NHS
North East and North Cumbria

Inpatient Quality Transformation Plan:

July 2025/June 2027

Mental Health, Learning Disabilities, Neurodevelopmental and Wider Determinants Transformation Team, North East and North Cumbria Integrated Care Board (ICB)

Better health and wellbeing for all...

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Definitions

Care (Education) and Treatment Review (CTR): These are meetings which review a person's care and treatment when they are in hospital. They help make sure people have a plan for leaving hospital. There are also community CTR meetings for people who are at risk of admission to hospital.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW): CNTW is our NHS mental health provider in the North of our area (Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland)

Dynamic Support Register (DSR): These are local lists of people who are in hospital or are at risk of admission to hospital.

Independent provider: Any organisation that runs a mental health hospital that is not run by the NHS.

Inpatient: in this document, this means 'at or in a mental health hospital'.

Integrated Care Board (ICB): NHS organisation whose job it is to plan, fund and review health and care services.

Integrated care system (ICS): Group of organisations that make up the health and care system in an area. The ICS includes our NHS trusts, care providers, acute (physical health) hospitals, local authorities, voluntary sector organisations (charities) and more.

National Health Service (NHS): The national organisation that provides healthcare services.

Local authority: Local government organisation. The local authority manages public services in a specific area. This includes organising and overseeing adult social care services. Most social workers work for the local authority.

Mental health provider/hospital provider: organisation that runs hospitals and community mental health services.

Positive Behavioural Support (PBS): an approach that is used to support behaviour change in a child or adult with a learning disability.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): TEWV is our mental health provider in the South of our area (Durham, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland, Stockon-on-Tees).

Plan Summary

NENC ICB Inpatient Quality Transformation Plan (2025-27)

GOAL: Transform mental health inpatient care to be inclusive, safe, personalised, therapeutic, and close to home

FOCUS AREAS:

- Realigning services
- Improving care culture
- Supporting challenged systems
- Improving oversight
- Reducing restrictive practices

KEY ACHIEVEMENTS TO DATE:

- Exceeded our target to reduce the number of autistic people and people with a learning disability in our hospitals by 10%
- Culture of Care programme launched
- Mental Health Dashboard developed
- Bed census and crisis alternatives mapped
- Reduction in long-term segregation via HOPES model

TARGETS:

- Reduce average inpatient stay from 63 to 52.5 days by March 2026
- Reduce numbers of people with a learning disability in hospital by 10% by March 2026
- Reduce numbers of autistic people in hospital by 10% by March 2026
- Stop inappropriate out of area placements

REVIEW: We will review this plan in July 2026 to check our progress against our plans and targets

Introduction

In 2024, we launched our Inpatient Quality Transformation Programme (IPQT) here in the North East and North Cumbria (NENC).

Here is an overview of our system and partners.

IPQT is a national programme, every ICB in England has a programme and a programme plan.

The programme aims to improve the quality and safety of care in our mental health hospitals. This includes wards for autistic people and people with a learning disability.

The goal is that everybody in a mental health hospital can access care that is:

- inclusive
  care that works for people with different needs
- safe
  care that doesn't hurt or harm people
- personalised
  care that is based around what works for the person
- therapeutic
  care that helps people get better
- close to home
  care that is near to people's communities

There are 5 programme themes.

When we plan our next steps in our programme, we divide our actions into these themes. All of these themes will help us improve mental health inpatient services and the other services that help people stay well in the community.

Our aim is to achieve NHS England's vision of 'what good looks like'. This is based on these 6 principles.

The ICB leads the programme in partnership with:

- People who use our services (patients)
- Families
- Clinicians
- Systems
- Providers of mental health care

We want to make sure all of the care our services give meets the 6 principles. We know there is some good care happening already and we want to build on this.

Changes in the NHS

There is a lot of change happening in the NHS. The government announced in March 2025 that NHS England will soon be abolished.

The ICBs have been told to reduce their running costs. NENC ICB needs to reduce costs by 33%.

Even though things are uncertain, our Integrated Care System is committed to delivering this plan to improve our services.

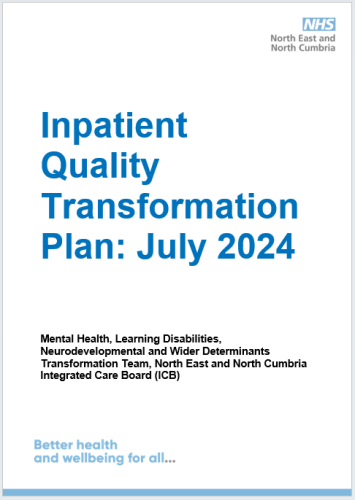
This plan is divided into two parts.

- Part one talks about the progress we have made so far
- Part two sets out our plans for the rest of the programme

Part one: our progress so far

July 2024/ July 2025

The story so far...

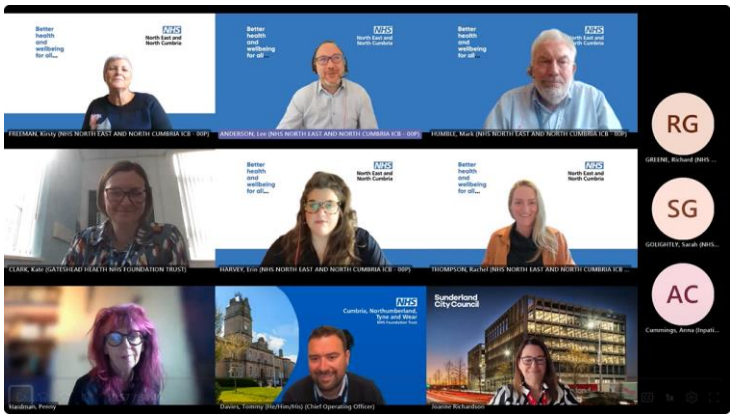


NHS England asked all of the ICBs in England to submit a 3-year plan for their Inpatient Quality Transformation Programmes by July 2024.

Our integrated care system, which includes NENC ICB and all of our system partners, decided that we didn't have enough information yet to do this. We decided to write and submit a 1-year plan in July 2024. We would then do some more work and write another plan in 2025.

In this section, we will explain what we have done since we wrote our 1-year plan in July 2024.

Our Inpatient Quality Transformation Programme Group



In 2024, we set up a Programme Group meeting.

The group meets every two weeks. The ICB programme leads provide updates on their work. We also invite other organisations to tell us about work they are doing on mental health across our system.

The group members give us feedback on what we are doing and help us plan our next steps. For example, our providers have all attended the group to update on the Culture of Care programme within their organisation.

The group told us we needed better standardised data across our region. That helped us come up with the idea for a new Mental Health Dashboard.

People who come to the meeting include:

- ICB staff who work in local areas
- Local authority Social Workers
- Mental health providers including independent sector

Culture of Care

Scandals such as Whorlton Hall (references 2 and 5), which happened in our area, have shown that closed cultures on wards and in residential settings can lead to abuse and trauma. We must make sure that, as a system in NENC, we learn from these unacceptable failings.

The Culture of Care programme launched in August 2024 as part of work to avoid such scandals happening again. All of the mental health providers who were able to, are taking part in this programme. The programme builds on existing good practice to develop a safe, compassionate, culture of care in our mental health hospitals.

The Culture of Care programme will help our hospitals be:

- Anti-racist
- Trauma-informed
- Autism-informed

Each provider has chosen wards to take part in the programme. Those wards are working with patients and carers, who are thinking of ideas for how to improve the culture and environment on the wards.

The Culture of Care programme will help us reduce the need for restrictive interventions, such as restraint, on the ward. Our providers have said that reducing restrictive practices will be one way of showing the programme is working.

The Culture of Care work can reduce restrictive practices through:

- Helping staff to think about trauma as a reason for people's distress
- Helping staff to make people's risk plans more personalised

Providers are linked into regional peer networks. The networks have meetings where they support each other and share ideas and learning.

The programme is nearly in its second and final year. In the second year, the providers will plan how the improvements can be spread to other wards in their hospitals.

Alternatives to crisis and admission

In summer 2024, we updated a paper. This paper gave an overview of what alternatives to crisis and admission we have across our system.

To do this, we held meetings with our colleagues working in local areas of the ICB and in our 14 local authorities. They gave us the information on what services were in each area.

