

MENTAL HEALTH SERVICES IN NORTHERN IRELAND
DEPARTMENT OF HEALTH MEMORANDUM OF REPLY: ACTION PLAN
UPDATE: March 2025

Rec	Departmental Commitment	Action taken (to December 24)	Action taken (to March 25)	Target date	Status
1	At the Mental Health Strategic Reform Board meeting in May 2024 there was agreement on the need to take a longer review and several pieces of work were commissioned. This will be used to review and take a wider look at the overall deliverability of the Strategy.	Following discussion at the Mental Health Strategy Operational Delivery Board in October 2024 and a further meeting of the Strategic Reform Board in November 2024, exercises have been commissioned with Strategy Action Owners to consider the overall timeframes for actions, the identification of key milestones, and linkages and interdependencies with other Actions. This work will inform workshops with partners and stakeholders arranged for January 2025 at which the deliverability of the Strategy will be considered.	In addition to work underway with Action Owners, and two workshops with a range of key stakeholders held in January 2025, a discrete exercise has been commissioned to build on this work and review in more depth the deliverability of the Strategy, including the uncommenced actions and considering, for example, where the priorities should be going forward, taking into account any relevant economic evidence where available.	June 2025	On Track to Complete
1.contd.	There are a number of action plans with timescales in place for key Mental Health Strategy (MHS) enabling actions	As above, the preparatory work by Action Owners and workshops planned for January 2025 are with a view to revising actions plans for	Work is underway to develop action plans for 2025/26 in line with anticipated funding.	June 2025	On track to complete

	with work already ongoing to develop others which will be finalised this year. All of the action plans will be reviewed and revised if necessary to ensure that the actions being committed to are deliverable within the funding and resources available.	2025/26 in line with anticipated funding available as well as considering what the priorities would be, should additional funding be allocated.			
2.	Work to inform the development of a coproduced implementation plan to deliver the recommendations in the Workforce Review is underway. The requirement to fully cost the proposed workforce profile has been identified as a priority and will be taken forward as part of the implementation plan for 2024-25.	A comprehensive implementation plan for the Mental Health workforce review will be finalised by end December 2024, setting out key actions and milestones, timeframes and action owners and delivery partners. The implementation plan, which has been coproduced with a broad range of key stakeholders, outlines the priority actions for delivery in 2024/25, including progressing recommendations 1 and 2 to (i) evaluate the cost of future workforce profiles and (ii) establish a task and finish group to prioritise service and plan recruitment. Draft Terms of Reference for the task and finish group have been	Terms of reference and membership of the task & finish group to progress recommendations 1 and 2 of the mental health workforce review have been developed. There has been a slight delay in convening the first meeting of the group due to a delay in securing additional resource via the HSC Leadership to progress this work, but it is hoped this will be resolved very shortly and should not impact significantly on delivery timeframes. In parallel, a separate task & finish group is being established specifically to oversee delivery of a range of agreed psychiatry workforce actions in order to address	June 2025	On track to complete

		<p>developed and it is anticipated that the first meeting of the group will be convened in early January 2025. It is recognised that several of the actions in the implementation plan will be dependent on future budget availability. A number of other actions have been progressed to address workforce challenges specifically in relation to psychiatry and psychology workforce challenges. Discussions are ongoing between Departmental officials, HSC Trust Mental Health Directors and the Royal College of Psychiatry to identify a range of actions to address and alleviate recruitment and retention pressures across the medical workforce in the short to medium term. An action plan has been agreed and progress will be monitored on an ongoing basis. In addition, a recruitment exercise was launched on 2 December to appoint a Chief Psychological Professions Officer within the</p>	<p>significant regional pressures in the short to medium term. In addition, a new Chief Psychological Professions Officer (CPPO) has been appointed into the Department with Professor Nichola Rooney taking up the role on 10 March 2025. Professor Rooney will have a key role in identifying and addressing workforce challenges across the psychology profession, in line with the recommendations of the mental health workforce review.</p>		
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		Department. It is anticipated that, once that individual is in place, they will take a lead role in identifying and addressing workforce challenges across the psychology profession.			
2.contd.	While it is anticipated that the general Workforce Review Implementation Plan will be in place by early Autumn 2024, some of the more detailed elements of the Committee's recommendation on costs and agreement of training places, which coincide with delivery of recommendations 1 and 2 of the Workforce Review, as outlined above, will take some further time to deliver. DoH is however in the process of establishing a task & finish group to progress this work by June 2025 as indicated above.	As above.	As above.	June 2025	On track to complete
3.	It is DoH's intention to look at longer term planning for the HSC sector as a whole to consider how best services	Whilst longer term planning has commenced, contingency planning for 2025/26 will take priority in the coming months and will shape the context for	Position unchanged from previous update.	March 2025	On track to complete by revised target date of Autumn 2025

