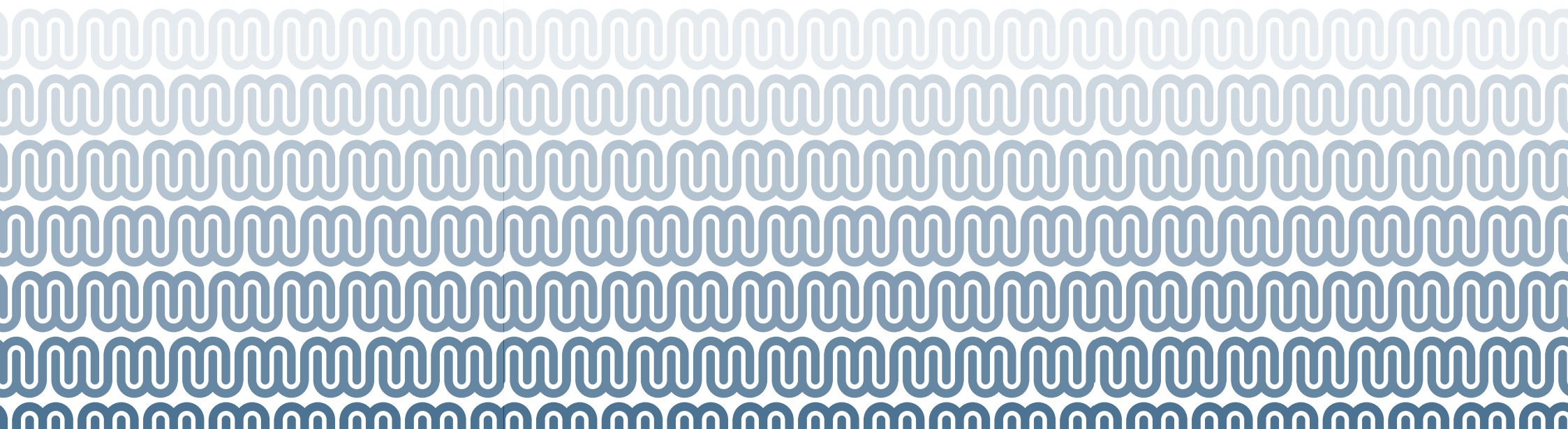


Out of NHS area placements

September 2025



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Closure report:

Out of NHS area themed report

Executive lead:

Claire Lamza, executive director (nursing)

Date of executive leadership team approval of project mandate:

September 2022

Date of commencement:

November 2022

Date of publication:

7 September 2023

Date of closure report:

12 August 2025

Purpose of a closure report

The purpose of a closure report is to assess whether the Commission has achieved its objectives (including outcomes, learning, quality and impact) and completed all deliverables on time and as planned.

The report must summarise the findings and recommendations made in themed visit report and identify the organisations and individuals to whom the recommendations were made.

The report should also identify the follow up actions and activities of the Commission in gathering in responses to the recommendations, and once in, identify how these responses were evidenced, assessed for impact and their success measured.

The report should assess theme in terms of impact, resource commitment and outcomes and met organisational standards and expectations.

1. Summary of recommendations made in the report

In total, there were seven recommendations that were to be delivered over a 12-month timescale. They included two for NHS boards and five for Scottish Government (SG).

The recommendations were:

Recommendation 1: Scottish Government formally review the categories identified for publishing data on those patients who are out with their local health board area.

Recommendation 2: Scottish Government develop a data gathering process for out of area NHS board placements which is verified and accuracy can be assured.

Recommendation 3: Scottish Government should commission the development of a set of standards from referral to transfer with involvement of those receiving the care and treatment, their carers/family and those most important to them (as appropriate) that outline the key steps required for an inclusive, supported approach to planning an out of area placement.

Recommendation 4: NHS boards who are funding an out of area placement should jointly develop and incorporate a structured plan with the independent healthcare provider that includes rehabilitation and engagement back to the local area where the person will be returning to.

Recommendation 5: NHS boards develop and apply a set of discharge planning standards informed by cross agency multi-professional groups and those with experience (carers and people with experience of services) which focus on recovery and return to local areas.

Recommendation 6: Scottish Government review the monitoring of the funding costs for out of area placements and sit this with a national organisation such as NHS National Service Scotland, through the National Services Division, for centralised oversight and scrutiny.

Recommendation 7: Scottish Government consider a human rights and health economics-based approach as to whether regional units should be developed for those individuals who are considered at greatest risk of being out of area.

