NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**05 November 2025**
Title:	**Mental Health Services**
Responsible Executive/Non-Executive:	**Arlene Johnstone – Chief Officer**
Report Author:	**Barry Muirhead – Interim Head of Service**

Report Recommendation:

The Committee is asked to endorse the continued strategic development and transformation of Mental Health Services within NHS Highland, including the implementation of the Mental Health and Learning Disability Strategy (2025–2028), the expansion of the Distress Brief Intervention (DBI) programme into additional Highland areas, and the progression of service redesign initiatives such as the New Craigs Hospital reconfiguration and the development of the ADHD pathway.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you
- Government policy/directive
- Local Policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well	x	Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

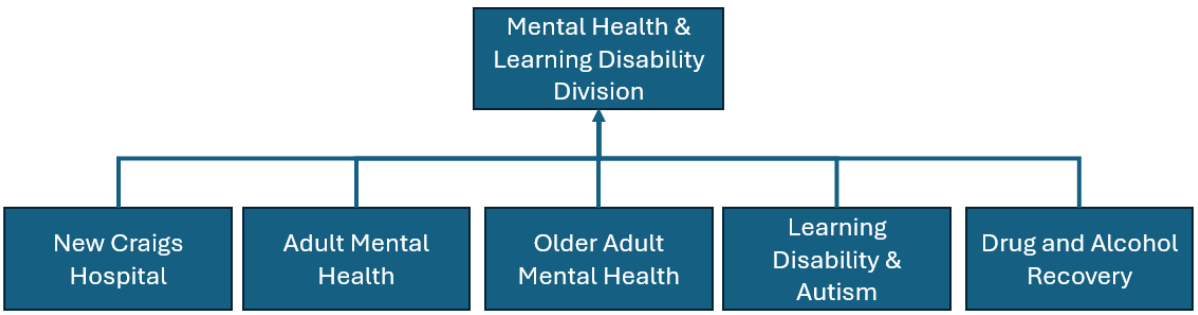
2.1 Situation

This paper builds upon previous Mental Health assurance reports presented to the Highland Health and Social Care Committee. Earlier reports outlined the foundational work undertaken to develop the Mental Health & Learning Disability Services Strategy, including the strategic realignment of our workforce and the enhancement of data systems to support Integrated Service Planning. They also detailed key service redesign initiatives aimed at identifying, mitigating, and removing risks to service delivery and improving the experience of care.

The purpose of this 2025 Assurance Report is to provide an overview of how these services have evolved since the last report, highlighting strategic change, workforce development, digital integration, and quality improvement. It also sets out our forward-looking plans, including priorities for further transformation and innovation to ensure sustainable, person-centred mental health services across Highland.

2.2 Background

The Mental Health and Learning Disability Division has a workforce of circa 650 whole time equivalents and in 2025/26 had a budget of £62 million.



The Division is structured across five distinct service areas. Of these, Learning Disability & Autism and Drug & Alcohol Recovery Services provide separate assurance reports to the Highland Health and Social Care Committee. Accordingly, this Mental Health assurance report focuses specifically on the remaining three service areas: New Craigs Hospital, Adult Mental Health Services, and Older Adult Mental Health Services.

2.3 Assessment

2.3.1 Mental Health and Learning Disability Strategy (2025-2028)

The Mental Health and Learning Disability Strategy, *Together Stronger*, articulates the Partnerships strategic direction for the delivery of mental health and learning disability services across the region (appendix 1). Developed through extensive consultation with service users, carers, staff, and community stakeholders, the strategy reflects a collective ambition to enhance the quality, accessibility, and responsiveness of care.

Aligned with national policy frameworks—including Scotland's Mental Health and Wellbeing Strategy and the Coming Home Implementation Report—the strategy also supports NHS Highland's overarching *Together We Care* priorities. It seeks to ensure that services are person-centred, trauma-informed, and delivered in a manner that promotes independence, dignity, and community inclusion.

The strategy acknowledges the unique challenges posed by Highland's geography and demographic profile, including rurality, workforce sustainability, and an ageing population. In response, it promotes innovative models of care, workforce development, and digital enablement to ensure equitable access and continuity of support.

Central to the strategy is the principle of co-production, with a strong emphasis on lived experience shaping service design and delivery. It also commits to improving transparency and accountability through clearer service pathways, enhanced communication, and robust performance monitoring.

Following feedback from the Health & Social Care Committee and wider stakeholders, the strategy has been updated to include a comprehensive delivery plan. While the plan does not yet specify timelines, it strengthens assurance around implementation by setting out clear actions and responsibilities. This ensures that the strategic ambitions are supported by a structured framework for delivery, enabling progress to be tracked and reported in a transparent and accountable manner.

2.3.2 Joint Inspection of Adult Mental Health Services

The Care Inspectorate and Healthcare Improvement Scotland undertook a joint inspection of adult mental health services within the Highland Health and Social Care Partnership between January – August 2025.

The inspection focused specifically on individuals living with mental illness and their unpaid carers and formed part of a national programme of thematic reviews aimed at evaluating the effectiveness of integrated health and social care services in delivering positive outcomes for adults with complex needs.

The inspection examined both strategic and operational collaboration between NHS Highland and Highland Council. It assessed performance outcomes, service delivery processes, leadership, strategic planning, and the lived experience of service users and carers. Inspectors engaged directly with over 300 individuals, including service users, carers, frontline staff, and strategic leaders. In addition, the inspection team reviewed 178 health and social care records to assess the quality, consistency, and integration of care planning and delivery.

The report commended the Partnership for its values-led leadership, commitment to person-centred care, and innovative approaches to reducing inequalities, particularly in remote and rural communities. Among the strengths identified were effective early intervention and prevention initiatives, strong multi-agency collaboration across statutory, third sector, and independent providers, and a responsive carer support service delivered through Connecting Carers. The Partnership's strategic vision was found to be clearly aligned with national policy frameworks.

The inspection also identified areas for improvement. These included the need for a robust integrated outcomes framework to better capture and utilise personal outcomes data, improving the accessibility of information for individuals and carers seeking mental health support, strengthening workforce planning and quality assurance mechanisms, and scaling up successful pilot initiatives to ensure equitable access across all Highland districts.

The inspection report was published in August 2025, and the Partnership are committed to addressing the 5 formal recommendations through targeted improvement planning (see appendix 2).

2.3.3 ADHD Pathway

Highland HSCP has adopted a policy of screening adult ADHD referrals against Level 4 of the National Autism Implementation Team (NAIT) Stepped Care Pathway. This decision reflects both a strategic and operational response to the significant and sustained increase in demand for ADHD diagnostic services. The implementation of Level 4 screening is intended to ensure that available clinical resources are prioritised for individuals presenting with the most complex needs, where specialist assessment and intervention are clinically indicated and likely to yield the greatest benefit.

This approach is informed by the outcomes of the NAIT Pathfinder programme, which highlighted the importance of proportionate, needs-based service delivery within a stepped care framework. By focusing existing capacity on Level 4 referrals, the division aims to deliver a clinically safe, sustainable, and equitable service model that aligns with national guidance and local strategic priorities. It also acknowledges the limitations of current workforce and infrastructure, which are not yet configured to support universal access across all levels of the pathway.