	can be delivered to bring them onto a sustainable footing and enable unmet need to be addressed. Planning for mental health spending will be an integral part of this process.	the longer-term plan. As a result, the timeline for completion will likely move beyond March.			
4.	DoH would be pleased to update the Committee on the progress of the first phase of this work (collection of outcome data) in 12 months' time.	The Regional Mental Health Service Team is providing quarterly progress updates to DoH as part of Strategy governance arrangements and will provide a more detailed update to the Committee on the first phase of work to collect outcome data in June 2025 as agreed.	The Regional Mental Health Service Team continues to provide quarterly progress updates to DoH as part of Strategy governance arrangements.	June 2025 for update	On track to complete
4.contd.	The first phase of the implementation of the Mental Health Outcomes Framework (MHOF) is currently ongoing and involves two key objectives: <ul style="list-style-type: none"> • embedding the MHOF in the design and build of Encompass, the new regional digital patient record system; and • establishing the capacity to report robust regional data on 	To date, 30 of the 45 Mental Health Outcomes Framework measures have been embedded onto the Encompass system. For the remaining measures, legal advisers are providing legal advice on copyright and licensing requirements of providers. Responding to capacity pressures within the Encompass programme, a prioritisation exercise has been conducted for the outstanding	Progress to embed the remaining MHOF measures and to operationalise those on the Encompass System for clinical use via MyCare has been slow due to prioritisation of Encompass programme resource to support go-lives in the NHSCT, WHSCT and SHSCT. Concerns about how this could impact timescales for delivery have been escalated to the Encompass SRO and a further	Target date for this (i.e. reporting activity and performance data) is 1st Quarter 2026	On track to complete

	<p>mental health service activity.</p>	<p>measures. Encompass has indicated a capacity to embed two measures per month and work is ongoing to progress this.</p> <p>Work is ongoing in developing regional performance and activity reporting structures and arrangements for mental health services on the Encompass system. This is complex due to the variations in structures and pathways across Trusts. However, mapping of Trust services to a common service template has been completed for SEHSCT, BHSCT & NHSCT. Mapping for SHSCT and WHSCT is scheduled for early 2025 in advance of the Encompass being roll out to these areas.</p> <p>A regional reference group has been established, including Trust Mental Health Clinical and Informatics Leads, as well as representatives from SPPG, DoH Informatics and Encompass. This group is addressing emerging</p>	<p>prioritisation exercise has been conducted for the outstanding work to be completed on the measures. Assurance has been provided that resources will be deployed to support completion with Encompass to advise of timeframe to completion of priority works identified</p> <p>Work to develop regional performance and activity reporting structures is continuing. Mapping of Trust services to a common service template has been completed for SEHSCT, BHSCT, NHSCT & SHSCT with mapping for WHSCT due to be completed end of March 2025. In developing activity reporting priority is being given to developing reporting on regional MH waiting times.</p> <p>A second workshop has been scheduled for the regional reference group to work through pathway and service issues, to support Encompass technical staff in specifying</p>		
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		<p>definitional, pathway and service issues to support Encompass technical staff in specifying and designing the regional reporting system.</p>	<p>and designing the regional reporting system.</p> <p>In parallel to the above, work is also progressing on putting in place reporting on Ministerial targets (via Encompass system) for mental health waiting times and it is anticipated this will be completed by Spring 2025.</p>		
4.contd.	<p>The plan for the MHOF implementation is that this first phase will be completed by Quarter 1 2026.</p>	<p>The Encompass system is the key enabler for the delivery of the MHOF and its implementation timeline is intimately linked to the Encompass rollout schedule. As Encompass has been rolled out, some elements of MHOF implementation have been moved to the Optimisation Phase, which, given this is a future phase, may lead to delays in full implementation within previously anticipated deadlines. To address this, senior colleagues from SPPG and DoH are actively exploring solutions to escalate these issues within the existing Encompass governance structures, ensuring the MHOF</p>	<p>As previously referenced, concerns regarding delay to timescales have been escalated to the Encompass SRO. The RMHS staff are working closely with Encompass team to mitigate against delays and have been assured that work is on track to ensure timescales will be met.</p>	Q1 2026	On track to complete

