

# Mental Health Strategy Delivery Plan 2023-25

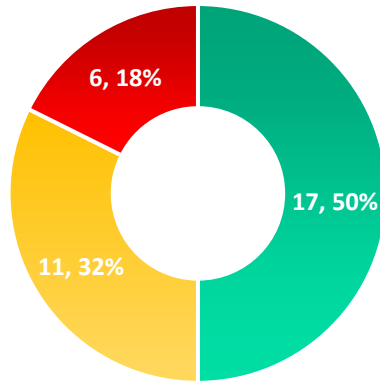
## Delivery Progress Report



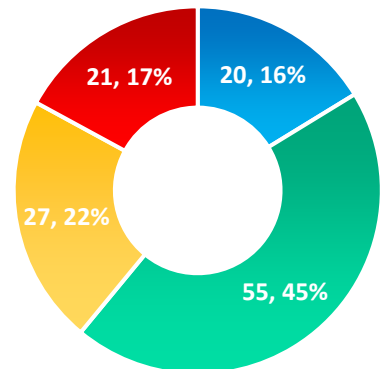
**Progress Report Scope:** High level progress on delivery of the Mental Health & Wellbeing Strategy Delivery Plan.

## Action Delivery Assessment Overview

### Delivery status of 34 strategic actions



### Delivery status of 123 delivery actions



- Delivered
- On Track
- At Risk
- Off Track

## Risk & Issue Summary

### Risks

- There are concerns that financial pressures and budget decisions are impacting service delivery, delivery partner capacity, and internal prioritisation.
- There are capacity concerns across all delivery partners, the Mental Health workforce and within SG Mental Health teams.

### Issues

- It is unclear what budget is available across the delivery plan for implementation.
- Three areas note having no budget allocated to take work forward – Mental Health and gambling support, Forensic Mental Health governance arrangements, Forensic Mental Health data collection.
- There are significant delays to Survivor Support re-design.
- There are significant delay to delivering the Veterans' pathway.

N.B. There will be instances where Strategic Actions remain open despite all delivery actions being complete. This is due to the ambitions and medium-long term nature of the Strategic Actions which will be considered for future iterations of the Delivery Plan.

## Mental Health Strategy Delivery Plan 2023-25 – Delivery Overview



**Complete** – commitment / activity delivered



**On Track** - proceeding in line with expecting scope, timescales and within agreed resource envelope.



**At Risk** - concerns that previously agreed scope, timescales or resourcing may not be achieved



**Off Track** - issues have arisen which cause significant concerns regarding the delivery of the work, with interventions either underway or required to address. Deadline missed.

Priority		Strategic Action	RAG	Sub-Action Delivery RAG			
1	Tackle mental health stigma and discrimination	1.1. Stigma & discrimination.	At Risk	20%	40%	20%	20%
2	Improve population mental health and wellbeing	2.1 Wellbeing advice, resources and support.	At Risk	20%	20%	60%	
		2.2 Expand digital therapies & resources.	On Track	33.33%		33.33%	33.33%
		2.3 Lived experience in workforce & peer support.	On Track	100%			
		2.4 Trauma Informed workforce.	At Risk	25%	25%	50%	
		2.5 Role of employability services in MHWB.	At Risk	20%	80%		
		2.6 Enhanced mental health support in educational settings.	At Risk	20%	20%	40%	20%
		2.7 Learning disability & autism leadership work.	On Track	100%			
3	Increase mental health capacity within GPs, PCC.	3.1 Community based mental health support and services CYP.	On Track	33%		67%	
		3.2 Build capacity in local services and third sector community groups.	On Track	50%		50%	
		3.3 Shift the balance of care to community.	On Track	25%	75%		
4	Support to people in distress and crisis.	4.1 Implementing Y1 Action Plan of Creating Hope Together Strategy.	On Track	20%	80%		
		4.2 Publication of Joint COSLA / SG Self Harm Strategy & Action Plan.	On Track	100%			
		4.3 Full national coverage Distress Brief Intervention Programme.	On Track	33%		67%	
		4.4 Trauma informed support for people experiencing distress & crisis.	On Track	75%			25%
		4.5 Improve unplanned and urgent mental health care.	On Track	16.5%	83.5%		
5	Tackling social determinants and equalities	5.1 Cross governmental action.	Off Track	25%	25%	50%	
		5.2 Best Start, Bright Futures Tackling Child Poverty Delivery Plan, the Promise, Whole Family Wellbeing Funding and national approaches to Fair Work.	On Track	100%			

