

Minister for Mental Health  
Clare Haughey MSP



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NHS Board Chairs and Chief Executives

Cc: IJB Chief Officers  
Local Authority Chief Executives  
Local Mental Health Services Leads

6<sup>th</sup> November 2020

Dear all,

### **Mental Health Services – Performance, Remobilisation and Renewal**

I am writing to you following the publication on 8 October of the [Coronavirus \(COVID-19\): mental health - transition and recovery plan](#) which outlines our response to the mental health impacts of COVID-19 and addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health.

You will see that a key part of the plan focuses on the renewal of NHS mental health services – including their restart, recovery and continued improvement going forward. This letter sets out the immediate next steps that I have asked my officials to take to support Boards and Integrated Joint Boards to remobilise services and to move beyond the position at the start of the pandemic to deliver stronger and better mental health services.

This letter should be read alongside the communication issued by John Connaghan which sets out arrangements for NHS decision making in the period to March 2020.

### **Directives and Principles**

From the start of the pandemic, I have been clear of the importance of ensuring that mental health services stay open and remain available for those who require them, and issued Directives [annexed] and [Principles](#) to this effect. These Directives and Principles remain live during this next phase of our response and I encourage colleagues to revisit them now and to ensure that they are followed as we continue to deal with the impact of Covid over the coming months.

In particular, it still remains the case that where Boards are managing regional or national services they must discuss with NSS and other Boards if considering any changes to these services and seek my clearance as Minister for Mental Health. Any significant changes to acute mental health services should be discussed in advance with Scottish Government

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[please contact Hugh McAloon in the first instance [Hugh.mcaloon@gov.scot](mailto:Hugh.mcaloon@gov.scot)] and I will provide clearance before any changes are made.

In addition, staff must continue to take all possible steps to minimise the transmission of Covid-19 in the course of their work, in compliance with infection controls procedures set out in the [COVID-19 guidance for IPC in healthcare settings](#).

You will be aware that we introduced [a new system of Covid-19 protection levels from 2 November](#). Details of the levels applied to each part of the country were set out on 29 October 2020.

The 5-level system will help you to understand and prepare for protections that might be introduced, as well as showing how and when they may be lifted. [Under level 4](#), you will see NHS Scotland services referred to as “Public services (health following NHS remobilisation plan)” and that under level 4 “essential face-to-face services only (online where possible)” will be provided.

For the avoidance of doubt, under level 4, I expect mental health services to stay open and remain available for those who require them, in line with the directives and principles, as outlined above.

Many third sector and private sector mental health services are classified as Support services in the Covid-19 protection level system. We have issued [guidance for support services](#) and will keep this guidance updated to ensure that the maximum number of third and private sector mental health services continue to run alongside public services.

Going forward, the Directives and Principles are under constant review and we will be in touch if they change or are updated

### Remobilisation and Winter planning

The Cabinet Secretary launched the [Winter Preparedness Plan](#) on 28<sup>th</sup> October which sets out how we intend to support the NHS to respond to winter and the challenges ahead. As was the case in earlier stages, mental health services are very much central to our thinking and key to the planning process.

As we enter the winter months, we are starting to see predictable rising demand for mental health care, both as a direct result of Covid and as a result of restrictions.

To ensure acute services are not overwhelmed by mental health crisis presentations, we must make every effort to maintain current mental health capacity and to safely return services to normal capacity. Community mental health and wellbeing services are of course critically important to this.

Likewise I ask that we retain all the practical ‘on the ground’ support we saw in the early phase of the pandemic to support mental health and wellbeing, including the support for mental health and wellbeing for our health and social care staff. My expectation is that by building on lessons from earlier this year and on new innovations and developments [such as Mental Health Assessment Centres, Near Me provision, Staff Wellbeing Hubs], we can deliver a set of services which ensure people can access good quality care.

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## Financial Provision

You will be aware of the £1.1 billion that has been provided to NHS Health Boards and Integration Authorities to meet the costs of responding to the pandemic. Funding for additional mental health costs reported by NHS Boards and Integration Authorities in their COVID-19 financial returns is included with the £1.1 billion allocation and I expect that funding received is used to meet these pressures.

As set out in your Remobilisation Plan feedback letter, funding beyond Quarter 1 reflects a general contingency of 30% that will be retained by the Portfolio at this stage. We will continue to work closely with NHS Boards and Integration Authorities over the coming months to review and further revise financial assessments, and we intend to make a further substantive funding allocation in January.

In addition the Scottish Government has made an additional £37 million available to sustain essential services and meet the challenges that winter will bring.

You will also wish to be aware that funding has been made available through the unscheduled care programme, supporting the Six Essential Actions, for measures such as mental health assessment services. Correspondence relating to this issued to Boards on 27 October 2020.

## Renewal Programme

You will note in the Transition and Recovery Plan the specific commitment for a renewal programme for mental health services to support the recovery process. This recognises the extraordinary amount of work required and underway by NHS Boards and their delivery partners both to respond to the immediate impacts of Covid-19 and ensuring the continuity of services. It also recognises the effort that will be required to meet the anticipated demand for mental health services, plan for the future and remobilise in a stronger way.

The renewal programme for mental health services will represent our response to NHS Boards' remobilisation plans. It will include a programme of immediate national support to Boards based on key themes emerging from the remobilisation plans. The key themes are likely to include workforce, digital services, and service reform. It will also point towards the longer-term direction for the renewal of NHS services, the impacts on the workforce, and work to harness innovations which have allowed the NHS to respond and function over this challenging time.

We hope to complete this work, which will be concentrated in the main on secondary mental health care, by the end of March 2021. NHS Boards and Integrated Joint Boards are key partners in this work and we plan to draft this collaboratively with you. We propose that we will engage via your identified Mental Health leads as well as with senior leaders, building on the positive engagement we have had in recent months. I have asked my officials to bring Leads together in a joint conversation as part of this engagement in the next month or so.

## Enhanced improvement support

As well as the need for remobilisation and renewal, we recognise that there were significant issues before the pandemic in terms of access to key services. The impact of Covid is likely to see increasing and evolving demand for treatment.

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I have therefore asked my officials, as an immediate action, to provide a tailored programme of enhanced improvement support for a number of individual NHS Boards, based on our assessment of their mobilisation plans, current CAMHS and Psychological Therapies performance, and feedback from our engagement with mental health leads since the start of the pandemic.

Alongside this work with specific boards, we will refresh our regular and standard programme of engagement with all Boards to discuss progress on performance and remobilisation, and to share intelligence and offer support as required.

### Next Steps

Officials will be in touch with Mental Health Leads following on from this letter to recommence the standard engagement meetings and agree the frequency and timing of these individually.

Alongside this we will pick up with individual Boards identified for the first tranche of enhanced improvement support.

We will also initiate discussions with all Boards to co-produce the renewal programme for mental health services, including the national programme of support, as outlined above.

Finally, I wish to again note my sincere appreciation for the extraordinary work that you and your teams are doing at this time. If you or your teams have any questions relating to this letter please do not hesitate to contact us.

Luska Jerdin in the Mental Health Directorate should be contacted in the first instance. Luska is available on 07837 170 866 or at [Luska.Jerdin@gov.scot](mailto:Luska.Jerdin@gov.scot)

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## Annex: Directives letter, 27 March 2020



DMH - 2020 - Covid  
19 - Local Mobilisati

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