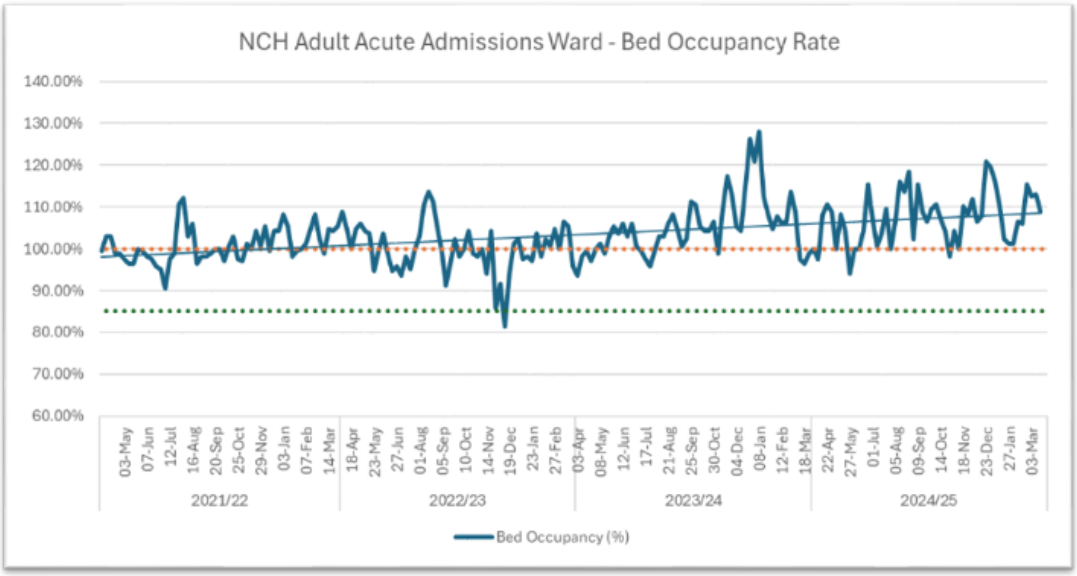
The intended benefits of this targeted screening approach include improved clarity and consistency in referral management, reduced waiting times for those with the highest clinical need, and enhanced service resilience. It also supports the development of a more integrated and streamlined neurodevelopmental pathway, reducing duplication and fragmentation across ADHD and autism services.

In parallel, the Neurodevelopmental Disorders (NDD) Pathway Group within North Highland is undertaking work to scope and design a Level 3 pathway. This will involve an options appraisal to identify feasible models for delivering early intervention and support to individuals whose needs do not meet the threshold for Level 4 but who nonetheless require structured input. The development of a Level 3 service is recognised as a critical next step in achieving a fully functional stepped care pathway, and will be informed by stakeholder engagement, workforce planning, and resource mapping.

This dual-track approach—prioritising Level 4 referrals while progressing the design of Level 3 provision—demonstrates the Partnership's commitment to building a responsive, inclusive, and evidence-informed neurodevelopmental service across North Highland.

2.3.4 New Craigs Hospital Reconfiguration

Adult Acute Admission capacity continues to present a significant operational risk for the Partnership, with bed occupancy levels consistently at or exceeding 100%. This sustained pressure reflects both rising complexity in clinical presentations and systemic constraints in inpatient throughput, contributing to delays in admission, expeditious discharge, and overall care flow.



In response to these challenges, a clinically led options appraisal was undertaken to evaluate potential solutions for stabilising and enhancing acute mental health inpatient provision. This process involved multidisciplinary input and considered factors including patient safety, workforce sustainability, estate configuration, and service integration.

The preferred proposal involves relocating the community rehabilitation team and inpatient capacity from Aonach Mor to the main New Craigs Hospital campus, with the transition scheduled to take place in November 2025.

The rationale for this consolidation is to merge the two existing rehabilitation wards into a single, larger unit at New Craigs Hospital. This approach is intended to optimise the use of available resources, increase the total number of acute admission beds from 24 to 36, overall increase bed capacity from 98 to 100 beds, and maintain community rehabilitation care with enhanced community outreach.

All current patients will continue to receive rehabilitation services, and personalised discharge plans will be developed in consultation with patients, families, and carers. Extensive engagement has been initiated to ensure that the transition is managed sensitively and that patient safety and wellbeing remain paramount.

2.3.5 Centred Recovery Centre

The MHLD Division has revised its commissioning arrangement with the Centred Recovery Centre in Inverness, transitioning from a fully block-funded model to a mixed approach. This now includes six block-funded beds designated for "step-up, step-down" support, alongside additional spot-purchased beds for individuals requiring longer-term residential recovery.

This development continues to support individuals with severe and enduring mental health conditions, as part of a broader strategy to enhance step-down and community-based recovery options following hospital discharge, and to prevent unnecessary admissions where appropriate.

The Centred Recovery Centre offers a unique residential model, providing 24-hour support within self-contained accommodation. The service is designed to deliver short-term placements, typically around six weeks, focused on stabilisation, recovery, and reintegration into the community. The spot-purchased beds allow for greater flexibility in meeting the needs of individuals who may benefit from extended stays beyond the short-term model.

This mixed funding arrangement enables the MHLD Division to maintain consistent access to step-down resources while also responding to more complex or longer-term recovery needs. It supports timely transitions from inpatient care, reduces pressure on acute admission wards, and promotes a more personalised approach to recovery planning.

This commissioning model reflects the Division’s commitment to diversifying the mental health care pathway, promoting recovery-oriented practice, and improving patient flow

across the system. The model has already demonstrated positive outcomes for service users, with approximately 30 individuals benefiting from the arrangement to date.

The arrangement remains under active evaluation to inform future commissioning decisions and ensure services continue to meet clinical and operational needs effectively.

2.3.6 Electronic Patient Record

The MHLD Division is currently undertaking a phased rollout of the Morse Electronic Patient Record (EPR) system, with full implementation within community and specialist outpatient teams expected to be completed by the end of the 2025/26, with scoping underway to implement within inpatient settings the year after. This strategic digital transformation initiative is designed to enhance the quality, safety, and efficiency of care delivery across the region.

The Morse EPR system provides a unified, real-time digital platform that enables the multidisciplinary workforce to access and update patient records securely and efficiently. By replacing paper-based documentation with a streamlined, mobile-accessible solution, Morse supports multidisciplinary collaboration and ensures that all members of the care team have access to consistent and up-to-date patient information.

For patients, the system reduces the need to repeat personal and clinical information across different services, thereby improving the overall experience and minimising delays in care. For staff, Morse simplifies workflows, reduces administrative burden, and supports more informed clinical decision-making.

2.3.7 Distress Brief Intervention

The Distress Brief Intervention (DBI) programme is a nationally endorsed, non-clinical mental health initiative designed to provide compassionate, time-limited support to individuals experiencing emotional distress.

From a national policy perspective, the Scottish Government has formally adopted DBI as a core component of its mental health strategy. As of November 2024, DBI is operational across all 31 Health and Social Care Partnerships in Scotland for individuals aged 16 and over. National referral pathways have been established via NHS 24, Police Scotland, and the Scottish Ambulance Service. The programme is recognised for filling a critical gap in community-based mental health support, offering a structured and compassionate response to distress without requiring clinical intervention.

The programme operates through two levels: Level 1 involves trained frontline staff (including police, ambulance, primary care, and A&E personnel) offering immediate support and, where appropriate, referring individuals to Level 2 services. Level 2 is

delivered by commissioned third-sector providers who offer follow-up within 24 hours, focusing on problem-solving, wellness planning, and supported connections.

In Highland HSCP, Change Mental Health has led the delivery of DBI Level 2 services since the pilot phase. Following seed funding in 2024, the service expanded beyond Inverness to include Nairn, Alness and Invergordon. Between October 2024 and July 2025, referrals from these expansion areas have steadily increased, indicating growing uptake and demand. The programme has also extended its reach to children and young people, with 112 referrals received from five Inverness secondary schools since January 2023.

Feedback from service users highlights the positive impact of DBI, with individuals reporting improved emotional resilience, reduced distress, and enhanced coping strategies.

