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**Item No: 19**

**Meeting Date: Wednesday 15<sup>th</sup> May 2024**

## **Glasgow City Integration Joint Board**

**Report By: Jacqueline Kerr, Interim Chief Officer**

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### **Implementation of the next phase of Mental Health Strategy – Enhancing Community Services**

**Purpose of Report:**

To update the Integration Joint Board (IJB) on Implementation of the next phase of the Mental Health Strategy – Public Engagement and Enhancing Community Services.

**Background/Engagement:**

The Mental Health Strategy sits under the NHS Greater Glasgow & Clyde (NHSGGC) Moving Forward Together (MFT) Programme and the issues and proposals have been discussed with the MFT Programme Board in increasing level of detail through 2022 / 2023 / 2024 alongside updates, culminating with the Refresh of the Strategy brought to Glasgow City IJB September 2023.

Approved by the Mental Health Strategy Programme Board, a small group of senior clinicians, with planning support, have commenced work and identification of the kind of issues that any of the multiple possible scenarios might raise, leading to this paper.

This paper acknowledges the need for and describes a stepped process for wider stakeholder engagement and public consultation going forward in conjunction with and led by NHSGGC Patient Experience Public Involvement (PEPI).

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

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	HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input checked="" type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> Health Board Finance, Planning and Performance Committee Not Applicable <input type="checkbox"/>
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) Note this update report on implementation of the next phase of Mental Health Strategy – Enhancing Community Services.
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**Relevance to Integration Joint Board Strategic Plan:**

The next phase of implementation of the Mental Health Strategy – Enhancing Community Services – particularly addresses the IJB Strategic Plan’s third priority; Supporting People in their Communities. The proposed community engagement element aligns with the Strategy’s intentions toward partnership working and involving others, and the principles of meaningful involvement.
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**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome(s):</b>	The next phase of the mental health strategy will contribute to meeting all nine national outcomes and, through the engagement process in particular, aim to respond to the experiences of people who use mental health services.
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<b>Personnel:</b>	Through the proposed community engagement approach, staff will have opportunity to shape implementation which aims to support staff and system resilience, improve capacity and results in fewer, more specialist, centres that are more attractive for recruitment and retention.
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<b>Carers:</b>	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.
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<b>Provider Organisations:</b>	Commissioned provider organisations will 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.
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<b>Equalities:</b>	<p>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.</p> <p>The 2018-23 strategy was <a href="#">Equalities Impact Assessed</a>, and this applies to the refresh. There is commitment to developing / updating equalities impact assessments as part of implementation and ensuring engagement with people with protected characteristics.</p>
<b>Fairer Scotland Compliance:</b>	<p>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.</p>
<b>Financial:</b>	<p>The financial framework for the next phase of implementation - Enhancing Community Services - proposes a staged approach to delivery with reinvestment linked to, and following, phased retraction in inpatient beds.</p>
<b>Legal:</b>	<p>None</p>
<b>Economic Impact:</b>	<p>None</p>
<b>Sustainability:</b>	<p>The next phase of 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.</p>
<b>Sustainable Procurement and Article 19:</b>	<p>None</p>
<b>Risk Implications:</b>	<p>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.</p>
<b>Implications for Glasgow City Council:</b>	<p>None</p>

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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Strategic planning for Mental Health Services continues to progress as a component of the Health Board's Moving Forward Together (MFT) programme.
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

**1. Purpose**

- 1.1. To update the Integration Joint Board on the implementation of the next phase of the Mental Health Strategy – Enhancing Community Services.

**2. Background**

- 2.1. On [27 September 2023](#), Glasgow City IJB noted progress made against the Mental Health Strategy 2018 – 2023 and approved the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028. This was subsequent to consideration by the Health Board Corporate Management Team (CMT), the Finance Planning and Performance Committee being assured, and approval by NHSGGC Health Board 29 August 2023.
- 2.2. The stages of the Strategy implementation were to be managed operationally through the Mental Health Programme Board that had representation from six Health and Social Care Partnerships (HSCPs), clinical and management leadership and was supported by planning and through the MFT programme Board and Board governance structures. Within the Strategy it was planned that 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. CMT considered implementation of enhanced community mental health service provision and related reduction and rationalisation of mental health inpatient beds. The future implementation of the Strategy Refresh would be subject to the outcome of engagement feedback from discussions with Healthcare Improvement Scotland Community Engagement. This paper plans to set out how that engagement will be managed.

**3. Feedback from Healthcare Improvement Scotland – Community Engagement**

- 3.1. The three phased approach to this engagement has been supported in principle by Healthcare Improvement Scotland. We plan to share further detail of the activity within this as well as provisional timelines. Discussions will be ongoing and inform developments as they move forward.