We added a directory of services to the original document and changed the categories so that they better reflected what is available in each area.

This is in Appendix 1.

Bed census

In September 2024, we reviewed our bed census information. We did this to find out what mental health hospital beds we have. We compared the information in different areas.

More information about what we discovered in the bed census is in Appendix 2.

This time, we also asked our providers how many people they had on each ward with a learning disability, or who were autistic. This allowed us to compare the information providers sent us with our Assuring Transformation dashboard, which tracks how many people with a learning disability and autistic people are in hospital.

Comparing the bed census information with the dashboard helped us to look at our data quality. This helped us to check that the information we had was accurate.

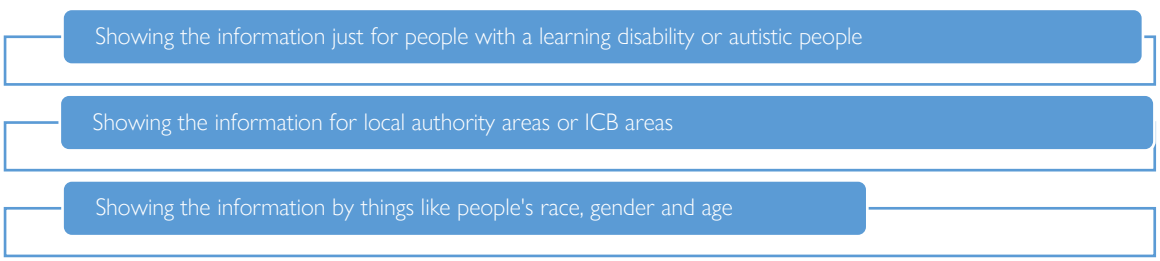
We presented our bed census to our IPQT group in December 2024 and received some feedback. People asked how we would review the information in the bed census.

We decided that instead of doing another bed census, we would make a mental health dashboard. A dashboard is better than the bed census as the information is updated automatically.

Mental health dashboard

The ICB Business Intelligence team who supported our work on the bed census helped us to think about what we wanted in our new mental health dashboard.

We took suggestions from our Inpatient Quality Transformation Programme Group including:



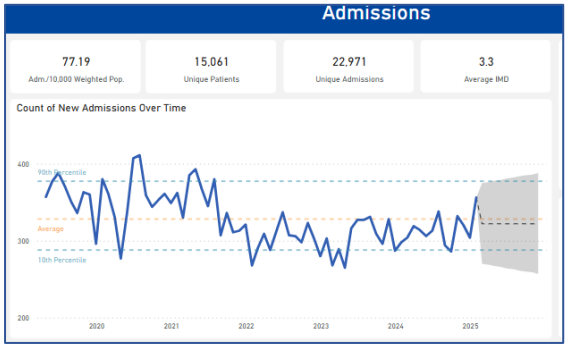
Our system established two new group meetings for members from across our ICS to discuss data.

The first group are establishing system-wide technical definitions and measures. This will make sure our providers are collecting and measuring data in the same way, which will help us to compare data in different regions.

The second group are agreeing how we will present data we publish, for example in our reports. This will help us make sure the reports we publish are easy to understand and are consistent.

The groups have helped us make agreements about sharing our data across our ICS. They have also helped us develop our dashboard.

We will launch version 1 of our dashboard in July 2025. Our colleagues in the ICB and in our mental health provider trusts can see the information. We plan to make it available to more professionals in our system, like our local authorities.

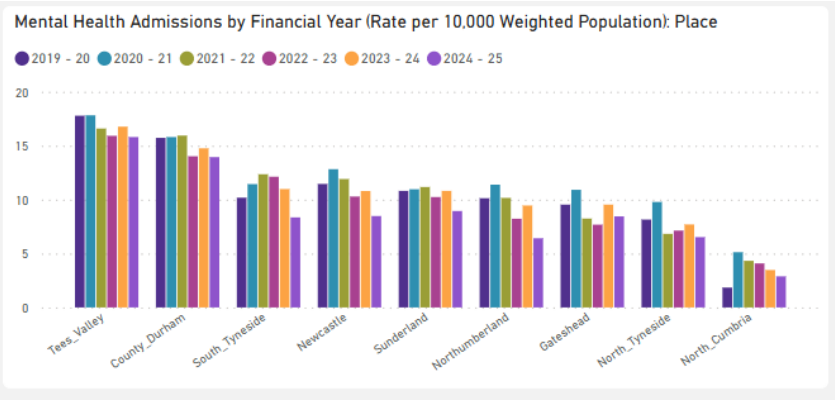


The dashboard can show us how many people have been admitted to our hospitals each month.

We can change this graph so that it can show how many people have been admitted to our hospitals from different areas, or during a specific timescale.

The grey area shown above allows us to predict how many people we can expect to be admitted to our hospitals in the future, which helps us plan our services.

This information can also be displayed in charts, which let us see which areas have the most admissions.



We can break down the data to look at:

- Race
- Gender
- Age
- Whether the person has a learning disability or is autistic

We know that some people are more likely to be in mental health hospitals. For example, the NHS Mental Health Care for Autistic People dashboard shows that nationally, over 9% of the inpatient population are autistic (reference 20). The number of autistic people in the population is estimated to be about 1.1% (references 1 and 11.)

The Mental Health Act Statistics for 2022-23 showed that Black people were 3 and a half times more likely than white people to be detained (reference 24.)

It is important that we know if there are groups that are overrepresented in NENC and try to lower these numbers.

We can also look at the data on 'indices of multiple deprivation'- this is a measure that shows whether somebody is from a poorer or richer area.

We will be making a further version of the dashboard later in the year. This will have extra features.

Our aim is to be able to produce a regular insights report that tells us about any important changes in the data that we need to know about.

Reducing restrictive practice

“Restrictive practice is defined as making someone do something they do not want to do or stopping them from doing something they do want to do, by restricting or restraining them, or depriving them of their liberty.” (Reference 11.)

Reducing restrictive practice across mental health, learning disability and autism services remains a key priority nationally.

It is one of the five themes of the Inpatient Quality Transformation Programme.

The Use of Force Act (2018) gives the statutory guidance our providers must follow.

Reducing restrictive practices is an important part of the framework that the Care Quality Commission (CQC) uses to assess the quality and safety of our hospitals.

Four of our providers (Gateshead FT, Priory, CNTW and TEWV) are signed up to the Restraint Reduction Network This is a network of organisations committed to stopping unnecessary restrictive practices and respecting the human rights of patients.

Both CNTW and TEWV have recently reviewed their 'Positive and Safe' plans. This shows a commitment to reducing restrictive interventions and creating safe inpatient wards.

The key principles of CNTW's Reducing Restrictive Interventions and Violence Reduction policy are:

- Patient voice is central to everything, at all levels
- Compassionate care centred on individual needs
- Up to date Talk 1st action plan
- Use of data
- Activities for patients
- Learning at all levels

TEWV have co-produced their 3-year Positive and Safe strategy with Lived Experience Directors. Their priorities are:

- 'Back to basics'
- Coproduction
- Ending floor-based restraints
- Safe and functional environments.

TEWV have 'Positive and Safe' networks in each of their care groups. These networks will review their progress on reducing restrictive interventions each month. Care group boards and Quality Assurance Committees will review this information every 3 months. They will then publish a report every year about the use of restrictive interventions and their progress on their 'Positive and Safe' strategy.

Providers all monitor data on restrictive interventions and give support to wards which show higher levels of these interventions.

Our hospital providers all have something like a 'Trust safety groups' or 'patient safety meeting'. These groups meet to learn from incidents and improve physical safety on the wards. If the same problems keep happening on wards, they will act on this.

Priory, one of our independent providers, have monthly Reducing Restrictive Practices reviews, which are co-conducted with patients.

Positive Behavioural Support Strategy

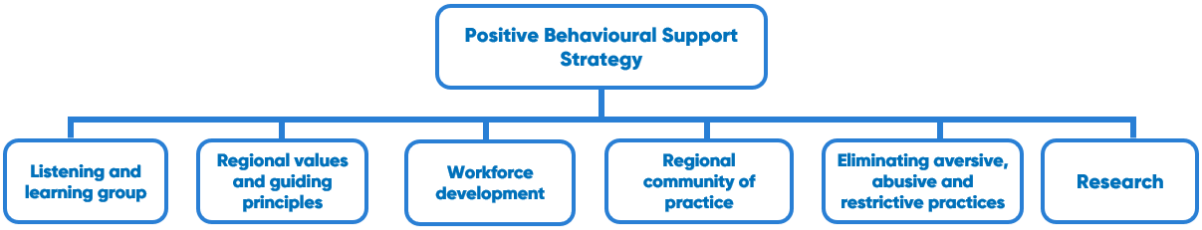
The ICB leads on a Positive Behavioural Support (PBS) Strategy across the ICS.