A strategic review held in March 2025 with the Head of Service reaffirmed a strong interest in extending the DBI programme into additional Highland areas, specifically Raigmore A&E, Sutherland, Skye and Lochalsh, Badenoch and Strathspey, Wester Ross, and Lochaber. To support this expansion, a formal commissioning process is scheduled to take place during the 2026/27 financial year

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	x
Limited		None	

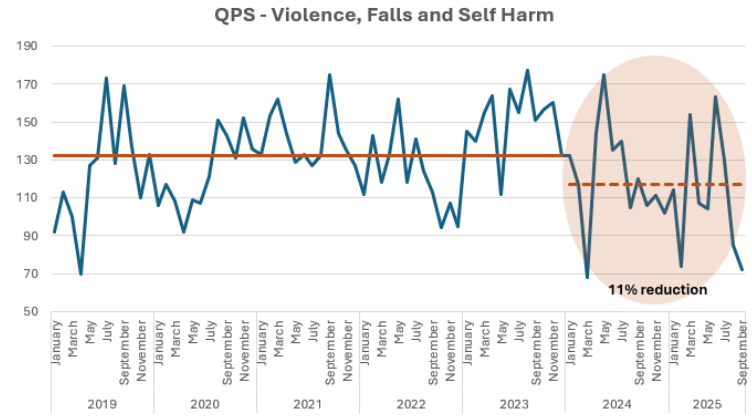
Comment on the level of assurance

While the report demonstrates clear progress across strategic, operational, and quality domains within Mental Health Services, including the implementation of the Mental Health and Learning Disability Strategy, service redesign initiatives, and digital transformation, several areas remain subject to ongoing development and external dependencies. These include workforce sustainability, commissioning of expanded DBI services, and the implementation of integrated outcomes frameworks. As such, a moderate level of assurance is proposed, reflecting confidence in the direction of travel while acknowledging that further work is required to fully embed and evaluate the impact of these initiatives.

3 Impact Analysis

3.1 Quality/ Patient Care

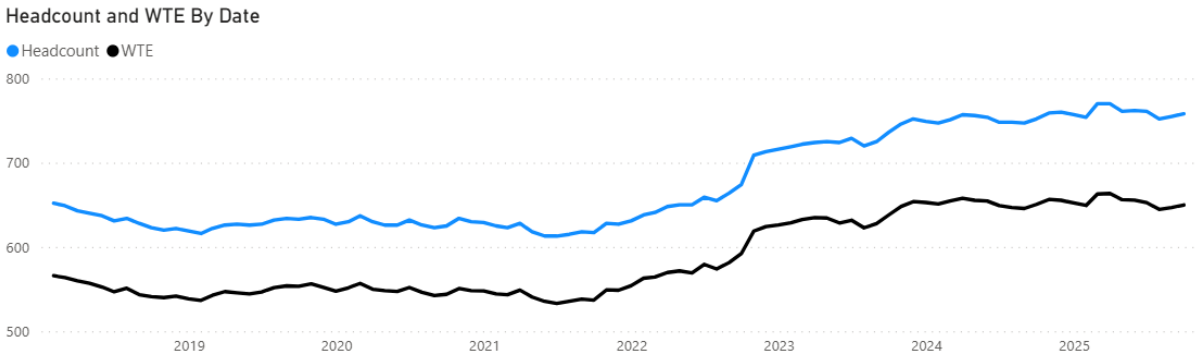
Within the MHLD Division, the three most frequently reported categories of adverse events are Violence and Aggression, Falls, and Self-Harm. In response, and in alignment with the Scottish Patient Safety Programme's focus on harm reduction and person-centred care, two key quality improvement initiatives were implemented towards the end of 2023: *Improving Observation Practice* and *Post-Falls Risk Assessment*.



These projects have supported enhanced clinical decision-making, improved risk identification, and strengthened staff confidence in managing complex presentations. As a result, the Division has achieved an 11% reduction in reported adverse events across these categories, contributing to a safer care environment and a demonstrably improved experience for both patients and staff.

3.2 Workforce

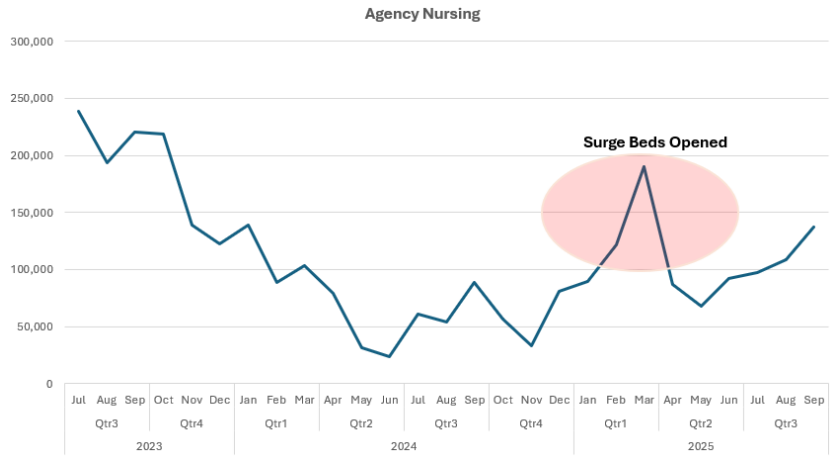
As of the current reporting period, the multidisciplinary workforce within the MHLD Division comprises approximately 650 whole-time equivalent (WTE) staff.



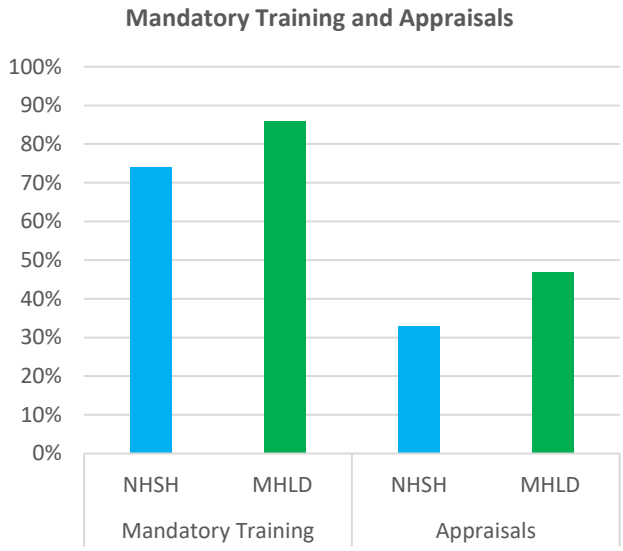
Since 2023, there has been a notable increase in workforce capacity, driven by strategic investments in Primary Care Mental Health services and targeted recruitment initiatives. These include international recruitment efforts and the integration of Newly Qualified

Nurses, both of which have significantly contributed to addressing vacancies and strengthening the overall workforce profile.

The improved fill rate of nursing vacancies, supported by strengthened controls around supplementary staffing, has led to a significant reduction in the reliance on agency nurses, particularly within New Craigs Hospital. This reduction not only enhances continuity of care and team cohesion but also contributes to improved patient outcomes and more sustainable workforce expenditure across the MHLD Division.



Mandatory training and annual appraisals are essential for ensuring that the workforce maintains high standards of clinical competence, safety, and professional development. These processes support continuous improvement, reinforce accountability, and help align individual performance with organisational priorities, ultimately enhancing the quality of care delivered to patients.

