Item No: 7

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

Report By: **Pat Togher, Chief Officer**

Contact: **Kelda Gaffney, Depute Chief Officer & Chief Social Work Officer**

Phone: **0141 201 6626**

Mental Health Strategy Update

Purpose of Report:	The purpose of this report is to provide the IJB with an update on implementation of the NHSGGC Mental Health Strategy 2023-2028, the outcomes of the programme reset undertaken during 2026, and the key priorities and considerations for the next phase of implementation.

Background/Engagement:	The Mental Health Strategy sits under the NHSGGC Transforming Together Programme and regular updates are provided to the portfolio board. Planning for enhancing community services through bed reconfiguration is supported by ongoing discussion with Healthcare Improvement Scotland Community Engagement and following significant public engagement through 2024/25.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ Council Committee ☐ Update requested by IJB ☐ Other ☒ Mental Health Strategy Programme Board NHSGGC Transforming Together Portfolio Board

	Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note this report for assurance and awareness.

Relevance to Integration Joint Board Strategic Plan:

The mental health strategy is most relevant to three of the six priorities highlighted in the IJB strategic plan;

- 1. Prevention, early intervention and well-being
- 3. supporting people in their communities
  - By shifting the balance of care from inpatient settings towards community-based, preventative and digitally enabled models of care;
- 5. Healthy, valued and supported workforce
  - by making the cultural and organisational changes we require to overcome recruitment and retention challenges.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The Mental Health Strategy supports all nine national outcomes, particularly through shifting the balance of care and supporting people to manage their health and wellbeing and live independently at home or in a homely setting.
Personnel:	Staff have opportunity to shape implementation through their line management and staff partner representation on the Strategy Programme Board and through the proposed community engagement approach which aims to support staff & system resilience and improve capacity. Personnel implications will be informed by future direction following public consultation on bed reconfiguration.
Carers:	In addition to ongoing feedback from users and carers via the Mental Health Network, the community engagement approach will provide carers with the opportunity to provide feedback on their experience of mental health services and the learning from this will contribute to implementation.
Provider Organisations:	Commissioned provider organisations continue to play a role in implementation of the strategy and are key stakeholders for engagement. For example, the contribution of the Glasgow City Compassionate Distress Response Service to the unscheduled care pathway, as provided by Glasgow Association for Mental Health.
Equalities:	Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific

	groups. These inequalities are driven by the wider determinants of mental health. In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equality sensitive services matching care to need. Programmes of work will be developed to address mental health wellbeing within such communities and groups. The 2018-23 strategy was Equalities Impact Assessed, and this applies to the 2023/28 Refresh. There is commitment to developing / updating equalities impact assessments as part of implementation and ensuring engagement with people with protected characteristics.

Fairer Scotland Compliance:	Ensuring compliance with the Fairer Scotland duty will become relevant when considering options for the rationalisation of the mental health bed estate and site impact.

Financial:	The financial framework proposes a staged approach to delivery with reinvestment linked to, and following, phased retraction in inpatient beds. Implementation is subject to ongoing development with the six Chief Officers and Chief Finance Officers across NHSGGC.

Legal:	None.

Economic Impact:	None.

Sustainability:	Implementation supports the shift in the balance of care within available resources. Over the next two decades however, expanded and recurring funding for public mental health, wellbeing promotion and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.

Sustainable Procurement and Article 19:	None.

Risk Implications:	Mitigation of risk will initially focus on where there is existing / spare capacity in inpatients, and then at subsequent stages to ensure bed number retractions remain pragmatic and valid.

Implications for Glasgow City Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Strategic planning for Mental Health Services continues to progress as a component of the Health Board's Transforming Together programme.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. The purpose of this report is to provide the IJB with an update on implementation of the NHSGGC Mental Health Strategy 2023-2028, the outcomes of a programme reset undertaken during 2026, and the key priorities and considerations for the next phase of implementation.

2. Executive Summary

2.1. The Mental Health Strategy remains the principal programme for transforming mental health services through a shift in the balance of care from inpatient settings towards community-based, preventative and digitally enabled models of care.

2.2. Significant progress has been made in several areas, including implementation of the Community Mental Health Acute Care Service (CMAHCS) model, progression of remote monitoring initiatives, development of an expanded borderline personality disorder (BPD) pathway, ongoing work to improve patient flow and discharge, and advancement of planning for inpatient bed reconfiguration.

2.3. It became evident during 2025 and early 2026 that the breadth of priorities contained within the strategy required prioritisation and clearer delivery arrangements. Consequently, the programme undertook a structured Reset process which reviewed progress to date, considered emerging pressures and opportunities, and established a revised programme structure built around five workstreams and a smaller number of transformational priorities.