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### 4. Proposed Community Engagement Approach

- 4.1. We plan to take a phased approach to patient, carer and public engagement, enabling us to design and deliver appropriate and proportionate engagement opportunities that are informed by evidence of what is working well and where opportunities exist for improvement or change. Feedback is routinely gathered across mental health services from people with lived experience and, alongside baseline information collected via an early public engagement exercise, will help inform strategy development and identify key groups and communities for targeted engagement. It will also inform the planning and design of more in-depth engagement at key milestones.

#### Engagement Objectives

- 4.2. Our engagement approach is designed to be transparent, proportionate and accessible and will help us to:

- Ensure people from all our communities can share feedback and contribute their experiences.
- Build a shared understanding of how specialist mental health services operate, the current challenges and opportunities and how these align with our commitment to high quality care.
- Identify key groups and communities for targeted feedback and engagement activity.
- Identify key stakeholders and partners to help ensure the Mental Health Strategy is designed and implemented effectively and remains relevant to people over time.
- Identify ongoing opportunities for people using mental health services, and their carers to continue to be involved in local implementation of strategy outcomes.

- 4.3. Early engagement will help us to:

- Listen to people's experiences of using specialist mental health services.
- Develop our understanding of the issues and barriers that people may experience accessing and using specialist mental health services.
- Gather feedback on what works well and what works less well. Explore people's expectations of specialist mental health services now, and in the future.

- 4.4. Targeted and wider public engagement in the later stages will help us to:

- Evidence that learning from feedback and engagement activity is informing the development of the strategy on an ongoing basis.
- Present options for wider public consultation that have been developed *with* stakeholders and communities.
- Report on the outcome of wider consultation and engagement through appropriate governance channels.
- Report back to communities, groups and other stakeholders.

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### 5. Governance

5.1. Our proposed engagement approach has been developed 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](#), specifically:

- Empowering staff and teams to have ongoing engagement with people in an open and honest manner, ensuring that the public voice is at the heart of all service planning, improvements, and developments.
- Achieving the best representative views, comments, and opinions from our diverse communities so that our work is inspired and shaped by people's views.
- Enabling people to voice their views, needs and wishes and contribute to plans, proposals, and decisions about services.

5.2. We will continue to engage and involve Healthcare Improvement Scotland in line with their statutory responsibilities for quality assurance, oversight and support in relation to service redesign and change. Communication channels and routine engagement at identified milestones has been established.

5.3. We will coordinate our engagement activity across all 6 Health and Social Care Partnerships (HSCPs), providing clear timescales and advice on the capacity and resources required locally to deliver effective engagement with all our communities. This work will continue to require collaboration between NHSGGC / HSCPs and relevant business intelligence / Information Governance colleagues to agree the approach to identifying and engaging with, including through digital channels, all stakeholders and specifically mental health service users and carers, in addition to providing the oversight required via appropriate organisational governance arrangements.

### 6. Delivery

#### Phase 1 On-going Early Engagement:

6.1. The purpose of phase 1 engagement is to continue to seek feedback on 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.

6.2. We will:

- Develop a public engagement and consultation page on the NHSGGC website as a single point of access for digital engagement on the development of the implementation.
- Continue to broaden gathering baseline feedback from communities via a public-facing survey on what is important when accessing mental health and psychiatric specialist care and treatment.

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- 6.3. This activity led and coordinated by the NHSGGC Patient Experience and Public Involvement (PEPI) team delivers close support and commitment of colleagues from the 6 Health and Social Care Partnerships. This activity will be primarily delivered through digital channels, however we will continue to engage with third sector partners to ensure the survey is accessible to all our communities, and people with protected characteristics can share their views.
- 6.4. We will reconnect with people who have previously engaged with us, share how we used their feedback and explore their views on future service implementation. This will primarily be delivered through in-person engagement with existing service user, carer and stakeholder groups.
- 6.5. We will recruit representative stakeholders to participate in phase 2.
- 6.6. Findings from on-going phase 1 engagement activity will be collated, reported and used to inform targeted engagement activity in phase 2.

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

- 6.7. During this phase we will undertake more in-depth engagement with recruited people/communities on how the bed/ward provision could potentially be delivered, and in line with national guidance, [Planning with People](#). An option development and appraisal process involving stakeholders will be part of this phase.
- 6.8. There is a wide variety of possible ways to locate wards to deliver the endpoint bed numbers. What people tell us is important to them will be used to form criteria to be used to identify the preferred option from a short list of options.
- 6.9. Representative stakeholders will be identified and asked to:
  - Identify and confirm what is important to people to support the development of criteria for future site service provision.
  - Agree weighting to be applied to the non-financial site impact criteria.
  - Participate in the scoring of how each option performs against each criterion.
- 6.10. Stakeholders will then receive a report that:
  - Reviews the results for robustness.
  - Interprets the results.
  - Identifies a preferred option.
  - Enables people to compare how options perform in terms of non-financial benefits.
- 6.11. The process is transparent and community stakeholders will be aware that this is only one stage, and that there is further work to be done in terms of financial appraisal and risk assessment, further engagement and decision-making.

