



SCOTTISH EXECUTIVE

Health Department
Directorate of HealthCare Policy and Strategy

Mental Health Delivery and Services Unit
St Andrew's House
2 Regent Road
Edinburgh EH1 3DG

Chief Executives NHS Boards
Chief Executives Special Health Boards

Telephone: 0131-244 2816
Alex.mcmahon@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

Copy to:

Chief Executives, Local Authorities
Directors of Social Work/Chief Social Work Officers
Local Delivery Plan Leads
Delivering for Health Leads

15 February 2007

Dear Colleague

DELIVERING FOR MENTAL HEALTH IMPLEMENTATION PROCESS

Delivering for Mental Health set out the immediate forward agenda for mental health in Scotland, and included targets and commitments for service change and improvement to 2010. Our joint monitoring of progress will form an important part of our focus on timely delivery. That shared overview needs to be practical, credible and workable so that we all gain the maximum from participation. Discussions with Ministers and others have taken place on the basis that the performance management arrangements will provide: direction; be transparent and open; be supportive; and place the least possible burden on partners.

Process

The implementation arrangements are set out in **Annex A** which details the planned process at operational and strategic levels. The paper is self explanatory and the process will hopefully be recognisable as a development of the overview arrangements applied for implementation of the new Mental Health Act. The process of engagement set out and the information flow on which it will rely will be supported by an Implementation Board and a Reference Group. Details of both and the roles they are to perform are set out in Annex A.

Documentation/process

To avoid duplication and reduce the burden we place on partners we have adopted the same timetable as is proposed for *Delivering for Health*. The information submitted under these linked initiatives will of course be shared here to inform further efficiencies and will be used to support the Local Delivery Plan and accountability review processes for 2007/08.

Colin Cook's letter of 16 January confirmed the arrangements for the *Delivering for Health* implementation review process. That letter set a four monthly sequence for documentation exchange to allow more time for consideration of strategic and longer term issues. For our joint *Delivering for Mental Health* needs a series of proposed dates for Implementation Board meetings

for 2007 will be considered by members at their first meeting, likely later this month or early next. However, these are likely to match those for the *Delivering for Health* arrangements and would involve NHS Boards submitting completed documentation on behalf of their area partners by mid March, late July and early December.

I attach at Annex B a proforma questionnaire for you to complete and return on behalf of the area partners by Friday 16 March 2007. The proforma is designed to capture starting positions, and will be used to measure progress locally with the *Delivering for Mental Health* targets and commitments. Attention continues on progress with the Mental Health Act requirements. We can discuss and review the relevancy of the documentation and supporting arrangements during our planned visits.

Visits

We will be in touch soon with proposals and a timetable for the planned twice yearly *Implementation Review* visits to each area by the Reference Group. Early thoughts indicate visits toward May and the second round during November. We will be using the completed *Delivering for Health* and *Delivering for Mental Health* documentation for discussion in the visits. Together with attention to local progress and plans across the agenda, the first round of visits will have an additional focus on the Children and Young People Mental Health agenda, (Commitments 10 and 11, and the recommendations in the published Children and Young People Framework). The November visits will centre on implementation of the (by then) published NHS, QIS Integrated Care Pathways which will of course have a 2008 accreditation timetable, (Commitment 6). We hope to be able to offer firm dates for the visits soon.

Participation

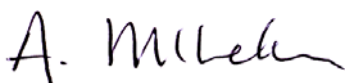
It is hoped NHS Board Chief Executives, members of the Executive team and appropriate Local Authority partner representation will attend the *Implementation Reviews*.

Key contact (s)

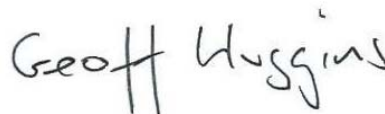
Your Board already has a named contact for *Delivering for Health* and there is an obvious efficiency to be gained in using this contact, for the same role for these linked *Delivering for Mental Health* arrangements. Your Local Delivery Plan nominee will also have an interest for the three *Delivering for Mental Health* HEAT targets. I attach a (national) list of the DFH and LDP contacts already established, (**Annex C**).

A copy of this letter goes for information to your nominated Local Delivery Plan and Delivering for Health contacts for their information and attention.

Yours sincerely



ALEX MCMAHON
Head, Mental Health Delivery and Services Unit



GEOFF HUGGINS
Head, Mental Health Division

DELIVERING FOR MENTAL HEALTH IMPLEMENTATION PROCESS

Delivering for Mental Health promised a robust performance management system to allow the SE and partners including service users and carers to see progress in delivering change. In order to deliver this undertaking new steps and processes are needed for day to day operational management of this work and the strategic overview/direction required at a national level.