The strategy makes sure that workers at different educational levels across the North East and North Cumbria learn about PBS. This will help PBS to be embedded in the culture of our workforce and make sure the care and support people receive is of high quality.

The educational programmes on PBS can be accessed by staff from our hospitals, community mental health teams, but also social care staff and family carers.

We have learning programmes through Northumbria university and Sunderland College and are looking to expand to other colleges. When staff or carers have completed the qualification, they receive a certificate. They can take the certificate with them if they move jobs. This stops people having to repeat training courses.

The priority areas of the PBS strategy are shown below.



The eliminating aversive, abusive and restrictive practices working group is the priority area most linked to the Inpatient Quality Transformation programme. It is attended by community health and social care providers, as well as hospital providers.

The working group is developing a plan which will help increasing the knowledge of restrictive practices and human rights across our system.

HOPES

The Hope(s) model is an ambitious human rights based approach to reduce the use of long-term segregation sometimes experienced by autistic adults and adults with a learning disability.

- It encourages teams to Harness the system through key attachments and partnerships
- Create Opportunities for positive behaviours, meaningful and physical activities.
- Identify Protective and preventative risk and clinical management strategies.
- Build interventions to Enhance the coping skills of both staff and people in services
- Whilst engaging in these tasks clinical teams and the System needs to be managed and developed to provide support throughout all stages of the approach.

In NENC we have more seclusion rooms in our hospitals and greater use of these than other ICB areas. We are committed to changing this.

The HOPES model (reference 25) has been used to review long-term segregation in CNTW and TEWV hospitals since May 2022.

In CNTW, long-term segregation has reduced by 60% in the last three years. The programme has led to a change in culture on the wards. HOPES has supported 35 ward teams to avoid the use of long-term segregation.

In TEWV there has been an 80% reduction in the use of long-term segregation since April 2023. In the trusts adult learning disability services, a robust training plan has meant that every member of staff has received training to ensure that services are supported to avoid the use of long-term segregation. The HOPES model has been integrated into trust policy and the trust is confident that they are aware of all instances of long-term segregation and there are plans in place to reduce these restrictions.

The HOPES model is now part of policy in CNTW and TEWV. CNTW and TEWV are confident they know about all instances of long-term segregation and have plans in place to reduce these restrictions.

The HOPES regional post funding is confirmed for TEWV and CNTW until March 2026.

STOMP

Stopping the over medication of people with a learning disability, autism or both is an important part of reducing restrictive practices.

Our hospital providers lead on this work. Each provider has a STOMP lead and must implement the guidelines set out by NHS England.

This includes:

- identifying patients for in-depth medication reviews for patients who take multiple medications
- encouraging the reduction of prescribing psychotropic medication
- encouraging non-pharmacological strategies such as Positive Behavioural Support planning.

Patients who are out of area and Complex Transitions Support Service

At the time of writing, there are currently 9 people from the North East and North Cumbria who are in hospitals outside of the area.

Three of those people want to stay in the area in which they are currently in hospital.

There are plans for the other 6 to return to their home area, either to different hospitals, or to new homes in their local communities.

In 2024, the Complex Care team within the ICB set up a new service called the Complex Transitions Support Service. The service is run by Everyturn, who are one of our voluntary sector provider organisations.

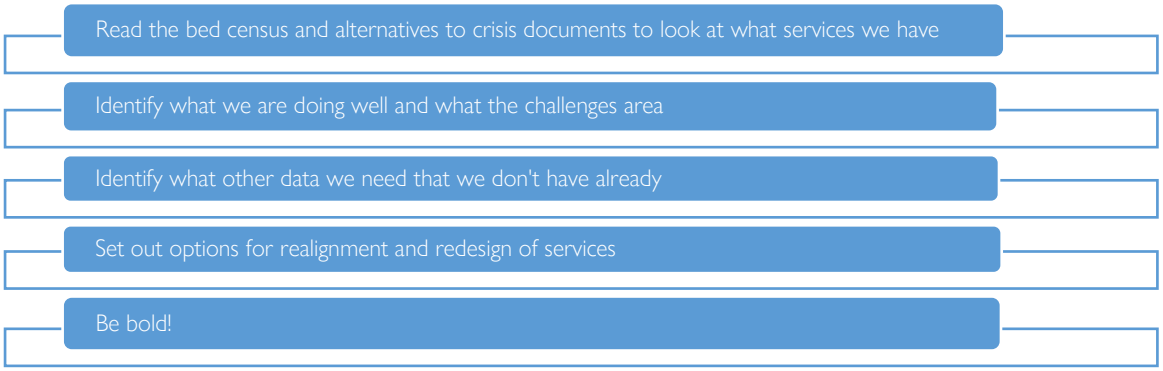
This team, of Case Managers, works with people who have the longest lengths of stay in hospital and supports the development of their discharge plans.

Extra resource in this area has led to reductions in the number of people in hospitals out of the North East and North Cumbria area. This work will help to reduce the use of long-stay locked rehabilitation hospital beds. This is a key focus of the Inpatient Quality Transformation Programme.

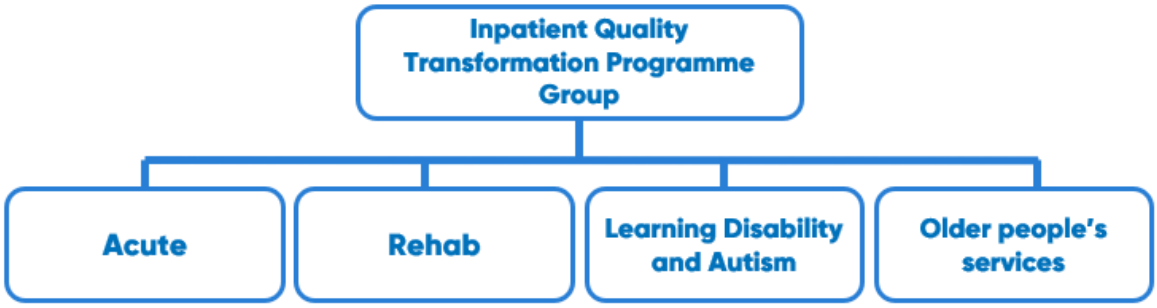
Task and finish groups

What were the task and finish groups?

In November 2024, we created four 'task and finish' groups. The groups were asked to:



The groups were based around our four specific service lines', which are types of hospital services for different people, based on their similar needs. The groups are shown below.



Acute

The acute services task and finish group talked about the acute services. These services include our general mental health wards and our Psychiatric Intensive Care Units (PICUs).

Rehabilitation

The rehabilitation services task and finish group talked about our rehabilitation services. These include our 'Level 1' and 'Level 2' rehabilitation wards. 'Level 2' services are sometimes called 'high dependency' or 'slow stream' wards and may be used by people with a greater level of need, who need rehabilitation for a longer period of time.

They also include some other rehabilitation wards we have, like for people with a learning disability or forensic rehabilitation wards for people who are under specific restrictions set by the Ministry of Justice.

Learning Disabilities and Autism

The learning disability and autism task and finish group talked about our learning disability and autism services. This includes our learning disability assessment and treatment units, forensic rehabilitation units and specialist Autism provision.

Older people's services

Our older people's services group discussed our older people's services. These include our wards that support people with both organic mental health conditions (such as dementia) and functional mental health conditions (such as schizophrenia, where the person is over 65).

Who was in the task and finish groups?

We asked for volunteers from our Inpatient Quality Transformation Programme Group to join the task and finish groups.

Where there were gaps in representation, we asked other people to join the groups, to make sure we had enough people from different areas and with the right knowledge to contribute. Some examples of the people who were in the groups are shown in the coloured circles.

The full recommendations for each of the task and finish groups are in Appendix 1.

Implementing the recommendations from the task and finish groups

We now need to turn the recommendations into action.