		is fully integrated into their build programme.			
4.contd.	<p>The second phase of the implementation of the MHOF involves supporting mental health professionals and services in the use of the outcomes measures embedded in the Encompass build under phase 1. It is through this primary use of outcomes measures by mental health staff in supporting their clinical practice, that data is generated which can be collated into regional reports on outcomes for mental health service users.</p>	<p>The second phase of the MHOF implementation will commence following completion of phase 1, in line with the full regional rollout of the Encompass programme across Trusts.</p> <p>This work will be led by the MHOF Regional Programme Lead. There have been delays to recruitment to this position as the post was not filled during the interview process which took place in November and so needs to be readvertised, which will be done shortly. At this stage, it is anticipated, the post will be filled by the end of the current financial year.</p> <p>Second phase implementation also requires the recruitment of Mental Health Outcomes Framework Leads in each Trust to support mental health services and practitioners in integrating outcomes measurement into their clinical</p>	<p>Recruitment has taken place for a MHOF Programme Lead who will commence in July 2025. The Lead will be instrumental in supporting Trust MH services in the use of outcome measurement in mental health services under the second phase of implementation.</p> <p>In anticipation of Encompass full regional roll-out, engagement with regional mental health service care network leads has taken place for networks to develop and agree the measures and operational protocols to be used by mental health practitioners working in their services.</p>	Target date for this is (i.e. regional reporting of outcomes data) is the 3rd Quarter 2026	On track to complete

		practice. However, funding for these five posts has not yet been secured.			
4.contd.	The further roll out of the MHOF will be progressed by the regional mental health service, through a programme codesigned and agreed with clinical leadership and service users through to the fourth quarter of 2029.	Work on this will follow the completion of second phase.	Work on this will follow the completion of second phase.	Timeframe for this will follow on from phase 2 date of 3rd Quarter 2026 through to fourth quarter 2029	On track to complete
5.	The establishment of the Regional Mental Health Service (RMHS) under Action 31 of the MHS sees the creation of a RMHS Business Unit. The Business Unit will have devolved to it regional responsibility for the MHOF with a key role in the collation, analysis and presentation of data and intelligence across the Regional Mental Health system to support assurance and inform decision-making by the RMHS leadership Collaborative Board and	<p>The permanent staffing structure for the RMHS Business Unit has been finalised, with the Head of the Regional Mental Health Service and Regional Service User Consultant having now been appointed. As previously noted, recent recruitment exercise for the MHOF Lead was unsuccessful and so will be re-advertised shortly.</p> <p>Recruitment for other permanent positions is expected to conclude by the end of the financial year.</p> <p>In the interim, a small temporary team has been put in</p>	<p>The MHOF lead position has been permanently appointed, and the successful candidate is expected to be in post by Summer 2025.</p> <p>Although some members of the temporary team have been recalled to their substantive roles as of 1st April, recruitment exercises are underway for permanent appointments within the Business Unit, and posts are expected to be filled by Summer 2025.</p>	June 2025 for completion of review	Some delay due to key posts required to progress this work not being filled; aim to complete by revised target date of Autumn 2025