Health Department

Responsibility for ensuring that NHS Boards and partner agencies implement *Delivering for Mental Health* lies with both the Health Department Board and NHS Chief Executives with appropriate links with Local Authorities and other partners.

Derek Feeley (Health Department Director, Healthcare Policy and Strategy) will lead within the Health Department together with Tony Wells (Chief Executive Tayside NHS Board) and Andreana Adamson (Chief Executive State Hospitals Board for Scotland).

The day to day strategic and operational responsibility will be led by Geoff Huggins (Head, Mental Health Division) and Alex McMahon (Head, Mental Health Delivery & Services Unit).

At NHS Board level Chief Executives will be accountable for the delivery of the key performance targets and commitments within the Plan through the annual accountability reviews and a new process for tracking progress in relation to mental health service delivery (set out below).

Mental Health Delivery & Services Unit

The Mental Health Delivery & Services Unit is part of the Mental Health Division and comprises civil servants/policy leads and clinical/professional experts. The Unit's broad duties are to:

- Oversee the delivery of the DFMH targets and commitments;
- To supervise the work and progress of the national support programmes;
- To track progress around implementation; and
- To undertake an enhanced performance management function as well as a broader interest and function around mental health service delivery.

The Mental Health Delivery & Services Unit will build on the Joint Local Implementation Process (JLIP) engagement and visits (see further below). The Unit has a number of functions around service delivery, implementing *Delivering for Mental Health*, providing professional advice and support for Ministers, the Mental Health Division and crosscutting colleagues.

The Unit also has a wider performance management function that includes continued attention to implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003.

To ensure support for change is provided at national, regional and local levels the following structure will apply to help identify and clarify who is leading and where individual and collective responsibility and accountability lies.

National Support Programme (NSP)

The NSP comprises the following and is being lead on by the Mental Health Delivery & Services Unit with:

- A national improvement programme - lead by the Improvement and Support Team within SEHD;
- A national leadership programme - has already been commissioned and is being taken forward on our behalf by the Scottish Leadership Foundation;
- Work on benchmarking -has already been agreed by the National Benchmarking Project Board;
- Work with colleagues in NHS Education for Scotland around commissioning more evidence based psychological therapies;
- NHS QIS developing standards for ICPs and an accreditation process;
- An enhanced performance management process; and
- Sharing of information through structured web based and face to face knowledge exchanges.

These initiatives will be funded centrally during 2007/08 (apart from the NES work).

Day to day supervision of these programmes will be through Alex McMahon (Head, Mental Health Delivery & Services Unit) assisted by an internal Reference Group and Implementation Board.

Reference Group

All of the work strands (improvement and leadership programmes, benchmarking and information, knowledge exchange, education/training commissioning and performance management) that comprise the nationally funded and directed support for implementation of *Delivering for Mental Health* will have a lead programme/project manager.

In order for us to ensure the quality of the information to be presented to the Implementation Board and others, a small group of internal SEHD staff will form the core membership of a Reference Group to undertake this and other functions.

The Reference Group will include:

- Head of Mental Health Division (Chair);
- Head of Mental Health Delivery Unit;
- Department Principle Medical Advisor;
- Colleagues from the Health Department Delivery Group; and
- Colleagues from the Health Department Analytical Services Division.

Additional participation and advice will be accessed as required in relation to some/all aspects of performance against the set targets and commitments.

The Reference Group will meet at least 6 times each year (before and after the Implementation Board meetings) to review progress NHS Boards and Partners and to provide updates and information to assist the Implementation Board and in turn Chief Executives locally.

Documentation from the area partners will be invited on a four monthly basis, (consistent with the arrangements for *Delivering for Health*).

The Reference Group and Implementation Board considerations will be further informed the Local Delivery Plan returns, and other benchmarking information from NHS Boards and Partners. There will also be additional information drawn from the Board Directors of Nursing returns in relation to implementation of the Mental Health Nursing Review.

Papers for and from the Implementation Board will be published and provided to the Mental Welfare Commission the Social Work Inspectorate Agency and others.

Implementation Board

The Implementation Board will influence and drive the direction of change, as well as providing leadership at national, regional and local levels in order that we jointly deliver the *Delivering for Mental Health* targets and commitments.