We have turned these recommendations into action plans for each service area. The action plans are in the 'specific service line plans' on page 30.

We will establish four Programme Operation Groups to implement these action plans for each service line. The new groups will be:

- Learning Disability and Autism services Programme Operation Group
- Acute services Programme Operation Group
- Older People's services Programme Operation Group
- Rehab services Programme Operation Group

These groups will be action-focussed and will have representation from operational leads within our partner organisations, who can put the task and finish group's recommendations into action.

Part two: our programme plan

July 2025/July 2027

What still needs to change?

There are big changes happening across the NHS.

In January 2024, Lord Darzi published the Darzi Report (Independent Investigation of the National Health Service in England). This set out the vision for healthcare, focussed on three main shifts.

- **Hospital to community** we are committed to moving from treating people in hospital after they are already poorly, to focussing more on stopping people getting poorly. This is shown by the service delivery fund spending we have agreed, which focusses on prevention.
- **Sickness to prevention** as a programme, we have made sure we link into preventative mental health work happening in our communities. For example, last year we scoped our alternatives to crisis. We are repeating this scoping work for learning disability services now.
- **Analogue to digital** we have developed an ICB mental health dashboard, at low cost. This will help our system partners to view NENC inpatient data by place and local authority, helping us to identify trends and mental health inequalities. We will develop an improved version of the dashboard later in 2025.

All the work that we do within the Inpatient Quality Transformation Programme will have these three shifts in mind.

The government announced that ICBs in England need to reduce their running costs. This means the ICB is making changes to the way the organisation works. When the ICB makes these changes, it will be important to think about how the ICB works with our system partners in a new way to make our plans happen.

We talk about different areas of our programme plan below. We summarise the action points after every section.

The action plans will develop over the course of the programme, and we will review these in July 2026.

There is an action plan with all the actions from each section at the end of the document.

Lived Experience Strategy

Theme 2: Improving the culture of care

Theme 5: Reducing restrictive practices

The ICB is developing a new way of involving people who use services in making decisions. This will mean listening to what people say about services and using their knowledge to change things. The IPQT programme will agree to the Involvement Pledge below. This pledge was written by our former Associate Director of Lived Experience.

Involvement Pledge

The priorities mean that we need to include people at every step of planning and making changes to services.

Priority 5 means that we will have people who have experience of using mental health services in paid jobs.

It also means we will make sure that no decisions can be made about changes without us asking people who use services.

There are some great examples of how we are co-designing and co-delivering services. For example, we have expanded Peer Support roles in our inpatient and community services.

The Culture of Care programme is another example of how we are involving people with experience of using inpatient services when we make changes.

Ways we will involve people in the Inpatient Quality Transformation Programme:

1. **We use our providers' lived experience banks:** the lived experience bank is a list of people who have used services and want to share their views. They are paid for attending meetings and helping us plan our work.
2. **We talk to the Lived Experience Board:** there is a meeting called the Lived Experience Board, which is run by TEWV. It has leaders of organisations that work with lived experience groups. They give us feedback on what we are doing.
3. **We talk to the Lived Experience Advisory Group:** there is a meeting called the Lived Experience Advisory Group, which is run by CNTW. It has people who are in

secure hospitals. They give us feedback on what we are doing and answer any questions we have on the patient experience.

4. **Healthwatch:** each local area has an organisation called Healthwatch. Healthwatch takes feedback from people who use health and care services and writes reports on the patterns and themes. We are signed up to the Healthwatch email lists, so we get information about local issues. We use this information to shape our work.
5. **Advocacy:** We know that our advocates have a good awareness of the issues that are important to people who use our services. We would like to link into our Advocacy organisations and for them to attend our programme group.
6. **VONNE Partnership:** VONNE is the North East partnership of voluntary organisations. The voluntary sector has good connections to people who use services. This makes the network well-placed to share the views of the lived experience community with us.
7. **Local lived experience groups:** each of our ICB place areas has their own lived experience groups established, who we can link into.
8. **Involvement Managers:** there is an ICB Involvement Manager working at each of our ICB place areas. They can support us to connect with the lived experience community in that area.
9. **Involvement Leaders:** Inclusion North, a charity, run a group called the Involvement Leaders. This is a group of people who have experience of mental health hospitals who give their views and help us make decisions. We plan to work with this group more in the future.

Lived Experience Strategy Actions			
		Owner	**Timescale**
1.	Invite Advocacy organisations to be involved in Programme Group	Programme Manager	September 2025
3.	Present our Inpatient Quality Transformation Programme Plan at the Lived Experience Board	Head of Programme and Programme Manager	October 2025
4.	Involve our lived experience banks in our Programme Operational Groups	Programme Manager and Facilitators	December 2025
5.	Continue to involve local lived experience groups, following the Involvement Pledge	ICB Place Colleagues and Providers	Ongoing

6.	Continue to read the Healthwatch and VONNE reports to identify any actions or themes	Programme Manager and ICB Place Colleagues	Ongoing
7.	Consult with the Lived Experience Advisory Group regarding plans around the impact of the MM ruling	Head of Programme	July 2026

Early Warning Signs

We are trying to identify risks for hospitals early. This will help us to reduce poor quality care. We are taking part in the Early Warning Signs pilot programme, which NHS England are supporting us with.

This programme uses evidence of what the early signs are for things going wrong in a hospital. This could be things like an increase in staff sickness or an increase in violent incidents.

We are mapping out where the information on these early warning signs is shared, to make sure there are no gaps.

This is a joint programme with the Mental Health Trusts, Quality and Safety and Nursing teams in our ICB.

Early Warning Signs Actions			
		Owner	**Timescale**
1.	Continue to attend the Early Warning Signs pilot community of practice	Head of Programme	Ongoing
2.	Establish ownership of the Early Warning Signs pilot programme	Head of Programme, Quality and Safety Directorate ICB, Nursing Directorate ICB	December 2025

3.	Map where in the system the information on the identified Early Warning Signs sits	Owner of Early Warning Signs work (TBC)	April 2026

Home and Placing commissioner arrangements

We have good oversight arrangements in place to make sure that the people from the North East and North Cumbria who are in hospitals out of our area, are safe. These people are visited every 8 weeks by a ICB case manager or our Voluntary, Community and Social Enterprise (VCSE) partner case managers, who work for Everyturn.

We know from the bed census and our work with independent hospital providers that around 90% of the people within these hospitals are not from the North East and North Cumbria.

We do not have much information about who the people from outside our region in our hospitals are. We have asked NHS England for help to understand who is in our hospitals, so that we can check that their care is safe and appropriate.

Home and Placing Commissioner Actions			
		Owner	**Timescale**
1.	Establish arrangements for the future when we know about the workforce changes and national guidance	ICB Complex Care	December 2025

Marginalised groups

Our new dashboard has a section which breaks down the data by demographic (for an explanation of the new dashboard, see page 11).

This means we can easily see the rates of admissions for groups we know can be marginalised in our communities, like people from minoritised ethnic backgrounds and people from poorer areas.

Patient Carer Race Equality Framework (PC-REF)

Our providers lead the PC-REF work within their own organisations. They measure data to on race and race inequality within their services. They make plans to reduce racial inequality, to make sure people of all races have the same positive outcomes when they use services.

In March 2025, our PC-REF leads for TEWV and CNTW attended the IPQT Programme Group to feedback on what they were doing about racial inequality. They will continue to update us as their work develops.

Poverty

Our new mental health dashboard enables us to aggregate our data by Index of Multiple Deprivation. The index ranks small areas based on deprivation, on the following measures:

- Income
- Health
- Employment
- Education
- Crime
- Barriers to housing and services
- Living environment

…so it tells us whether people are from wealthier or poorer areas of our region, relative to other parts of the UK.

We know from an initial view of our dashboard that deprivation is a significant factor in whether somebody will experience mental ill health, with people from poorer areas being overrepresented in our inpatient settings.

Over time, we would like to develop further insights into the impact of poverty on mental health and work with our system around poverty-proofing initiatives.

Our LGBTQ+ population

We need to do more to develop our data to make sure that we are meeting the mental health needs of people from our LGBTQ+ population. At the moment, we do not collect data on whether people in our services identify with the sex they were assigned at birth or not.

There was a recent ruling by the supreme court on the definition of a 'woman' under the Equality Act. In time, this could have an impact on the guidance around provision of same-sex spaces, including in hospitals. This could affect our transgender population.