2. Summary of responses

For **recommendation 1**, the Scottish Government's (SG's) self-evaluation noted that it has taken action to address gaps in this data specifically for people with learning disabilities and complex care needs through implementation of the recommendations made within the [Coming Home Implementation Report](#). Since the report, the SG has worked with Public Health Scotland to develop the [Dynamic Support Register](#) (DSR) with the aim of improving monitoring of those in out-of-area placements. The DSR gives visibility to this hidden population on both a local and national scale. Additionally, since this Commission report, a Peer Support Network has been established (October 2024) and is supported by Health Improvement Scotland (HIS). This network supports NHS Board and health and social care partnerships (HSCPs) to share learning and good practice in managing delayed discharges and out of area placements for people with learning disabilities.

Activity reported by SG in the SMART action plan for this specific recommendation stated that the Coming Home Implementation Report had recommended the establishment of a national support panel. Whilst this has not yet been established, SG are establishing a Coming Home Short Life Working Group as an interim measure to consider actions from the Coming Home Implementation Report. Alongside this work, SG are exploring whether a national panel should be established and, if so, whether it would require to be legislated for. The report also recommended longer-term commitment to conduct further work to explore the issues in relation to people with enduring mental health conditions, and if this test of change focused on people with learning disabilities and complex care needs achieves positive outcomes, SG will explore implementing these measures across the wider mental health sector.

SG noted that in terms of timescale for recommendation 1 that this has been delivered and the data collection is being monitored, with responsibility for this action to be met through NHS Boards, HSCPs, Public Health Scotland, Healthcare Improvement Scotland and Scottish Government.

For **recommendation 2**, the SG self-evaluation noted that it has taken action to address gaps in this data, specifically for people with learning disabilities and complex care needs through implementation of the recommendations made within the Coming Home Implementation Report. Since the report, the SG has worked with Public Health Scotland to develop the Dynamic Support Register (DSR) with the aim of improving monitoring of those in inappropriate out-of-area placements. The DSR gives visibility to this hidden population on both a local and national scale. However, there is recognition once more that more could be done to develop further in relation to data collection of wider delayed discharges/out of area placements.

For **recommendation 3**, the self-evaluation section of the SMART action plan completed by SG noted that they have now published the core standards for mental health services, which will initially apply to adult secondary services and psychological therapies and interventions. The standards have been developed based on two years of engagement with people who work in mental health services, people who use services and their families and carers. People with lived experience were engaged through partners at VOX and the ALLIANCE. This included a survey, with the results used to inform the drafting of the standards. The draft standards were also publicly consulted on in early 2023.

The standards include sections on 'Assessment, Care Planning, Treatment and Support' and 'Moving between and out of services', which SG believe are particularly relevant to this recommendation. The standards set out what people who use services should expect and what services are expected to deliver. They outline that people should have one written care and treatment plan which is jointly created by the individual, their families and carers, and the professionals supporting them. It also sets out the expectation that people will receive help as close as possible to home.

Working with HIS, SG developed a local assessment which each board completed and returned to HIS. Boards have identified local improvement priorities. We were told that SG have also undertaken a pilot to support wider measurement of the standards.

SG advised that HIS is currently working to develop a tailored programme of support with each health board to ensure they are able to implement the standards in their areas; this will include a specific focus on transitions through the Scottish Patient Safety Programme.

In auditing how the recommendation will be met, SG stated that since the implementation of the core standards, they have commissioned NHS benchmarking to undertake a deep dive and regular collection focusing on the standards. Mental health quality indicators have been utilised to measure the standards, including a focus on discharge. A new dashboard has been created to provide subnational breakdowns, and this was published in November 2024. Along with the HIS local assessment and improvement plans, these actions will assess progress towards implementation. The standards have also been included as part of health boards Alcohol and Drug Partnership (ADP) plans.

The timescales for delivery for this recommendation include a pilot of the measurement of the core mental health standards. This has been completed and a summary report was shared in July 2025. HIS will continue to work with boards to provide support based on these findings and their identified priorities.

Those with responsibility for meeting this action were reported to be local health boards (responsible for full implementation) with oversight and support provided by HIS and SG.

Recommendation 4 was directed towards health boards. All except one (NHS Shetland who had no out of area placements) provided a response on the Commission's SMART action plan. There were a number of different approaches being taken by boards with their self-evaluation. Five of the health boards (Dumfries and Galloway (DG), Ayrshire and Arran (AA), Greater Glasgow and Clyde (GGC), Western Isles (WI) and Lothian) all referred to the care programme approach (CPA) process in supporting the development of structured plans that focused on treatment goals and discharge planning. The use of CPA also promoted active involvement of the individual and their relative/carer.