	<p>the HSC Integrated Care System.</p> <p>Funding has been identified by DoH to progress the establishment of the RMHS Business Unit in this current financial year and initial work has recently commenced to scope how the new reporting arrangements being put in place via Encompass will support the work of the Unit. This work will include identifying and addressing any gaps in relation to mental health outcomes data so that these are addressed before Encompass is fully embedded.</p>	<p>place to support work on the Regional Mental Health Service, including identifying gaps in current mental health data.</p>			
6.	<p>The Health and Social Care Data Strategy NI 2022-2030 includes a commitment to the establishment of a HSC Data Institute (HSCDI) with a mission that “HSC will make health and care data easily available to our population, our people and</p>	<p>DHCNI is leading the establishment of a Data Institute and an Analytics and Insight Group has been formed to develop its work programme.</p> <p>The RMHS Business Unit, when fully established, will engage with colleagues to</p>	<p>Once the MHOF Lead and the Programme lead for Information and Data have taken up their posts, it is anticipated that they will engage with colleagues to identify the most effective mechanisms for leveraging support from the Data</p>	June 2025	<p>Some delay due to key posts required to progress this work not being filled; aim to complete by revised target date of Autumn 2025</p>

	<p>policy makers, facilitated and governed by a new Health and Social Care Data Institute (HSCDI)”. The RMHS Business Unit will work with the HSCDI and Digital Health and Care NI in developing technical solutions for reporting requirements, including automation of reports and processes, and the development of data visualization tools, outcomes-based accountability reporting and regional dashboards</p>	<p>identify the most effective mechanisms for leveraging support from the Data Institute, via the Analytics and Insight Group. This collaboration will focus on aligning efforts with ongoing work to develop MHOF metrics and reporting capabilities.</p>	<p>Institute, via the Analytics and Insight Group.</p> <p>In the meantime, a number of mental health dashboards continue to be used as visual tools for monitoring activity.</p>		
7.	<p>DoH is committed to improving the quality of referrals and ensuring that referrals are made where appropriate, whilst reducing the number of inappropriate referrals by supporting potential referrers to have a common understanding of the threshold criteria. DoH accepts that referral rates vary across HSC Trusts and will request that each Trust undertakes an 18-</p>	<p>DoH instructed Trust to complete audit and return findings to SPPG no later than 20th December 2024 for regional analysis. On the 19th November 2024 all Trusts advised SPPG work was progressing and results would be returned to SPPG by due date.</p>	<p>Each Trust submitted audit data; however, SPPG had a number of queries in relation to BHSCT/SEHSCT data that required further work. BHSCT returned data on 14th March 2025.</p> <p>Over the audit time period, data was returned for 6030 unaccepted referrals across all 5 Trusts.</p> <p>SPPG has now analysed returns, collated data into 16</p>	December 24	Completed

	month audit of referrals not accepted from January 2023 - June 2024.		themes and ranked these accordingly. SPPG will provide commentary on data and trends by 31st March 2025. This data will enable Trusts to engage with referrers to improve understanding of thresholds and appropriate referrals.		
8.	DoH is committed to ensuring that these programmes and initiatives are providing sufficient, early support to those children in need and that they are making a difference. Therefore, a review of the MHS Early Intervention and Prevention Plan will be taken forward to assess its effectiveness in meeting its objectives.	An extraordinary meeting of the EI&P Steering group is scheduled for Feb 25 to discuss progress against Action 7 within the EI&P action plan which relates to children and young people. The outcomes from this session will identify opportunities for better connectivity across the areas of work underway and help to prioritise specific actions within a refreshed EI&P action plan	A report from the EI&P steering group meeting is in development. Opportunities have been identified to improve reporting on work already underway in relation to Emotional Health & Wellbeing of C&YP and to better connect the wide range of work currently underway in relation to this area.	June 2025	On track to complete
8.contd.	DoH will consider whether any additional support could be put in place to prevent conditions escalating and ultimately becoming more challenging to treat as highlighted by the Committee.	This will form part of the discussion at the meeting referenced above.	The final draft of the C&YP Emotional Health and Wellbeing Framework is being prepared for public consultation. It aims to provide a consistent system-wide approach to children's emotional health and wellbeing provision. The	June 2025	On track to complete