Membership:

- Professor Tony Wells, Chief Executive NHS Tayside (Chair).
- Mrs Joyce Mouriki, Interim Chair VoX - Service User representative (1)
- Mrs Fiona Collie, Carer Scotland, Carer representative (1)
- Mrs Shona Neil, Chief Executive, SAMH - Voluntary Sector representative (1)
- Dr David Steel, Chief Executive NHS Quality Improvement Scotland
- Mrs Eileen Moir, Executive Director of Nursing, Midwifery and Workforce, NHS Borders
- Dr Alastair Cook, Associate Medical Director, NHS Lanarkshire
- Mr Malcolm Wright, Chief Executive, NHS Education for Scotland
- Professor Jill Morrison, Professor of General Practice, Glasgow University
- Dr Cameron Stark, Consultant in Public Health, NHS Highland
- Dr Stella Clark, Medical Director, NHS Fife
- Ms Anne Hawkins, Director of Mental Health, NHS Greater Glasgow & Clyde
- Mrs Andreana Adamson, Chief Executive, The State Hospitals Board for Scotland
- Christina Naismith, ADSW Representative
- Dr Garry Coutts, Chair NHS Highland
- Dr Ian Hancock, Director of Psychological Services, NHS Dumfries and Galloway
- Dr Annie Ingram, Director of Workforce and Planning, North Region

- NHS National Services Scotland representative (tbc)

Scottish Executive

- Mr Derek Feeley, Director of Healthcare Strategy and Planning
- Mr Geoff Huggins, Head of Mental Health Division
- Mr Alex McMahon, Head of Mental Health Delivery and Services Unit/Interim Mental Health Nursing Advisor
- Dr Denise Coia, Health Department Principal Medical Advisor

International Observer

- Martin Rogan, Assistant National Director for Mental Health, Health Services Executive, Republic of Ireland.

Key areas of responsibility for the Implementation Board will be to:

- Oversee the delivery and successful implementation of the targets and commitments within Delivering for Mental Health;
- Provide strategic and high level professional clinical and managerial advice, service user and carer input (to support change and delivery but also in relation to the work strands within the national support programme);
- Assist in the review of any targets and commitments and in the setting of any new, additional or replacement targets and commitments over the lifetime of the plan to 2010;
- Provide advice and offer opinion on service improvement and redesign in relation to the above;
- Participate in national, regional and local events and meetings where and when necessary and help to communicate and provide leadership across professional groups in the delivery of the Plan; and
- Meet at least three times a year, in each case after the collection of the four monthly Board returns to aid currency of consideration.

The Implementation Board will receive and discuss information for each NHS Board area on progress against all targets and commitments. Information will also be provided on how NHS Boards and partners are utilising the national supporting programmes to influence and drive change and deliver the desired results. The outcomes from each of the bi-annual Implementation Reviews (set out below) and four monthly returns will be taken into account.

Regional and/Board level responsibility

NHS Board/Local Partnerships - Performance Management of Service Delivery (*Delivering for Mental Health* and Act Implementation).

NHS Chief Executives are accountable for delivery of the HEAT (Health improvement Efficiency, Access and Treatment) targets for mental health services

set within Delivering for Mental Health (reduction of re-admissions to acute inpatient units, the levelling off of prescribing of antidepressants, and reduction of suicide rates).

NHS Board Chief Executives and partners will develop local delivery plans to support and drive progress on these objectives. These plans will be the basis by which NHS Boards will demonstrate progress with each of the (overall) 28 key HEAT performance targets they are accountable for. The plans should show clearly how NHS Boards (working with partners) will deliver the targets and should also provide trajectories for delivery. Our particular DFMH interest is in the three mentioned above.

Progress with these targets will assist the delivery of the 14 other commitments within Delivering for Mental Health.

Nationally we have provided funding for programmes of support through the National Support Programme.

All the information gathered will be used to help partners achieve the desired results.

Twice yearly visits will continue with all NHS Board areas and with the State Hospital. We will also gather information at local and national level four monthly, through the Information and Statistics Division, the Delivery Group and from NHS Board returns.

The Mental Health Delivery & Services Unit will collect and collate the information required and produced. Analysis will be undertaken within the Unit and will be shared with and used by the Implementation Board and by the Reference Group in their roles.

Information and data that is gathered will also be used in providing Ministers and the NHS Scotland Chief Executive with briefing in advance of the Annual Accountability Reviews.

Implementation Reviews.

