

BRIEFING NOTE FOR PUBLIC ACCOUNTS COMMITTEE

MEETING ON 10th MARCH 2022

**ON HSE EXPENDITURE ON MENTAL HEALTH SERVICES AND GOVERNANCE AND
OVERSIGHT ARRANGEMENTS**



HSE BRIEFING NOTE FOR PUBLIC ACCOUNTS COMMITTEE

MEETING OF MARCH 10TH, 2022

In advance of the Public Accounts Committee meeting scheduled for 10/03/22, please see below requested briefing note in respect of *‘a detailed breakdown of all HSE expenditure on mental health services, as well as associated governance and oversight arrangements’*.

1. Governance and Oversight

Under the Health Service Executive (Governance) Act 2019, the Board is the governing body for the HSE, accountable to the Minister for Health for the performance of its functions. The HSE Board’s Performance and Delivery Committee advises the Board on all matters relating to performance within the health service.

The HSE’s Performance and Accountability Framework (2020) sets out the means by which accountable officers within the HSE are held to account for their performance, ensuring that the system has clear authority, responsibilities and accountability structures
<https://www.hse.ie/eng/services/publications/serviceplans/service-plan-2020/performance-and-accountability-framework-2020.pdf>

In line with this framework, the relevant accountability structure in respect of Mental Health Services is as follows supported by the range of other HSE strategic and operational planning and corporate functions.

1	Service Managers to CHO Chief Officers
2	CHO Chief Officers to the National Director Community Operations
3	National Directors Community Operations to the Chief Operations Officer
4	The Chief Operations Officer to the Chief Executive Officer
5	The Chief Executive Officer to the Board
6	The Board to the Minister

2. Expenditure on Mental Health Services

In 2022, total mental health funding amounts to €1,159m. Since 2012, the mental health budget has grown by €452m of which €325m relates to development funding for priority service enhancements. These targeted investments have been directed by national mental health policy as outlined in Vision for Change (2007), Connecting for Life (2015), Sharing the Vision (2020) and in line with the broader Sláintecare reform programme.

In broad terms, the continued development of Mental Health Services have been aimed at;

- Modernising Mental Health Services that historically were centred on institutionalised care by building our workforce and investing in fit for purpose infrastructure.

- Promoting positive mental health at all levels of society, intervening early when problems develop, and providing accessible, comprehensive and community-based Mental Health Services for those who need them.
- Taking a person-centred approach with a focus on enabling and supporting the recovery journey of each individual, based on clinical advice and best practice, as well as lived experience.

Table 1 below outlines the movement in the Mental Health funding since 2012 as per the agreed National Service Plan each year. Appendix 1 provides a detailed breakdown of 2020 expenditure.

Table 1 - Net Mental Health Funding 2012 to 2022												
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total increase
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Budget per NSP (excluding Covid)	707	733	766	792	827	853	918	987	1,031	1,099	1,159	452
PFG development funding	35	35	20	35	35	35	35	35	13	23	24	325
Spend in MH (Surplus)/Deficit	note 1	719 (14)	746 (19)	785 (7)	823 (4)	853 (0)	920 3	987 (0)	1,036 5	1,090 (9)		
HSE total Budget per NSP (excluding Covid)	12,616	12,643	12,213	12,812	13,514	13,949	15,222	16,050	17,056	18,947	19,985	
MH budget as a % of overall HSE budget	5.6%	5.8%	6.3%	6.2%	6.1%	6.1%	6.0%	6.2%	6.0%	5.8%	5.8%	
Note 1 - Spend for 2012 was included in a consolidated Community operations heading, no split for MH is available												
Development funding:	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Pay (WTE related) €m	25	31	20	21	15	23	20	19	8	10	14	205
NP €m	10	4	0	14	20	12	15	16	5	13	10	120
Total Development funding	35	35	20	35	35	35	35	35	13	23	24	325
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Pay cost pressure/ELS funding	0	0	(12)	(5)	(1)	10	23	17	23	43	30	128

Mental Health currently gather monthly data on each of the 73 CAMHS community teams which deliver services across the country. This data is also collected for General Adult (112 teams) and Psychiatry of Later Life (32 teams). This data enables monthly reporting on staffing, cost and key performance indicators around patient activity for each team which can be reported across a multitude of requirements including by CHO, Integrated Service area (ISA), Local Health Organisation (LHO) and Executive Clinical Director (ECD) area if required. Similarly, monthly data around Mental Health acute unit bed usage is captured to enable National reporting in this regard.