			public consultation process will allow stakeholders to contribute and provide their views.		
8.contd.	Work is being led by the Strategic Planning and Performance Group within DoH to develop a DoH Children & Young People's Emotional Health & Wellbeing Framework. This draft framework is in the final stages of development and will be subject to public consultation.	The SPPG draft framework will form part of the discussion at the meeting referenced above.	Implementation of the Framework will require service improvement and partnership-working across health, education and other key services/agencies, in line with the provisions of the Children's Cooperation Act (2015), including working collaboratively with the community and voluntary sector. SPPG is working with CAMHS/Learning Disability policy colleagues to finalise required documentation that will enable DoH to publish the Draft CYP's Emotional Health & Wellbeing Framework for publication consultation no later than May 2025.	June 2025	On track to complete
9.	DoH will review the data regarding waiting times in mental health and psychological therapies services across all five Trust areas and engage	SDP monitoring is ongoing to March 2025. Trusts are being asked to demonstrate evidence of service improvement plans to reduce waiting times at monthly performance meetings	SDP monitoring and monthly Trust Performance meetings continue. Where performance is not meeting target, Trusts are asked to provide a rationale	March 2025	Some delays due to funding constraints and encompass implementation

	<p>with each of the Health & Social Care Trusts to understand the reasons for patients waiting longer than the extant Ministerial maximum waiting time targets in order to identify and agree specific actions required to address and reduce waiting times in mental health. While DoH is content to report to the Committee in six months' time on any progress in reducing waiting lists, DoH would wish to highlight that at this stage it is clear that the 2024-25 budget allocated to DoH will not facilitate a reduction in waiting lists within the next twelve months.</p>		<p>and indicate actions to increased productivity.</p> <p>PSSID data for the last 5 years shows a 13.9% increase in waiting times data in Mental Health Services (MHS) and 47.1% in Psychological Therapy Services (PTS) from March 2019 to March 2024.</p> <p>Waiting times data for 2024-25 is not available across all Trusts. Encompass rollout is cited as the reason for reporting challenges and Trusts have been working hard to develop their reporting systems accordingly.</p> <p>Other challenges in relation to meeting waiting times targets have been cited:</p> <ul style="list-style-type: none"> • workforce recruitment • workforce sickness rates • reporting delays due to encompass - as part of the Encompass roll-out, the South Eastern, Belfast and Northern Trusts have now gone live with a new electronic patient record 		
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			<p>system. As these Trusts continue to transition to completely digitised records, their data is undergoing extensive validation. Until this process is complete, there may be gaps in the data they are able to submit for reporting purposes</p> <ul style="list-style-type: none"> • acuity levels • investment <p>It is clear that the lack of available investment in the 2024-25 budget allocated to DoH did not facilitate any significant reduction in waiting lists over the last 12 months, with SHSCT the notable exception with the introduction of its Steps to Wellness programme in Psychological Therapy Services</p>		
10.	A working definition of crisis has been agreed regionally and a regional meeting held with all key stakeholders to plan the next steps. DoH (in cooperation with the Public Health Agency) is	Working definition of crisis has been agreed regionally with key stakeholders, but with appreciation that this is a complex area. SPPG and PHA have established a core team to progress the regional crisis work. Additional staff to be	Recruitment process has begun for additional PHA staff to be part of the regional crisis team. A Mental Health Liaison (MHL) and Crisis Response Home Treatment (CRHT) Care Network initial meeting took place in February 2025 to	March 2025	Some delay with recruitment for additional PHA staff-aim to complete by summer 2025