2.4. The programme is now refocusing from development back to implementation, with increasing emphasis on delivery, benefits realisation, governance and alignment with wider Transforming Together initiatives including Flow Navigation Centre Plus (FNC+) and Virtual Hospital developments.

3. Background

3.1 In summary, the mental health strategy was developed to:

- Rationalise and redesign a complex system
- Provide 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 (right care, right place, right time)
- Enhance capacity in community and emergency provision of mental health care
- Avoid unnecessary hospital admissions, reduce the length stay in hospital and shift the balance of care from inpatients to community settings.

3.2. The strategy continues to provide the overarching framework for service redesign across NHSGGC mental health services and supports ambitions regarding:

- Earlier intervention and prevention.
- Improved access to services.
- More effective navigation through the system.
- Enhanced community alternatives.
- Reduced dependence on inpatient care.
- Improved use of digital technology and virtual models of care.
- Better patient flow and experience

4. Programme Reset and Prioritisation

4.1. While progress continues across multiple projects, programme leaders recognised that the strategy included multiple initiatives of varying scale and maturity. During early 2026 a structured Reset process was therefore undertaken to review progress against existing commitments to consider emerging system pressures, re-assess priorities against strategic impact, improve programme governance and develop a clearer delivery model.

4.2. The reset sessions took place from September 2025-July 2026 and were attended by Heads of Service and Clinical Leads across NHSGGC, Staffside, Mental Health Network representing lived experience, and NHSGGC planning colleagues to ensure alignment with Transforming Together priorities. Sessions were supported by Glasgow City's Organisational Development Head of Service.

4.3. **Vision**

A revised vision and principles for the Mental Health Strategy were developed and approved, following consultation with reset members, lived experience groups and the Mental Health Strategy Board, as detailed below:

Our vision is to give kind and caring mental health support that is easy for everyone to get. We want to help people feel better and learn how to look after their wellbeing. We will work with families, friends, and communities to make people's experiences better. Together, we will create services that include everyone and help improve people's lives.

Principles:

- We encourage prevention, and self-care, supporting people to build resilience and independence.
- Care is offered by the right person, in the right place, at the right time,
- We will focus our support on those that need it the most
- We will be clear about the services we can offer
- We will work closely with partners, communities, people with lived and living experience and carers to improve pathways
- We are committed to co-designing service models with staff and service users to ensure we are getting this right
- We will use technology to help our services work better and faster, but we will always make sure there are other ways to get help if technology doesn't work for someone.
- We are committed to ensuring our services remain inclusive, sustainable, and responsive to changing needs.
- We will develop a workforce strategy that takes account of current demand.
- We aim to enhance effective collaboration and accountability across HSCPs through strong governance, staff training, and shared performance.

4.4. The work undertaken through reset sessions has introduced strengthened Programme Board oversight; updated executive, operational and clinical leadership arrangements; and improved programme and project management methodology (project briefs, improved reporting, milestone tracking and accountability mechanisms.

4.5. A review of the workstreams led to the development of five strategic workstreams, aligned more closely to the programme and intended strategy outcomes:

- Wellbeing
- Access
- Assessment
- Treatment and Care
- Moving Between and Out of Services

4.6. Long Stay and Delayed Discharge Audit

A significant focus of the latter reset sessions related to inpatient demographics, specifically in reviewing and understanding the drivers for long stays and delayed discharges. Data analysis and outcomes are provided below, which are critical to the bed strategy and overall Mental Health Strategy in shifting the balance of care from hospital to community. The analysis of inpatient data clearly highlights that admission numbers are not causing pressure on bed capacity and instead are driven mainly by patients remaining in hospital beyond clinical need.

4.7 The main findings with the length of stay deep dive highlighted that there were 70 patients in short stay wards for more than 6 months; and 107 patients in long stay wards for more than 3 years, 21 patients more than 5 years and 10 patients more than 10 years, across NHSGGC Mental Health hospitals. There was a concentration effect in certain wards and sites, indicating a culture, practice and/or resource disparity in particular areas.

4.8 Thematic causes of long stays included clinical complexity, behavioural risk, frailty, placement gaps and system delays. It was noted that prolonged length of stay was not simply a delayed discharge issue as many people are not yet clinically fit for discharge. However, where people are fit for discharge, planning is not sufficiently robust.

4.9 Further analysis of delayed discharges in Glasgow hospitals, separate to long stays, indicated a significant range of bed days lost due to delayed discharges, from 1-291 days, with 23% at 120 days delayed or more.

4.10 Key barriers to discharge include accommodation, securing suitable placement, care package availability, guardianship/legal issues, assessment pathways, and lack of movement within hospital pathways. Commissioning structures are varied across NHSGGC HSCPs, and availability of placements is variable.