For now, we know that our mental health providers are making decisions on what the appropriate mental health service is on a case-by-case basis. They have committed to ensure that all patients receive trans-inclusive, personalised and trauma-informed care and are not discriminated against within our services.

TEWV are consulting with their Transgender Advisory group to ensure that their care remains fair and rights based.

CNTW are running a 'Give Respect, Get Respect' campaign which highlights their zero-tolerance approach to discrimination and promotion of an inclusive model of care.

Both CNTW and TEWV have LGBT+ staff support networks in place to support staff who may be affected by the ruling.

Marginalised Groups Actions			
		Owner	**Timescale**
1.	TEWV and CNTW PC-REF leads to present to IPQT Programme Group on progress	TEWV and CNTW PC-REF leads	October 2025
2.	Provide insights on how poverty impacts appears to impact use of mental health inpatient services	Programme Manager and Business Intelligence	March 2026
3.	Improve data collection on gender identity	IPQT Programme Group and Business Intelligence	March 2026
4.	Continue to plan for any impacts of the Supreme Court Ruling	All providers, IPQT Programme Group, Health Equity and Inclusion Team ICB	Ongoing

Data and dashboard development

We will be making a further version of our mental health dashboard later in the year. This will have extra features.

Our aim is to be able to produce a regular 'insights report' that tells us about any important changes in the data that we need to know about.

Some additional data we would like to include is:

- Does the person identify with the sex assigned to them at birth

- Primary diagnosis
- Secondary diagnoses
- Restrictive practices e.g. restraint, long term segregation, seclusion
- Occupancy of our wards
- Incorporating patient outcomes and experience indicators

Patient Journey Mapping

We want to be able, over time, to track people's journeys through services. This would help us spot patterns in what transitions people are likely to make.

It would help us best identify where people are becoming stuck in services which are not right for them and when people are being readmitted to hospital. We have begun to discuss how we can do this with our business intelligence colleagues.

Care and Treatment Review (CTR) and Dynamic Support Register (DSR) data

There is a lot of information which is recorded as part of the CTR and DSR process. This information could help us identify what the common reasons are for people coming into our hospitals. It could also help us identify gaps in our services. We are working with our colleagues in the Business Intelligence team in the ICB to think about how we can use and analyse this information to inform our decision making.

Data and Dashboard Actions			
		Owner	**Timescale**
1.	Launch version one of our mental health dashboard	Head of Programme, Programme Manager, Business Intelligence ICB	July 2025
2.	Development work on the second version of the mental health dashboard	Head of Programme, Programme Manager, IPQT Programme Group, Business Intelligence ICB	September 2025

3.	Launch version two of the mental health dashboard	Head of Programme, Programme Manager, Business Intelligence ICB	October 2025
4.	Begin to circulate insights reports to support system decision-making	Programme Manager, Business Intelligence ICB	January 2026
5.	Begin work on 'patient journey mapping'	IPQT Programme Group, Business Intelligence ICB	January 2026
6.	Set up system of analysing data from CTRs and DSRs	IPQT Programme Group, Business Intelligence ICB	March 2026

Specific service line plans and recommendations:

Service Development Fund spend

In July 2024, our system was given some money to improve the quality of inpatient services and adult crisis services. The amounts are below.

	2024/25	2025/26
Adult crisis services	£850,000	£1,453,000
Inpatient quality transformation	£1,200,000	£2,243,000

The money was shared between the two main mental health providers, CNTW and TEWV. In CNTW, it was agreed that the money would be spent on:

7 day working for consultants and senior leadership- providing 7 day medical/senior clinical and operational cover on all main hospital sites. This is so patients can be discharged over the weekend where usually they may have to wait. This will reduce pressure through the week and avoid people staying in hospital longer than needed.

Progress- There has been some very good progress across most localities, in providing cover at weekends across both Saturday & Sundays, for key decision makers. This includes the provision of medical consultant cover and Senior Nursing staff.

Some positive feedback has been received. Ward staff and patients have felt better supported. Reviewing people's needs over the weekend, instead of waiting, has meant people have care that is better for them. For some people, this has meant they have had less restrictions on the ward.

Specialist peripatetic medic dedicated to supporting patients with complex needs- the Specialist doctor works across CNTW. They support ward teams when a person comes to the ward who has behaviours that challenge the team. This is helpful for some people who have a learning disability or are autistic and find the ward environment stressful. This means more people with a learning disability or autistic people can be cared for on our mainstream wards safely. It helps the staff make reasonable adjustments for those people.

Progress- The specialist Peripatetic Consultant started working in Spring 2025. They are currently supporting patients on the 2 specialist Learning Disability wards across the Trust. The consultant is helping CNTW decide what services for people with a learning disability will look like in the future.

They are helping to:

- Decide if we have the right number of learning disability beds across CNTW
- Develop a plan for a new team to complement the community team we have now
- Support ward teams to care for people with a learning disability and autistic people on mainstream adult acute wards.
- Support the community teams.

Clozapine clinic- a new clozapine team based in Newcastle to help people get back on their Clozapine medication in the community. This stops patients being admitted hospital to be re-started on their medication. It reduces pressure on inpatient services.

Progress- We are writing a building plan. The building will start in September 2025.

Staff recruitment is ongoing:

- Consultant Psychiatrist is starting in September 2025
- Specialist Pharmacy Technician is starting in June 2025
- Nurse Specialist/Team Manager recruitment has begun.

In TEWV, it was agreed that the money would be spent on:

Alternative to crisis service in Darlington- a crisis house with beds in the Darlington area.

Progress: the ICB and TEWV are completing:

- a census audit that will tell us what we need within the crisis house
- a business case to explain the plans and why they are needed
- a service specification and evaluation criteria. These will tell the care providers who will run the service what we want.

- a procurement process, where care providers bid for the contract to run the crisis house
- some co-production events, to make sure that people who use services and people who run services can shape how the service is run
- some engagement with providers. This has shown so far that there are care providers who would be interested in running the service.

Investment in first phase of bed management system- including the implementation of Optica, a bed management computer system.

Progress: The Optica pilot finished in February 2025. TEWV are completing a full evaluation of the pilot and saying what the best options would be for fully rolling out Optica by Summer 2025.

Intensive adult learning disability community support capacity in County Durham- for additional support to prevent admission and expedite discharge through use of Hawthorn House.

There will be extra apartments at Hawthorn House for:

- people who are at risk of being admitted to hospital
- people who are leaving hospital and need somewhere to be cared for, for a short time.

Progress: Durham local authority and TEWV have completed a joint operational policy to agree how the service will run.

The apartments within Hawthorn House are now complete and it is hoped they will open in July 2025.

Recruitment for additional staff for the Intensive Support Teams is ongoing.

Service Development Fund Actions			
		Owner	**Timescale**
1.	Opening of Hawthorn House step-up/step-down beds	TEWV	July 2025
2.	Optica rollout	TEWV	August 2025
3.	Opening of new Clozapine clinic	CNTW	Winter 2025
4.	Continued review of impacts of 7-day working arrangements	CNTW	April 2026
5.	Continued review of impact of Peripatetic Consultant support	CNTW	April 2026

6.	Continue with development of Darlington crisis house	TEWV and ICB	June 2026
7.	Recruitment for Learning Disability Intensive Support Teams	TEWV	Ongoing

Acute services

The NHS Planning Guidance for 2025/26 outlined key priorities and operational plans. Within the guidance was a focus on mental health services. The planning guidance says we need to 'improve patient flow through mental health crisis and acute pathways, reducing the average length of stay in adult acute beds.'

The average length of stay of a patient on mental health wards in November 2024 was 63 days.

The target set by our system is to reduce the average length of stay to 52.5 days by March 2026.

The acute services task and finish group set out their recommendations across three strands of the mental health pathway.

Alternatives to admission

The group highlighted that pressure on inpatient services is caused in part by inappropriate admission, where hospital was not the right option. We know that we need a wider range of 'crisis' or admission avoidance services.
Crisis houses, with beds available for a short time, are one option which should be more available. A crisis house is in development in the Darlington area.

CNTW were successful in their bid for a 24/7 community mental health pilot, Hope Haven, in the Copeland area of North Cumbria.

