Item No. 8

Meeting Date **Wednesday 19th August 2026**

Glasgow City
Integration Joint Board
Public Engagement Committee

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Mental Health Strategy Community Engagement Update

Purpose of Report:	To update the Public Engagement Committee on community engagement in relation to next steps in implementing the NHSGGC Mental Health Strategy.
Background/Engagement:	A report on community engagement in relation to next steps in implementing the NHSGGC Mental Health Strategy was shared with the Public Engagement Committee in November 2024 and this report provides an update on progress.
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 ☒ NHSGGC Transforming Together Portfolio Board Not Applicable ☐
Recommendations:	The IJB Public Engagement Committee is asked to: a) Note the ongoing community engagement process as part of the next steps in implementing the NHSGGC Mental Health Strategy.

Relevance to Integration Joint Board Strategic Plan:
Implementation of the Mental Health Strategy and enhancing community services addresses the IJB Strategic Plan's third priority; Supporting People in their Communities. The proposed community engagement aligns with the Strategy's intentions toward partnership working and involving others, and the principles of meaningful involvement.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The mental health strategy will contribute to meeting all nine national outcomes and, through the engagement process, aim to respond to the experiences of people who use mental health services.

Personnel:	Staff will have opportunity to shape implementation through the proposed community engagement approach which aims to support staff & system resilience and improve capacity

Carers:	The proposed 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 will continue to play a role in implementation of strategy and are key stakeholders for engagement.

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 equalities sensitive services matching care to need. Programmes of work will be developed to address mental health wellbeing within such communities and groups.

Fairer Scotland Compliance:	Compliance with the Fairer Scotland duty will be incorporated into the criteria being developed for considering options for the rationalisation of the mental health bed estate and site impact.

Financial:	The financial framework for implementation - Enhancing Community Services - proposes a staged approach to delivery with reinvestment linked to, and following, phased retraction in inpatient beds.

Legal:	None

Economic Impact:	None

Sustainability:	Implementation will support 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.

None	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:	There are no specific implications for the local authority other than to maintain the role it takes in aiming to mitigate against the social determinants of poor mental health.

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.

1. Purpose

1.1. To update the Public Engagement Committee on community engagement in relation to next steps in implementing the NHSGGC Mental Health Strategy.

2. Background

2.1. Glasgow City IJB approved the refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028 on 27th September 2023.

2.2. The stages of the Strategy implementation were to be managed operationally through the Mental Health Strategy Programme Board that had representation from the six HSCPs, clinical and management leadership and was supported by planning and through the Moving Forward Together (MFT) programme Board and Health Board governance structures. There would be significant ongoing engagement with service users and their families. Proposed implementation was over 5 years, and it was difficult to predict rigid adherence to the length of each of the stages.

2.3. Future implementation of enhanced community mental health service provision and related reduction and rationalisation of mental health inpatient beds would be subject to the outcome of engagement feedback from, and has since been supported by, Healthcare Improvement Scotland Community Engagement (HIS). Discussions are ongoing and inform developments as they move forward.

3. Community Engagement Approach

3.1. The community engagement approach has been developed in line with Scottish Government guidance; *Planning with People: Community Engagement and Participation Guidance*.

3.2. A report on community engagement in relation to next steps in implementing the NHSGGC Mental Health Strategy was shared with the Public Engagement Committee in November 2024.

3.3. A 'Reset' programme to review historical priorities, identify emerging issues, and reprioritise according to significance commenced after a pause early 2025, to understand and describe how the mental health strategy community engagement work would fit within the new NHSGGC Transforming Together programme.

3.4. Reset included all members of the mental health strategy programme board. Representatives from the Mental Health Network, made up of individuals and carers with a lived experience of mental health challenges, were engaged as key stakeholders in this. Their feedback highlights the importance of community support and alternatives to hospital and identifies 'what would help' when considering the rationalisation of mental health inpatient beds.

3.5. Programme Board membership has also now expanded to include the Advocacy Project, a human rights-based organisation that supports people to have their voices heard and be empowered to be involved in decisions that affect their lives.

3.6. Planning with People recommends organisations consider a wide range of options to decide what care services to provide for their communities / local populations, and how to best deliver them. HIS guidance advises that organisations consider option appraisal and how they should develop and appraise options for change. Preparation for option appraisal is now under way.

4. Option Appraisal

4.1. The process for a site option appraisal should include; compiling a long list of all possible feasible locations, narrowing this to eliminate unsuitable options to form a short list and carry out comprehensive assessment of each shortlisted option considering factors like clinical needs, community impact, and sustainability.

4.2. Guidance also suggests securing independent advice. An external facilitator has now been commissioned. They will support a process that includes workshop / non-financial option appraisal process preparation, followed by stakeholder preparation workshops and a formal scoring and evaluation of outputs session.

4.3. Gateway criteria have been identified to help identify feasible site combinations and set out a long list of 13 options ranging from retaining all existing sites using fewer wards and beds to the minimum number of sites that can accommodate the end point number of wards and beds.

4.4. Initial facilitator advice is contributing to how the 13 options can be reduced to form a short list and how remaining options should be described consistently before progressing to the option appraisal exercise. This work is ongoing and includes consideration of clinical modelling principles and adjacencies.

4.5. A wide range of stakeholders will be involved in option appraisal, including health and care staff, service delivery leads, members of the public and supporting services from organisations that support and provide advocacy for mental health care.

5. Future Steps

5.1. Including an intermediate stage to narrow the options while preserving agreed principles and adjacencies is likely to extend the expected timetable.

5.2. An indicative four-month planning and preparation phase could enable the option appraisal to take place before the end of 2026.

5.3. A report on the non-financial option appraisal alongside a financial appraisal will then inform a subsequent formal three-month consultation starting early 2027.

6. Recommendations

6.1. The IJB Public Engagement Committee is asked to:

a) Note the ongoing community engagement process as part of the next steps in implementing the NHSGGC Mental Health Strategy.