseen by the Central Steering Committee (CSC) on Programme Evaluation, chaired by the Secretary General of the Department of Finance.

### **1.3 VFMPR Terms of Reference**

The Terms of Reference for the review were based on a standard template applying to all public sector value for money reviews with minor modifications. Specifically the review sought to:

1. Identify the objectives of the provision of Long Stay Residential Care
2. Identify the level and trend of outputs, associated with the provision of Long Stay Residential Care and thus comment on the efficiency with which it has achieved its objectives.
3. Identify the level and trend of costs and staffing resources associated with the provision of Long Stay Residential Care.
4. Examine the current validity of those objectives in light of the current changes in health service provision and their compatibility with the overall strategy of the Department of Health and Children, the Mental Health Act 2001, 'A Vision for

*Change'* (2006); other relevant Government and EU policies and strategies and currently available evidence based practice.

5. Evaluate the degree to which the objectives of the provision of Long Stay Residential Care warrant the continued allocation of public funding.
6. Examine and evaluate likely alternatives to the provision of Long Stay Residential Care in achieving these objectives on a more efficient and/or effective basis, e.g. Through international comparison and making use of all potential synergies with other services
7. Specify potential future performance indicators that might be used to better monitor the performance of Long Stay Residential Care for Adults within Mental Health Services.

It appears that the redrafting of the report has omitted in error the following:  
“Examine the extent to which, and the effectiveness with which, those objectives have been achieved in terms of overall quality and costs and the necessity for continuation. This is addressed below.

#### **1.4 Scope of the review**

The evaluation focussed on long stay mental health service users whose placement costs were fully or partially met by the mental health services, including within the forensic services. It evaluates the current provision of service to long stay residents within mental health services. Expenditure in 2006 on a bottom up basis is estimated to have amounted to €249 million with pay costs amounting to €219 million and non pay amounting to €30 million. The report explains that the difference between the amount allocated in 2006 to Long Stay services amounting to €485 million and the €249 relates to long stay patients in Acute settings.

#### **1.5 Structure of Quality Assessment Report**

The remainder of the Quality Assessment report is structured as follows:

- Section 2 describes the requirements of the Quality Assessment process;
- Section 3 presents the principal findings and conclusions of the assessor, in keeping with the criteria required for the Quality Assessment; and
- The report itself is also attached as an appendix with further observations on editing and formatting changes for consideration.

## **2. Requirements of Quality Assessment**

### **2.1 General Requirements**

The Value for Money and Policy Review Guidance Manual stipulates that all completed review reports must be quality assessed before completion. The Department of Finance established a Panel of Independent Evaluation Experts for this purpose in 2003.

### **2.2 Specific Requirements of Assessor**

The quality assessment is carried out using the following criteria approved by the CSC:

Are the Terms of Reference appropriate to the Value for Money and Policy Review Initiative?

1. Does the evaluation report comprehensively address the terms of reference?
2. Is the overall analytical approach adequate and are the methodologies utilised robust?
3. Does the report address potential future performance indicators that might be used to better monitor the performance of the programme?
4. Are the conclusions and recommendations of the evaluation supported by the analysis carried out?
5. Comment on the structure, presentation and clarity of the report.

In the assessment process, the quality assessor is required to prepare an initial draft of the assessment report and to forward it to the Department/Office concerned. The Department/Office may initiate additional contact with the quality assessor at this stage if there are matters that require further clarification. The Department/Office then has the opportunity to amend the report in light of the comments made.

### **3. Findings and Conclusions**

#### **3.1 Introduction**

This section presents the conclusions and recommendations of the assessment. It begins with the overall conclusions, followed in turn by the assessor's conclusions in relation to each of the criteria agreed for quality assessments – namely the appropriateness of the Terms of Reference, whether the Report has comprehensively addressed these, the adequacy of the analytical approach and methodologies, whether the Report addresses future performance indicators, whether conclusions and recommendations are supported by the analysis carried out, and a comment on the Report structure, presentation and clarity.

#### **3.2 Overall Conclusions**

Apart from the exclusion of one of the standard terms of reference which is discussed later the terms of reference are appropriate for the purposes of a value for money and policy review assessment.

The presentation of the Executive Summary can be improved by ensuring consistency with later sections of the report and by clarifying the key messages from the report.

In one case the evaluation concludes that “While some cost savings may be generated, these would be absorbed or reinvested in the further development of community based support” appears to be contradicted by later text “On a strictly average cost per bed basis, the full implementation of ‘A Vision for Change’ (2006) in relation to individuals who require long stay residential care and/or rehabilitation in a specialist service, would result in significant savings on an annual basis.” This text is repeated in a number of places and the two apparently contradictory conclusions need to be reconciled.

There is a need to align the text in the executive summary with the conclusions at the end of each section and with the text presented in Section 7

In the case of the justification for the continued allocation of funds to the provision of long stay residential care the report discusses the allocation of funds to the mental health services overall and not to the allocation of funds to long stay residential care.