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Priority		Strategic Action	RAG	Sub-Action Delivery RAG			
6.	Improve MHWB support and reduce waiting times CAMHS & PT.	6.1 CAMHS and Psychological Therapies (PT) waiting times standards.	On Track	50%		50%	
		6.2 Implementation of Mental Health Core Standards for MH Services.	At Risk	33%	17%	50%	
		6.3 Develop integrated pathways in line with GIRFEC and GIRFE.	At Risk	67%		33%	
		6.4 Self-improving systems and benchmarking data.	On Track	50%		50%	
		6.5 Reporting and use of information on patient journeys, protected characteristics, outcomes and experiences for those accessing services.	Off Track	40%	20%	40%	
		6.6 Reform of Adults with Incapacity (AWI) Legislation.	On Track	50%		50%	
7.	Ensure quality of care and treatment, timely access, closer to home.	7.1 Answering Audit Scotland’s Adult Mental Health Report and action to improvement of the oversight and governance, planning and delivery.	At Risk	100%			
		7.2 Ensure the mental health built estate enables the delivery of high quality, person centred and safe care.	Off Track	100%			
8.	Continue to improve support for those in the forensic mental health system.	8.1 Reform in forensic mental health services, including progressing issues identified by the Independent Review (Barron).	At Risk	25%	75%		
9.	Strengthen support and care pathways for people requiring neurodevelopmental support.	9.1 Work with partners to strengthen support, care, and treatment pathways across the lifespan for neurodiverse children, young people, and adults.	Off Track	50%		33%	17%
		9.2 Improve the MHWB of people with learning and intellectual disabilities.	Off Track	75%			25%
		9.3 Enshrine a human right based approach for people with ND in legislation.	Off Track	100%			
10	Reduce the risk by promoting good relationships and trauma-informed approaches.	10.1 Through GIRFEC approach throughout the lifespan.	On Track	20%	60%		20%
		10.2 Invest in and embed perinatal and infant mental health services.	At Risk	67%		33%	
		10.3 Work with survivors to provide services to those who have experienced childhood abuse.	At Risk	33%	67%		
		10.4 Develop and launch our initial 2-year delivery plan for our new Dementia Strategy for Scotland.	On Track	50%		50%	

## Actions determined to be 'off track' for further consideration

Ref	Action	Reason for red rag	Mitigating actions
1.1.2	Form an anti-stigma collective to support innovation, share leadership and commitment to take forward the key actions identified by the expert group.	Opposing views with See Me on delivery collective. See Me in favour of short term/short life working groups with fluid membership to work on specific actions. SG in favour of longer-term membership model to provide consistency and engender the ownership needed for taking forward actions on stigma across organisations and sectors	Ongoing discussions with See Me to agree way forward.
2.1.3	By spring 2024, redevelop online mental health and wellbeing self help and support content, to respond to the needs of children and young people, and their parents and carers. This includes a refresh Young Scot's Aye Feel mental health and wellbeing hub, and expansion and development of the resources and content on Parent Club, including the 'Wellbeing for Wee Ones' Hub.	Missed delivery date of spring 2024. Parent Club work was suspended in Q4 due to Path to Balance.	Currently in process of getting approval to run the Teen Mental Health campaign. Colleagues in marketing are progressing this work however there are funding implications if not approved.
2.4.4	By Spring 2024, set out future priorities for the NTTP in a long-term delivery plan.	Missed delivery date of spring 2024.	A long-term delivery plan for the NTTP has been drafted. Delays to progress due to funding and staff capacity / prioritisation activity. Aim is to review and progress this activity in Q3 with a view to producing a public facing document by late 2024.
2.5.4	By the end of 2023, complete the review of suicide prevention and mental health and wellbeing training programmes and identify actions to ensure that those who would benefit from training, such as employers, frontline services, etc. can easily access a range of high-quality mental health and suicide prevention training programmes.	Missed delivery date of end 2023. This work is significantly behind schedule.	PHS have submitted a draft final report with a meeting scheduled early June 2024 to agree steps to finalise and share the report. Operational risk noted around PHS capacity.
2.6.5	Throughout the life of this Delivery Plan, work with colleges and universities to ensure the mental health and wellbeing needs of students are met, and utilise investment in supports and services with a focus on early intervention. We will explore opportunities to improve acute services pathways and promote the value of embedding student mental health agreements within institutions through NUS Think Positive.	Funding not yet approved resulting in risk of redundancies in Think Positive, and key deliverables in the SMHA plan not being achieved.	Re-submitting AO template to secure funding.
4.3.1	Support local areas and national pathways to implement the Distress Brief Intervention programme (DBI) for people aged 16 and over, achieving full national coverage by March 2024.	Missed delivery date of March 2024.	In the remaining 2 HSCP areas - Clackmannanshire & Stirling and Falkirk - a DBI provider has been selected and planning for delivery is underway, with a view to DBI going live in both areas this Summer.

