Engagement Report Summary: NHS Greater Glasgow and Clyde Mental Health Strategy 2023-2028 (Phase Two)

November 2024

1. Overview:

This report outlines the engagement activities undertaken as part of Phase Two of the Mental Health Strategy 2023-2028 for NHS Greater Glasgow and Clyde (NHSGGC). Covering the period from April 2024 to October 2024, the engagement aimed to gather patient, carer, and public feedback to shape the future of mental health services, focusing particularly on the reconfiguration of inpatient bed provision. This phase builds upon the themes identified during Phase One and aims to refine service proposals, ensuring that stakeholder input informs the decision-making process.

2. Governance and Oversight:

The engagement activities were overseen by the Mental Health Strategy Communications and Engagement Steering Group, a key subgroup of the Mental Health Strategy Programme Board. The engagement approach aligns with Scottish Government guidance ("Planning with People") and follows NHSGGC's Stakeholder Communications and Engagement Strategy (2024-2027). The Mental Health Programme Board, with representation from Health and Social Care Partnerships (HSCPs), clinical leaders, and management, played a central role in managing the implementation of the strategy.

3. Building on Phase One Engagement

Phase One, conducted between March and May 2024, identified several key themes:

- Good awareness of existing mental health services.
- Challenges with access, particularly concerning long waiting times.
- Need for better communication and support for carers and families.
- High priority placed on person-centred, community-based mental health services.

Feedback from Phase One indicated a strong preference for enhancing community services and self-management support rather than expanding inpatient care. This informed the objectives and focus of Phase Two, emphasizing further exploration of inpatient service reconfiguration and resource prioritization.

4. Aim and Objectives:

The primary aim of Phase Two was to gather specific feedback on the proposed changes to inpatient services, focusing on the reconfiguration of mental health beds. The objectives included:

- Conducting a comprehensive programme of in-person public engagement across the NHSGGC area.
- Hosting dedicated sessions for individuals with lived experience of mental health services and their carers.
- Collaborating with HSCP staff to facilitate local sessions, gather feedback, and address community-specific concerns.
- Providing online engagement options for broader accessibility.
- Using collected feedback to inform the next steps in developing the implementation plan and future engagement activities.

5. Approach:

The NHSGGC Patient Experience and Public Involvement (PEPI) Team led Phase Two, working closely with the Mental Health Network Greater Glasgow and Clyde (MHNGGC). MHNGGC, a charity supporting individuals with mental health conditions, played a key role in facilitating sessions and gathering feedback from service users and carers. The engagement included a mix of drop-in sessions, structured conversation cafés, and an online event.

Participants were asked discovery questions aimed at understanding their priorities for inpatient services and views on the proposed changes. Printed information, FAQs, feedback forms, and local service details were made available to support informed discussions.

6. Engagement Activities:

The engagement programme, conducted from mid-August to the end of September 2024, included:

- 23 in-person sessions across all six HSCPs, with varying formats (drop-in, structured conversations) to accommodate diverse preferences.
- An online evening session on 26th September 2024 for participants unable to attend in person.
- A follow-up session with service users from Flourish House, a Glasgow-based mental health recovery community, in October 2024 to review early feedback and identify gaps.

A total of 215 participants attended the sessions, with 87% opting for in-person engagement. Where delivered, service user sessions facilitated by MHNGGC generally had a higher and more consistent overall attendance, possibly due to pre-existing connections with local mental health groups.

7. Key Themes and Feedback

Participants provided detailed feedback on several key aspects:

- Strong preference for enhancing community-based services and reducing the emphasis on inpatient care.

- Concerns about the accessibility and quality of inpatient services, particularly related to waiting times and service availability.
- Desire for more person-centred, high-quality care, regardless of the setting.
- Interest in participating in ongoing development and consultation processes, particularly among those with lived experience of mental health challenges.

The smaller session sizes allowed for in-depth discussions, with facilitators able to explore individual experiences and gather valuable insights to shape the future service model.

