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Scottish Parliament
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Dear Lewis,

Covid-19 – Mental Health Services – Directives to NHS Boards

I want to take this opportunity to update the Committee on the feedback we have provided NHS Boards regarding their mobilisation planning for Covid-19 from a Mental Health Perspective. The suite of Directives provided below cover mental health services, including forensic mental health. The Cabinet Secretary for Health and Sport has asked me to lead on NHS Staff Mental Health & Wellbeing during the period of the response to Covid-19. These Directives therefore also include instructions relating to NHS Staff Mental Health and Wellbeing.

Local Mobilisation Plans – Mental Health Coverage

These Directives were developed from analysis of the Mobilisation Plans provided to the Scottish Government by NHS Boards and through engagement with professional networks and advisors and at my request.

- Following on from the guidance issued on 12 March by Scottish Government Performance Directorate, referral to treatment trajectories and CAMHS standards will now be paused to allow Boards to focus on their Covid-19 response. My officials will be writing to NHS Boards to confirm each position in the Annual Operating Planning process – this will form the basis of a Recovery Plan.

The following Directives apply:

- I was aware of NHS Greater Glasgow and Clyde's proposal to redirect emergency mental health presentations away from Accident & Emergency Departments by

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establishing Mental Health Assessment Centres. I have asked all Boards to put in place similar arrangements in significant population centres.

- Where Boards are managing regional or national services I have asked that they discuss with NSS and other Boards if considering any changes to these services and to seek my clearance as Minister for Mental Health. Examples include mother and baby mental health units and secure forensic mental health services.
- Any significant changes to acute mental health services should be discussed in advance with Scottish Government and I have stated that I will provide clearance before any changes are made.

Business Continuity and communication with Scottish Government

- It is expected that during this period Boards will be implementing their Business Continuity Plans.
- I have asked for patients in mental health services to be prioritised on the basis of risk, safety and urgency.
- My officials have established connections with each of the mental health leadership teams in Boards to support NHS Boards through this process. I have asked them to engage with officials through these mechanisms.

Forensic Mental Health Secure provision (medium and low secure)

I have asked that Health Boards that have medium and/or low secure units develop plans in respect of secure provisions to ensure the continuity of these services.

Additionally priority areas that should be addressed are the following:

- Patient care and treatment incorporating both clinical and security factors
- Emergency processes for secure patients requiring acute medical intervention
- Bed availability
- Business continuity & Support in the event of staff loss
- Risk, safety and security.

In addition to the requirements on Boards managing national and regional services, Boards managing low secure provision will discuss with Scottish Government any planned changes that will affect service continuity, such as any ward closure plans that will impact bed numbers / availability. These may also require clearance from myself as Minister for Mental Health.



Health Workforce well-being

In the area of staff wellbeing I have set the following suite of Directives. These are likely to be added to.

- Boards will already have local arrangements in place for supporting staff health and wellbeing. It is vital that these support structures are maintained and enhanced. Boards should clearly signpost their workforce to support that can be accessed including through trade unions and professional bodies.
- To ensure consistency and focus, I have asked for a designated lead for staff wellbeing to be identified locally. The staff governance committee should take on the lead responsibility for positive mental health and wellbeing of the workforce, including practical support (for example on food and accommodation).

Acton 15 data collection to pause

With regard to Action 15 of the Mental Health Strategy 2017-27, which relates to the commitment to recruit 800 additional mental health workers by the end of the 2021-22 financial year, I have agreed to the temporary postponement of data collection on recruitment from the 31 Integration Authorities. This information has been collected on a quarterly basis so far, with the last data set held covering until 1 January 2020. However, given the current circumstances, I have agreed that the next data collection, scheduled for the quarter until 1 April 2020, should be delayed. The intention at the moment is to undertake a six monthly data collection for the period until 1 July 2020 in the summer, returning to the normal quarterly reporting cycle in due course. We will, of course, update the Committee if these plans have to be further amended.

Psychological Therapy and CAMHS waiting times data collections to continue

PT and CAMHS waiting times data are independently collected and quality assured by ISD, now part of Public Health Scotland. The CAMHS publication is classified as national statistics. I requested ISD's advice regarding the collection of the data i.e. whether it was possible to continue during the Covid-19 crisis. ISD advice is that we should continue to ask NHS Boards to submit data for CAMHS and Psychological Therapies where they can. The data are submitted monthly – the next publication release is due in early June and is scheduled to include February to April information. It is likely that the data will be incomplete and of lower than usual quality. ISD will review data quality after the April submission and provide detailed caveats with any analysis. ISD have advised that the next publication may take the form of a summary rather than a full report.

I hope this update is helpful to the Committee.

CLARE HAUGHEY

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