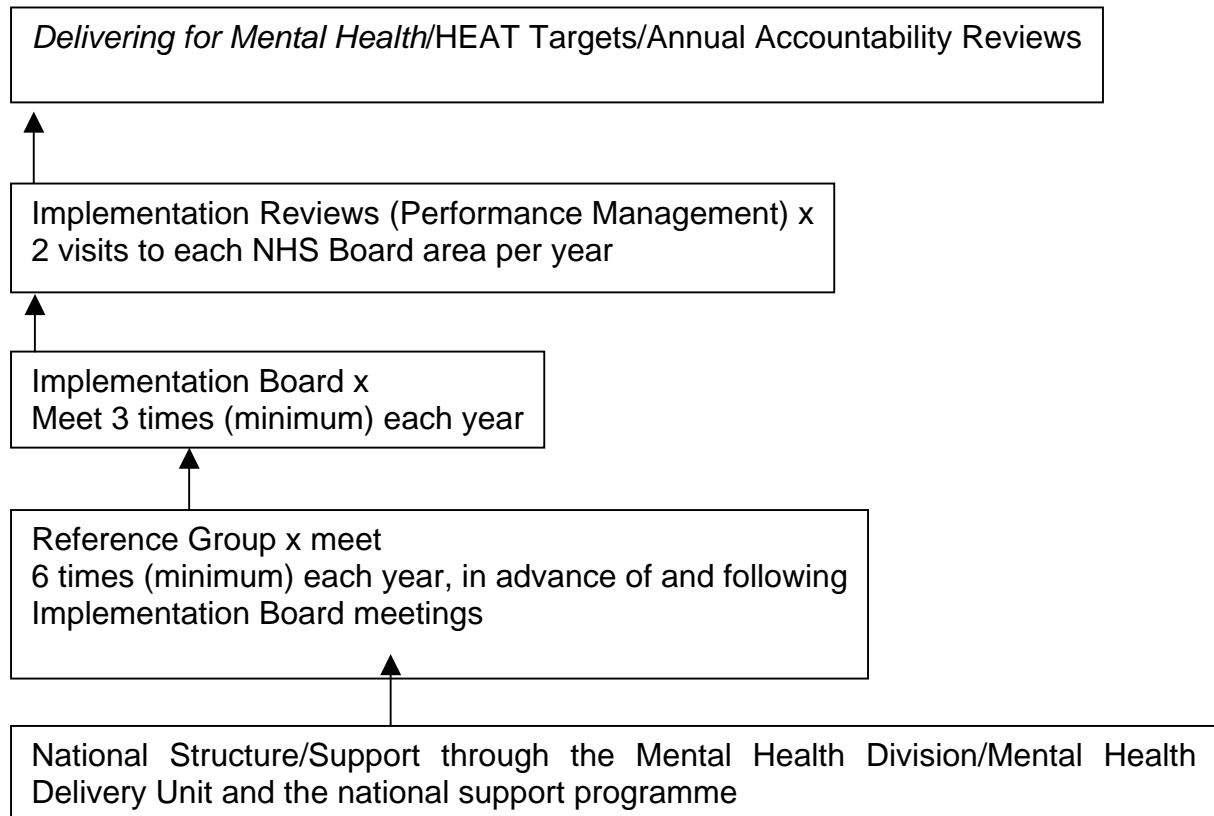
As well as focusing on progress with the targets and commitments within *Delivery for Mental Health* the Reviews will also apply continued attention on implementation of the Mental Health Act and related issues. The two are closely related and this process will allow the Mental Health Delivery & Services Unit to build on the good relationships established with NHS Boards and partners.

The Reviews will be chaired by Geoff Huggins, Head of the Mental Health Division. Alex McMahon and Dr Denise Coia will also attend. It is hoped that NHS Board Chief Executives, members of the Executive team and appropriate Local Authority partner representation will attend so that post meeting action can be progressed without delay.