8. Inclusion and Equalities

Efforts were made to ensure inclusive engagement, though completion rates for equalities monitoring forms were low, making it challenging to assess the representation of people with protected characteristics. Existing research indicates that individuals with protected characteristics, such as disabilities or racial minorities, often face poorer mental health outcomes. Future engagement will target these groups, working with organisations like the Glasgow Equality Forum and the Mental Health Foundation to ensure their voices are included in the decision-making process.

9. Publicity and Promotion:

The engagement activities were supported by a robust publicity campaign:

- Dedicated webpage on the NHSGGC website for information and updates.
- Promotion via the Involving People Network, reaching 64,000 members.
- Social media posts (45 total) across NHSGGC platforms and additional posts by HSCPs, reaching a combined audience of over 140,000 followers.
- An article in the Greenock Telegraph to engage local communities.
- Collaboration with third-sector organisations and distribution of posters by Your Voice Inverclyde, enhancing grassroots visibility.

10. Feedback received:

The engagement focused on three main questions regarding the future of inpatient mental health services:

- What matters most to people in relation to inpatient mental health services
- Views on described proposals for inpatient services and how services might be arranged in the future, and;
- Understanding perspectives on how proposed changes contribute to the future delivery of safe, effective, and efficient care.

Feedback highlighted key themes, including accessibility, environment, equity, discharge processes, safety, service priorities, digital services, community support, integrated care, and attitudes toward mental health.

11. Key Themes and Findings:

a) Accessibility:

Participants consistently emphasised the importance of public transport and geographic location when considering future inpatient services. Local provision was crucial for many, while others prioritised the quality of care and co-located services. Parking, though less frequently mentioned, was noted as important and should be accessible and free where possible.

b) Environment and Facilities:

The quality of the inpatient environment was seen as vital for patient comfort and staff retention. Participants described the ideal setting as 'homely,' highlighting the importance of single rooms for privacy, access to outdoor spaces, and communal amenities. Reliable Wi-Fi and improved hospital food, especially for older adults, were frequently mentioned as essential.

c) Equity of Access:

Barriers to accessing services were identified, particularly for neurodivergent individuals and those requiring interpreters. The need for inclusive, person-centred care was a key concern. Female-only staff and spaces were requested by participants with trauma histories, emphasising the importance of gender-sensitive services.

d) Discharge Processes:

Participants expressed concerns about inconsistent discharge processes and the limited availability of follow-up community services, especially in certain partnership areas like East Renfrewshire. Delays in accessing post-discharge care were seen as potential risks for relapse and deterioration.

e) Safety, Staffing, and Service Priorities:

Many participants were worried about reducing inpatient capacity without first strengthening community services. Staffing shortages, particularly among psychiatrists and psychologists, were cited as major issues impacting care quality. There was support for urgent care developments, but calls for additional crisis services and better integration of caregivers in care planning were noted.

f) Role of Digital Services:

Feedback on digital services was mixed. While some had positive experiences with virtual appointments, many questioned their suitability for complex mental health issues. Digital exclusion remained a significant barrier for certain service users.

g) Community and Third Sector Support:

The role of third-sector organisations was widely praised, with participants calling for their better integration into the mental health strategy. Concerns about the sustainability of these partnerships and the need for clearer referral pathways were highlighted.

h) Integrated Care and Attitudes toward Mental Health:

There was a strong push for integrated care, especially for older adults and those with co-occurring physical health issues. Participants emphasised the need for improved mental health training across the healthcare system to foster compassionate, effective care.

12. Conclusion:

The Phase Two engagement of the NHS Greater Glasgow and Clyde's Mental Health Strategy 2023-2028 provided vital insights into the needs and preferences of service users, carers, and the public. 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.

13. Next Steps:

The engagement activity undertaken through phase one and phase two has provided a breadth of information and feedback on what is important to people in accessing and receiving care through our mental health services.

As we move forward to develop options for delivering inpatient care and provide increased resource to support community provision, this information and feedback will be used to inform criteria to help identify a preferred way forward for delivering future services.

Once a preferred option is identified we will undertake formal public consultation on this in line with national guidance and in discussion with Healthcare Improvement Scotland.