

NHS Greater Glasgow and Clyde	Paper No. 25/15
Meeting:	NHS Board Meeting
Meeting Date:	25 February 2025
Title:	Status update on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028
Sponsoring Director:	Pat Togher, Chief Officer, Glasgow City HSCP
Report Author:	Kelda Gaffney, Assistant Chief Officer, GCHSCP

1. Purpose

The purpose of the attached paper is to:

- Update the NHSGGC Board on Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028. This will cover progress on the approach to Community Engagement, a proposed long list of hospital site combination options for the rationalisation of mental health inpatient wards and beds based on identified assumptions, and a financial framework to support delivery of the Mental Health Strategy.

2. Executive Summary

The paper can be summarised as follows:

- The NHSGGC Board approved the refresh of the Mental Health Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028 August 2023 with Corporate Management Team (CMT March 2024) and Financial Planning and Performance Committee (FP&PC April 2024) subsequently approving a multi-phase public engagement approach.
- Stakeholder engagement on implementation of enhanced community mental health service provision related to the rationalisation of mental health inpatient beds commenced April 2024 and is ongoing. Feedback to date continues to support strategy implementation. The approach includes ongoing dialogue with Healthcare Improvement Scotland – Community Engagement.

- A proposed long list of site combinations for appraisal of options will be considered by the Corporate Management Team in March 2025. If approved, the long list will consist of 13 feasible site combinations. The rationale for the feasible options has been assured by the six contiguous HSCP Chief Officers and service heads for mental health.
- The next stages of planned activity will be to communicate the long list of options, develop and apply criteria referencing feedback from public engagement to create a short list, bring stakeholders together to appraise the shortlisted options / site combinations, move to public consultation, and provide feedback for consideration and a decision by the NHSGGC Board following appropriate governance requirements at each stage.

3. Recommendations

The Board is asked to note:

- The update on the NHSGGC Mental Health Strategy 2023-2028;
- The public engagement approach to implementation of the NHSGGC mental health strategy and progress to date; and
- The proposed approach to the next phase(s) of stakeholder engagement on appraisal of site options implementation.

4. Response Required

This paper is presented for awareness.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** Positive impact earlier provision of treatment to help people recover sooner, or enable them to manage their symptoms, and to connect with resource in the community and access activities that they consider meaningful (e.g. work, education and recreation)
- **Better Care** Positive impact – provide; support in the least restrictive setting available, a recovery oriented and multi-agency approach to wraparound care to meet people's mental health, physical health and social need
- **Better Value** Neutral impact
- **Better Workplace** Positive impact – fewer, more specialist centres that are more attractive for recruitment. Improved capacity, supporting staff and system resilience
- **Equality & Diversity** Neutral impact
- **Environment** Neutral impact

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- The Mental Health Strategy sits under the Moving Forward Together Programme and the issues and proposals have been discussed with the MFT Programme Board in increasing level of detail through to end 2024.
- Approved by the Mental Health Strategy Programme Board, a small group of senior managers and clinicians, with planning support, have explored and identified the kind of issues that any of the multiple possible scenarios might raise, leading to this paper.
- The paper acknowledges the ongoing need for a stepped process for wider stakeholder engagement / public consultation going forward in conjunction with, and led by, NHSGGC Patient Experience Public Involvement.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

This paper brings together the information from various submissions to provide further clarity with the content having been considered over a period of time at previous CMT, FP&P, MFT Programme Board, Informal Chief Officers Meeting, Chief Directors of Finance Meeting and the Mental Strategy Programme Board meetings.

8. Date Prepared & Issued

Paper completed 13 February 2025

Paper issued 17 February 2025

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Sponsoring Director:	Pat Togher, Chief Officer, Glasgow City HSCP
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1. Introduction

- 1.1 This report provides a status update on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028. This will cover progress on the approach to Community Engagement, a proposed long list of hospital site combination options for the rationalisation of mental health inpatient wards and beds based on identified assumptions, and a financial framework to support delivery of the Mental Health Strategy.

2. Background

- 2.1 The NHSGGC Board approved the refresh of the Mental Health Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028 August 2023.
- 2.2 The Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:
- Integration across services to provide a condition-based care approach.
 - Shifting the balance of care into the community and better meet the needs of the patients, as more people access care through expanded community-based services.
 - Delivering prevention and early intervention; including mental wellbeing and suicide prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services and supporting Wellbeing in primary care.

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- Developing the focus on Recovery across community teams and inpatient settings.
- Improving the effectiveness of community services; including developing group based Psychological Therapies.
- Developing Unscheduled Care responses to ensure people receive assessment and treatment in the right place at the right time.

2.3 A community-based model will be more cost effective and deliver services earlier, reducing the need for acute inpatient care, and better meet the needs of the patients in the community as people access more care through and wholly within those community-based services.

3. Current Status

3.1 Implementation of enhanced community mental health service provision related to the rationalisation of mental health inpatient beds requires significant public engagement.

3.2 In March 2024, The Corporate Management Team agreed a multi-phase public engagement approach to inform implementation of the NHSGGC Mental Health Strategy.

3.3 The stages of strategy implementation and engagement are being managed in coordination with the NHSGGC Patient Experience and Public Involvement (PEPI) Team and operationally through the Mental Health Strategy Programme Board. The Programme Board has membership from the six HSCPs, clinical and management leadership, and staff partners. Proposed implementation remains to 2028.

3.4 Healthcare Improvement Scotland are supporting the service redesign and change, in line with their statutory responsibilities for quality assurance, oversight and support. Communication channels and routine engagement at identified milestones have been established. The on-going progress and process of implementation engagement continues to form an element of these discussions.

3.5 Phase 1: Early Engagement:

The purpose of phase 1 engagement was to understand what matters to people when they consider access to specialist mental health services, sense check themes from previous engagement and identify any new, emerging themes. The NHSGGC PEPI team developed and reviewed feedback from an online survey, details can be accessed here: [Mental Health Services Public Engagement - Survey Feedback May 2024](#)

In summary, feedback indicated that community-based psychiatric mental health services were the main priority, followed by other community based mental health and wellbeing (e.g. third sector and charities) and services to support self-management and care of mental health and wellbeing. It was clear however that experience of people who had used psychiatric mental health services could be improved.

3.6 Phase 2: Targeted Engagement on Site/Ward Configuration Option Development and Appraisal:

Public engagement and user group sessions were delivered across NHSGGC by Heads of Service in each local area, with a focus on bed/ward provision and community services. The report can be found here: [Public Engagement Sessions Report November 2024](#)

In summary, the feedback reaffirmed key priorities identified in Phase One, including the preference for community-based services over expanded inpatient care. Participants strongly supported the need for integrated care models, particularly for older adults and individuals with complex health needs and emphasised the importance of compassionate, person-centred care.

3.7 The phased approach to patient, carer and public engagement is delivering appropriate and proportionate engagement opportunities that are informed by evidence of what is working well and where opportunities exist for improvement or change. Feedback has been routinely gathered across mental health services from people with lived experience. Feedback to date continues to support the strategy implementation.

3.8 The engagement approach in place is in line with Scottish Government guidance for engagement [Planning with People: Community Engagement and Participation Guidance](#) which describes our responsibilities to engage openly and effectively when developing and redesigning services. Our approach also aligns with the aims set out within NHSGGC's [Stakeholder Communication and Engagement Strategy](#).

3.9 We will continue to coordinate our engagement activity with HIS-Community Engagement, across NHSGGC, and all six Health and Social Care Partnerships providing clear timescales and advice on the capacity and resources required locally to deliver effective engagement with all our communities.

4. Next Steps

4.1 As part of the process for appraisal of site options, Healthcare Improvement Scotland have previously confirmed that unfeasible options should not be included in consultation and engagement processes.

4.2 Assumptions in relation to the Strategy include:

- Some types of inpatient care bed numbers are intended to increase by the end point
- Some types of inpatient care bed numbers are intended to remain the same at the end point
- Some types of inpatient care bed numbers are intended to not need as many at the end point
- Some types of inpatient care beds will remain in current locations (e.g. Child Psychiatry at Royal Hospital for Children, Adolescent Psychiatry at Stobhill Hospital, Forensic Psychiatry on multiple sites, Perinatal Mental Health at Leverndale Hospital)
- As part of the agreed aligned Learning Disability Strategy, Netherton Court has been and Blythswood House will be vacated, as it is a standalone detached and isolated location

- 4.3 A long list of options in relation to the options for Mental Health inpatient beds has been developed and will be considered by the Corporate Management Team in March 2025. The list is based on the requirement to move from 787 beds and 42 wards to 605 beds in 33 wards across NHS GGC mental health inpatient estate, to allow reinvestment in community services.
- 4.4 The long list of options will thereafter be narrowed down by applying initial evaluation criteria, including the feedback gained based what people have told us is important to them, to eliminate unsuitable long list options, resulting in a more concise list of options to support further public engagement.
- 4.5 A wide range of stakeholders will be brought together to carry out a site combination option appraisal scoring exercise. Each option and combination will undergo a comprehensive assessment, considering factors such as clinical need, community impact, and sustainability.
- 4.6 The process is transparent, and community stakeholders will be aware that this is one stage of a process that also involves financial appraisal and risk assessment, further engagement and decision-making. The outcomes will be reported with detail on scoring against different factors.
- 4.7 The final Public Consultation Phase is currently being developed but will include feedback on any issues identified through the scoring exercise. This will inform a recommendation to the Health Board for site combination configuration.

5. Financial Framework

- 5.1 HSCPs across NHS GGC have worked collaboratively to develop a financial framework which supports delivery of the Mental Health Strategy. The agreed framework has the following broad principles:
- Support system wide and local planning and decision making
 - Agree or approve investments to be made which support delivery of the strategy, irrespective of where the budget is held
 - Offer a framework which is fair and equitable for all partners
 - Support service re-design on a system wide basis
 - Support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning.
- 5.2 The public sector financial environment is challenging both at a national and local level and the strategy implementation requires a flexible financial framework. The financial framework proposes a staged approach to delivery, which will focus on disinvestment in inpatient beds to enable the early release of funding to be used as transition funding. This will support investment in community services that will facilitate further disinvestment in services required to support longer term community investment.

6. Recommendations

6.1 The NHSGGC Board is asked to note:

- The update on the NHSGGC Mental Health Strategy 2023-2028;
- The public engagement approach to implementation of the NHSGGC mental health strategy and progress to date; and
- The proposed approach to the next phase(s) of stakeholder engagement on appraisal of site options implementation.