Auditor General for Scotland (AGS) and Accounts Commission report on Adult Mental Health,.

13 September 2023

Aim and focus

- The overall aim of the audit is to answer the question: How effectively are adult mental health services across Scotland being delivered?
- We have focused on the progress made since 2017, when the Scottish Government published its Mental Health Strategy 2017–2027
- This report is in four parts:
- Part 1. Access to mental health support and services
- Part 2. Progress towards improving mental health services
- Part 3. How well resources for adult mental health are managed
- Part 4. Plans and strategic direction.

Key messages

- Funding for adult mental health services has increased significantly since 2017.
- But a lack of data makes it hard to see what impact this increased spending has had.
- Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support.
- NHS boards are still not all routinely offering face-to-face appointments as a choice.
- The mental health workforce is under pressure, with high vacancy rates and turnover.
- And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed

Key messages

- Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty.
- People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow.
- Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

Key messages

- The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information.
- It does not measure the quality of care or the outcomes for people receiving it.
- The Scottish Government focuses on only waiting times for psychological therapies to assess how adult mental health and wellbeing services are performing.
- The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

Key Messages

- The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed.
- It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them.
- These include increasing mental health funding by 25 per cent
- Ensuring that ten per cent of front-line health spending is on mental health
- Giving all GP practices access to primary care mental health and wellbeing services.

Scottish Government response to date:

- On 7 November 2023, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published two plans linked to its joint Mental Health and Wellbeing Strategy, published in June 2023:
- Delivery Plan 2023-2025 sets out the actions that will be taken to progress the outcomes and priorities in the joint strategy.
- Workforce action plan 2023-2025 sets out how the Scottish Government and the Convention of Scottish Local Authorities (COSLA) PA/S6/23/30/1 3 will progress a range of activities to address key workforce issues raised by delivery partners.
- Alongside these plans, the Scottish Government and COSLA also published on 7
 November 2023 their Outcomes Framework, which is intended to set out "the range of
 changes needed across society to improve mental health and wellbeing in Scotland, and
 will help monitor and evaluate progress as Strategy is implemented".
- The Scottish Government published its Core Mental Health Standards 29th Sept 2023. SG are taking a phased approach to the measurement and implementation of the standards. This will include a pilot and the development of a self-assessment tool.

• Implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024

- DBI pilot ends March 24 SAMH
- Funding committed from 2024 recurring from Action 15
- Positive outcomes locally, high numbers supported, clinical lead, reduction in distress levels, good links (unscheduled care, Police Scotland, SAS etc)
- Difficulties recruiting leading to high contact via telephone and not F2F
- Extend contract 2024 2026
- Review and recommission 26 onwards

 Before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022

- Guidance awaited
- Some local outcome's measured e.g. PT/ Renew and DBI
- Scottish Government and COSLA also published on 7 November 2023 their Outcomes Framework

 Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support

- Local work undertaken to scope gaps in service Gaps include:
- Under 18s anxiety and depression
- EUPD
- NDD
- No funding committed to date
- PCIP withdrawn CLW funding locally

• In the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services

- PT Specification published
- Reviewing local PT services against Specification
- Little additional investment in secondary care PT

 In the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services

Update (Caroline do you want to add/amend?)

- PT data reported via Access Board
- Performing higher than national average against HEAT (84% Oct 23)
- Renew (Primary care MH service commissioned via PCIP and Action 15) – evaluates well – high referral rate 300+ per month.

The Scottish Government and Integration Joint Boards (IJBs) should:

- Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:
- service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand
- information can be shared between health and social care partners more easily
- they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact

The Scottish Government and Integration Joint Boards (IJBs) should: Update

National

• Workforce action plan 2023-2025 - sets out how the Scottish Government and the Convention of Scottish Local Authorities (COSLA) PA/S6/23/30/1 3 will progress a range of activities to address key workforce issues raised by delivery partners.

Local

- SB HSCP Integrated Workforce plan Oct 22
- Implementation Board est Jan 2023
- Quarterly performance reports to the Integration Joint Board
- Quarterly performance reports to the HSCP Joint Executive Team
- To take monthly reports from the workstream leads
- High level little focus on specific MH workforce across primary and secondary care
- MH service reviews developing/collecting D&C data

The Scottish Government and Integration Joint Boards (IJBs) should: Update

- MH Medical Workforce plan proposed
- CAMHS workforce Plan developed (R&R funding)
- Skills mix e.g. ANPs, AHPs, CAAPS, Asst Psychologists, Peer workers, SW Para professionals, Band 5 6 development programmes
- Some measurement of quality –ad hoc- requires development
- Developing service dashboards Wards, CAMHS, BCT....
- Access Board reports CAMHS, Addictions, PT
- Reviewing Commissioned Services
- Contract reviews standard
- Investment in early intervention and prevention: LACS, DBI, Recovery College, Shared Lives, Digital interventions psychology...

IJBs, HSCPs and NHS boards should:

Provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy

- All secondary care predominantly F2F
- Renew predominantly on line with option of F2F if unable to access on line (rurality and ltd resources) – Good outcomes
- DBI having to use some on line/telephone access due to demand and resource limitations
- Public health (Health Improvement Steering Group (looking to develop new web resource detailing self help and services)

IJBs and councils should:

 Urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services

Local Position:

- Mental health services, housing and employability services are all working together via the Mental Health Improvement and Suicide Prevention steering group and have contributed to developing shared goals in the Creating Hope in the Scottish Borders Action Plan.
- Eildon Housing Association, Berwickshire Housing Association and SBHA are all members of the steering group and have engaged in our training and capacity building to improve how they support the mental health of their tenants including crisis support and appropriate signposting.
- DWP (JobCentre Plus) has been an active partner in the steering group for a number of years and along with Skills Development Scotland has accessed our training and capacity building as well as contributing to the shared goals in the action plan.
- Key areas of action within the action plan include developing Mentally Healthy Communities and Suicide Safer
 Communities which are aimed at promoting the conditions that protect against poor mental health and suicide risk, and
 we will be working with partners including mental health, primary care, housing, employability and welfare support
 services as we take this work forward in 2024.
- Also the poverty and mental health issue needs a bigger focus which I hope will come through the Health Inequalities strategy (in development).

Questions