

Midlothian Integration Joint Board Audit and Risk Committee



Audit Scotland – Access to Adult Mental Health Services

Thursday, 6 June 2024

Item number: 5.1

Executive summary

Audit Scotland published an audit report in September 2023 on the access to adult mental health services in Scotland. This report noted that

- Funding for adult mental health services in Scotland has increased significantly since 2017; however, the impact remains unclear due to a lack of data.
- Access to these services remains challenging
- The mental health workforce faces high vacancy rates, and progress in expanding primary care mental health support is delayed.
- Disparities persist, particularly affecting ethnic minorities, rural residents, and those in poverty.
- The government lacks sufficient oversight and focuses primarily on waiting times for psychological therapies.
- The Scottish Government's progress on mental health commitments is mixed, with further goals not on track for achievement.

Committee Members are asked to

- Note this report
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Report

1. Purpose

- 1.1 To present to the committee the finding from the Audit Scotland report on Adult Mental Health published in September 2023.

2. Recommendations

- 2.1 Committee members are asked to note the content of the Audit Scotland Report

3. Background and main report

- 3.1 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.
- 3.2 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.
- 3.3 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. Performance against this measure has improved, but NHS boards are still struggling to meet waiting times standards. 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.

- 3.4 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%, ensuring that ten per cent of front-line health spending is on mental health, and giving all GP practices access to primary care mental health and wellbeing services.

- 3.5 The table below summarises the recommendations of the report

Audit Scotland Recommendations	Stakeholder Responsible	Situation Summary
Scottish Government		The Scottish Government should:
1. Implement DBI program recommendations by March 2024	Scottish Government	Implement recommendations from the independent evaluation of the Distress Brief Intervention (DBI) program as part of Scotland-wide rollout by March 2024.
2. Publish guidance on measuring and evaluating outcomes	Scottish Government	Publish guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care before the end of 2023 (originally expected in April 2022).
3. Publish a costed delivery plan for primary care services	Scottish Government	Publish a costed delivery plan as soon as possible detailing the funding and workforce requirements to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026. This plan should also outline how these services will collaborate with other sectors for holistic, person-centred support.
4. Start routinely publishing psychological therapies data	Scottish Government, Public Health Scotland	Collaborate with Public Health Scotland to start routinely publishing data on the effectiveness of the government's psychological therapies specification and quality standards for secondary mental health services, improving transparency and accountability for patients' experiences and outcomes over the next 12 months.
5. Improve transparency at Health and Social Care Partnership	Scottish Government, Public Health Scotland	Collaborate with Public Health Scotland to start routinely publishing psychological therapies performance data at HSCP level, in addition to NHS board level, within the next 12 months to enhance transparency and accountability for psychological therapies services.

Scottish Government and IJBs		The Scottish Government and IJBs should:
6. Improve data quality for service planning and monitoring	Scottish Government, IJBs	Urgently work on enhancing the availability, quality, and utilisation of financial, operational, and workforce data. This will enable more accurate service and workforce planning, facilitate information sharing between health and social care partners, and allow for routine measurement, monitoring, and reporting on the quality of mental health services, patient outcomes, and the impact of investments.
IJBs, HSCPs, and NHS Boards		IJBs, HSCPs, and NHS boards should:
7. Offer choice between remote and face-to-face services	IJBs, HSCPs, NHS boards	Provide individuals with the option to choose between accessing mental health services remotely or face-to-face, aligning with the Digital Health and Care Strategy commitment.
IJBs and Councils		IJBs and councils should:
8. Enhance collaboration between various support services	IJBs, councils	Urgently improve the integration of mental health, primary care, housing, employability, and welfare support services. This should involve developing shared goals and targets, sharing data, and jointly funding services to address and prevent the underlying causes of poor mental health.

(Finding and recommendation text verbatim from Audit Scotland, 2023)

4. Policy Implications

4.1 There are no further policy implications arising from this report.

5. Equalities Implications

1.2 There are no equalities implications arising from this report

6. Resource Implications

1.3 There are no resource implications arising from this report.

7. Risks

7.1 The IJB maintains a risk register, this paper does not identify any further risk.

8. Involving People

8.1 There are no direct implications for involving people as a result of this report.

9. Background Papers

9.2 None

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Appendix – Audit Scotland report on Mental Health