In eight responses (again for DG, AA, Lothian and WI but also Tayside, Forth Valley, Fife, and Lanarkshire) there was reference to the 'link clinician', this could be the consultant, the mental health officer (MHO) or community psychiatric nurse (CPN), for some other areas there were a number of link clinicians involved in the joint development and oversight of the care of those who were out of area. The role of the link clinician was associated with ensuring that treatment needs, rehabilitation and reintegration for the individual (and their relative/carer where involved) continued to have a focus, along with a detailed treatment plan. A number of the health boards noted that structured plans could be "inconsistent" (Highland, Grampian and Lanarkshire), while others noted that some individuals, depending on their specific needs – such as those with forensic needs - may have more developed plans to support a return to their local area.

Activity reported in the action plans for most health boards appeared to be either about to be developed, or in the early stages of considering what was required. Some services noted that consideration was being given to a standard operating procedure (SOP), framework, pathway or a dedicated postholder/team to support the delivery of the service developing a process (D&G, A&A, Borders, Tayside, Lanarkshire and Highland). Some noted that they were using the Dynamic Support Register (DSR) (Borders and Fife), with two health boards noting they have a designed plan or process map in place already (G,G and C and Lothian). For the island health boards, both noted that an individualised “wrap-around” service approach was used given their limited services.

All health boards noted that an audit process was in place, the names and membership of each group varied – there was an External Care Referral steering group (GGC), the Management Out Of Area Group (Lothian) and the Cross System Strategic Delivery Team (Grampian) others were either noted as Out Of Area group (Lanarkshire, Highland, Tayside, Orkney and Fife) or the DSR group (Borders and DG). Timescales also varied with some anticipating that they would be in place within three months, while one service noted that they expected to deliver on the recommendation by 2026.

For **recommendation 5**, again directed towards health boards, we received responses from all but one health board area. However, unlike recommendation 4, the majority of health boards did not have discharge planning standards that were informed by a multiprofessional group and that included individuals and their relative/carer (DG, Lanarkshire, GGC, Highland, WI, Grampian, Orkney and Forth Valley). However, Lothian, Tayside and Fife responded that they have a defined discharge planning process and supporting documentation that may be useful for other services to have sight of as they too consider developing a set of standards. Fife noted that its procedure for admission, transfer and discharge was in the process of being ratified while the Tayside process was based upon the core principles of the ‘Home First’ strategy.

It was positive to note that a number of the health boards specifically noted their activities with cross consultations and the involvement of those with experience of an out of area placement (DG, Lothian and Orkney).

With the exception of Lothian and Tayside, all other health boards advised that audit activity would be in place when the standards were fully operational. As this was a recommendation where further work was needed, nearly all health boards set out the timescale for delivering on the activity and who was responsible; this will inform follow up by Commission area co-ordinators and senior managers at end of year meetings with health boards and HSCPs later in 2025.

Recommendation 6 The response in relation to activity for this recommendation noted that the monitoring of the funding costs and options for other national organisations within NHS Scotland, needs to be further explored by the SG to consider whether NSS would be equipped to deliver on a formal reporting, data collection, oversight and scrutiny function for out of area placements for those with mental health needs.

If it was considered that there would be significant value added by such additional reporting requirements, engagement with all Boards would be necessary to assess the availability and quality of current data.

NSS advised that SG would be able to confirm a position on whether or not additional reporting requirements would add sufficient value, while ensuring they do not impose an undue burden on individual health boards. If additional reporting requirements are justified, then SG will be able to confirm that they have reviewed the monitoring of funding costs for out-of-area placements, developed recommendations based on their findings, and implemented appropriate action(s) in response. NSS noted that the responsibility for driving this improvement activity sat with the Directorate for Mental Health at SG.

For **the final recommendation**, the SG response referred to the Scottish Government's Mental Health and Wellbeing Delivery Plan 2023-2025, with SG aiming to ensure that *people receive the quality of care and treatment required as close to home as possible for however long they need it*. SG reported that they are working collaboratively at local, regional, and national levels to support strategic planning and delivery across the whole system; this work will promote independence and recovery.

The Coming Home Implementation Report makes clear it is essential that Scotland provides support and services in a way which ensures that human rights are respected and protected. NHS National Services Division (NHS NSD) commissions national specialist services on behalf of NHS Scotland. NHS Boards can access national funding for referral to specialist mental health services healthcare when the need for specialist staff or facilities is not available in Scotland or when capacity or placement issues require a bed to be sourced.