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5.1.4	Continue to work to implement the principles laid out in the Veterans Mental Health and Wellbeing Action Plan for Scotland by autumn 2024, to ensure improved access to mental health treatment and support for veterans.	Launch of the pathway significantly delayed.	Following several stakeholders raising significant concerns about the feasibility of the Implementation Plan produced by the Implementation Board, the Minister stood down the Implementation Board in late 2023. A new Advisory Group, with Chair and secretariat support provided in-house, was established in March 2024. With widespread stakeholder engagement and participation, progress is being made to produce a revised Implementation Plan by early 2025, which will ensure the new Veterans Mental Health Pathway applies the principles of the Veterans Mental Health & Wellbeing Action Plan.
6.1.1	Commission Boards to produce trajectories for when they expect to meet the CAMHS and PT waiting times standard. These will be analysed by the end of 2023 and will inform targeted improvement work to ensure all Boards consistently meet the CAMHS and PT standards. Trajectories should be updated at least annually to reflect local changes.	Trajectories were expected to be analysed by end 2023, however weren't commissioned until April 2024, with 2 Boards' trajectories remaining outstanding.	Trajectories were commissioned in April 2024 and received from all NHS Boards for CAMHS and PT with the exception of NHS Highland and NHS Shetland. Officials engaging with Boards to support a quick resolution. Once received, a full analysis will be carried out and it will support advice on escalation in line with the new Performance Framework.
6.2.5	Consult on and publish a National Specification for Eating Disorder Care and Treatment in Scotland by early 2024.	Missed delivery date of early 2024.	First draft of Spec consultation analysis received and fed back on. Final version to be received by 1 July. Feedback to be collated from the Core SG MH Standards Team, the Eating Disorder Lived Experience Panel and the consultation, and Specification to be finalised with aim to publish in October 2024.
6.2.6	Using the learning from the self-assessment of core standards, develop a specification for adult secondary care mental health services (inpatient, Community Mental Health Teams and associated services).	Specification development in early stages, as self-assessment from core standards just been made available. Risk noted around staff capacity.	ToR for working group and scope for specification drafted.
6.5.4	Develop options for a dedicated Mental Health Patient Experience Survey by September 2024. This will report on how expectations set out in the Core Mental Health Standards are met for individual and intersectional equalities groups.	Delayed due to finance controls over winter. Out for procurement with 5-month delay.	Now reporting February 2025 instead of September 2024.
7.2.1	Continue Scottish Government's work with NHS Assure to develop a 'Once for Scotland' approach to assessing the in-patient mental health settings for quality, safety, ligature risk and therapeutic environment, including national roll out of Mental Health Estates Tool.	This work has not progressed as funding was not able to be confirmed until May 2025.	Commence outsourcing of app development to Micad.
8.1.2	During the life of this Delivery Plan, develop a plan with stakeholders to deliver services in Scotland for women who need high secure care and treatment in the short and long-term (Recommendation 3 of the Independent Review).	Estimated cost to deliver service significantly exceeds identified budget for this workstream. Issue noted around SG staff capacity.	Working with The State Hospital (TSH) to develop a high-level plan with timescales to progress work. TSH have requested funding to create a Project Director and Administrator role to develop the capital process, to develop the outreach model, and develop the job descriptions and service specification for the proposed service