The report fails to sufficiently highlight the need to reduce the number of residential beds as recommended in "A Vision of Change", the progress which has been made in that regard in recent years and the likely impact of such closures

The report addresses potential future performance indicators that would help to monitor better the effectiveness of the expenditure although here there needs to be a sharper focus on the specific indicators to be used given that two sets of different indicators are proposed.

A useful summary or conclusions and recommendations is presented. Some of the recommendations would benefit from being made more specific in terms of the allocation of responsibility.

The review needs a final thorough edit to reflect the changes identified in this assessment and arising from the comments received from the Departments of Health and Children and Finance. Many of these are reflected in the marked up copy of the report attached.

### 3.3 Review Terms of Reference

#### Comparison of Terms of Reference for this review to the Standard Terms of Reference

Number	Standard Terms of Reference	ToR for this Review	Are the Terms of Reference for this Review Appropriate?
1	Identify programme objectives	Identify the objectives of the provision of Long Stay Residential Care.	Complies
2	Examine the current validity of those objectives and their compatibility with the overall strategy of the Department	Examine the current validity of those objectives in light of the current changes in health service provision and their compatibility with the overall strategy of the Department of Health and Children, the Mental Health Act 2001, 'A Vision for Change' (2006); other relevant Government and EU policies and strategies and currently available evidence based practice.	Complies

3	Define the outputs associated with the programme and identify the level and trend of those outputs	Identify the level and trend of outputs, associated with the provision of Long Stay Residential Care and thus comment on the efficiency with which it has achieved its objectives.	Complies
4	Examine the extent to which the programme's objectives have been achieved and comment on the effectiveness with which they have been achieved		In this draft of the report this ToR has been omitted but it is understood it will be replaced and the ToR is addressed in the report
5	Identifying the level and trend of costs and staffing resources associated with the programme and thus comment on the efficiency with which it has achieved its objectives	Identify the level and trend of costs and staffing resources associated with the provision of Long Stay Residential Care.	See also 3 above Complies
6	Evaluate the degree to which the objectives warrant the allocation of public funding on a current and ongoing basis, and examine the scope for alternative policy or organisational approaches to achieving these objectives on a more efficient and/or effective basis (e.g. through international comparison)	Evaluate the degree to which the objectives of the provision of Long Stay Residential Care warrant the continued allocation of public funding.  Examine and evaluate likely alternatives to the provision of Long Stay Residential Care in achieving these objectives on a more efficient and/or effective basis, e.g. through international comparison and making use of all potential synergies with other services.	Complies
7	Specify potential future performance indicators that might be used to better monitor the performance of the Scheme	Specify potential future performance indicators that might be used to better monitor the performance of Long Stay Residential Care for Adults within Mental Health	Complies

	Services	
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**Conclusion: The missing element from the Terms of reference needs to be replaced in the text where necessary. Apart from that, the terms of reference are appropriate for Value for Money and Policy Review purposes.**

### 3.4 Does the Evaluation report comprehensively address the Terms of Reference?

The terms of reference are repeated below and against each we have provided our assessment.

Number	Standard Terms of Reference	ToR for this Review	Assessment
1	Identify programme objectives	Identify the objectives of the provision of Long Stay Residential Care.	<p>This is dealt with in Chapter 2. The objectives are clearly set out in 2.5 and examined in turn:</p> <ul style="list-style-type: none"> <li>• To provide alternatives to long-stay hospitalisation, and facilitate a reduction in in-patient bed numbers.</li> <li>• To develop a policy of Social Inclusion and reduce the stigma that mental ill health can bring about.</li> <li>• To facilitate the use of a rehabilitation/recovery model.</li> <li>• To deliver appropriate cost effective and efficient services.</li> <li>• To provide accessible services in appropriate locations.</li> </ul>
2	Examine the current validity of those objectives and their compatibility with the overall strategy of the Department	Examine the current validity of those objectives in light of the current changes in health service provision and their compatibility with the overall strategy of the Department of Health and Children, the Mental Health Act 2001, 'A Vision for Change' (2006); other relevant Government and EU policies and strategies and currently available evidence based practice.	This is addressed in Chapter 5. The review concludes that the objectives remain valid.
3	Define the outputs associated with the programme and identify the level and trend of those outputs	Identify the level and trend of outputs, associated with the provision of Long Stay Residential Care and thus comment on the efficiency with which it has achieved its objectives.	Chapter 3 refers. As described in the methodology it was not possible to carry out an analysis covering trend data because the data was not available. The approach used was to use a descriptive approach from which future service provision decisions can be made. In this chapter and elsewhere extensive use was made of a comprehensive and detailed survey which underpins this descriptive approach. This