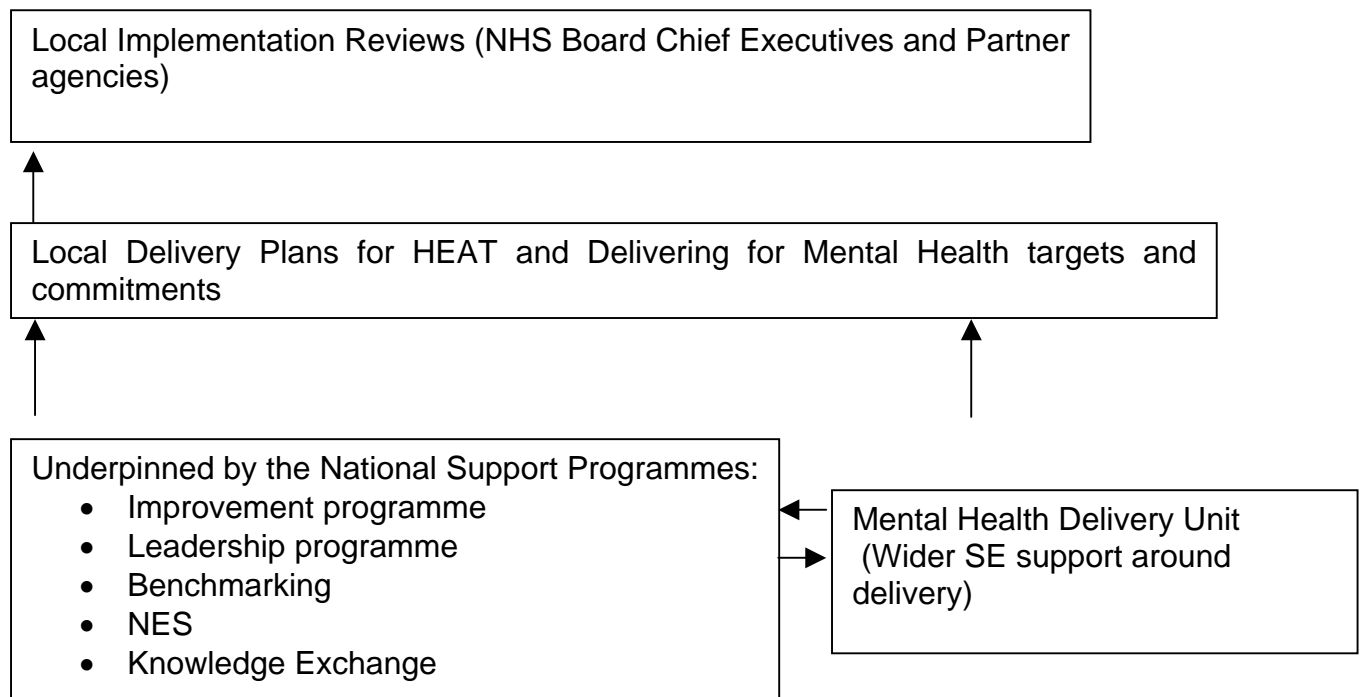
Each meeting will focus on measuring individual area performance, - where appropriate measuring progress against national trends/picture.

Outcomes, agreements and undertakings will be recorded and shared.

National structure of support:



Local structure of support:



Delivering for Mental Health Performance Management timetable (provisional)

| | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec | Jan |
|-----------------------------------|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|
| Reference Group x 6 | | | | X | X | | | X | X | | | X | X |
| Implementation Review visits x 2 | | | | X | X | | | | | X | X | | |
| Implementation Board x 3 | | | | X | | | | X | | | | X | |
| Implementation Review returns x 3 | | | X | | | | X | | | | X | | |

There may be changes as these arrangements and availability firm up

The Reference Group will meet pre and post the visit programme

There will be an underlying assumption that the timetable reflect DFH cycle as far as can be arranged

◀ Accountability Review cycle has yet to be confirmed.

**Delivering for Mental Health
Mental Health (Care and Treatment) Act 2003
Implementation Indicator**

Please complete and return by 16 March 2007 to fiona.hope@scotland.gsi.gov.uk

NHS Board Partner Area:

SECTION A:

Delivering for Mental Health - HEAT

| HEAT Targets | | Baseline | Progress against HEAT trajectory – quarterly | Data Source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Current status Red Amber Green |
|-----------------------------------|--|--|---|--------------------|---|----------------------------|------------------------------|---|
| Antidepressant prescribing | Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10. | <i>Please insert NHS Board baseline from Annex 3b of Robert Williams letter (ASD) 27 November 2006</i> | | | | | | |

Delivering for Mental Health Implementation Indicator

| | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Suicide | Reduce Suicides in Scotland by 20% by 2013 (existing target). | <i>Please insert NHS Board baseline from Annex 3b of Robert Williams letter (ASD) 27 November 2006</i> | | | | | | |
| Readmission | We will reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009 | <i>Please insert NHS Board baseline from Annex 3b of Robert Williams letter (ASD) 14 December 2006</i> | | | | | | |

SECTION B:

Delivering for Mental Health – Commitments

| Commitment 1 | Baseline <i>NHS Boards invited to state latest available</i> | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
|--------------------------------|--|---|-------------|--------------------------------------|---------------------|-----------------------|------------------------|
| Equality tool (ROPI) | We will develop a tool to assess the degree to which organisations and programmes meet our expectations in respect of equality, social inclusion, recovery and rights. The tool will be piloted in 2007 and be in general use by 2010 (ROPI) | <p><i>Not for completion by partners at this stage</i></p> <p><i>We will include this section in the ongoing progress review once the Tool is published/piloted</i></p> | | | | | |
| National action to date | <ul style="list-style-type: none"> • Multi interest meeting held 5 February to discuss/design a practical assessment tool and potential for a pilot during 2007/08. Further meetings planned, spring 2007. • A publication that gives guidance on promoting the well-being of those who have or have had a mental disorder is due to be published Spring 2007. • Ongoing delivery support work through ‘see me’ campaign, and the wider work of Scottish Recovery Network | | | | | | |

| Commitment 2 | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
|--------------------------------|--|---|------------------------|---|--------------------------------|----------------------------------|---|
| Peer Support | <p>We will have in place a training programme for peer support workers by 2008 with peer support workers being employed in three board areas, later that year</p> <p style="text-align: center;"><i>Not for completion by partners at this stage</i></p> <p style="text-align: center;"><i>This section will be informed by the outcome/progress in agreeing the pilot NHS board areas</i></p> | | | | | | |
| National action to date | <ul style="list-style-type: none"> • Conference held 8 February (Edinburgh) • 150 delegates | | | | | | |

| Commitment 3 | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status | |
|--------------------------|---|---|------------------------|---|--------------------------------|----------------------------------|---|--|
| <p>Depression</p> | <p>We will work with GPs to ensure that new patients presenting with depression will have a formal assessment using a standardised tool and a matched therapy appropriate to the level of need. We will also develop treatment models for those who have depression and anxiety and who have coronary heart disease and/or diabetes who are identified under the new QOF arrangements</p> | | | | | | | |

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| <p>National action to date</p> | <ul style="list-style-type: none"> • Self Help in Primary care and Community Based Services guidance published (December 2006) to inform and support delivery of 3 of the DFMH commitments on depression, psychological therapies and the development of ICPs for depression. • Doing Well Event, 9 May 2007 (Dunblane). |
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| Commitment 4 | Baseline <i>NHS Boards invited to state latest available</i> | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| Psychological therapies | We will increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • Self Help in Primary care and Community Based Services guidance published (December 2006) to inform and support delivery of 3 of the DFMH commitments on depression, psychological therapies and the development of ICPs for depression. • Multi interest meeting 21 February 2007 to agree next steps and NES role with agencies. |
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| Commitment 5 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| Physical health | We will improve the physical health of those with severe and enduring mental illness by ensuring that every such patient, where possible and appropriate, has a physical health assessment at least once every 15 months. | | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • Guidance planned for Spring 2007. • Discussions underway with NHS Health Scotland to progress wider health improvement delivery. |
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| Commitment 6 | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| ICPs | NHSQIS will develop the standards for ICPs for schizophrenia, bi-polar disorder, depression, dementia and personality disorder by the end of 2007. NHS Board areas will develop and implement ICPs and these will be accredited from 2008 onwards. | <p><i>Not for completion by partners at this stage</i></p> <p><i>We will work with NHS, QiS on follow up action and review post publication. Visits and documentation requests will be co-ordinated.</i></p> | | | | | |

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| National action to date | <ul style="list-style-type: none"> • QiS outcomes on schedule for summer publication followed by development work with partners. • Self Help in Primary care and Community Based Services guidance published (December 2006) to inform and support delivery of 3 of the DFMH commitments on depression, psychological therapies and the development of ICPs for depression. |
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| Commitment 7 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
|------------------------------------|--|--|---|------------------------|---|--------------------------------|----------------------------------|---|
| Suicide prevention training | Key frontline mental health services, primary care and accident and emergency staff will be educated and trained in using suicide assessment tools/suicide prevention training programmes. 50% of target staff will be trained by 2010 | <p><i>Not for completion by partners at this stage</i></p> <p><i>We will include this section in the ongoing progress review once the suicide prevention training questionnaire is published by the National Implementation Team – Choose Life</i></p> | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • A framework to be concluded Spring 2007 incorporating a needs assessment of training per NHS Board area, development of a competency based framework for suicide intervention and prevention training skills, dissemination of existing training tools including ASIST training, Storm training, suicide TALK and safeTALK. • National Conference on STORM Inverness 27 April 2007 • National Planning and Development Gathering for ASIST trainers held 6 February 2007, Edinburgh. • Continuing work on suicide prevention in line with Choose Life strategy and guidance issued to NHS Boards and Local Authorities for 06-08 work.(issued December 2005) |
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| Commitment 8 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| Crisis Standards | Ensure that people are managed and cared for more effectively in the community and avoid inappropriate admissions by ensuring that the crisis standards are achieved by 2009 | | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • National Standards published (November 2006) to inform better approaches and to help reduce readmissions (HEAT). |
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| Commitment 9 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
|---------------------------------------|--|--|---|------------------------|---|--------------------------------|----------------------------------|---|
| Acute inpatient forums | We will establish acute inpatient forums across all Board areas comprising service providers, service users and carers as well as other stakeholders such as Local Authority colleagues | | | | | | | |
| National action to date | <ul style="list-style-type: none"> Acute in patient forums guidance published, (December 2006) - to establish fora of informed service providers, service users and carers to assist in the design of good acute in patient services. | | | | | | | |