Activity reported for this recommendation highlighted that action 7.1.3 in the Mental Health Strategy Delivery Plan, sets out SG's intention to establish a national strategic oversight group to support coherence across NHS Boards in the planning and delivery of mental health services at national and regional levels. The Mental Health and Wellbeing Strategy Leadership Board has been established to provide constructive support and challenge to ensure progress against actions set out in the Delivery Plan and

Workforce Action Plan. We were told that SG continues to work in partnership with NHS Boards and NHS NSD in order to ensure that the NHS increases capacity, delivers reforms in the delivery of care, and gets everyone the treatment they need as quickly as is possible.

The audit process for this is through a monitoring and evaluation group that has been established (and has met three times so far) to support the evaluation of the strategy. SG are currently developing a monitoring and evaluation framework to accompany the Strategy and Workforce Action Plan. This will set out how SG will measure progress towards the 10 priorities outlined in the strategy and will also take account of existing indicators and standards that are currently under development.

A monitoring and evaluation framework is expected to be developed by the end of 2025 with responsibility for the delivery of this sitting with Scottish Government, NHS Boards, HSCPs and NHS National Services Division.

3. Summary of follow up activity and actions

[This report](#) was published with a [news release](#) on Thursday 7 September 2023. This report examined placements of people from Scotland with mental ill health or learning disability out with their NHS health board area and made seven recommendations for change.

The report gained coverage from Scottish radio and news media on the day of release.

Media

COMMENTS CARRIED BY THE MEDIA

From the Commission, Claire Lamza was quoted across the media from our news release:

“When people with mental ill health or learning disability are placed out with their NHS health board area for care and treatment, they are likely to have highly complex, specialist needs that have been assessed as not being able to be met by their local health services.

“This report examined in detail the care in place for 59 of the estimated 162 people who are living in out of NHS board areas, almost all of whom are in private sector facilities. We were reassured to hear positive feedback from individuals and relatives on the quality of care, but we also heard they were unsure of the plans that were being put in place for a return closer to home and about the impact on relatives of travelling to see their family member, and the toll that this took on their relationship.

“When we sought to clarify with health boards the costs and oversight of these placements we found gaps in information; we believe our funding estimates are likely to be considerably lower than the true costs.

“I hope our report is useful for government and health boards, and for families and individuals who have spoken to us about their experience. Our recommendations include setting new standards, developing accurate data collection and creating a national oversight and scrutiny role.

“We also ask Scottish Government to take a human rights and health economics-based approach and consider whether a regional resource should be developed for those individuals who are considered at greatest risk of being out of area.”

A Scottish Government spokesperson said it welcomed the report and will “carefully consider its recommendations”:

“We expect each NHS board to have a clear understanding of their patient caseload, whether they are treated locally or elsewhere.

“Initiatives like our Coming Home Implementation Report makes [sic] it clear it is essential that Scotland provides support and services which ensures [sic] that human rights are respected and protected”

NATIONAL SCOTLAND, UK, AND IRELAND MEDIA

[BBC Radio Scotland FM - Thu, 7 Sep 2023 07:11:38 BST](#)

Interview with Claire Lamza of the Mental Welfare Commission for Scotland on the amount the NHS is spending on private healthcare on mental health treatment and support for people with learning disabilities.

[BBC Radio Scotland FM - Thu, 7 Sep 2023 08:32:05 BST - Good Morning Scotland](#)

The Mental Welfare Commission for Scotland body says the NHS in Scotland is spending millions of pounds every year on private treatment for mental illness and learning disabilities

['Eight years away from home' for mental health patients](#)

The Herald - 07/09/2023

p8 News. Helen Mcardle.

PATIENTS with complex mental health problems and learning difficulties are spending more than eight years on average being treated in private units miles from their local area - sometimes in England. According to a census taken in 2022, there are 162 patients from Scotland with mental health issues or learning disabilities who are in out-of-area placements and whose care is funded by -but not provided by - the NHS.

[Ministers urged to alter approach to mentally ill](#)

Courier & Advertiser - 07/09/2023

p23 News.

A mental welfare body has called on the Scottish Government to take a "human rights and health economics-based approach" towards mentally-ill people living outside of their NHS area.

[Ministers urged to alter approach to mentally-ill people living outside NHS area \(Web\)](#)

Ireland Live - 07/09/2023

A mental welfare body has called on the Scottish Government to take a human rights and health economics-based approach towards mentally-ill people living outside of their NHS area.

Twitter (also known as 'X')

The original post received 150 engagements (meaning it was liked, reposted, clicked on, or otherwise interacted with). 51 users clicked on the link to the news story, 23 users liked the post, and 21 posted it directly to their own followers. This was the most successful post of the month.

Organisations retweeting our original post include The Learning Disabilities Managed Care Network, Dunfermline Advocacy, and Exec Director SHRC.