	<p>establishing a regional crisis team to lead this work and a regional workshop will be held in October 2024 to begin to standardise regionally consistent solutions and services.</p>	<p>recruited by PHA as part of this regional crisis team. The October workshop was very successful with a draft crisis pathway tabled and discussed. Proposals to be presented to the Crisis Regional Oversight Group on 20.12.24 to stand up Liaison and Crisis Response Home Treatment care network to progress necessary work on standardisation.</p>	<p>discuss the scope of the Care Network. Terms of reference drafted. MHL and CRHT Care Network extended meeting to be held on 8th April 2025. Direct engagement and visits to service areas for mental health liaison and crisis response home treatment will be carried out to progress the crisis pathway and standardisation.</p>		
10.contd.	<p>With respect to the Multi Agency Triage Teams (currently only operational in two Trust areas) and the NI Ambulance Service pilot initiative to include mental health professionals in their control rooms, DoH needs to await the receipt of the evaluations to consider how best to proceed with this regionally. Any implementation however of these crisis services will be dependent upon evaluations which indicate positive outcomes and available investment for regional roll out.</p>	<p>Consultation has occurred with NIAS in relation to Hear and Treat service with slippage allocation for continuation of service to allow evaluation and future planning of best method of mental health care at point of contact with NIAS. MATT remains in place within two Trusts, but evaluation is needed for comparison with Hear and Treat to plan future service.</p>	<p>The Multi Agency Triage Teams are currently operational in two Trust areas with limited service provision at weekends. PHA has agreed a data set for collection to provide information in relation to service outcomes.</p> <p>The Hear and Treat pilot initiative, which includes mental health professionals in the NIAS control rooms, is currently operational at limited times within the SE areas. However, where capacity allows, calls from other Trust areas are responded to.</p>	March 2025	<p>Some delay - as neither evaluation will be available for DOH review before March 2025, due to staff absence in one of the services concerned.</p>

			<p>The introduction of Encompass will allow for the roll out of the Hear and Treat service, across all Trust areas with an agreement needed on which Trust should lead.</p> <p>An evaluation being carried out by the PHA will advise on service outcomes and required investment for regional roll out. PHA has developed an evaluation framework, data set for collection and is currently putting processes in place to access NIAS data dictionary. PHA has developed an evaluation framework, data set for collection and is currently putting processes in place to access NIAS data dictionary.</p>		
11.	Increased collaboration between Departments of Health and Education.	There continues to be significant close collaboration and engagement between DoH and DE to support the emotional wellbeing of children and young people, with both Departments working in partnership to manage the implementation of the Children and Young People's Emotional Health and	No change to previous update.	Ongoing programme of work.	Ongoing

		Wellbeing in Education Framework, within the constraints of reducing budgets in both 2023/24 and 2024/25.			
12.	In March 2024, DoH, working alongside DoJ, established a multiagency task and finish group to coordinate the response to the Coroner's findings with regards to tragic deaths in 2017, with a view to ensuring a coordinated, focused response that addresses each of the recommendations made by the Coroner and ensures that vital lessons are learned from the case. The work of the task and finish group is expected to be completed by April 2025.	Significant progress has been made to address the findings of the Coroner's report on the Cawdery inquest. Since establishment of the Cawdery Task & Finish Group in March 2024, an implementation plan has been agreed, setting out key actions and delivery timeframes across 3 workstreams, which is setting a framework to monitor and report on progress. In particular, considerable work has been progressed across workstream 1 (to undertake a review of the Serious Adverse Incident (SAI) action plan into the Cawdery case and workstream 2 (to undertake a comprehensive review of mental health legislation and guidance). It is anticipated that the work of the Cawdery Task & Finish Group will largely be completed by April 2025.	Significant progress continues to be made to address the finding of the Coroner's report, with further meetings of the Cawdery Task & Finish group held on 9 January and 24 February. Considerable work has been progressed across the 3 supporting workstreams, including in workstream 1 to develop a draft report on the review of the SAI action plan and in workstream 2 where a comprehensive review of mental health legislation and guidance is nearing completion. It is anticipated that the work of the Task & Finish will be completed in the coming months, after which any remaining work will be incorporated into the work of the Right Care Right Person (RCRP) implementation plans.	April 2025	On track to complete
12.contd.	DoH will continue to work closely with PSNI	It is recognised that a similar robust joined up approach to	Work to progress the implementation of RCRP is	Timescales for implementation	On track to complete