Hope Haven is an opportunity for the North East and North Cumbria to design a new care model. The model will be open access, so anybody can get help right away when they contact Hope Haven. The model is also holistic, giving people support in all areas of their lives like with finances and housing.

We would like to see this model available to all residents of NENC.

As Hope Haven progresses, it will be continually evaluated and the learning from it will be shared, and hopefully replicated, across NENC.

The Acute Programme Operational Group will also consider other alternative to admissions services such as step-up services. These can include people being supported in a residential care

setting with extra mental health support. It could also include intensive support services, which provide more mental health support to people in their own home, as well as support from social services.

Strengthening the community offer of short-term crisis support will require focus on working with housing providers. We also need to invest in specialist skills to increase the number of people our services can support. An example of this is better support for people who use drugs and alcohol.

Re-shaping resources outside of hospital

The group said we should stop turning down certain types of people as 'not suitable' for support. This excludes some people from our services. We need to reduce the barriers people face when accessing early intervention services such as our community mental health teams.

Optimum inpatient offer

The final strand was the optimum inpatient offer. As the commissioning guidance states, admissions should:

- be purposeful
- offer therapeutic care
- include proactive discharge planning with post-discharge support.

Similarly to the other groups, the acute services group highlighted the importance of relational and environmental safety as key to recovery.

We should make sure we are respecting people's rights. We should give them accessible information. They should have an advocate to support them give their views. This is all particularly needed as we start to see more people with a learning disability and autistic people being supported within our mainstream acute wards.

The group highlighted that hospital should be a 'last resort', with our inpatient services being a small part of what our mental health system offers.

The group discussed whether hospitals should be local to people, or whether these should be the best possible environment, even when this means people having to travel further to access them.

We know that people come to A&E in our acute hospitals when in mental health crisis. We know that A&E can be an inappropriate environment for people in mental health crisis.

This creates pressure on acute settings and legal issues when a person needs be kept safe but where there is not a mental health bed identified for them.

Our acute trusts have been working with our mental health trusts to collect data to best inform good partnership working on the interface between services.

There is a commitment in the NHS 10-year plan to develop more dedicated mental health emergency departments, to ensure patients get fast, same-day access to specialist support in an appropriate setting (reference 7)

The action plan based on the recommendations is below. This will be delivered in line with the NHS England commissioning framework for mental health services for adults and older adults (reference 21).

Acute Services Programme Operational Group Actions			
		Owner	**Timescale**
1.	Agree membership and commence Programme Oversight Group	Facilitator/IPQT System group	September 2025
2.	Explore opportunities for -dedicated capacity to scaffold social care- intensive crisis home support (health or VCSE) -commissioning of step-up arrangements e.g. in nursing residential by local area -working with housing providers on short-term, clinically led crisis support options (bed-based) - widening access of crisis house beds across boundaries in absence of further current funding to develop new initiatives - Assessment Day Units in the North and South -commissioning of step-down arrangements	Facilitator/ Programme Operational Group	December 2025
3.	Create a system plan for realignment. This should include detail of diversion of resource to opportunities outlined above	Facilitator/ Programme Operational Group	December 2025

4.	Develop a system plan around advocacy availability and quality	Programme Operational Group	December 2025
5.	Review accessibility of information given to people on admission	Programme Operational Group	December 2025
6.	Develop guidance on assessing risk of admission, cause of crisis, to ensure admissions are appropriate	Programme Operational Group	March 2026
7.	Work with community teams to move away from criteria-based referrals for episodic support	Programme Operational Group	March 2026
8.	Ensure that reasonable adjustments are in place to enable people with a learning disability and/or autism to access mainstream services	Programme Operational Group	March 2026
9.	Expand the Hope Haven model to other areas- identify test bed sites	Programme Operational Group	March 2026
10.	Embed relational safety into ward cultures- rollout plan for Culture of Care	Programme Operational Group	March 2026
11.	Identify gaps in access to therapies/specialisms and plan to address these	Programme Operational Group	December 2026
12.	Implement the realignment and redesign plans	Programme Operational Group	July 2027

Learning disabilities and autism

People with a learning disability and autistic people should not be admitted to a mental health hospital unless there is a suspected or identified mental health need requiring inpatient care and support.

There is a draft Mental Health Bill (2022) going through parliament. This bill suggests some changes to the Mental Health Act.

The proposed changes are:

- For Learning disability or Autism diagnosis not to be used as the diagnosis to detain someone under section 3 of the Mental Health Act. The person would have to have a mental health condition and that would have to be the reason for them staying in hospital.
- For Care (Education) and Treatment Reviews (C(E)TRs) to be placed on a statutory footing. This means that professionals will have a legal duty to follow the recommendations made as part of the C(E)TR.
- For a Mental Health Tribunal or the Secretary of State to be able to give people conditions on their discharge that deprive them of their liberty.

There are some people who are stuck in hospital under the MM Ruling (reference 33). This is because the support those people would need in the community would deprive them of their liberty (for example, they would need someone with them at all times).

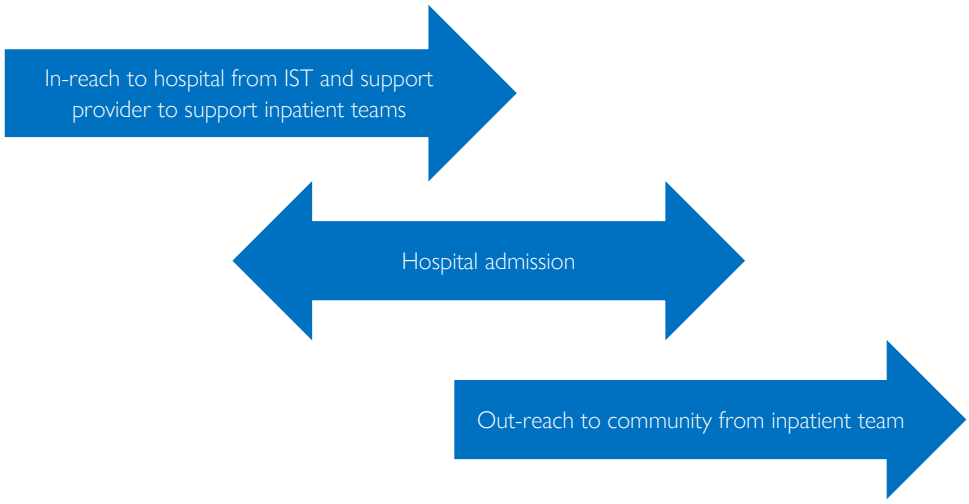
Under the current law, because those people have the mental capacity to consent, or decline, their care and treatment, no one can give them conditions (rules) that deprive them of their liberty.

If this change comes in, and those people can be given those conditions, they can be discharged from hospital.

This will impact on our forensic inpatient beds and our secure beds (which are out of scope for the IPQT programme.)

An admission to a specialist ward for autistic adults and adults with a learning disability should happen if:

- The person has a learning disability or is autistic, and
- The person needs hospital admission under the Mental Health Act
- Reasonable adjustments can't be made on a 'mainstream' ward
- All options for support in the community, like intensive support teams (IST) or home treatment have been tried.



The North East and North Cumbria in June 2025 had 68 people with a learning disability in hospital. 44 of those are in secure care.

There are 66 autistic people in hospital. 27 of those people are in secure wards.

There are 34 people who have a learning disability and autism in hospital. 12 of those are in secure wards.

There has been a gradual reduction in all the non-secure detained patients above over the last 12 months.

North East and North Cumbria have 26 specialist learning disability assessment and treatment beds:

- In CNTW these are in Eden Ward, Carlton Clinic 6 beds, Carlise and Rose Lodge, Hebburn 3 beds
- In TEWV these are in Bankfields Court, Middlesbrough 7 beds.

Our system task and finish group set out options for redesigning our inpatient services with the aim to reduce and/or eliminate specialist learning disability and autism wards.

We are committed to reduce:

- the number of people with a learning disability in mental health inpatient services by 10%
- the number of autistic people in mental health inpatient services by 10%

We will do this by March 2026.

We will do this by:

- making our prevention services more available and effective
- making the best use of and reshaping community services
- having an equitable, best possible inpatient offer.

