

**Facilitation Process concerning the difficulties in implementing
A Vision for Change in the South Tipperary & Carlow
Kilkenny Catchment Area Mental Health Service.**

*Report for the Director of Office of Disability & Mental Health, Department
of Health & Children, Ms. Bairbre Nic Aongusa.*

October 28th 2010

Introduction

- A public announcement that St. Michael's Psychiatric Unit in Clonmel would close led to problems in the implementation of *A Vision for Change* in the new Mental Health Services Catchment Area of Carlow/Kilkenny and South Tipperary.
- These problems had many aetiological factors. A public furore ensued concerning the merits of St. Michael's Unit rather than a structured dialogue and debate with key stakeholders on the development of a modern cost-effective community orientated service for the people of the catchment area.
- I was nominated by the Minister for Health and Children to assist in such a way as to "pave the way towards developing a shared understanding between the Consultant Psychiatrists in the South Tipperary Mental Health Service, the Executive Clinical Director and HSE Management about the way forward for the services, consistent with *A Vision for Change* and having regard to available resources and the overall budgetary situation facing the HSE."

Policy Context

- *A Vision for Change* is the explicit Government Policy for the delivery of Mental Health Services in the Republic of Ireland. This policy has been endorsed by patients, patients' advocates and the professional community in mental health services. This explicit policy is in the best interests of patients. It is an evidence-based policy and one strongly supported by the College of Psychiatry and other professional representative bodies. To implement this policy, changes in current

service organisation and delivery are necessary. This poses surmountable challenges in the current economic climate. To implement this policy there is a need to move resources from institutional services to the community.

- In HSE South the changes necessary include the amalgamation of two existing catchment areas of the Mental Health Services, South Tipperary and Carlow/Kilkenny. The process ran into problems when the closure of a psychiatric unit (St. Michael's, Clonmel) which had served South & North Tipperary for many years was announced in January 2010. This announcement came as a surprise to the South Tipperary Consultant Psychiatrists.
- The problems experienced in the process could be seen as the result of this one event but this is too simplistic. It would appear that there is a history of poor communication and poor governance in local mental health services which had adversely affected the nature of the service delivered to patients in the South Tipperary area for many years and made many stake holders, especially the Consultant Psychiatrists, wary of promises of safely resourced change and wary of formal engagement with key managers charged with delivering the change.
- Senior clinicians including Consultant Psychiatrists and the Executive Clinical Director, Senior Nurse Managers and general management are obliged by professional ethics and their contracts to engage in proper effective clinical management and governance. They have a major responsibility to work together in the interests of patients and the best outcomes for patients. The new governance arrangements in the HSE make this an imperative for all concerned.

The Consultative Process Undertaken

Through the spring and early summer I initially met each of the Consultant Psychiatrists from South Tipperary individually and subsequently met with them as a group on eight occasions. Regular telephone and e mail contact was also helpful. I met the Executive Clinical Director (ECD) for the South Tipperary & Carlow/Kilkenny Catchment Area, Dr. Frank Kelly, the Local Health Officer (LHO) in South Tipperary, Mr. Seamus Moore, the Regional Director of Operations (RDO) for HSE South, Mr. Pat Healy, the Assistant National Director for Mental Health Services, Mr. Martin Rogan and the Inspector of Mental Health Services, Dr. Pat Devitt.

- I wish to thank them all for their openness and cooperation. I also want to praise the positive way in which the South Tipperary Consultant Psychiatrists engaged with this process and focused their energies on making it a fruitful one.
- It is worth noting that having previously been involved in public and media protest once the Consultants found that there was a forum within the system where they could openly discuss concerns they committed to it.

The availability of the Consultants, the ECD and the RDO to me whenever issues needed clarifying was helpful & encouraging in view of their busy schedules and emphasised the importance they place in the implementation of *A Vision for Change* in South Tipperary & Carlow/Kilkenny.

Analysis

- *A Vision for Change* recommends that mental health services should be organised nationally in catchment areas for populations of between 200,000 & 400,000. The areas of South Tipperary & Carlow/Kilkenny are to be reconfigured into one catchment area (Population approximately 205,000). Development of the catchment area service will require investment in community services and a concomitant reduction in inpatient beds.
- Financial resources have been set aside by Government for this. A planning document was drafted at a high clinical management level as to how the Mental Health Services would be delivered in this new catchment area. This document included an initial option appraisal in relation to inpatient treatment.
- Unfortunately an incomplete rough draft of this document was circulated before any discussion could evolve based on a properly researched and completed document.
- A public announcement of the closure of the acute psychiatric unit in Clonmel without warning the Consultants or senior staff of the impending announcement followed. This had at least two damaging effects. Firstly it focused the debate on St. Michael's Unit when the focus should have been on how best to deliver mental health services to people living in South Tipperary and Carlow/Kilkenny. Secondly it further alienated the South Tipperary Consultant Psychiatrists from the South Tipperary & Carlow/Kilkenny Catchment Area development process. A public war of words involving, among others, South Tipperary Consultant Psychiatrists ensued that received wide coverage in the local and national media.