	<p>counterparts as the Right Care Right Person is shaped and delivered in the coming months.</p>	<p>the rollout of Right Care Right Person (RCRP) is essential in order to manage and minimise any impact of implementation on already stretched services, while ensuring that the most vulnerable in society are protected. In order to ensure that the approach to RCRP implementation is planned and developed through cross-agency partnerships a RCRP Strategic Oversight Group has been established, chaired jointly by DoH and DoJ, and met for the first time in October 2024. The focus of the Oversight Group is to identify and address the required operational change, while recognising and respecting the operational independence of PSNI, and ensuring effective future partnership working between all relevant statutory partners in the delivery of health and social care, including mental health care. Sitting underneath the Strategic Oversight Group, a 'Silver' Operational Group, co-chaired by PSNI and DoH, is</p>	<p>ongoing. The RCRP Silver Operational Group met for the first time on 17 December 2024 and the main topics of discussion were the draft terms of reference for the group and membership. A proposed work plan was also discussed.</p> <p>Work has been ongoing to secure leads for a number of subgroups which will sit under the Silver subgroup. These include:</p> <ul style="list-style-type: none"> • Interagency working arrangements • Walk out and Missing from Healthcare protocol • Operational guidance in relation to the use of restraint • Acute Care – bed based care and treatment • Places of Safety • Approved Social Work • NIAS considerations • Medical assessments capacity • Mental Capacity Act considerations • Evaluation 	<p>of RCRP to be determined in partnership with DoJ, PSNI & HSC partners.</p>	
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		being stood up to progress delivery of the RCRP proposals, with the first meeting scheduled in December 2024.	<ul style="list-style-type: none"> • Training <p>The Silver Group met again on 4 February where the PSNI data collection exercise and the DoH impact paper were discussed, alongside progress on establishing the subgroups. The Silver Group and Strategic Oversight Group are due to meet again in April 2025.</p>		
13.	DoH is planning to commission a review of its engagement with the community and voluntary (C&V) sector in early Autumn 2024. This work will sit alongside other work DoH is carrying out to ensure that it is engaging with the sector across a range of key areas in an optimal way and specifically in order to implement Actions 17, 31 and 32 of the MHS.	Following a successful procurement exercise in the autumn 2024, a contract for the carrying out of the review has been awarded and the review is to commence mid Dec 24 and complete by end March 25.	<p>The C&V review commenced in mid December 2024 and is on track for completion within the estimated timeframe. The review has 3 phases:</p> <ul style="list-style-type: none"> (i) Undertaking a survey of the C&V sector to establish a baseline and identify key issues for consideration; (ii) Focused stakeholder engagement to seek further feedback; and (iii) analysis to inform the development of a future state position, including a roadmap for implementation of key findings. 	March 2025	On track to complete

14.	DoH will shortly commission an exercise to assess the skillset, capacity and knowledge within the Community & Voluntary sector to support the delivery of mental health services, and as part of that exercise, relevant actions and recommendations of the MHS will be revisited in order to ensure timely and effective implementation. As part of this exercise, DoH will consider and set out how it can improve its engagement with the C&V sector and ensure that the knowledge and expertise that exists is fully harnessed.	As above.	As above.	March 2025	On track to complete
15.	Initial review of deliverability of the strategy including gaps completed by June 2025 and exploration of options for collaboration with health services in the Republic of Ireland where this is possible.	<p>The review of deliverability, including key gaps in services, is addressed at recommendation 1 above.</p> <p>Relationships have been established with colleagues in the Republic of Ireland with a view to exploring specific</p>	Position unchanged from previous update.	Gaps identified by June 2025 and full delivery of the RMHS implementation plan by April 2029	On track to complete

		areas for closer collaboration going forward			
16.	<p>Audit of current challenges in relation to service provision and action plan on service improvements required.</p> <p>In order to improve current service provision, DoH is in the process of recruiting a fixed term (one year) post specifically to scope current service challenges and facilitate service improvement. It is anticipated that recruitment will be completed by August 2024.</p>	<p>DoH is in the process of interviewing for this permanent post as it was felt that a one -year fixed term would not be sufficient. There have been some delays to the recruitment in terms of establishing an appropriate panel but the interviews are now scheduled and will be completed by 19th December 2024.</p>	<p>A successful candidate has been identified to take up this role and is expected to commence in mid-May, with a view to completing the audit task.</p>	September 2025	On track to complete