| Commitment 10 | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status | |
|----------------------|---|---|------------------------|---|--------------------------------|----------------------------------|---|--|
| CAMHS | <p>We will improve mental health services being offered to children and young people by ensuring that by 2008:</p> <ul style="list-style-type: none"> • a named mental health link person is available to every school, fulfilling the functions outlined in the <i>Framework</i>. • basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people | | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • Specialist Children and Young People’s Mental Health Service Conference organised for 28 February 2007, Glasgow • Primary Mental Health Work Guidance published February 2007. |
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| Commitment 11 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| CAMHS/ adult beds | We will reduce the number of admissions of children and young people to adult beds by 50% by 2009 | | | | | | | |

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| National action to date | <ul style="list-style-type: none"> Specialist Children and Young People's Mental Health Service Conference 28 February 2007, Glasgow |
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| Commitment 12 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| CPA | We will implement the new Care Programme Approach for all restricted patients by 2008 | | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • Restricted patients Revised document prepared – consultation completed, reflecting on findings |
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| Commitment 13 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| Mental health and substance misuse | We will translate the principles of Mind the Gaps and a Fuller Life into practical measures and advice on what action needs to be taken to move the joint agenda forward and support joined-up local delivery by the end of 2007 | <p><i>Not for completion by partners at this stage</i></p> <p><i>We will include this section in the ongoing progress review following publication in summer 2007</i></p> | | | | | | |
| National action to date | <ul style="list-style-type: none"> • Practical measures and advice flowing from the working group consideration under Dr Peter Rice (Tayside) will be published summer 2007. | | | | | | | |

| Commitment 14 | | Baseline NHS Boards invited to state latest available | Current position on progress locally | Data source | Examples of achieving/ Good practice | Issues and barriers | Next steps/ timetable | Red Amber Green Status |
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| Dementia | We will work with the Dementia Services Development Centre at Stirling University and NHS Forth Valley to undertake a pilot programme in improving dementia services. The Pilot will be evaluated in 2008 | <i>This section for completion by Forth Valley partners only</i> | | | | | | |

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| National action to date | <ul style="list-style-type: none"> • The Dementia Services Development Centre is taking this initiative forward with appropriate links and regard to related progress elsewhere including the developing MCN in Tayside. • Multi interest meeting held 6 February 2007 on wider older people agenda. |
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SECTION C

Support for change initiative

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| Leadership | A leadership programme will be commissioned to work alongside the improvement programme in order to ensure that the leadership component of change is tailored to meet the needs of those working in both the delivery of services and also those using them. | Is your NHS Board area participating in the "Leading Change in mental health services in Scotland" Leadership programme in 2007? | Yes/No? |
| | | If not, do you plan to take part in the 2008 programme? | Yes/No? |
| | | Are you linked with another NHS Board area for this purpose? | Yes/No? |

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| Improvement Programme | A National Improvement Programme will be established from April 2007 | <i>Not for completion by partners at this stage</i> |
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| National action to date | <ul style="list-style-type: none"> • We have made progress on the national programme of support to support NHS Boards and partners deliver on the targets and commitments. • There is some additional recruitment to be arranged and we are seeking a host Board to help coordinate a pragmatic support network. • There will be more to say on this soon as the various strands fall into place |
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| Benchmarking Programme participation | Work will be undertaken to identify the potential mental health and social care indicators to inform delivery targets and supporting measures | <i>Not for completion by partners at this stage</i> |
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| National action to date | <ul style="list-style-type: none">• NHS Boards and local authorities to nominate staff member(s) to advance joint review of data collection• 2 pilots will start shortly (Glasgow and Clyde and Forth Valley) on proper matching of cost and activity• Progress with attention on Mental Health Service Definitions (Health and Partners):• Draft Service Definitions have been developed with input from a wide range of stakeholders;• Visits to be arranged to NHS Board areas to understand and evaluate the impact of adopting a common set of definitions on existing systems and practices;• Further work will cover definition completeness, consistency, reliability, mapping to existing datasets and identifying where new datasets are required;• The service definitions will be mapped to overarching functional definitions of what the services are providing.• Planning group meeting -26 February, Edinburgh |
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SECTION D