To help us do this we will:

- Focus on people who are stuck in hospital through our ICB Complex Care team and case management
- Continue to commission our Complex Care Transition Service (CTSS). This service provides oversight to people with a learning disability and autistic people in hospital and to support them to move out of hospital. It gives people 12-weeks post discharge support in their own home.
- Monitor who is in hospital via our system Assuring Transformation and Mental Health Dashboard(s)
- Continue with the Housing Health and Care programme (more information in the Housing section below)
- Develop Enhanced Community Models of Care – work with local delivery teams in the ICB, mental health trusts and local authorities to develop community learning disability and autism services with a commitment to complete a baseline assessment and recommendations this financial year.
- Develop the CTR/DSR process – we have developed a standardised Terms of Reference for the DSR across the ICB. This will support to standardise how the DSR is managed and how it operates across the whole of the ICB.
- Information about the DSR, and a self-referral form, is now on the ICB public website and the public can now make self-referrals to be on the DSR. The information available online is now being reviewed to by the DSR/CTR working group, with a view to development of this and having this information available in Easy Read and in Plain English version.
- DSR Templates / Documents from across the ICB are now going to be reviewed by the DSR/CTR working group to consider and agree on a standardised process and template to be used across the whole ICB, and so to tie in with the standardised Terms of Reference once completed.

Some of the responsibility for the work around Learning Disability and Autism services above sits outside of this programme, but it is very important to the success of us achieving our targets.

On the following page is the action plan showing which actions fit within the Learning Disability and Autism Programme Operational Group.

Learning Disabilities and Autism Services Programme Operational Group Actions			
		Owner	**Timescale**
1.	Agree membership and commence Programme Oversight Group	Facilitator/IPQT System group	September 2025
2.	Set out the system impact of the Supervised Discharge component of the Mental Health Bill	Facilitator/ Programme Operational Group	November 2025 subject to Royal ascent
3.	Enhanced Community Models of Care – review, evaluate and develop recommendations	Facilitator/IPQT System Group	Review and evaluate by end of December 2025 Set out recommendations – February 2026
4.	Ensure that reasonable adjustments are in place to enable people with a learning disability and/or autism to access mainstream services	Programme Operational Group	March 2026
5.	Redesign Assessment and Treatment Inpatient offer across the region	Programme Operational Group	March 2026
6.	Redesign Locked Rehabilitation offer across the region	Programme Operational Group	March 2026
7.	Achieve national target of a minimum 10% reduction in Learning Disability and Autism inpatient beds	Complex Care/Community Transition Service	March 2026
8.	Implement the realignment and redesign plans	Programme Operational Group	July 2027

Rehabilitation

The rehabilitation task and finish group considered:

- What the purpose of inpatient rehabilitation is that can only be provided by a specialist mental health trust
- What the purpose and function are of inpatient and residential rehabilitation that can be provided by others.

The plan is to provide a service that:

- Easy to access and easy to leave
- needs led
- trauma informed
- has a flexible clinical model
- provides relapse prevention support
- supports neurodivergent people well.

We need a full range of community provision in local areas. This will make sure people have support which is effective and is not too restrictive.

The vision is for a NENC rehabilitation service. This will mean CNTW and TEWV working together to create a regional service that is available 7 days a week.

The group will continue to include clinicians and operational leaders to:

- Support providers to establish a community of practice and associated shared training and learning
- Consider future bed numbers and configuration through demand and capacity work
- Explore opportunities for reconfiguration of resource to increase the capacity of community-based rehabilitation
- Set out a plan to deliver a tangible rehabilitation pathway.

The above plan will be delivered in line with the NHS England commissioning framework for rehabilitation services (reference 18.)

Rehabilitation Services Programme Operational Group Actions			
		Owner	**Timescale**
1.	Agree membership and commence Programme Oversight Group	Facilitator/IPQT System group	September 2025
2.	Identify opportunities for: -reconfiguration of resource to increase community rehab capacity -developing relapse prevention beds	Facilitator/ Programme Operational Group	December 2025
3.	Create a system plan for realignment as an NENC rehab service. This should include detail of diversion of resource to opportunities outlined above	Facilitator/ Programme Operational Group	December 2025
4.	Local system development to support and scaffold providers (domiciliary care, housing etc)	Programme Operational Group	March 2026
5.	Embed community rehab pathways within new community mental health hubs	Programme Operational Group	March 2026
6.	In compliance with the Equality Act 2011 assure the system that reasonable adjustments are in place to enable people with a learning disability and/or autism to access mainstream services	Programme Operational Group	March 2026

7.	Embed relational safety into ward cultures-rollout plan for Culture of Care	Programme Operational Group	March 2026
8.	Identify gaps in access to therapies/specialisms and a plan to address these	Programme Operational Group	December 2026
9.	Implement the realignment and redesign plans	Programme Operational Group	July 2027

Older people's services

The task and finish group for older people's services gave their recommendations around three strands:

- A model that is based on needs and not age
- A consistent, equitable system inpatient offer for patients, staff, carers and families
- Crisis provision with the skills and experience to adapt to needs relating to frailty

More people are now living in good, or excellent physical health longer than before. The impact of this is that there is a huge range of physical health needs in the over 65 population.

Many over 65 with mental health conditions also experience co-occurring physical health issues and frailty, however there are others who are in good physical health despite falling into the older person's age bracket.

This can put frailer patients at risk and mean some older people are not receiving the specialist support they may need, and which might be more readily available on an adult acute ward.

The newly established older person's operational group will look to:

- Review existing contract arrangements where these are defined by age
- Review each inpatient ward offer to consider what needs the service can meet, and what needs would be best met on a different type of ward
- Consider the skills and experience of the workforce linked to the needs criteria
- Consult with CQC regarding a transition to needs-led services for frailty
- Redesign an ICB-wide needs-led model with amended contracts

To establish a consistent and equitable offer, the group will:

- Review services to identify any variation in quality, safety, equity, outcomes, spend and bed number
- Review the differing models, based on acute hospital and mental health hospital sites
- Gather data to understand any reasons that warrant variation
- Gather examples of good practice
- Define and agree what the offer should look like across the system

To establish crisis provision with the skills and experience to adapt to needs relating to frailty, the group will:

- Scope the current crisis team's workforce, skills and knowledge
- Identify good practice
- Define and agree who requires what crisis support and identify and need for variation
- Define and agree a model

The group will use data and the voices of people who use services to ensure the changes suggested are evidence-based.

The plan will be delivered in line with the NHS England commissioning framework for mental health services for adults and older adults (reference 21).

Older People's Services Programme Operational Group Actions			
		Owner	**Timescale**
1.	Agree membership and commence Programme Oversight Group	Facilitator /IPQT System Group	September 2025
2.	Review existing contract arrangements where these are defined by age	Facilitator/ Programme Operational Group	December 2025
3.	Review the offer for each in-patient ward to consider the range of needs that could be met within the service and identify the range of needs that could be best delivered elsewhere	Facilitator/ Programme Operational Group	March 2026
4.	Consult with the CQC regarding changing from age defined services to those led by need	Facilitator/ Programme Operational Group	March 2026
5.	Develop and implement a workforce skills and training matrix	Facilitator/ Programme Operational Group	March 2026
6.	Review existing services to identify variation in quality, safety, equity, outcomes, spend and bed numbers	Facilitator/ Programme Operational Group	March 2026
7.	Define and agree what the offer should be across the system and identify any requirements for variation	Facilitator/ Programme Operational Group	March 2026
8.	Redesign an ICB wide needs led inpatient and crisis model including amended contracts.	Facilitator/ Programme Operational Group	June 2026
9.	Implement the realignment and redesign plans	Programme Operational Group	July 2027

Section 117 aftercare and discharge planning

Section 117 (s117) is a section of the Mental Health Act. This section is about planning for discharge and the support people get in the community when they have been in hospital before (for longer than 28 days).

This support is organised by health and social care together to support the person to stay well in the community and prevent them returning to hospital.

The s117 transformation programme is being led by the Complex Care team within the ICB.

S117 aftercare is complex and the processes for how it is organised and funded are different across NENC. There is current ongoing work to understand these processes and whether they should all be different, or whether it would be better if they were the same across NENC.

The outcomes for the programme over the next few years are:

- Publication of best practice guidelines for personalised care, including guidance on personal health budgets
- Recommendations for future ICB case management arrangements
- Development of a memorandum of understanding to best support consistency and continuity in the case of Ordinary Residency challenges
- A process to effectively review S117 eligibility
- Development of a regional principles agreement

We know that community mental health support is very important to the Inpatient Quality Transformation Programme. We will continue to link in with those leading this work to ensure our programmes work together.