Specific comments appeared from the general public when sharing our original post:

Another useful report

£220,000 per person sounds a lot and an average of 8 years out of area care, not sure if this estimate included the costs to families of any travel

Website

In the seven days following publication, the news story on the report was viewed 113 times, by 2.03% of users, making it the 11th most popular page in that time (the most popular being the home page, with 814 views, or 14.59% of users). This is about average compared to our other reports and publications.

Mailing list

We sent the report to all 1,830 subscribers on our mailing list. It was opened 187 times in the first week, an open rate of 18.09 %. Subscribers clicked through to the report 31 times, or 16.58% of those people who opened it, a below-average rate compared to our other reports (such as local visits).

4. Summary of the impact of themed report and wider learning

The analysis of self-reported action plans indicates recommendations made to NHS boards are at different stages, with some being further ahead due to the need to develop a process because of the number of individuals who were, or currently are, in an out of area placement. Other health boards were clear that while they used a structured plan with the independent provider, developing discharge standards or a standard operating procedure (SOP) was still to be completed.

Overall, the level of detail in the action plans gave a reasonable overview of the work that is either being considered, developed or is actually in progress by health boards; many are using existing organisational processes such as the care programme approach, or link clinician to maintain regular review of the circumstances of those who are out of area.

We were given details of the activities and audits that are planned to take place to ensure that the recommendations from this themed visit will continue to be taken forward. The breakdown of the recommendations on an area-by-area basis will be useful for Commission practitioners, who will use these when following up on this group of people, some who may be recorded as delayed discharges.

A number of responses from health boards indicated that further actions were needed, specifically with recommendation 5. It will therefore be helpful for the Commission to monitor the implementation of these planned activities i.e. the development of discharge planning standards or SOPs.

There were some good examples, specifically provided by NHS Lothian, of establishment of proactive processes and documentation. An opportunity to share good work via the peer network referred to or other fora would be beneficial.

The response from SG indicated that while there are a number of initiatives that could positively help to monitor and review the circumstances of those who are out with their home board area, there is further activity required, specifically in relation to those with mental health needs and specifically in relation to the creation of more local resources to allow people to receive care and treatment closer to home.

5. Conclusion – was themed visit worth doing?

This was the first time that the Commission had completed one of its specific themed visits on individuals with either mental health or learning disabilities who were not receiving care and treatment in their local health board area. There were similarities with the findings of the 2018 'Coming Home' report published by Scottish Government which found that some people with learning disabilities and complex needs were living far from home; the report identified that there was an urgent need to address this issue. This report has helped to strengthen the actions required for better monitoring of those individuals with a learning disability but also recognising that HSCPs are required to do the same for those with mental health needs.

And while the report did recognise that for some, an out of area placement had been a positive experience, it also highlighted that returning to their home board area could be a poorly planned for, protracted process for them and their relatives/carers. We therefore welcome the actions being progressed by some health boards in response to our recommendations to ensure improved monitoring and review of the circumstances of those out with their area towards a planned return home.

The responses we received all included a self-evaluation, a record of activity, audit process and for the majority, timescales involved and who has responsibility for the recommendation. This has provided a better understanding of how health boards intend to monitor a group of people who are at risk of not having their return home or discharges actively planned for.

The responses we received from SG provided descriptions of actions arising from a number of strategic drivers such as Coming Home and the core mental health standards; it is anticipated that these will positively impact on how HSCPs monitor and review the circumstances of those individuals who have an out of area placement. We did hear from the HSCPs, particularly the more rural and island services, where there were fewer out of area placements, that more direction and support from SG would be helpful for them. A similar point was made by NSS in that they would require SG to instruct and invest in their organisation if they were to be equipped to deliver on the oversight and scrutiny function for out of area placements for those with mental health needs. This, therefore, is a key outstanding action that still needs to be addressed. The Commission will pick this up with the SG mental health directorate as there remains no clear response to the recommendation that there needs to be national oversight of spend on out of area placements.

6. Outstanding actions and recommendations, and any future activity or options to satisfy these

While there remains additional actions and activity in relation to recommendation 5 for the majority of the health board areas, the main actions that need further consideration are recommendations 6 and 7.

As noted by NSS, SG would need to make a decision around more accurate monitoring of the cost of out of area placements, and also if there would be a financial benefit to looking at using these significant funds to invest in more creative, local resource solutions to avoid people having to move away from home.

A number of the health boards noted that were this recommendation be agreed and local services developed, areas such as Highland, Grampian and the islands in particular, would see a reduction in people being transferred out of area.

If you have any comments or feedback on this publication, please contact us:

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Mental Welfare Commission 2025