4.11 It was further highlighted that adults and older people require different responses. For older people, flow is particularly affected by nursing home capacity, HBCC pathways, family disagreement, guardianship and care home refusals. Adults require pathways for complex mental health, risk and supported accommodation.

4.12 Work is now ongoing to develop system responses to the findings of the deep dive into delayed discharges and long stays. These include:

- Development of a step-down/pre-discharge model, particularly for patients who are medically fit for discharge;
- Developing a boardwide discharge planning protocol;
- Updating patient cohorts to support bed consolidation;
- Analysis of barriers to, and gaps in, provision and commissioning of care / packages;
- Testing a multi-disciplinary discharge planning service in Glasgow City.

5. Progress with workstreams

5.1. Significant progress has been made in several areas across previously agreed and new priorities arising from Reset.

5.2. These include implementation of the Community Mental Health Acute Care Service (CMAHCS) model, progression of remote monitoring initiatives, further development of borderline personality disorder (BPD) pathways, ongoing work to improve patient flow and discharge, and advancement of planning for inpatient bed reconfiguration.

5.3. Community Mental Health Acute Care Service

The Community Mental Health Acute Care Service (CMHACS) and Mental Health Assessment Unit (MHAU) model became established as key components of the unscheduled mental health care pathway. The CMHACS model, offering rapid specialist assessment and intensive home or community treatment as an alternative to hospital admission wherever it is safe to do so, was implemented across Glasgow City early 2026. Development is now ongoing to scope how the CMHACS framework can be embedded into existing arrangements across all HSCPs and to identify gaps / barriers to implementation. These are likely to relate to medic recruitment and resourcing and redesign of existing crisis services.

5.4. Borderline Personality Disorder Pathway Expansion

Work has continued to develop an expanded and proportionate service model, recognising the need for different levels of intervention according to acuity and complexity ranging from core services, delivering co-ordinated clinical care (CCC), to specialist Dialectical Behaviour Therapy and Mentalization – Based Therapy services (DBT / MBT). A costed workforce model will be presented to the end-September Mental Health Strategy Programme Board.

5.5. Remote Monitoring

Remote monitoring initiatives have continued to develop as part of wider ambitions regarding digital transformation and new models of care.

A Community Clozapine Titration remote monitoring pilot was implemented early 2026 and the catchment area was subsequently expanded across the Glasgow City Community Mental Health Teams to support onboarding and reach the recruitment target required for effective evaluation. Given its potential to reduce inpatient stays by 14 bed days per patient, the Community Clozapine Titration pilot has been extended because of lower-than-expected uptake.

5.6. Development of an ADHD medication monitoring pathway for patients on existing caseloads is also progressing with a pilot (started Aug 2026) comparing two digital platforms against current in-person practice to determine the most appropriate and sustainable future solution.

5.7. Wellbeing

Work has commenced to map community, third sector and non-clinical support available across NHSGGC. This is intended to inform future redesign models and improve integration between specialist mental health services and wider community resources.

5.8. Access

An extensive Board-wide mapping exercise was previously completed reviewing Community Mental Health Team pathways from referral to discharge. This work identified considerable variation in referral pathways, triage arrangements, referral criteria and service navigation processes. With the potential for integration with FNC+, it now provides the evidence base for development of a future Unified Referral Management model and planning unplanned (non-emergency) contact.

5.9. Inpatient Bed Reconfiguration

The inpatient reconfiguration programme has progressed through refinement of potential service configuration options. An independent facilitator has been appointed to support the formal option appraisal process.

5.10. A review has been undertaken to consider whether the current thirteen-option long list can reasonably be reduced before moving to formal option appraisal. Applying Site Modelling principles and Principal Adjacencies provide a framework for assessing options, but they do not generally prescribe specific sites or operate as gateway exclusion criteria. Options with the same number of retained sites may still differ materially in geography, accessibility, workforce implications and future flexibility.

5.11. An intermediate stage can reduce duplication within the option set while retaining the principal strategic alternatives, site-concentration models, and representation of all currently identified inpatient sites where reasonably practicable.

5.12. This allows for progression informed by stakeholder assessment of strategic merit in a way that balances transparency, fairness, stakeholder involvement and practical decision-making.

5.13. Option appraisal is currently planned for late 2026.

6. Strategic Alignment with Transforming Together

6.1. An important development during the reporting and Reset period has been recognition of opportunities to align Mental Health Strategy priorities with wider NHSGGC transformation programmes

6.2. Flow Navigation Centre Plus

The emerging priority for Unified Referral Management shares many of the same objectives as FNC+, including more consistent access routes, navigation, triage and pathway matching.