- The situation was exacerbated by the historical fact that St. Michael's Unit and St. Luke's Hospital (both inpatient units of the South Tipperary Mental Health Services) had been the subject of reviews in the past leading to national media exposure of a very negative nature. All parties were thus sensitised to any actions that implied further criticism of the unit and the professional staff attached to the unit in a situation where it was perceived locally that any positive findings of such reviews did not get the same publicity.

My objective was to engage in a structured dialogue with stakeholders including the South Tipperary Consultant Psychiatrists. I am satisfied that all of the stakeholders in South Tipperary are committed to implementing the new policy but concerned at how the new catchment area will work for their patients and by how they have been engaged in the implementation process thus far.

Summary

The problems that have occurred in the implementation of *A Vision for Change* in South Tipperary are the consequence of several factors. These include: a history of poor communication and mistrust between administration and clinicians locally; a history of concerns about service delivery raised by, among others, local Consultant Psychiatrists that do not seem to have been satisfactorily resolved; a historical lack of investment in mental health services locally; the sidelining and disparagement of South Tipperary Consultant Psychiatrists in the process; a misinformed public debate which has been promoted by people not involved in delivery of mental health services; a drift in focus of the transition process from development of mental health services in the new catchment area of South Tipperary & Carlow/Kilkenny to the future of St. Michael's Unit; the leaking and dissemination of working documents before they were ready for public scrutiny and a lack of investment in staff mentoring and training in advance of a major change in work practice. A key group of clinicians, the Consultant Psychiatrists of the old South Tipperary Mental Health Services, feel excluded and maligned in a situation that was already fraught for them. However there is nothing to be gained by further analysis of past problems with the change process. A productive but consultative process focused on the delivery of *A Vision for Change* in the catchment area of South Tipperary & Carlow/ Kilkenny is needed.

This process must be clear, confidential and inclusive. There is a need to develop a collective leadership style based on mutual trust and respect, focusing only on best outcomes for patients.

There are 4 main issues for the South Tipperary Consultant Psychiatrists:

1. They perceive that the focus is on administrative processes rather than partnership in delivery of care to patients.
2. They want to have a meaningful direct active involvement in service planning, implementation and evaluation of the South Tipperary & Carlow/Kilkenny Catchment Area Mental Health Services.
3. They believe that they have worked in dysfunctional and outdated governance and clinical structures for some years.
4. They perceive that their reputations individually and as a group have been damaged due to statements allegedly made to colleagues, HSE hierarchy and the Minister and Junior Minister for Health and Children.

Any solution to the problem will need to take account of these four issues.

Recommendations

- The role of the Executive Clinical Director (ECD) is key to the delivery of *A Vision for Change*. The ECD in this case had not been given protected time from his clinical commitments and has not had consistent administrative support to fulfil this leadership role. I am assured that steps are in train to remedy this but these must occur as a matter of urgency.
- Each Consultant and each Senior Manager including Senior Nurse Management have important responsibilities to discharge in respect of the management of mental health services. The ECD and the Senior Clinical Personnel must work together effectively to secure the best outcomes for patients and maximise the use of limited resources.
- It is obvious that the best interests of patients will not be served by the continuation of a diluted model that does not deliver fully on *A Vision for Change*. In the current economic climate this is a risk. Implementation of *A Vision for Change* will require imaginative use of existing resources. This will require changes in working practices and location of personnel in a new enlarged service. However for this to work in the best interests of patients there needs to be a clear system in place for the delivery of appropriate support to patients during transition and in the long term.
- The focus of debate and developments in South Tipperary must return to the needs of patients and the delivery of national policy. *A Vision for Change* is the agreed policy for implementing a recovery based mental health service in the interest of patients. This policy puts community based services to the forefront and the fact that the process in South Tipperary & Carlow/Kilkenny has been monopolised by a debate about the placement of inpatient beds is unfortunate to say the least. The inpatient

situation should be a part of any development but as it is seen as the treatment environment for a minority of clinical problems it should not monopolise the energies needed to deliver a modern patient centred service. This move to the community is not easy but is achievable and offers positive opportunities for patients and clinicians alike.

- At the start of the summer proposals from Senior Administration as to governance presented opportunities for a formative collaborative process that the South Tipperary Consultant Psychiatrists were open to exploring. These include a Governance Framework Document and the establishment of a Steering Group for the development of the new amalgamated catchment area of South Tipperary & Carlow/Kilkenny. These are the type of developments I believe are necessary to move this vital patient care initiative forward. It is also most important that the governance structure provides an open, supportive and accountable environment in which the relevant clinicians work. Unfortunately as of my last visit on September 16th concerns remain. I make recommendations below to assist in the necessary developments.
- There have been problems in the past for patients and clinicians in the South Tipperary Mental Health Services. *A Vision for Change* and the resources committed to its implementation in the new super catchment area of South Tipperary & Carlow/Kilkenny offer an opportunity for a new beginning. The new catchment area will bring new governance structures and new resources and both these developments will improve the lives of patients and clinicians. A new Steering Group for this catchment area has been initiated and a new Governance Framework Document has been prepared as a living document to aid in service development. These can form the

basis of a supportive, evolving and patient centred structure if allowed time to function.