			questionnaire based survey achieved a 100% response rate and extensive work was done on supporting, analysing and presenting the results of the survey which will be of benefit to all those involved in the provision of long stay accommodation.
4	Examine the extent to which the programme's objectives have been achieved and comment on the effectiveness with which they have been achieved	<b>TO BE RE-INSERTED</b> <b>Examine the extent to which the programme's objectives have been achieved and comment on the effectiveness with which they have been achieved</b>	As previously referred to trend data was not available. The report examines in Annex 2 to Chapter 3 the extent to which the objectives set out above in the context of "A Vision for Change" have been achieved. <b>This annex is central to the content of the report and should be incorporated directly within the chapter.</b>
5	Identifying the level and trend of costs and staffing resources associated with the programme and thus comment on the efficiency with which it has achieved its objectives	Identify the level and trend of costs and staffing resources associated with the provision of Long Stay Residential Care.	Chapter 4 refers. For reasons already stated trend analysis was not possible. Based on the census returns much valuable data was gathered and presented in the form of maps and charts highlighting the local area and regional variations in the staffing levels across the country. "Wide regional variances occur in the WTE availability and the skill mix deployment, even in similar care environments, leading to significant differences in the cost per bed per day".
6	Evaluate the degree to which the objectives warrant the allocation of public funding on a current and ongoing basis, and examine the scope for alternative policy or organisational approaches to achieving these objectives on a more efficient and/or effective basis (e.g. through international comparison)	Evaluate the degree to which the objectives of the provision of Long Stay Residential Care warrant the continued allocation of public funding.  Examine and evaluate likely alternatives to the provision of Long Stay Residential Care in achieving these objectives on a more efficient and/or effective basis, e.g. through international comparison and making use of all potential synergies with other services.	This is also dealt with in Chapter 5. The justification for the continued allocation of public funds relates to the allocation of funds to the mental health services overall and not to the allocation of funds to long stay residential care. However, elsewhere in the report there are references to examining the relationship between the role of mental health treatment and the provision of housing. In 5.23 the report states "The key to all successful models is the provision of a variety of housing options, which involves separating mental health treatment from housing requirements and supporting these options with a seamless integrated and fully staffed community based service". The report also strongly advocates the implementation of the recommendations set out in "A Vision for Change". In 7.2 it is stated that "Non HSE agencies should lead in meeting the housing needs of individuals with mental health problems, within mainstream housing"

			In finalising the report it would be helpful to readers to make the conclusion in this area clearer and reflect them in the executive summary.
7	Specify potential future performance indicators that might be used to better monitor the performance of the Scheme	Specify potential future performance indicators that might be used to better monitor the performance of Long Stay Residential Care for Adults within Mental Health Services	<p>Detailed performance indicators are proposed in chapter 6. There are two sets of indicators proposed in 6.14 and 6.16 and these two sets need to be more closely aligned and made more consistent. If necessary, the shorter list in 6.14 could be used as the basis.</p> <p>It should also be highlighted that additional work would be required to develop a final set of measures, indicators and targets. (This is done in 6.15 but needs to be made very clear in the exec summary.)</p>

**Conclusion: Apart from the points raised above , in overall terms the terms of reference are covered.**

### **3.5 Is the overall analytical approach adequate and are the methodologies utilised robust?**

The methodology for the review was constrained because of the lack of data available at a unit level. For this reason a national census of both residential mental health services (in-patient and community) and the individuals who use them and who meet the criteria of the evaluation was conducted in October 2007.

This extensive exercise gathered much useful information and is especially noteworthy because of the 100% response rate achieved. The very large amount of data gathered through the survey has been condensed and presented in graphical and map based formats, using external consultants, making it easy to recognise the wide disparities in many of the key resource inputs across the country.

Background literature reviews were carried out and interviews carried out with a wide range of stakeholders. An international perspective was provided by means of contacts with a number of international experts.

As the review points out, the lack of historical data meant that trend analysis was not possible and a descriptive approach was taken in order to inform future work in this area.

While the approach was limited by the lack of historical data referred to above, the census based approach provides much useful information on which to base decisions for the future of the service and which can inform future evaluations.

### **3.6 Does the report address potential future performance indicators that might be used to better monitor the performance of the programme?**

Yes. See comments above

### **3.7 Are the conclusions and recommendations of the evaluation supported by the analysis carried out?**

The conclusions and recommendations are supported by the analysis carried.

There is also a need to more clearly state other findings of the report which identify that:

- there are too many beds provided directly by the HSE compared to the levels set out in A Vision for Change
- a large percentage of individuals are being provided with services in care settings that exceed their needs and
- significant additional costs are being incurred as a result.

In the process of final editing of the report, it would also be helpful if the responsibilities for implementation of recommendations could be more directly identified.

The recommendations set out as supporting the implementation of A Vision for Change need to be checked to ensure they are supported in the text in each case. Cross referencing each of the recommendations would ensure that the subject matter is assessed and supported in the body of the report.

### **3.8 Comment on the structure, presentation and clarity of the report and items for discussion**

The report is a well structured document with much useful information on the extent and scope of activities and addresses the terms of reference in a logical and sequential manner. This draft is a significant improvement over earlier drafts and is now more readable for someone not directly involved in the area.

There is still some text editing, formatting, presentation and consistency checks or redrafting to be carried out and in the report attached to this assessment I have noted these areas where I believe the text could be improved or clarified.

Appendix 2 contains the terms of reference with bullet points that were not part of the terms of reference and these should be removed.

The terms of reference are set out in several places but in each case it appears that one item has been omitted in the redrafting process.

The full text of the report is attached as an Appendix to this report with further detailed comments.

## **END OF ASSESSMENT REPORT**

## Appendix 6: Bibliography

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