Mental Health (Care and Treatment) Act 2003

| | | Delivered Yes/No/On- going | Next steps planned – Timetable? | Outcome measures in place / planned - Timetable? |
|----------------------------|---|--|--|---|
| Specialist services | PND: | Provision of, or access to, in patient (mother and child) and integrated community services? | | |
| | Eating Disorders: | Compliance with published QIS recommendations? | | |
| | | MCN/ICP in place? | | |
| | | Regional Planning Role in organisation of service? | | |
| | | In patient services <ul style="list-style-type: none"> • NSD process applied? • NHS/independent providers? | | |
| Forensic: | Provision of, or access to local/regional in patient and supporting community services? | | | |

| | | | | | |
|----------------------------------|--|---|--|--|--|
| | Learning Disability (including Co-morbidity with mental health problems) | Age appropriate (under 18) community and inpatient services - in place and available? | | | |
| | | Good access to adult LD inpatient assessment and treatment beds? (No use of inappropriate general psychiatry in-patient beds) | | | |
| | | LA able to support appropriate provision for those no longer requiring in patient treatment? | | | |
| | | Full range of treatment services in the community including crisis response services? | | | |
| Local Authority Functions | Promotion of well being/social development? | | | | |
| | Assistance with travel? | | | | |
| | Assistance with employment? | | | | |
| | Assistance with training? | | | | |
| Appointment of MHOs | Meeting statutory requirements? | | | | |
| | Do all patients who require one have a designated MHO? | | | | |

| | | | | |
|--|--|--|--|--|
| Appointment of Psychiatrists (AMPs) | Meeting statutory requirements? | | | |
| Act related Training | Do staff have sufficient training and understanding relevant to their role? | | | |
| | Is there any further training being undertaken/ | | | |
| Independent Advocacy Services | Meeting the needs of children and young people? | | | |
| | Meeting the current demand of all client/age groups? | | | |
| | Meeting the needs of all client/age groups, including those with dual diagnosis (incl LD/Substance Misuse within a reasonable timeframe? | | | |
| | Named Person/Advance Statements - in place for all who wish to have one? | | | |

SECTION D

Mental Health Nursing Review

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|------------------------------|---|--|--|--|
| Mental Health Nursing Review | • | | | |
| | • | | | |
| | • | | | |

See [Delivering for Mental Health](#) web page for source documents and also the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) and [Mental Health Nursing Review](#)

| | | |
|--------------------------------------|------------------------------------|-------|
| Submitted on behalf of Partners by : | Name and designation at NHS Board: | Date: |
|--------------------------------------|------------------------------------|-------|

Please complete and return by 16 March 2007 to fiona.hope@scotland.gsi.gov.uk

DELIVERING FOR MENTAL HEALTH IMPLEMENTATION PROCESS

Delivering for Health / Delivering for Mental Health - Contacts

kirsten.major@aacpt.scot.nhs.uk

robbie.pearson@borders.scot.nhs.uk

catriona.renfrew@ggc.scot.nhs.uk

chris.king2@nhs.uk

david.sullivan@ghb.grampian.scot.nhs.uk

derek.leslie@hnb.scot.nhs.uk

fiona.ramsay@fvhb.scot.nhs.uk

gavin.brown3@nhs.net

jackie.sansbury@lhb.scot.nhs.uk

ken.harris-jones@orkney-hb.scot.nhs.uk

martin.hill@lanarkshire.scot.nhs.uk

peter.williamson@thb.scot.nhs.uk

sarah.taylor@shb.shetland.scot.nhs.uk

sheila.scott@wihb.scot.nhs.uk

hazel.souter@tsh.scot.nhs.uk

Local Delivery Plan - Contacts

majork@aapct.scot.nhs.uk

june.smyth@borders.scot.nhs.uk

jeff.ace@nhs.net

rachel.strachan@nhs.net

elaine.mcrae@fvah.scot.nhs.uk

anne.ross@ghb.grampian.scot.nhs.uk

david.walker@ggc.scot.nhs.uk

derek.leslie@hnb.scot.nhs.uk

carol.duncan@hnb.scot.nhs.uk

martin.hill@lanarkshire.scot.nhs.uk

jackie.sansbury@lhb.scot.nhs.uk

ken.harris-jones@orkney-hb.scot.nhs.uk

david.kerr@shb.shetland.scot.nhs.uk

peter.williamson@thb.scot.nhs.uk

emelin.collier@wihb.scot.nhs.uk

hazel.soutar@tsh.scot.nhs.uk