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### Phase 3: Formal Public Consultation

- 6.12. Having set out to capture what is important to people when deciding the location of mental health beds / wards, the outcome of the non-financial benefits site impact option appraisal work will be reviewed along with full financial analysis.
- 6.13. Discussions with Healthcare Improvement Scotland will inform our approach to proportionate levels of engagement with service users and communities, using Planning with People guidance as a framework to plan and deliver wider public consultation and engagement as required.

## **7. Timescales**

- 7.1. The proposed timescale, inclusive of the three engagement phases outlined above is as follows:
  - On-going April 2024:  
Engagement Phase 1: Sense checking/testing key messages to inform stages 2 & 3 – following CMT approval March 2024. 6-week programme.
  - Commencing May 2024:  
Engagement Phase 2: Option Development and Appraisal on Site / Ward Configuration Impact – following CMT and FP&P approval April / May 2024. 12-week programme.
  - Commencing Mid-September 2024:  
Engagement Phase 3: Formal Public Consultation - following update to FPNP August meeting and CMT & FP&P approval, September 2024. 12-week programme.

## **8. Reporting**

- 8.1. Initial analysis and identification of key themes will be carried out by partners conducting local engagement and compiled into short local reports.
- 8.2. Findings and key themes will then be collated into overarching reports by the NHSGGC Patient Experience and Public Involvement (PEPI) team and Mental Health colleagues to ensure views from across the Health Board are represented in all our reporting.
- 8.3. Reports will be presented back to relevant committees and NHSGGC Board following conclusion of engagement.

## **9. Update on Implementation Stages and Funding**

### Mental Health Strategy – Adult and Older Adult Services

- 9.1. The requirement for significant service change was identified before the Covid-19 pandemic and has formed the basis of the NHSGGC 5-year Mental Health Strategy.



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9.2. The Mental Health Strategy (2023-28) continues the proposed 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 further into the community.

9.3. For now, services continue to operate within a sub-optimal delivery model. However, 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.

### Proposed Adult and Older Adult Ward Mental Health Retractions Endpoint

9.4. The proposed endpoint involves circa **14** wards (**6** Adult and **8** OPMH) retracted over 5 years:

Ward function	Current no. beds	Current no. wards	Future no. beds	Future no. wards
Adult Acute	285	14	232	11
Adult Rehab/HBCC*	128	8	87	5
OP Acute	205	10	119	6
OP HBCC	152	7	60	3
<b>Total</b>	<b>770</b>	<b>39</b>	<b>498</b>	<b>25</b>

\*Hospital Based Complex Clinical Care

9.5. The extent of the beds reduction and reconfiguration required also implies a reduction in the number of sites hosting inpatient wards.

### Population Trends

9.6. The projected population trends for GG&C suggest a contraction of the working age population along with a small increase in the over 65 population, mostly occurring in the 65-69 age range.

9.7. The vision for the future of health and social care in GG&C is based on demographic changes that do not currently evidence a major increase in demand for admission to psychiatric inpatient services to 2028. The demographic trend indicates more of a need for a shift in the balance of care to community psychiatric services and separate future investment in wider mental health, wellbeing, social care, public health and promotion services.

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### Proposed Staging of Implementation

- 9.8. Overall implementation timescales include stages of change from 2025 to 2028. The endpoint, identified through the formal consultation process, will inform how these are sequenced.

### Main Proposed Community Service Developments

- 9.9. The main new or expanding proposed community-based developments that will have a direct impact on inpatient bed activity include:

- **Community Rehabilitation Team (CRT)**- Stage 1 community investment
- **Enhanced Care Home Liaison** - Stage 1 community investment
- **Borderline Personality Disorder (BPD) Psychological Therapies** - Stage 1 community investment
- **Community Mental Health Acute Care Service (CMHACS)** – existing funded investment
- **Dementia Post Diagnostic Support (PDS)** – existing funded investment
- **Older People’s Community Mental Health Acute Care Service** – subsequent phase investment

- 9.10. The first three community service developments above will constitute the first tranche of change that will be funded from initial pragmatic inpatient bed retraction and contribute to future bed retraction to the Strategy endpoint.

- 9.11. The remaining community developments will form part of existing ongoing changes to community care or future phases linked directly to inpatient bed retraction.

- 9.12. Development and implementation of community services expansion will be directly linked to the phased retraction in inpatient beds. Each phase of community development will be dependent on a shift in resource to the community as and when the inpatient retraction is delivered.

- 9.13. However, Stage 1 proposes the most conservative pragmatic route as it focuses on bed closures where there is existing capacity with no longer term need.

- 9.14. HSCPs across NHS GG&C 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.

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- 9.15. The public sector financial environment is challenging both at a national and local level and this requires a flexible financial framework which will allow us to respond to these challenges as well as support delivery of the Mental Health Strategy. This financial framework proposes a staged approach to delivery, which will focus on disinvestment in inpatient beds.
- 9.16. This will enable the early release of funding which can be used as transition funding to support investment in services which will facilitate the further disinvestment in services required to support longer term community investment. This requires decisions to be taken on a system wide approach with disinvestment not always being reinvested pound for pound initially in the service area where the disinvestment has occurred.
- 9.17. As part of implementation this initially may require elements of cross funding between adult and older people's services to support implementation of the Strategy as a whole. This approach having been considered at previous Chief Directors of Finance Meeting will require individual IJBs to agree to target initial resources released to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.
- 9.18. A summary of the financial framework proposed to support stage 1 is provided below. The indicative timescale for the release of beds is in line with the earlier outlined schedule of community stage 1 development. Community investment will not take place until retraction is delivered.

<b>Stage 1 Bed Release</b>	<b>Total</b>	<b>Implementation</b>
20 Purchased Inpatient Beds (1st Ward) - <i>already delivered</i>	£773,000	already delivered
12 Older People Complex Care Beds (2 <sup>nd</sup> Ward) - <i>from available occupancy</i>	£787,774	April 2024
15 Adult Complex Care/Rehab Beds (3 <sup>rd</sup> Ward) - <i>from available occupancy</i>	£1,001,554	Jan / Feb 2025
<b>Total Release</b>	<b>£2,562,328</b>	<b>Stage 1</b>
<b>Proposed Investment</b>		
Community Rehab Team	-£885,289	<i>linked to 1<sup>st</sup> ward</i>
Purchased Care Home Budget	-£177,000	<i>linked to 2<sup>nd</sup> ward</i>
Borderline Personality Disorder Expansion	-£1,200,000	<i>linked to 3<sup>rd</sup> ward</i>
OPMH Care Home Liaison Teams	-£300,000	<i>linked to 3<sup>rd</sup> ward</i>
<b>Total Proposed Investment</b>	<b>-£2,562,289</b>	<b>Stage 1</b>

- 9.19. Stage 1 focuses on areas where there is capacity within the existing system. In this respect the stage 1 implementation proposes the most practical and simplistic route.
- 9.20. The budget release has already been delivered for the Rowantree Nursing Home Accommodation NHS Beds. This is therefore immediately available for reinvestment.

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- 9.21. Two further ward retractions are scheduled during stage 1. Currently Older Peoples Hospital Based Complex Clinical Care (HBCCC) has circa (35) 1/4 of the beds unoccupied. A further number of people have been identified as not requiring HBCCC.
- 9.22. Likewise, Adult HBCCC and Rehab have 87% - 92% occupancy. Although this would not leave much occupancy by itself, a recent review of the Rehab and Adult HBCCC population identified over 25 people as suitable for discharge and occupancy is affected by a number of short-term boarders. Whilst the population is not static, delivering one Rehab/Adult HBCCC ward retraction as part of stage 1 is equally considered pragmatic and achievable. The remaining retraction of wards would be subject to staged implementation based on regular monitoring of activity.
- 9.23. The overall bed modelling included earlier within this report shows the potential for a net release of 271 adult and older people's beds from the current estate. If this is fully delivered, the potential release from the beds is estimated to be circa £19m. Securing this will be dependent on a number of factors and nothing will be progressed beyond stage 1 without further discussion with CMT and IJB's as this work progresses.

### Subsequent Implementation stages (Post stage 1) to 2028/2029

- 9.24. From organisational experience, a period of staff cost support is required as inpatient beds retract and staff transition to alternative community and/or remaining inpatient care. Where the implementation stage of bed retraction is changed in its order, speeded up and/or slowed down to 2028, community re-investment developments will likewise be speeded up/slowed down to match the change in staged resource release.
- 9.25. Each stage will be considered for risk to ensure that bed number retractions remain pragmatic and valid. The process will therefore include approval:
- January 2025: Progress Implementation Stage 1: progressing following Finance Planning and Performance Committee approval December 2024
- 9.26. Subsequent stages of community development/ward retraction will be subject to approval by CMT/IJB at that time.

## 10. Recommendations

- 10.1. The Integration Joint Board is asked to:
- a) Note this update report on implementation of the next phase of Mental Health Strategy – Enhancing Community Services.