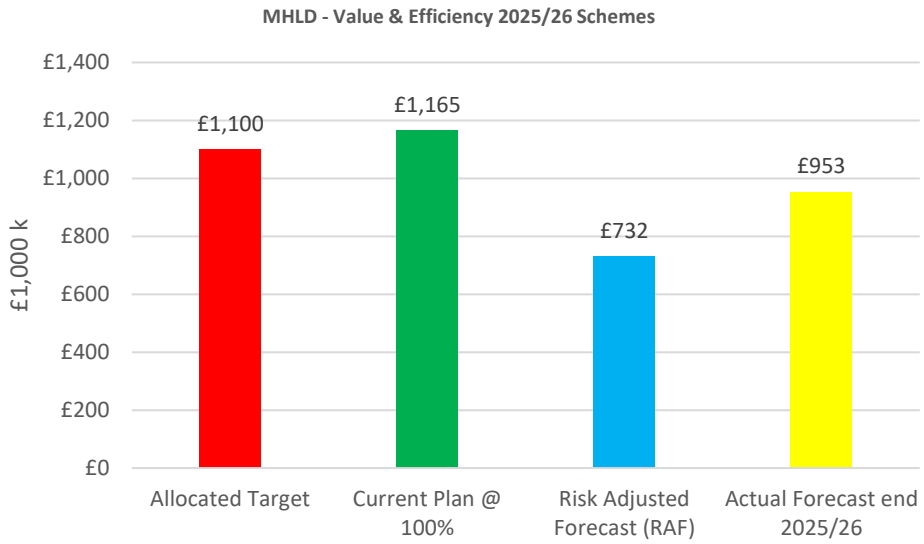


Throughout 2024/25, the MHLD Division undertook targeted work to improve compliance with mandatory training requirements, resulting in a marked increase in completion rates. The Division performed strongly in benchmarking exercises, comparing favourably with other areas of the organisation. Building on this momentum, the focus for 2025/26 has

shifted to enhancing appraisal completion, with similarly positive outcomes and continued strong performance against organisational benchmarks.

3.3 Financial

The MHLD Division has a savings target of £1.1 million for 2025/26.



Efficiencies and financial savings are being delivered through a strategic combination of service redesign, workforce optimisation, and digital innovation. These initiatives are being progressed with a clear and ongoing commitment to maintaining the quality, safety, and accessibility of care. Crucially, clinical and professional leadership are actively embedded within the Value and Efficiency workstreams, providing assurance that all changes are informed by frontline expertise, aligned with clinical standards, and focused on improving patient outcomes. Their involvement ensures that savings achieved to date have been implemented safely, with no adverse impact on service quality or access, and that future efficiencies will continue to be guided by professional judgement and evidence-based practice.

3.4 Risk Assessment/Management

All risks within the MHLD Division are systematically reported and monitored through the Health and Social Care Partnership's risk register. This structured approach is vital for ensuring that health and social care risks are identified early, assessed consistently, and addressed through coordinated mitigation strategies. It supports transparency, enables informed decision-making, and ensures alignment with organisational governance and safety standards.

Over 2024 and 2025, two key risks were the subject of focussed risk management: nursing workforce sustainability and the completion of ligature reduction works at New Craigs Hospital. The reduction in the risk scoring for these two risks have directly enhanced patient safety, reduced environmental risks, and strengthened workforce resilience.

Looking ahead to 2026, the Division will focus on two priority risks: Consultant Psychiatry recruitment and the availability of Older Adult Mental Health beds. Targeted work in these areas will be essential to maintaining safe access to specialist services and ensuring capacity meets the evolving needs of the population.

3.5 Data Protection

Not applicable

3.6 Equality and Diversity, including health inequalities

Not applicable

3.7 Other impacts

Not applicable

3.8 Communication, involvement, engagement and consultation

The Mental Health and Learning Disability Division maintains a strong commitment to meaningful engagement with service users and carers, underpinned by our partnership with collective advocacy organisations across Highland. These relationships ensure that the voices of lived experience are embedded in service design, delivery, and evaluation. Regular dialogue is facilitated through structured forums, including Mental Health Clinical Governance. Service users and carers are also actively involved in co-production activities, such as pathway redesign, quality improvement initiatives, and consultation on the Mental Health and Learning Disability Strategy. This collaborative approach strengthens transparency, promotes person-centred care, and ensures that services are responsive to the needs of communities.

3.9 Route to the Meeting

Not applicable

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 - Mental Health and Learning Disability Strategy (2025-2028)
Appendix 2 – Joint Inspection Improvement Plan

Appendix 1 - Mental Health and Learning Disability Strategy (2025-2028)

NHS Highland

Mental Health & Learning Disabilities Strategy and Delivery Plan

2025 - 2028

Highland Health and Social Care Partnership

Stronger Together

Stronger Together Table of Contents

Stronger Together is NHS Highland's approach to delivering Mental Health and Learning Disabilities Services, over the next three years (2025 -2028). It includes all the services and specialities that sit within the Mental Health & Learning Disability division in the Highland Health and Social Care Partnership (HHSCP).

We talked to a lot of people about what they wanted and needed from Mental Health and Learning Disability services in Highland and recognised that although there are differences relating to what services should be available, there is a shared vision about how services should be experienced by the people involved. Thanks to your valuable feedback on our draft strategy, we've added a Delivery Plan. This plan outlines our approach to enhancing and redesigning support and services.

In a world of changing resources and demand, we therefore agreed to create a set of commitments about how we will deliver all of our services. These commitments are there to ensure that people have the best experience that they can, whether that be as an individual receiving care or support, a family member or carer, a member of our workforce or a member of another organisation who interacts with us.

Our strategy is grounded in the values of consistency, collaboration, and compassion, as we commit to building strong relationships through the way we work.

Stronger Together **Hello!**

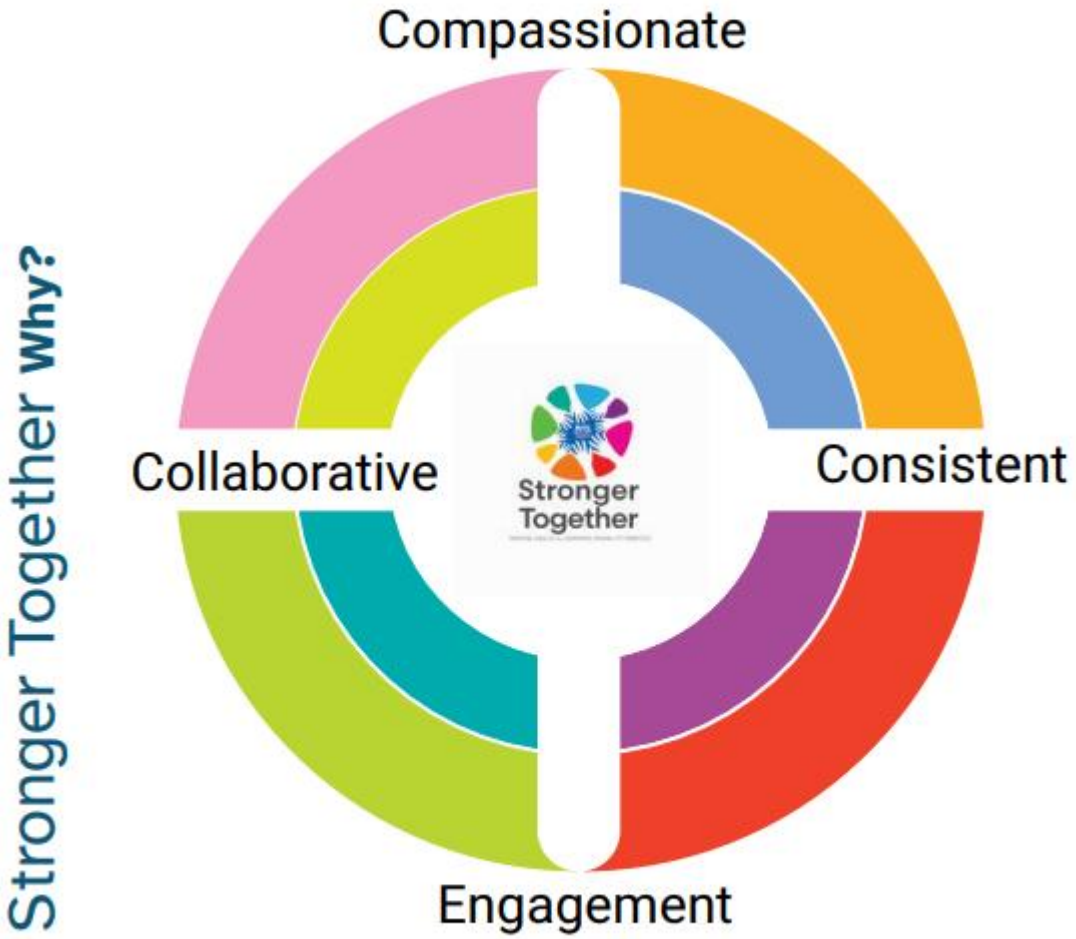
How and why this strategy exists

The provision of Mental Health & Learning Disability health and social care services across Highland is delivered by a complex network of NHS and Highland Council services, third and independent sector organisations, partners, volunteers, paid / unpaid carers, and those with lived experience.

