Adult Services
Mental Health and Alcohol and Drug Services
Performance Update - Quarter 2/3 2025/26

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Key Performance Indicator Summary

KPI	Target	Actual		RAG Status	Direction since Sep 25
Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral	90%	NE NW S	96.1% 59.5% 86.3%	Green Red Amber	▲ ▼ ▼
Average Length of Stay (Short Stay Adult Mental Health Beds	28 days	Stobhill Leverndale Gartnavel	27.5 days 37.9 days 33.0 days	Green Red Red	▼ ▲ ▲
Percentage Bed Occupancy (Short Stay Adult Mental Health)	<95%	Stobhill Leverndale Gartnavel	93.3% 100.3% 97.1%	Green Red Green	▲ ▼ ▲
Total number of Adult and Older People Mental Health Delays	20 (all delays)	NE NW South City	29 16 26 2	Red Red Red Red	▼ ▼ ▼ ▼
Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	NE NW South	99% 92% 92%	Green Green Green	▶ ▶ ▼

Mental Health Services

- Access to psychological therapies in North West and South
- Average length of stay for short stay adult mental health beds in North West and South
- Increase in Bed Occupancy in South
- Total number of mental health delays
- Challenge in capacity across all mental health community and in patient services

Mental Health

Challenges:

- Continued and increased demand on mental health services
- Acuity and complexity of need
- Continued challenges around staffing (including nursing and medical cover)

Opportunities:

- Progress in moving to digital interventions
- Progress bed modelling as part of the Mental Health Strategy
- Investment in community resources

Supporting greater self-determination & informed choice

- Mental Health Strategy Reset Sessions will continue. Working groups being formed to ensure Strategy is progressed and treatment choices enhanced where appropriate

Supporting people in their communities

- Community resources will be further explored linked to disinvestment in inpatient beds/wards and applied flexibly

Alcohol and Drug Recovery Services (ADRS)

- The number of clients commencing treatment within three weeks has continued to exceed target

- Performance in North West has improved significantly resulting in all areas now exceeding performance

- There are plans to implement additional performance indicators for the service

How are ADRS Strengthening communities to reduce harm?

- Via The Thistle, Community Engagement Forum, City Centre Harm Reduction Action Group, utilising outreach into communities via The Thistle, Crisis Outreach Service (COS) and localities. Recovery communities are very active, and Recovery Hubs are available in localities
- Alcohol and Drug Partnership (ADP) partners, ADRS and Neighbourhood Regeneration Servies (NRS), have worked together with public health intelligence to inform the roll out of public needle bins for communities dealing with discarded needles
- The Thistle Community Engagement Forum supports community councils, local residents and local businesses to raise concerns and ADP/ADRS partners to respond with constructive interventions
- The ADP invests in local peer led recovery communities, supported by ADRS staff, to grow aftercare support in the community

ADRS:

Challenges:

- Waiting list / waiting times for in patients, demands on ADRS Core Services, recommendation to consider reducing to one ward and overall sustainability of services

Opportunities:

- Potential to bring in-patient services into one unit, bringing together harm reduction services into one in-patient facility to work closely together and ensure efficient and effective use of resources.
- The implementation of the Thistle has provided and continues to provide harm reduction services to a wider group of people accessing the service