The current financial system enables Mental Health to report financially by annual financial statement category as outlined in detail in Appendix 1, this compliments the data outlined above and can be reported across the same reporting area requirements.

It should be noted also, that a number of CHO's, in advance of the implementation of the HSE's new Integrated Financial Management System (IFMS), have made initial steps in advancing their service reporting structures and this is expected to be fully completed for all areas in line with the implementation of IFMS.

As outlined in table 2 below, the current CAMHS budget is €125.18m or 11% of the overall Mental Health budget.

Table 2 - Mental Health CAMHS budget	
CHO	Total CAMHS budget €m
Total	125.2
	€m
Mental Health budget per NSP 2022	1,159
CAMHS budget as a % of overall Mental Health budget	10.80%

Minor works funding:

Mental Health secured €3m under Programme for Government 2017 development funding and a further €3m under 2018 development funding giving a total recurring minor works fund of €6m annually to address building works as a result of regulatory requirements. Cumulatively, to the end of 2021 this has resulted in investment of €27m in regulatory works over this period.

3. WTE targets and budget delivery

The HSE is committed to expanding its workforce both in number and in skill, through actively modernising our approach to workforce planning, recruitment, upskilling and professional service provision. The HSE is making significant progress in building its capacity both internally and externally to meet its recruitment needs.

The size and scale of the continuing resourcing requirements under NSP 2022 demands a continued expansion in the overall recruitment capacity and capability coupled with efforts to enhance workforce retention by the largest employer in the state.

The approach to the management and delivery of development budget relating to WTE targets is to centrally coordinate the release of applicable funding to services. Development funding is released to relevant services once the recruitment process has been finalised. The treatment of any once-off timing savings related to the recruitment of staff can only be utilised on a once off basis after seeking agreement and sanction of the Department of Health.

4. HSE Mental Health Services Workforce

Currently Mental Health Services employ 10,362 WTE across all areas. Between 2012 and 2021, development funding has enabled Mental Health Services to recruit 2,344 posts over this period. The vast majority of these posts (89%) have been directed at recruitment of clinical staff involved in direct care.

Table 3 - Mental Health Development posts filled from 2012 to December 2021							
NSP funding year	H&SCP	Mgt/Admin	Medical	Nursing	Other Patient & Client Care	General Support Staff	Grand Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Total	1,032	243	172	779	107	12	2,344

Availability of skilled staff is a significant issue in Mental Health Services where demand outstrips supply and where our workforce, particularly younger staff, are availing of employment opportunities outside of Ireland. The HSE continue to proactively mitigate the risks this presents by, amongst other things, building a service that is attractive to work in, offering flexible working arrangements and by fully utilising opportunities offered by telehealth solutions. The nature of the employment market and peoples' working life choices has also meant a shift towards increased agency based contracts.

Since 2012, Mental Health Services have seen a net growth of 1,441 Whole Time Equivalent (WTE) posts, while increases in agency staff and overtime equals an additional 789 WTEs into the workforce. In parallel, significant capacity has also been built into appropriate primary care and community provided services to reduce pressures on specialist mental health services, including CAMHS.

Mental Health Services have been proactive in trying to address these staffing issues by funding the following initiatives from within Mental Health resources:

- Nursing – Mental Health have invested €6m annually since 2016 to generate additional Nurse training capacity through collaboration with training colleges/universities. This has resulted in additional annual placements of 130 Nurse undergraduate places (4 year course) and 40 Nursing postgraduate placements (1 year course) each year since 2016. The first graduates from the four year undergraduate course were in September 2020 which are helping to address underlying Nurse staffing capacity issues throughout Mental Health Services.
- Medical – In conjunction with College of Psychiatrists of Ireland, Mental Health have invested €1.5m annually since 2020 in a “Higher Specialist Training” course in order to train 40 additional consultant psychiatrist posts each year.
- Psychology – Mental Health have invested €5m annually since 2016 to recruit 130 assistant psychology posts to help in part to alleviate staffing shortages in psychologists within Mental Health.