Together, we must build and develop a wide and varied range of support options. To achieve this, we must build meaningful relationships, where everyone sits around the same table as a valued member and where every voice is listened to equally.

To create this strategy, we engaged with our partners, workforce, carers, communities, and those with lived experience, across our remote and rural geography.

We would like to thank all who engaged with us for their collaboration and for enabling relationships. A summary report from the Conversation Cafés hosted by the Scottish Recovery Network is available on request.



Stronger Together **Language**

What do the words we use mean?

Mental Health

Mental health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

Mental Wellbeing

Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.

Mental Illness

Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Acronyms

We use a few acronyms in this document (we have tried to keep it to a few!). These are:

MH:	Adult Mental Health Services
DARS:	Drug and Alcohol Recovery Services
OA&D:	Older Adult & Dementia Services
GAP:	General Adult Psychiatry
LD:	Learning Disabilities Services
NC:	New Craigs Hospital
CMHT:	Community Mental Health Team
NHSH:	NHS Highland
A&B:	Argyll & Bute
CAMHS:	Child & Adolescent Mental Health Services
CLDN:	Community Learning Disability Nurse
LDOT:	Learning Disability Occupational Therapy
HADASS:	Highland Alcohol and Drug Advice and Support Service
SARCS:	NHS Sexual Assault Response Co-ordination Service

What are the services we provide?

We want to make sure that we have the right people in the right place at the right time to deliver the health and social care that the people we work with need. We actively recruit to make sure that we can achieve this and support those Staff already in post to develop, grow and achieve their own goals and those of the services. Our Mental Health and Learning Disability Services include:

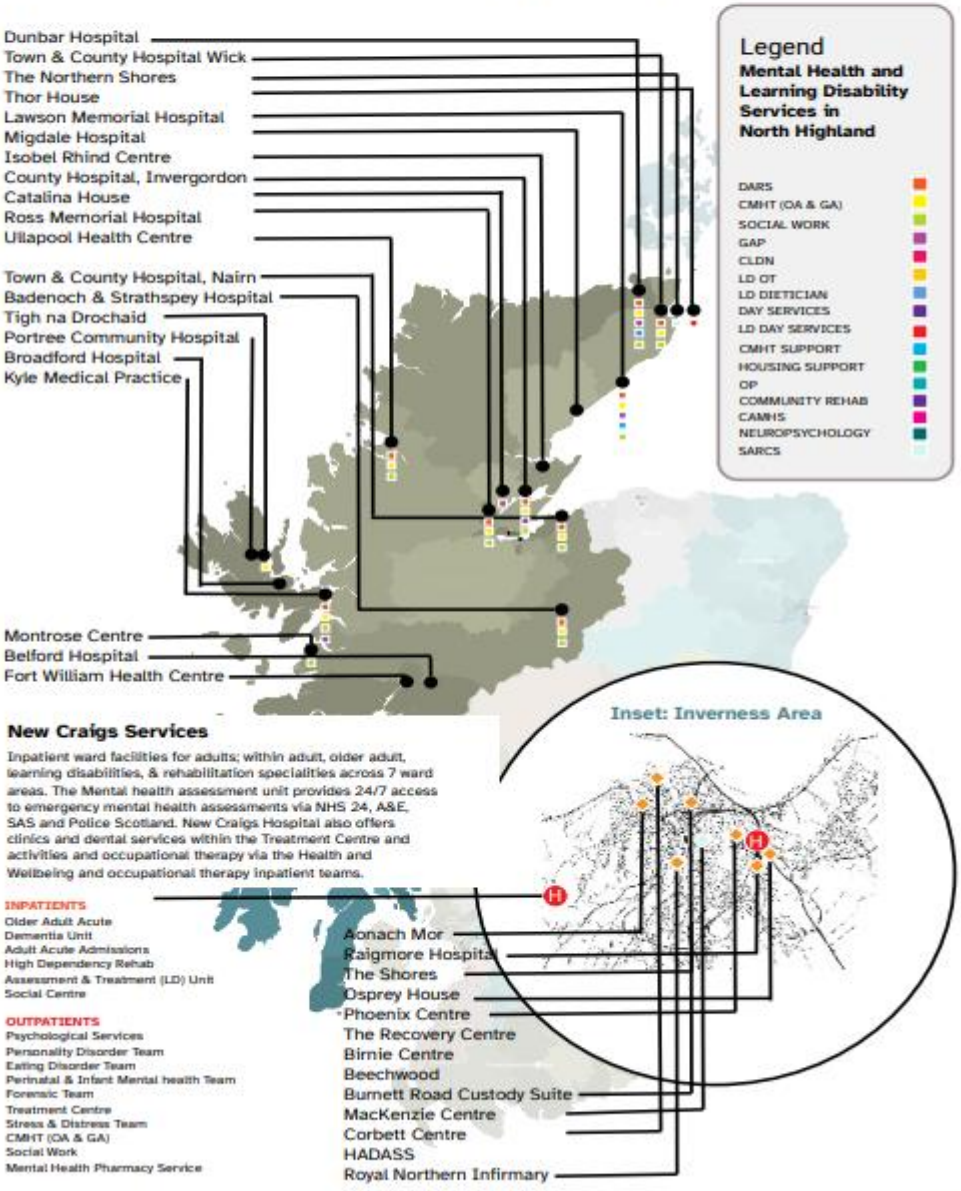
Community Multi - Disciplinary Teams
Personality Disorder Service
Eating Disorder Service
Highland Adult Autism Assessment Service
ADHD Assessment Pathway
Day Services for Adults with Learning Disabilities
Social Work Transition Team
Social Work Mental Health Team
Mental Health and Learning Disability Specialist Pharmacy Service
Psychological Therapies
Vocational Rehabilitation Service
Centre for Mental Health Recovery
STORM Training Team
Specialist Mental Health and Learning Disability Allied Health Professionals
Business Support and Administrative Teams
Dementia Stress and Distress Support Team
Forensic Mental Health Team
Mental Health and Wellbeing Primary Care Team
Mental Health Assessment Unit
Perinatal and Infant Mental Health Service
Police Custody and Forensic Medical Services
Prison Healthcare

Stronger Together **What?**

Who Are We?

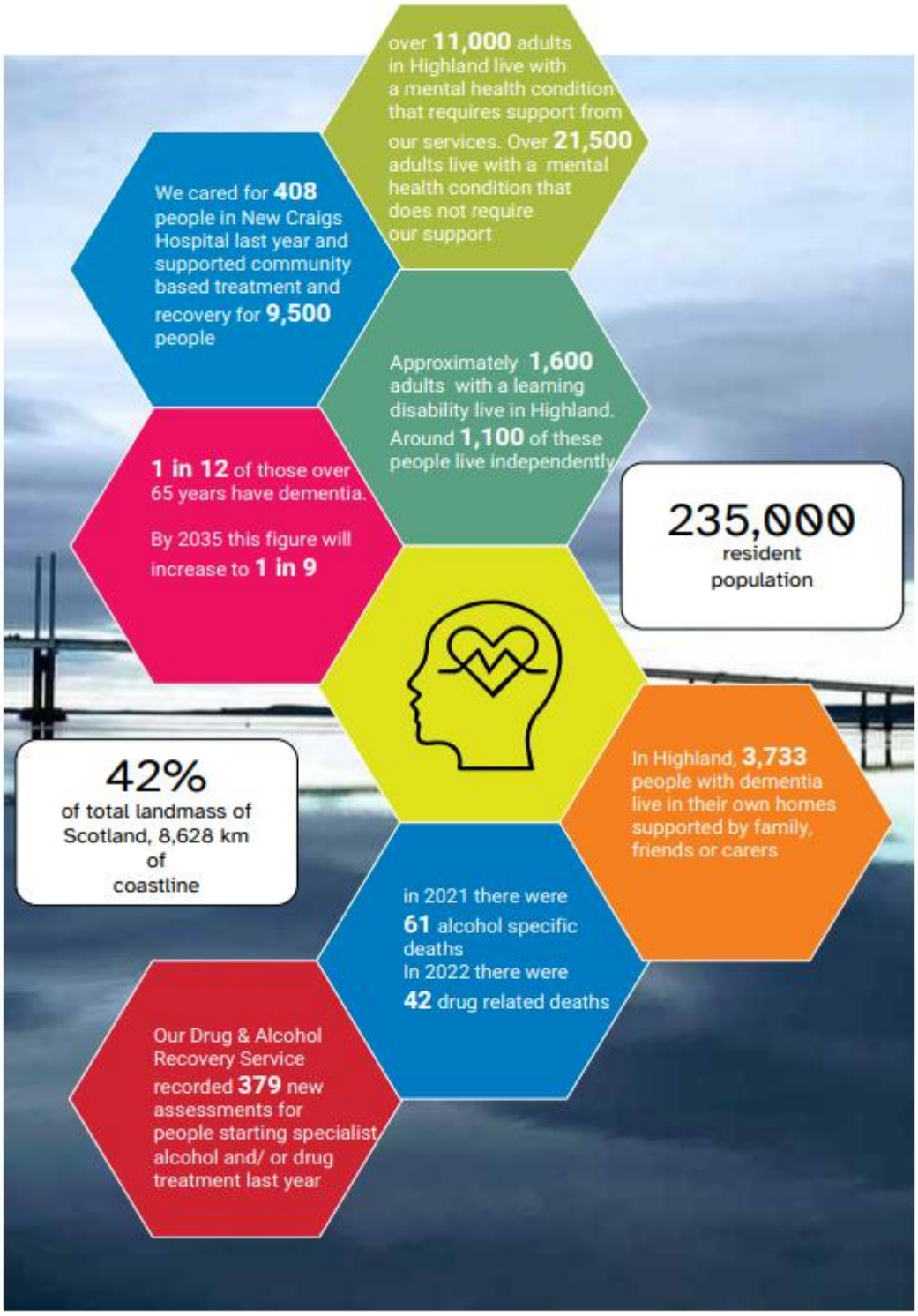
We want to make sure that we have the right people in the right place at the right time, to deliver the health and social care that the people we work with need. We actively recruit to make sure that we can achieve this, and support those staff already in post to develop, grow and achieve their own goals and those of the services.

Our inpatient facilities are based at New Craigs in Inverness, with outpatient facilities in various locations. Our community teams cover all areas of our remote and rural geography. Lots of our services are delivered in partnership with primary care, social care and the voluntary sector.



Stronger Together **Who?**

Stronger Together **Communities**



National and Local Context

National Context

The services we deliver are guided by a suite of strategies and standards developed by Scottish Government:

Scotland's Mental Health and Wellbeing Strategy

In June 2023 the Scottish Government and COSLA published the long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland. Its vision is "of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible". This strategy describes what a highly effective and well-functioning mental health system should look like. It focuses on ensuring that the right support is available, in the right place, at the right time, whenever anyone asks for help.

National Core Mental Health Quality Standards, MAT Standards, Psychological Therapies and Interventions Specification

These standards aim to improve the quality and safety of mental health services across Scotland. They aim to ensure that individuals, families, and carers know what they can expect from mental health services and aim to reduce inequalities in experience and outcomes resulting from unwanted variation in quality of care across Scotland's services. As Scotland's demographics change, further standards will be developed.

Further details of related strategies can be found at the end of this document.

Local Context

One of the strategic objectives of NHS Highland's Board wide strategy, Together We Care, is to: "*Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health and wellbeing*" (NHS Highland, 2022, p23).

Underpinning this are three priorities:

1. Deliver consistently excellent care that is quality focused, follows best practice, is data driven, efficient, consistent and supported by the latest digital technologies.

2. We will develop integrated local services by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention.

3. We will improve the quality of care delivered to patients receiving enhanced care to support their mental health and develop individualised care planning and the right level of care to those in crisis.

What did we hear?

We had meaningful conversations with people from across Highland; those who use our services, carers, loved ones, partners, communities and our own workforce. We listened, and the things that you said were most important, focused on service design and relationships. These have been used to create our commitments to you.

We want to thank everyone who got in touch, everyone who attended the conversation cafés and workshops, our partners, communities, and our colleagues. Without your insight, knowledge, thoughts and opinions, we would not have been able to develop this strategy. We have learned so much from you and promise to continue to develop and grow our relationships as we move forwards together.

Stronger Together **Hearing**

At a Glance

As we work to deliver the services and outcomes laid out in Scotland's Mental Health and Wellbeing Strategy and other associated guiding strategies, we will ensure that all of our current services and future service developments will be informed by the following commitments:

Delivery Plan

This Delivery Plan sets out the actions that Highland Health and Social Care Partnership (HHSCP) will take to make progress towards the outcomes and priorities guided by the Scottish Government's Mental Health and Wellbeing Strategy (2023 - 2025) and locally informed by the HHSCP Mental Health and Learning Disabilities Strategy, Stronger Together (2025 - 2028).

1. Inpatient Care and Improved Access to Crisis Support

Strengthening access to services and crisis support will enhance person-centred care and improve people's experiences.

Strategic Action	What's changing?	What does it mean for you?
Redesign inpatient care models to **enhance people's experience,** ensure safe, high-quality and trauma-informed care and align with national standards.	Reviewing and reconfiguring inpatient units to ensure people receive timely and efficient care. Improving coordination between inpatient and community services to ensure smoother transitions in and out of hospital. Implementing environmental improvements in inpatient settings.	Better quality of care in hospital ensuring safety, respect and personalised care. Faster access to the right level of care reducing unnecessary delays. Improved support when leaving hospital, ensuring a smooth transition to community care.
Embed 7-day access to mental health, learning disability and drug & alcohol recovery services. **Enhance unscheduled care pathways**, and ensure timely, person-centred support to reduce crisis escalation and improve continuity of care, aligning with Scotland's commitment to early intervention and equitable access.	Crisis support will be available every day of the week, including weekends. Staff will be available to respond quickly and provide expert guidance as required, any time. Review and implementation of the Psychiatric Emergency Plan. Creating single points of access to our services, supporting a "no-wrong-door" approach.	Enhanced support for families and carersespecially outside traditional hours. Help when it's needed most without long waits for scheduled appointments. Faster, more coordinated crisis response for people in distress.

2. Community Inclusion and Preventative Care

Supporting mental health and wellbeing starts within communities by ensuring early intervention, reducing health inequalities and providing inclusive, accessible care. Strengthening community-based services will empower people to access the right support earlier and prevent crisis escalation.