6.3. Work is currently underway to review referral management, unplanned contact and urgent care pathways to consider how mental health services might benefit from FNC+ development.

6.4. Virtual Hospital

6.5. The remote monitoring programme provides an early opportunity to align mental health pathways with wider Virtual Hospital developments.

6.6. Existing work on Clozapine and ADHD monitoring may provide opportunities to explore digitally enabled care pathways, remote review arrangements and improved use of specialist clinical resources.

7. Priorities for 2026/27

7.1. The next phase of the strategy will focus on moving from design into implementation.

7.2. Key priorities include:

- Completion of the inpatient option appraisal process.
- Testing a step-down inpatient model and integrated multi-disciplinary discharge service and processes.
- Development of a future-state Unified Referral Management model.
- Expansion of distress response and non-clinical support proposals.
- Continued implementation and evaluation of remote monitoring pathways.
- Ongoing refinement of Community Mental Health Acute Care arrangements.
- Strengthening patient flow and discharge support.
- Refinement of the supporting financial framework which sets out an approach where release of funding from phased bed reduction will provide investment in community services that then support further disinvestment. That cycle will support longer-term investment in community services and shift the balance of care.
- Continued alignment with the NHSGGC Transforming Together and associated digital programmes.

8. Glasgow City

8.1 A defining feature of the Mental Health Strategy is its emphasis on integration across NHS Greater Glasgow and Clyde and the six Health and Social Care Partnerships (HSCPs). A monthly board-wide forum of HSCP Heads of Service supports strategic and operational decision-making. Alongside their responsibilities within their respective HSCPs, Heads of Service lead specific workstreams in partnership to deliver the strategic plan. These roles align with the strategy's direction and vision for integrated mental health services, creating opportunities for shared oversight of operational challenges, collective problem-solving and coordinated action across the system. The forum is chaired by the Glasgow City Assistant Chief Officer in their capacity as strategic lead.

8.2 In Glasgow City, Unscheduled Care operates as an integrated service across the three localities. ADRS is delivered jointly by health and social care. Glasgow City delivers pan-HSCP integration through hosted services

including (digital) Psychological Group Therapies, Psychological Trauma, Perinatal Services, Mental Health Assessment Units, Adult Eating Disorders and Esteem.

8.3 Glasgow City has recently introduced a case conferencing model for people delayed in hospital where progress is challenging, chaired by Heads of Service, to ensure that care planning is fully integrated between health and social care for people with multiple complex needs.

8.4 Significant work around Mental Health Officer structure and governance has taken place in 2026, with a proposal being presented to an upcoming Senior Management Team. It is anticipated that the new structure will align more closely with local authorities across Scotland, enable better understanding of the capacity for Adult with Incapacity and Mental Health Act work, and improve data and performance in relation to outcomes.

8.5 Commissioned mental health services in Glasgow City HSCP are managed through Commissioning, Contracts and Procurement. Strategic commissioning, procurement and contract management support the redesign and delivery of the Complex Adults portfolio, alongside ADRS, Homelessness and Justice services. Current provision, largely delivered by third-sector organisations, includes community and discharge support, supported accommodation and housing support, distress response, counselling for lower-level needs, and service user and carer engagement.

8.6 Future commissioning will support redesign of Community Mental Health Services and advance All in for Glasgow (AIFG), integrating supported accommodation across mental health, homelessness, alcohol and drug recovery, and justice services into more coordinated, recovery-focused and sustainable models.

8.7 Early intervention and prevention services that promote wellbeing, provide non-clinical support and reduce demand on specialist mental health services sit largely within public mental health and health improvement. These include services such as Community link workers, Lifelink and Crisis Distress Response Service. Work is ongoing to consider longer-term funding sources to improve sustainability, strengthen integration across clinical, non-clinical and social support, and enable more substantial redesign.

8.8 A Mental Health Summit will be held on 9 November 2026 to bring together senior leaders and clinicians, IJB members, elected members, mental health staff across HSCP and third sector, key partners, communities, and people with lived experience to agree shared mental health priorities for Glasgow City and key areas for future action. The summit programme will be shared in the coming weeks with a focus on:

- The State of Mental Health in Glasgow
- How mental health need is presenting in Glasgow
- Self-Harm and Distress
- Working Together to Save Lives

- Supporting *(mental health)* earlier and preventing *(problems developing or escalating)*

9. Conclusion

9.1. The Mental Health Strategy has progressed from a broad portfolio of improvement activity towards a more focused and structured transformation programme. Delivery has continued in priority areas including urgent care, remote monitoring, patient flow and pathway redesign, whilst the programme reset has created clearer governance, accountability and prioritisation arrangements.

10. Recommendations

10.1 The Integration Joint Board is asked to:

a) Note this report for assurance and awareness.