Housing

We understand how important a good home of our own, with the right support around us, is to staying well and living the life we want to live.

Our Housing, Health, and Care programme is designed to address this by ensuring that there are enough high-quality homes available for people with a learning disability, autistic people, and people who have severe mental health conditions.

The programme is jointly led and co-delivered by:

- The ICB
- North East Association of Directors of Adult Services
- The Northern Housing Consortium.

In November 2024 we published a baseline that showed the level of demand for housing with support, as well as highlighting consistent gaps and opportunities across the whole of the North East and North Cumbria, for the first time.

This baseline told us that we need to find or build about 350 homes every year to support people who need complex care and support. This includes people who are ready to leave hospital.

The baseline also told us that we should focus our efforts on:

- Making sure people can access the right home for them. This could be 'specialist' supported living, general needs housing, or owning their own home
- Developing supported living services that are accessible for a wide range of people both in terms of the types of support provided and the way that we design the homes
- Ensuring that we have supported living services that help people at times of change in their life. This could be when they become an adult, when they are ready to leave hospital or other institutions, or when they are experiencing a crisis.

In summer 2025 we will publish a Market Position Statement. This will set out clear ambitions and the actions we will take regionally or by area. The actions will make sure we are able to meet the demand for housing and achieve the programme's vision of people in our region living healthy, independent lives in good quality homes.

We know that there is a gap between the level of demand projected in the baseline and the level of supported housing we have planned over the next five years. So we want to use this document as a step-change in how we work together as commissioners and with providers to shape the market for housing, care, and support.

We are fully engaged with NHS England's learning disability and autism capital programme. We have 8 schemes across the region at some stage of development from 2025 onwards. These schemes represent up to £15million of investment from NHS England, alongside significant capital contributions from housing developers, local authorities, and other investors.

Later this year, we will also develop and publish a set of design standards that can be used across the region to incorporate inclusive design features in more specialist housing developments.

Housing Actions			
		Owner	**Timescale**
1.	Publish the Market Position Statement	Housing Health and Care Programme	August 2025
2.	Agree deliver plan and governance for delivery of Market Position Statement	Housing Health and Care Programme	September 2025

3.	Secure commitment to the Memorandum of Understanding and 5-year roadmap	Housing Health and Care Programme	October 2025
4.	Develop and agree principles for inclusive design for housing	Housing Health and Care Programme	October 2025
5.	Agree an improved process for prioritising and securing capital investment	Housing Health and Care Programme/NHS England	December 2025
6.	Complete work on final bids for existing NHS England funded projects	Housing Health and Care Programme/local delivery teams/local authorities	December 2025
7.	Promote home ownership for people with long term disabilities	Housing Health and Care Programme	Ongoing

Community Mental Health transformation

There has been investment in local areas into preventative mental health services. This includes the development of local mental health hubs. The hubs show that we are making a shift from focusing on hospital care to supporting people in the community before they need hospital.

These hubs make sure that organisations are working together to find the right support for people at an early stage. This helps avoid mental health crisis and hospital admission. The hubs offer a drop-in option where people can access preventative support quickly.

A great example of this is the community mental health transformation work in Hartlepool. The local authority, people with lived experience, VCSE providers, TEWV and primary care designed a new model of care. This model is centred around a community mental health hub, based in Hartlepool library. The hub allows people to access support from specialist mental health workers, who can support them with other things which impact their mental health, such as finances or housing.

This model has reduced the number of referrals to the community treatment teams, allowing them to focus on people who need longer-term support.

The model was given as an example of success by our ICB Chief Executive Officer Sam Allen in the Health and Social Care Select Committee in March 2025.

This work, which is already happening locally, will hopefully align well with the new NHS vision for Neighbourhood Health, which is referenced in the NHS 25/26 planning guidance and Neighbourhood Health guidelines (references 25 and 26)

Our Talking Therapies offer of evidenced-based psychological therapies continues to expand. The Treasury offered some investment into growing this service.
This gives wider access, including through digital means, to early-stage mental health interventions which help to prevent the development of chronic mental health needs and/or crisis and hospital admission.

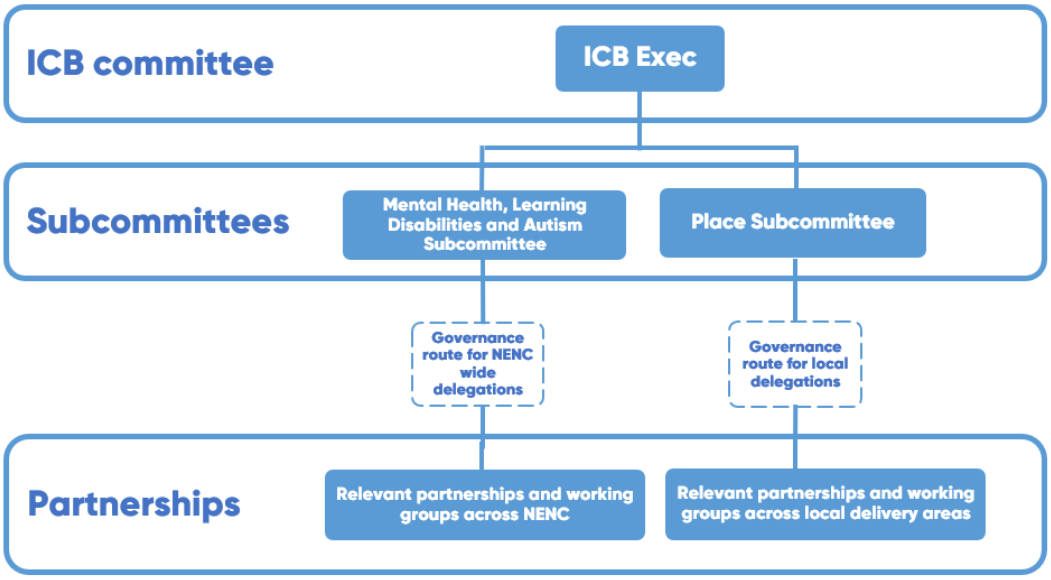
The Position Statement on moving away from the Care Programme Approach (reference 17) set out five key principles for community mental health services. This will be called the Personalised Care Framework and there is an ongoing national consultation on its development. This will improve the personalised, holistic care coordination for more people with severe mental illness. The full details are available in the references.

Another piece of national work is ongoing around assertive and intensive community mental health care. This work is focussed on ensuring local systems are assured they can respond to people who require this intensity of the support in the community.

The Inpatient Quality Transformation Programme will continue to link in with those leading the community mental health transformation work. We know that getting the community mental health offer right will be key to the success of redesigning our inpatient services.

Governance

The decision-making structure and oversight structure of our programme, our 'governance', is shown below.



Reviewing our plan and evaluating our impact

We have created an action plan for the programme, which is in Appendix 4.

We have made a lot of progress on the programme since we wrote our 1-year plan in July 2024.

There are some measures that we might not see progress on for a while.

We now have our dashboard in place to help us track our progress. We will continue to work with the ICB Planning and Performance team to evaluate how the programme is doing against our outcome measures.

What will we see?	Progress so far	How are we measuring it?
Less admissions to our hospitals, in particular in areas with higher admission rates	• New alternative to admission services, which should start to have an impact	Our mental health dashboard, once launched, will help us track these over the course of the programme
Reduction in the number of people with a learning disability in hospital by 10% by March 2026	• Our whole system, including our community teams, local authorities, providers and ICB Complex Care are working together on this. • In March 2025, we met our target in this area for the first time since 2019!	Assuring Transformation dashboard
Reduction in the number of autistic people in hospital by 10% by March 2026	• Our whole system, including our community teams, local authorities, providers and ICB Complex Care are working together on this. • In March 2025, we met our target in this area for the first time since 2019!	Assuring Transformation dashboard
Shorter lengths of stay- target to reduce to 53 days by March 2026	• The initiatives funded through the Service	Our mental health dashboard, once

	Delivery Fund to speed up discharge will help with this • Our work around housing and step-down initiatives the Programme Operational Groups are looking into will help	launched, will help us track these over the course of the programme
Less people from NENC in hospitals outside of NENC	• