Frequently Asked Questions (FAQs) on mental health inpatient beds redesign and expanding community mental health

Why are you reviewing the location of mental health beds now?

Patients, families and the wider public have told us they want us to focus on expanding and improving community mental health services. More mental health care can now be delivered in the community, including treatment and care traditionally offered in hospital. The benefits of offering the least restrictive care are well established, and getting people back home or into a more homely setting can help recovery from complex mental health problems. Reviewing and gradually reducing inpatient provision where appropriate, will help us fund more community mental health services going forward.

There's a shortage of inpatient beds now so how will a future reduction in bed numbers work?

We know that beds in adult acute care are under pressure, and any changes to the number of these beds will only start when practical. We also know that some people can be in hospital for a disproportionately long time, not related to their need for a bed. As community services are expanded, the demand on beds will naturally reduce. Hospital integrated discharge teams are being developed to work closely with social work services to identify the right care packages, particularly for those with complex needs, to support people in the community and reduce the risk of delayed discharge from hospital.

Reducing inpatient mental health beds feels unsafe, how are you going to manage any risk?

Any discussion on reducing beds will always include risk assessment. Each stage will only move forward where assessment of risk indicates it is safe to do so.

Understanding and managing risk is part of the role of community teams. Individuals at greatest risk and with the greatest level of need will receive the right treatment and care for their needs, in the right setting, promoting prevention and early intervention care. We will also identify where teams themselves are under pressure, and work with them to develop solutions to issues that need to be addressed.

Will it take longer to get a mental health inpatient bed if you need one?

Beds will still be available for those who need specialist inpatient care and where a (new or expanded) community alternative is not available or appropriate. Community Rehabilitation and Community Mental Health Acute Care Services are specifically being developed to support people who no longer need to stay in hospital, releasing beds for those who do need inpatient care.

What will happen to the money saved by reducing the number of inpatient beds?

As part of the reconfiguration / redesign of inpatient bed provision some money will be reinvested in wards as a response to the Health and Care (Staffing) (Scotland) Act (*). Some of the released money will also be transferred to social work services to provide support in other ways.

(*) The Act directs health services take account of the service type, local context, the number and needs of the patients and appropriate clinical advice to identify what staff and skills are needed to deliver safe and effective care. If not already in place, it also requires ways of identifying, assessing and escalating real-time risks to care, arising because of staffing issues.

Some staff will prefer to stay working with inpatients and fill existing vacancies. Others will move out to jobs in the community.

How will you reassure patients, families and communities that any savings will be reinvested in community services, especially as we have experienced new services having funding withdrawn in the past?

Sometimes 'tests of change' / projects are withdrawn or finish and that happens because they didn't lead to the improvements we expected, or permanent funding can't be identified. Inpatient beds are funded long term and the community expansions funded by those monies will not be subject to short term funding problems.

By sharing our current plan, which is that money released through reducing inpatient provision will be reinvested into new and expanded community services, and by engaging with staff, patients, families and the wider public we hope to demonstrate that we are listening and are using feedback to help develop options for further engagement.

Our early priorities for new community services are:

1. A Community Rehabilitation Service to support people to move out of hospital and continue their rehabilitation journey while living as far as possible independently, and at home or in a homely setting in their community.

2. An expanded / enhanced Care Home Liaison service that will work with care home staff to support individuals' needs and provide education and guidance to care home staff.

3. Expanding the Community Borderline Personality Disorder (BPD) Pathway to deliver more specialist care in the community instead of hospital and train more staff in the community in coordinated clinical care to work better with people with BPD.

4. Further developing unscheduled (unplanned or emergency) care;

- Linking the Mental Health Assessment Units (MHAUs) set up during Covid as an alternative to busy emergency departments when physical health care is not needed with new Community Mental Health Acute Care services (CMHACS) providing intense support in the

community for people as a safe alternative to hospital admission or prolonged inpatient care.

- Offering services that help people with mental distress (and not mental illness), providing non-clinical support where clinical care wouldn't really help. These include the NHS24 111 Mental Health Hub and locally commissioned services such as the Glasgow City Compassionate Distress Response Service (run by GAMH) and similar across the six HSCPs.

5. Expanding Dementia Post Diagnostic Support (PDS) providing a year's post diagnostic support for everyone diagnosed with dementia helping people;

- Understand their illness and manage their symptoms.
- Be supported to keep up community connections and make new ones.
- Have the chance to meet other people with dementia and their partners and families.
- Plan for future decision-making.
- Plan for their future support.

Will each Health and Social Care Partnership area get an equal share of the reinvestment so that they are able to provide equal access to services?

We'll take a board-wide approach to ensure we're looking at the whole system, and all Health and Social Care Partnerships (HSCPs) have agreed that by end point of the strategy, money released for reinvestment will be shared across services delivering care in all six HSCPs. Whilst HSCPs may deliver services in different ways with different teams, they will all work to the same principles of promoting continuity and equity of care for people who need to use mental health services.

Will there be longer waiting times for community mental health services if more people are using them?

No. The combination of new and expanded community services and more effective and efficient ways of working should mitigate against longer waiting lists.

Have you thought about the impact any changes might have on patients, families and on already stretched third sector providers?

We know that people with mental health issues may have fewer family members and friends that they are in regular contact with, and maintaining these connections can help recovery. Issues like transport are likely to be a concern and we'll take this and other issues into account when developing options and making decisions on where services are in the future, however it's possible some services may still be moved due to other factors. This may also impact on staff. If that happens, we will work closely with our partner organisations, including the local authorities and e.g. Strathclyde Partnership for Transport, to address issues.

A key aim of the strategy is to support a shift in resources between psychiatric inpatient care and community mental health care. In 2023/24 893 third sector organisations across NHSGGC (NHS Greater Glasgow and Clyde) were awarded £3.3m via the Communities Mental Health and Wellbeing Fund to develop grass roots community activity that supports a culture of mental wellbeing and prevention in local communities. Amounts ranged from a few hundred pounds to

just under £30,000 with a significant majority of projects designed to tackle social isolation and loneliness.

The Community Mental Health and Wellbeing Fund is time limited, and other sources will need to be identified for expanded and recurring funding for public mental health, wellbeing promotion and early intervention, to continue to effectively prevent or reduce the need for psychiatric service responses in secondary mental health care.

What about the impact on other services, such as GP's (General Practice), Accident and Emergency departments and the Mental Health Assessment Units?

The impact of reducing the number of beds will be addressed in several ways:

1. Additional services such as the Community Rehabilitation Team
2. Expanded services such as Borderline Personality Pathway and Care Home Liaison
3. More effective working releasing capacity across existing services, including;
    - More virtual patient management (telephone, video) – saving unnecessary time and travel commitments.
    - Patient initiated (led) follow up – reducing unnecessary appointments
    - Shared assessment – reducing duplication and people answering the same questions, multiple times.
    - MHAU, CMHACS and Community Mental Health Teams working in partnership to help people requiring more intensive treatment and support.

GPs are already aware they can refer people to Mental Health Assessment Units instead of emergency departments and are kept up to date with any changes to unscheduled care by clinical leaders.

What are the timescales for these major changes?

We anticipate this will start Spring / Summer 2025 through to Autumn 2028. We will review progress, outcomes and impact regular stages to ensure that it is safe to continue.

How are you involving staff, people who use services, and the public in these proposals?

We routinely gather feedback from people who use our services and are working closely with community and third sector partners such as the Mental Health Network to ensure that the wider public, mental health service users and carers have an opportunity to be involved as these proposals develop. People with lived experience will be represented and involved throughout the review, planning and redesign phases.

Staff are currently represented on the mental health strategy programme board and sub-groups with area partnership forum representatives and professional leads as board and group members. Feedback has also been gathered through other staff facing activities, such as the CMHT staff development sessions held post-covid in December 2021.

After this phase of engagement, several possible options will be discussed. Staff, members of

public and service users will be involved in this process. A preferred option will be chosen and there will be more consultation before any final decision is made.

Where can I find out more information about these proposals?

You can read more about the Mental Health Strategy 2023-28, the proposal to review inpatient provision and expand community mental health services, and any upcoming public engagement opportunities by visiting the NHS Greater Glasgow and Clyde website here: Mental Health Services Engagement - NHSGGC.

Additional detail for staff will be uploaded to the GGC Mental Health Strategy Staff Engagement SharePoint page.

If you need this FAQ in a different format, or have any questions please email: ggc.MentalHealthStrategyCommunications@nhs.scot.

Summary of abbreviations used in this document

BPD	Borderline Personality Disorder
CMHACS	Community Mental Health Acute Care Services
CMHT	Community Mental Health Team
GAMH	Glasgow Association for Mental Health
GGC	Greater Glasgow and Clyde
HSCP	Health and Social Care Partnership
MHAU	Mental Health Assessment Unit
NHSGGC	NHS Greater Glasgow and Clyde
PDS	Post Diagnostic Support (Dementia)