- As so much depends on the success of this group it should get every support going forward. This support must come from the HSE structures that surround it and from the members of the group itself.
- As this Steering Group is so important to the successful delivery of the new super catchment area mental health service I think outside support for the running/facilitation of the group should be given until it is well established and functioning.
- Such outside support must be by a person or persons who are seen by all as independent and experts in the area of Facilitation and Governance.
- The clinical leadership structures agreed nationally must be supported and allowed to work. The Executive Clinical Director must be freed from direct patient care responsibilities so that he can give his undivided attention to the development of the new mental health service. He must be otherwise supported in his leadership role with clarity in the reporting structures and an end to second guessing of clinical developmental decisions by other parties. The decisions of the Steering Group must also be recognised in a clear line of decision making within the HSE locally with no second guessing or undermining of decisions by other parties. Lines of governance should be clearly delineated with simple lines of decision making and accountability that are adhered to and in line with those prescribed in *A Vision for Change*. Decision pathways should not bypass the Steering Group. The Steering Group must have clear written standing orders and agreed minutes including the decisions of each meeting.

The standing orders of the Steering Group and any sub-groups should guarantee the right of individual members to speak openly and give opinions without fear. I take for granted here of course that the ECD and the Steering Group will make decisions within national policy and resource agreements.

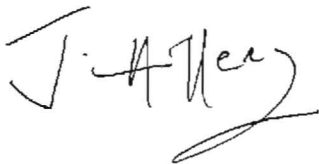
- Within the local mental health services and the Steering Group the process must be supported also. For this to happen all parties, including the Consultants must act in an open, collegial and mutually respectful way. All parties should refrain from expressing unsubstantiated and defamatory criticisms of others. All involved in the development of the South Tipperary & Carlow/Kilkenny Catchment Area Mental Health Service should not react to rumour, incomplete information (such as unfinished documents) or e mails that cause alarm but rather should use the governance structures and the Steering Group as the forum for clarification, deliberation and development moving forward.
- As it seems to me that intra-professional communication is vital for the success of the process the Consultants for the new catchment area must develop a forum where their representatives in the planning and development process can give feedback to them on progress and get feedback from them to bring to the process. Any such feedback must be formally agreed and recorded in minutes of the consultants' forum. I would suggest that other groups of mental health professionals have similar fora to allow constructive feedback from and to the Steering Group.
- The change to a new way of working will bring challenges for all currently involved in the delivery of support to patients. It is vital that all frontline staff are supported in refreshing their skills to meet with a changed working environment. A programme for

the necessary staff training must be developed with the support of the relevant national bodies (e.g. Mental Health Commission, Irish College of Psychiatry, An Bord Altráinis) and implemented to ensure the delivery of a high quality service to patients.

- A plan delineating the care pathways for patients in the new the South Tipperary & Carlow/ Kilkenny Catchment Area Mental Health Service needs to be produced as soon as possible and finalised in consultation with all stakeholders especially those who will deliver the service. This will alleviate the concerns of clinicians in the mental health service, community G.P.s and patients about how the new catchment area mental health service can meet their needs.
- There needs to be a document delineating the process and timeline leading to the implementation of the new catchment area mental health services of South Tipperary & Carlow/Kilkenny. This document must include a demarcation of the resources that need to be in place to ensure that patients who previously would have been admitted receive appropriate support in the community. These resources need to be in place before any local bed closures occur. This is a crucial patient safety issue. The Steering Committee is the appropriate forum for the production of such documents but it must act with speed if damaging concerns are to be alleviated.
- A concern has been expressed to me by the local Consultant Psychiatrists and other stakeholders about the governance structures in relation to critical incidents and this issue must be dealt with clearly. Firstly as clinical audit is now a professional and legal imperative for doctors the working environment must facilitate this for Consultants and all clinicians. Secondly a clear guide should be created as to how to

investigate critical incidents and the appropriate response for different types/levels of incidents. This should probably be a task for the Steering Group to ensure consistency across the new catchment area. The Mental Health Commission &/or the Inspector of Mental Health Services may be helpful in developing such a guide relevant to the needs of the service. This combination of clinical audit and critical incident appraisal must be supported as part of the delivery of a safe patient centred service.

- The ECD should be given the support (practical and philosophical) necessary to fulfil the leadership role in service development to ensure the process of introducing *A Vision for Change* in the South Tipperary & Carlow/ Kilkenny Catchment Area proceeds with appropriate urgency. The ECD should be given protected time (at least 50%) away from clinical issues to allow him to focus on the transition process.
- It is my opinion that the problems encountered in implementing *A Vision for Change* and developing a new modern mental health service for the catchment area of South Tipperary & Carlow/Kilkenny can be overcome. All of the stakeholders have deep-seated commitment to patient care. With the assistance of an experienced facilitator, the poor relationships which have developed can be replaced by relationships built on mutual respect and trust. I would strongly recommend that an experienced facilitator be retained to put in place the necessary governance structures to support the development of the service.

A handwritten signature in black ink, appearing to read 'J. Hillery', with a long, sweeping underline.

John Hillery MB, FRCPI, FRCPsych.