Strategic Action	What's changing?	What does it mean for you?
Develop mental health inclusive community hubs, carer support and peer support networks in collaboration with local partners to expand access to mental health, learning disability and drug and alcohol recovery support, strengthen early intervention and promote community-based care closer to home.	Exploring ways to use local community hubs to provide support closer to home. Building stronger partnerships with third-sector organisations and local facilities to ensure services are more accessible. Expanding access to peer support, social activities, and advice services in familiar community settings.	Easier access to support reducing the need to travel long distances. More informal, welcoming spaces that feel less clinical and more community-based. Better early intervention and prevention, helping people before they reach crisis point. Greater social inclusion, reducing isolation and stigma. Stronger links between health services and local organisations, ensuring people get the right help at the right time.
Address health inequalities by expanding access to health checks for individuals with learning disabilities **Improving early intervention** for psychosis **reducing harm from substance use** and adopting equitable, person-centred approaches. This will ensure that mental health, learning disability, and drug and alcohol recovery services effectively support the most vulnerable populations.	Emphasis on earlier diagnosis and intervention for conditions like psychosis, reducing long-term impacts. Focus on removing barriers and reducing stigma that prevent certain groups from getting the care they need. Providing tailored support for vulnerable and at-risk individuals ensuring fairer and more inclusive healthcare.	Regular health checks to catch issues early and prevent serious illness. Quicker access to mental health support reducing waiting times and improving recovery. More inclusive services that meet the needs of all communities, including those at higher risk of poor health. Better long-term health outcomes leading to longer, healthier lives.

3. Specialist Care within a Community Setting

Specialist mental health, learning disability and drug & alcohol recovery services must be safe, effective and person-centred. By improving specialist support, we will enhance individual's experience, ensure timely access to appropriate individualised care and support better transitions across services.

Strategic Action	What's changing?	What does it mean for you?
Strengthen forensic mental health services to provide safe, person-centred and rehabilitative care for individuals, ensuring effective pathways and transitions between inpatient and community services.	A focus on rehabilitation and reducing risk, helping people move towards more independent living where appropriate. Collaborative working across regions to support the provision of highly specialist care.	Access to specialist teams underpinned by a holistic approach that respects the rights of people cared for in our forensic mental health services. Stronger community rehabilitation pathways supporting recovery and reintegration into the community.
Build and enhance care, support and housing options for people with complex needs to enable independent living as close to home as possible.	Enhanced coordination across services helping people with learning disabilities and autism access care sooner. Improved options to help people live independently in the local community.	Timely support for people with urgent and complex needs. Smoother transitions from hospital to home. We will promote realistic expectations, choice and control using self-directed support and maximising the use of technology.
Develop and enhance our **specialist care pathways** (for example, dementia and neurodevelopmental pathways) to ensure timely diagnosis, coordinated support across acute and community settings and person-centred care that promotes dignity, independence and quality of life for individuals and their families.	A clearer, more structured pathway for people, ensuring they get the right support at the right time. Better coordination between hospital, community, primary and social care services to provide seamless care. Stronger links between mental health, acute hospitals and community services, ensuring people receive joined-up care.	Faster diagnosis and access to treatment, reducing delays and uncertainty for people and their families. More consistent support, whether at home, in the community, or in hospital. Better planning for future care needs, ensuring people remain as independent as possible for as long as possible. Reduced emergency admissions, as better coordination helps prevent crises. More support for carers and families, helping them navigate services and plan for the future.

4. Workforce and Professional Development

A skilled, well-supported workforce is essential for delivering high-quality mental health and learning disability services in line with the Core Mental Health Standards. By strengthening workforce planning, multidisciplinary team collaboration and professional development, we will enhance service capacity, improve people's care and ensure a sustainable, adaptable workforce that meets the evolving needs of our communities.

Strategic Action	What's changing?	What does it mean for you?
Strengthen our workforce to develop sustainable, skilled and multidisciplinary teams. **Developing our workforce plan** in line with the framework of the Health and Care (Staffing) (Scotland) Act 2019.	Clarifying the role and function of Multidisciplinary Teams (MDTs) so that all professionals contribute effectively to people's care. Enhancing training and career development opportunities, helping staff build specialist skills.	More access to the right professionals, reducing delays in care. Better coordination between teams ensuring people receive seamless support. A sustainable workforce meaning services remain reliable and well-staffed for the future.

5. Estate and Built Infrastructure

Safe, therapeutic and well-designed environments are essential for delivering high-quality mental health and learning disability care. By improving our built estate, enhancing spatial capacity and ensuring facilities meet the needs of our staff and the people we care for, we will create safer, more inclusive spaces that support wellbeing and effective service delivery.

Strategic Action	What's changing?	What does it mean for you?
Enhance mental health and learning disability estate by improving safety and creating trauma-informed environments that support inpatient and community-based care.	Upgrading facilities to improve safety and ensuring spaces feel calm, therapeutic and supportive for recovery. Enhancing accessibility and functionality of buildings to better meet the needs of people and our services. Enhancing space and capacity at existing buildings, making the best use of available facilities to meet growing service demands.	Safer environments, reducing risks and improving people's well-being. More therapeutic and welcoming spaces supporting mental health recovery and accessibility. Improved staff working conditions leading to better care and experiences.

6. Digital and Innovation

Harnessing digital innovation is key to improving access, efficiency and the quality of mental health and learning disability services. By expanding digital therapies, implementing an electronic health record and smarter systems, we will create more flexible, data-driven and person-centred care that supports both service users and staff.

Strategic Action	What's changing?	What does it mean for you?
Embed the use of technology to improve access, choice and flexibility, enabling people to access timely intervention.	Developing innovative digital solutions to support people and improve access to care. Ensuring digital therapies are fully integrated with existing services, offering more choice and flexibility for people.	Greater choice and flexibility in accessing therapy and support. Making health and social care more accessible, efficient, and personalised.
Clear, inclusive and transparent communication is vital for delivering person-centred mental health and learning disability services.	Enhancing digital health records to ensure accurate, up-to-date information is available to all relevant mental health and learning disability care providers and professionals. Configuring in-use electronic systems making it easier for staff to access and update health records in real time. Reducing paperwork and administrative delays, allowing for more efficient service delivery.	Faster, more efficient care as staff can quickly access the latest health records from the people we help. Better communication between services, leading to improved safety and accuracy. Less need to repeat personal information making appointments and assessments more efficient.

7. Communications and Engagement

Clear, inclusive and transparent communication is vital for delivering person-centred mental health and learning disability services.

Strategic Action	What's changing?	What does it mean for you?
Enhancing communications and engagement to build trust, awareness and inclusion across our services.	Strengthening communication to ensure that people we support, including carers, families, staff and partner organisations are well-informed and engaged. Working alongside people who have lived experience, ensuring their voices shape service improvements. Continuing to learn from feedback and experiences and sharing our plans to improve.	**Easier access to information** about services, making it clearer where and how to seek support. **More transparency and trust**, with regular updates on service improvements and changes. **More accessible and inclusive communication** ensuring that information reaches those who need it most.

What It Takes to Achieve Our Commitments

There are some things that will enable us to achieve our commitments. These run through everything we do and we will need them to progress in the future. They are things that, no matter where we work or what we do, we need to be aware of, and try to do our best by or utilise to best effect.

Stronger Together **Infrastructure**

Governance
We will develop and refine the way our organisation is governed and directed.

Digital and Tech
We will provide electronic systems that empower our communities to choose how they interact with us and enable our staff to work seamlessly.

Research Design & Innovation
We will work in partnership to create opportunities for research, development and innovation to improve the health and care we deliver for our population.

Quality
We will create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care every day.

Health Inequalities
We will focus on reducing health inequalities with our partners across our system to reduce the gaps in our communities.

Finance
We will become financially sustainable, work together to achieve efficiencies and create value by maximising our use of resources.

Workforce
Our leaders will enable and motivate teams to achieve our committments. Their actions will inspire trust and energy to achieve our strategy.

Climate Change
We will work in a sustainable and efficient environment in line with carbon commitments to support delivery of health and care in the future.

Who We Work Alongside to Achieve Our Commitments

Stronger Together **Partnership**

Strategies and Guidance

Scottish Government & NHS Highland policies and programmes in support of this Strategy:

Mental Health and Wellbeing Strategy: Strategy laying out Scotland's approach to improving mental health for everyone in Scotland.
www.gov.scot/publications/mental-health-wellbeing-strategy

Coming Home Implementation Report: Improving care for people with complex needs and learning disabilities.
www.gov.scot/news/coming-home-implementation-report

Getting it Right for Everyone (GIRFE): A proposed multi-agency approach to health and social care support and services from young adulthood to end of life care.
www.gov.scot/publications/getting-it-right-for-everyone-girfe

Dementia in Scotland: Everyone's Story: The new Dementia Strategy for Scotland is a 10-year vision for change.
www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/

National Drugs Mission Plan: 2022 - 2026: National Mission to reduce drug deaths and improve the lives of those impacted by drugs.
www.gov.scot/publications/national-drugs-mission-plan-2022-2026

Core Mental Health Standards 2023: These core standards support adult secondary services with the aim of improving quality and safety of mental health services for people in Scotland.
Core mental health standards - gov.scot (www.gov.scot)

Psychological Therapies and Interventions specification 2023: Specification setting out the aims to improve the delivery of psychological therapies and interventions for everyone accessing and delivering these across Scotland.
Psychological therapies and interventions specification - gov.scot (www.gov.scot)

Creating Hope Together: suicide prevention strategy 2022 to 2032: Scotland's suicide prevention strategy.
Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot (www.gov.scot)

Together We Care - with you, for you: NHS Highland Strategy 2022 -2027.
www.nhshighland.scot.nhs.uk/about/publications-and-public-records/together-we-care

Strategic Plan for Adult Services 2024 - 2027: Highland Health and Social Care Partnership Strategic Plan.
www.nhshighland.scot.nhs.uk/about/highland-health-and-social-care-partnership/publications

Support across Highland

Crisis Help and Support

If you believe you or someone else is experiencing an immediate risk to health or an immediate risk to life in realtion to mental distress, call 999 or go to Accident & Emergency. If there is no immediate risk to life, call your GP or NHS24 on 111. The NHS Mental Health Hub is available 24 hours a day, 7 days a week on 111

Samaritans
Please contact the Samaritans on 116 123. Available 24 hours a day, 365 days a year.

Breathing Space
Please contact Breathing Space on **0800 83 85 87.** Weekdays, Monday to Thursday 6 pm to 2 am. Weekend, Friday 6 pm to Monday 6 am.

Mikeysline
Highland wide service. Text based support. Sunday to Thursday 6pm – 10pm, Friday and Saturday 7pm-7am. Text: 07786 207 755. WhatsApp: 01463 729 000 Also available on Webchat – Messenger – Twitter
For more information go to website: www.mikeysline.co.uk

James Support Group
Highland Wide Service. 24hr helpline every day. For people bereaved by suicide or anyone having suicidal thoughts. Phone or text: 07563 572 471
For more information go to website: www.jamessupportgroup.com

Prevent Suicide Highland APP
This easy to use app helps you safety plan should you ever find your self in distress, feeling hopeless or suicidal in the future.
Available on Google Play for Android devices and the Apple App Store for iPhone and iPad.

Further information and resources can be found on the Highland Mental Wellbeing website –

www.highlandmentalwellbeing.scot.nhs.uk

Stronger Together **Support**

Thank You! (Want to get involved?)

Thank you to all of those who connected with us, your thoughts, insights, and ideas have enabled us to create our commitments. These will drive us forward over the coming years, shaping the way we provide our services.

To make sure that we are doing everything we can to achieve our commitments, a Mental Health and Learning Disability Strategy Partnership Group has been set up. This group is made up of both NHS Highland leaders and professionals and representatives from organisations across Highland. It is intended that this group will enable collaboration to govern and guide changes we make to our services, ensuring that we work in partnership and that everything we do has the needs of our population and those individuals who need our services at the centre.

If you would like to know more, please get in touch at:

nhsh.mhldstrategyfeedback@nhs.scot

We want to continue to grow and develop, working together across Highland to deliver the right care, at the right time, in the right place for everyone who needs it in a collaborative, caring and consistent way.

Stronger Together

Document Information

Document Version Control	Version 1.5.3 FINAL
Document Date	25.04.2025
Document Owner	Arlene Johnstone
Document Status	Final
Font	Atkinson Hyperlegible 12 pt. (body)
Images	All photographs are sourced from NHS Scotland Image library, Adobe Stock or self produced. All are royalty free and 300 dpi resolution
Vectors	All illustrations are produced by Strategy & Transformation

nhshpmoadmin@nhs.scot

Stronger Together

MENTAL HEALTH & LEARNING DISABILITY SERVICES

Appendix 2 – Joint Inspection Improvement Plan

Area for Improvement	Action	Timeline	Responsibility
Develop an Integrated Outcomes Framework *The partnership should develop an integrated outcomes framework that captures personal outcomes data for people living with mental illness and for their carers. Their feedback is essential for driving improvement.*	Embed Personal Outcomes recording into the rollout of the Electronic Patient Record (EPR).	Mar 2026	MORSE SLWG
	Embed Personal Outcomes recording into the updated Adult Social Care (ASC) system.	Mar 2026	Care First Project Team
	Agree on a model for an integrated outcomes framework, potentially using the CEIM approach.	Mar 2026	Head of Strategy & Transformation
	Co-produce and implement feedback mechanisms with people who have lived experience of mental illness.	Mar 2026	Head of Mental Health Services
	Co-produce and implement feedback mechanisms with carers.	Mar 2026	Lead for Carers
Scale Up Successful Pilots *The Partnership was innovative and was implementing change aimed at addressing gaps in remote and rural areas. Successful pilots needed accompanying delivery plans and scaled up if the partnership was to take full advantage of these measures and address equality issues.*	Develop a Quality Management System (QMS) as set out in the NHSH Together We Care strategy and the Joint Strategic Plan.	June 2026	Head of Strategy & Transformation
	Apply the QMS framework to all new pilot initiatives, ensuring clear aims, measurable outcomes, and iterative learning cycles.	June 26 onwards	Chief Officer & Head of Mental Health
	Create delivery plans to support the scaling of successful pilots.	June 26 onwards	Head of Mental Health

Improve Accessibility of Information *Information on health and care service options should be more accessible and in a suitable format for people and carers seeking mental health services.*	Enhance the mental health service directory on the Right Decisions platform.	Ongoing	Head of Mental Health
	Enhance the Highland Mental Wellbeing Directory to provide real-time service information and accessible guidance.	Ongoing	Head of Health Improvement
	Develop a "digital front door" to improve accessibility of self-management and prevention information.	June 26	HC Transformation Team
	Improve the information relating to Mental Health services available on NHS Highland external facing website.	Dec 26	Head of Mental Health
Develop a Joint Workforce Strategy *The Partnership should develop a joint workforce strategy to support its clear commitment to staff development and progression.*	Engage with the NHS Highland Employability and Widening Access Strategy (2025–2028).	Ongoing	Chief Officer & Director of People & Culture
	Define career pathways and strengthen development opportunities for staff.	June 2026	CO & Head of Mental Health
	Improve staff retention and morale through clearer progression routes.	June 2026	CO & Head of MH
Establish a Quality Assurance System *The Partnership should develop a quality assurance system to monitor implementation of its valuable processes and procedures. Findings from this would inform workforce development planning at a strategic level.*	Develop and implement a standard Quality Management System across NHS Highland.	June 2026	Head of Strategy & Transformation
	Use the QMS to monitor delivery of key processes and inform strategic workforce planning.	End 2026	Senior Leadership Team