



**Northern Ireland
Assembly**

PUBLIC ACCOUNTS COMMITTEE

Peter May
Accounting Officer
Department of Health

Parliament Buildings
Ballymiscaw
BELFAST
BT4 3XX
Tel: (028) 9052 1208
Email:
Committee.publicaccounts@niassembly.gov.uk

11 April 2025

Dear Mr May

MEMORANDUM OF REPLY: MENTAL HEALTH SERVICES IN NORTHERN IRELAND

Thank you for your letter dated 1 April 2025 providing a further update on the Memorandum of Reply on Mental Health Services in Northern Ireland.

Members will consider this in more detail when they next meet, however in the meantime the Committee have asked for further detail around the output.

Several recommendations were due to be completed in March 2025 and are now subject to delay. Can you provide further detail to the Committee on the progress against these recommendations and the reasons for the delays.

Can you please provide an update on recommendation 14 which was due for completion in March 2025.

Please respond by email using the address above by **Friday, 25 April 2025**.

Yours sincerely,

Daniel McCrossan

**Chairperson
Public Accounts Committee**

**From the Interim Permanent Secretary
and HSC Chief Executive**



Daniel McCrossan, MLA
Chair
Public Accounts Committee
committee.publicaccounts@niassembly.gov.uk

Castle Buildings
Stormont Estate
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel: 028 90 520559

Email: mike.farrar@health-ni.gov.uk

Our Ref: SCORR-0073-2025

Date: 25 April 2025

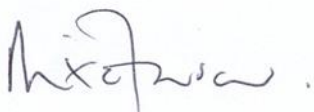
Dear Daniel

MEMORANDUM OF REPLY: MENTAL HEALTH SERVICES IN NORTHERN IRELAND

Thank you for your letter to my predecessor dated 11 April 2025, in which, following receipt of the Department's second quarterly update on all recommendations outlined in the Department's Memorandum of Reply to the recent PAC Report on Mental Health Services in Northern Ireland, you have requested a further progress update on those recommendations which were due for completion by March 2025, but are now subject to delay, with particular emphasis on recommendation 14.

Please find the requested update attached, by way of an additional column to the table with the heading 'Update April 2025'.

Yours sincerely



MIKE FARRAR

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MENTAL HEALTH SERVICES IN NORTHERN IRELAND**DEPARTMENT OF HEALTH MEMORANDUM OF REPLY: ACTION PLAN****UPDATE: Further update request as of April 2025, on actions with target date of March 2025**

Rec	Departmental Commitment	Action taken (to December 24)	Action taken (to March 25)	Update April 2025	Target date	Status
3.	It is DoH's intention to look at longer term planning for the HSC sector as a whole to consider how best services can be delivered to bring them onto a sustainable footing and enable unmet need to be addressed. Planning for mental health spending will be an integral part of this process.	Whilst longer term planning has commenced, contingency planning for 2025/26 will take priority in the coming months and will shape the context for the longer-term plan. As a result, the timeline for completion will likely move beyond March.	Position unchanged from previous update.	This will be considered as part of the Department's 5-year plan which will be completed in 2025.	March 2025	On track to complete by revised target date of Autumn 2025
9.	DoH will review the data regarding waiting times in mental health and psychological therapies services across all five	SDP monitoring is ongoing to March 2025. Trusts are being asked to demonstrate	SDP monitoring and monthly Trust Performance meetings continue. Where performance	The roll out of encompass has impacted on waiting times within services. In addition to this	March 2025	Some delays due to funding constraints and encompass implementation

	<p>Trust areas and engage 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>evidence of service improvement plans to reduce waiting times at monthly performance meetings</p>	<p>is not meeting target, Trusts are asked to provide a rationale 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</p>	<p>there are complexities and challenges in the encompass system to provide reports to support services to manage flow.</p> <p>SPPG internal meetings have indicated the requirement of direct meetings with Trusts. SPPG is due to meet Trusts in early May 2025 to discuss specific actions to address waiting times.</p> <p>The position in terms of allocation of funding to reduce waiting lists remains.</p>		
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			<p>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 system. As these Trusts continue to transition to completely digitised records, their data is			
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			<p>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>			
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10.	<p>A working definition of crisis has been agreed regionally and a regional meeting held with all key stakeholders to plan the next steps. DoH (in cooperation with the Public Health Agency) is establishing a regional crisis team to lead this work and a regional workshop will be held in October 2024 to begin to standardise regionally consistent solutions and services.</p>	<p>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 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</p>	<p>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 discuss the scope of the Care Network. Terms of reference drafted. MHL and CRHT Care 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>	<p>Network extended meeting was held on 8th April 2025 and agreement reached to adopt Royal College of Psychiatry (RCPsych) Standards for Mental Health Liaison and Crisis Response Home Treatment. All to map against accreditation standards.</p> <p>Regional agreement on the use of the term 'Mental Health Liaison' rather than 'Liaison' was achieved and to be used going forward.</p> <p>Further work is to be done on the model and staff profile including training. A Review of the Mental Health Liaison standards against</p>	March 2025	<p>Some delay with recruitment for additional PHA staff-aim to complete by summer 2025</p>
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		and Crisis Response Home Treatment care network to progress necessary work on standardisation.		existing services is planned. SPPG will design a template for all Trusts to audit current position of Mental Health Liaison and Crisis Response Home Treatment service provision against RCPsych standards in order to progress greater regional consistency and standardisation.		
10 contd.	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	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	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.	The position continues as set out in the March update	March 2025	Some delay - as neither evaluation has been available for DOH review by the target date, due to staff absence in one of the services concerned.

	<p>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>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 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> <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</p>			
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			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.			
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	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	The C&V review commenced in mid December 2024 and is on track for completion within the estimated timeframe. The review has 3 phases: (i) Undertaking a survey of the C&V sector to establish a	In terms of the current status, the review is largely complete, and a draft report was received by the Department towards end March 2025. That report is currently going through the required quality assurance checks, but it is anticipated it will be	March 2025	On track to complete in the coming weeks.

	to implement Actions 17, 31 and 32 of the MHS.	complete by end March 25.	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.	finalised in the near future, once formal approvals and sign-off are secured.		
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	As above.	As Above	As above: recommendation 13 and 14 refer to the same workstream, As such, the update for Recommendation 13 also applies to Recommendation 14.	March 2025	On track to complete

	<p>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.</p>					
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