5. Outcomes from investment

Development funding has been invested across a number of prioritised areas of service enhancements, including building capacity in CAMHS and youth mental health, enhancing Community Mental Health Teams (CMHTs), developing specialist services and clinical programmes, suicide prevention, investing in mental health in primary care, service user involvement, modernising forensic services and digital services.

- An additional 18 CAMHS Teams since 2012, and generally enhanced capacity in CAMHS. Between 2020 and 2021, the number of accepted referrals increased by 21%
- Enhanced in-patient CAMHS capacity and reduction of young people admitted to adult acute units
- Enhanced capacity within our General Adult and Older Persons CMHTs, which has significantly reduced admissions into and lengths of stay in acute in-patient units
- More developed 'upstream' Mental Health Services, including funding for partner organisations such as Jigsaw
- Greater access to talking therapies, including establishment of Counselling in Primary Care (CIPC), which has seen more 150,000 people referred for treatment since 2013
- Building specialist services, including for those with mental health and intellectual disabilities, perinatal Mental Health Services, and Specialist Rehabilitation Units (SRUs).
- Development of a new National Forensic Mental Health Service in Portrane, which will incorporate a new 10 bedded Forensic CAMHS unit
- Design and implementation of four national clinical programmes including Self Harm, Eating Disorders etc.
- Establishment of a Mental Health Engagement function nationally and within each Community Health Organisation, as well as recruitment of peer support workers, and
- Expansion of suicide prevention, mental health promotion and telehealth

An additional €24m has been made available to enhance and build new Mental Health Services in 2022. This will allow the HSE to continue our implementation of the national clinical programmes, build out-of-hours services, crisis response teams and crisis cafés, and bring forward a recovery approach into all services.

Appendix 1 - Mental Health expenditure 2020							
Expenditure heading:	Medical €m	Nursing €m	AHP's €m	Mgmt/ Admin €m	Support €m	Total €m	% of net spend %
Pay expenditure:							
Agency	27.1	18.9	5.4	3.5	16.3	71.3	6.7%
Overtime	9.1	16.2	0.1	0.2	3.9	29.6	2.8%
Payroll	144.3	336.1	98.3	53.3	91.8	723.9	68.1%
Total pay expenditure	180.5	371.3	103.8	57.0	112.1	824.8	77.5%
% of total pay expenditure	22%	45%	13%	7%	14%		
Non Pay expenditure:							
Capitation - Private Placements						55.3	5.2%
Grants to NGO's						45.8	4.3%
Maintenance						27.2	2.6%
Rent and Rates						19.2	1.8%
Professional Services (incl CIPC counselling)						13.4	1.3%
Cleaning & Washing						12.0	1.1%
Drugs						9.8	0.9%
Catering						9.8	0.9%
Heat Power & Light						9.6	0.9%
Education & Training						9.4	0.9%
Travel & Subsistence						8.2	0.8%
Capitation - Saint John of God bed purchases (SJOG private hospital)						6.3	0.6%
Capitation - National Specialist Rehabilitation unit						6.3	0.6%
Miscellaneous (incl security)						5.2	0.5%
Computer costs						4.7	0.4%
Furniture						3.1	0.3%
Medical/Surgical Supplies						2.8	0.3%
Patient transport						2.7	0.3%
Bedding & Clothing						2.2	0.2%
Vehicles running costs						1.1	0.1%
Cash Allowances patients						0.7	0.1%
Medical Supplies & Contracts						0.7	0.1%
Other Medical Equipment						0.6	0.1%
Bad & Doubtful Debts						0.4	0.0%
Vehicles Purchased						0.4	0.0%
Laboratory costs						0.3	0.0%
Total Non pay expenditure						257.1	24.2%
Income:							
Agency/Services						(1.6)	-0.1%
In-Patient Charges						(1.8)	-0.2%
Other Grants incl Genio						(2.9)	-0.3%
Other Income						(5.4)	-0.5%
Long Stay charges						(6.5)	-0.6%
Total Income						(18.2)	-1.7%
Total expenditure (net of income) 2020						1,063.7	100.0%
						Note 1	
Note 1 - post NSP adjustments (NSP agreed at start of year and adjustments below occurred between NSP date & year end)						€m	
Primary care psychologists						7.0	
Social Inclusion MH supports						2.4	
Covid transfers						(16.3)	
Consultant settlement contract						(16.8)	
Internal commissioners						(3.9)	
Total						(27.7)	
Reconciled expenditure to table 1						1,036	