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9.1.3	Support the work of the Adult Neurodevelopmental Specification working group which was established in September 2023.	This work is currently on hold. Challenge with action 9.1.5 noted in risks.	SG Transformation workstream being established to deliver.
9.1.4	Finalise guidance and professional learning materials by March 2024 (based on research carried out in 2022-23 about neuro-inclusive practice in training, recruitment and employment for health and education professionals).	Missed delivery date of March 2024 and no update given.	
9.1.5	Continue to work with children and young people with neurodevelopmental support needs, their families and organisations that represent them, to ensure services understand and take account of needs in the delivery of services. Review learning from implementing the Neurodevelopmental Service Specification Principles and Standards of Care to date, ensuring it meets the needs of service users and that resources required to deliver the specification are fully understood, updating and implementing the specification as appropriate.	Significant limitations of funding for NHS Health Boards and Local Authorities to fully implement the Neurodevelopmental Specification.  Significant limitations in civil service staff capacity to undertake ND Specification implementation and delivery with key stakeholders effectively.	The five tests of change we have been running have now concluded. We intend to use the learning from these reports to consider our policy next steps. Within the reporting template we asked questions around the Neurodevelopmental Specification and its usefulness; feedback on experience from children and young people; resource requirements and capacity; what aspects of the neurodevelopmental specification they believe should be prioritised; and any further reflections on the specification. This information will all feed into how we progress this action.
9.2.1	Roll out annual health checks for adults with learning disabilities across all NHS Boards, with all adults with learning disabilities being offered a health check by the end of March 2024.	Missed delivery date of March 2024. Current funding for health checks is not enough to resource the current model. An additional £1m annually is required in the short term to allow for 70% uptake.	A phased approach has been applied to the current model and we continue to work with Boards on the rollout and practical issues whilst the funding issue is explored.
9.2.2	Establish an effective monitoring system to understand health needs emerging from these checks, including setting up a data management group by November 2023 to be operational during life of this Delivery Plan.	Missed delivery date of November 2023.	Post now filled to progress the data work.
9.2.4	Launch a Changing Places Toilets Fund by the beginning of 2025 to increase the number of these facilities across the country and to support mobile Changing Places Toilets to allow people easier access to events and outdoor venues.	Due to capacity issues, to date work has been unable to be progressed.	Minister is keen for this action to be progressed and therefore we are urgently seeking a way to take this Fund forward. At best, we expect launch to be Spring 2025.
10.3.3	Work in partnership with the In-care Survivors Alliance to redesign the survivor support service by April 2024. This will allow for a more responsive, sustainable service, which reduces waiting times and ensures equitable access to all aspects of support for all survivors in Scotland.	Missed delivery date of April 2024. Planned redesign activity replaced by Ministerial instruction in late 2023 to conduct an external review to consider operational delivery, governance and financial sustainability of the service, including feedback from survivors.	The aim is that recommendations from the review will arrive in time to inform decisions about funding and priorities in 2025/26 reporting year. Agreement currently sought for additional short-term funding to alleviate waiting list pressures while the review takes place.

## Risks & issues – high level by category & nature

Risk Category	No. of Risks	Action	Nature
Financial	23	1.1, 2.1.1, 2.1.2, 2.1.3, 2.2.3, 2.4.4, 2.5.5, 2.6.2, 2.6.5, 3.1.1, 3.2.2, 3.3.1, 4.4.3, 4.4.4, 4.5.1, 6.1.2, 6.3.1, 6.4.1, 7.1.1, 7.1.2, 7.1.3, 8.1.1, 8.1.2, 8.1.3, 9.1.5, 9.3.1	Financial delays/decisions/pressures with resulting impact on ability to make progress - See Me, Mind to Mind, Parents Club, NHS24 Hub, NHS Education for Scotland National Trauma Training Programme delivery, GP and community multi-disciplinary teams, No Recourse to Public Funds barriers, CAMHS/PT Outcomes Framework cuts, specialist CAMHS services, Benchmarking Network, IJB financial stability, women's high secure treatment, neurodevelopmental specification, LDAN Bill implementation costs.  No budget – MH and gambling support, Forensic MH governance arrangements, forensic MH data collection
Operational	35	1.1, 2.1.1, 2.1.2, 2.1.3, 2.1.4, .1.5, 2.5.2, 2.5.4, 2.6.5, 3.1.3, 3.2.2, 3.3.1, 4.1, 5.1.1, 5.1.3, 6.1.2, 6.2.2, 6.2.3, 6.2.6, 6.3.1, 6.4.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5, 7.2.1, 8.1.1, 8.1.3, 9.1.5, 9.2.4, 9.3.1, 10.1.2, 10.2.2, 10.2.3	Capacity concerns within Boards, See Me, NHS24, Scottish Youth Parliament (SYP), PHS, Think Positive, TSIs, GP & community MH teams, general MH system pressures and ability to recruit.  Capacity concerns within SG MH teams, particularly around Neurodevelopmental / LDAN work.  Limited oversight of HIS, IJB/NCS reform, challenges to new forensic governance structure, NCS timetable and clarity of scope.
Political	13	2.4.4, 3.3.1, 4.3.1, 4.4.2, 4.5.5, 5.1.4, 7.1.1, 7.1.2, 7.1.3, 8.1.1, 9.1.3, 9.2.4	Delays to funding external partners; failing to meet expectations of stakeholders; delivery partners opposed to SG views; Police Scotland relationship with stakeholders; delay to Veterans pathway; whole-government approach to MH inequalities; appetite for new forensic governing structure; LDAN Bill prioritisation, prioritisation of Changing Places Toilets.
Regulatory	0		

Issue Category	No of Issues	Action	Nature
Financial	0		
Operational	4	2.6.1, 3.3.1, 5.1.4, 10.3.3	General SG Capacity, Mental Health in Schools Working Group not yet reconvened, Staff capacity to provide secretariat support to JSB , significant delay to veteran's pathway , significant delay to survivor support re-design.
Political	0		
Regulatory	0		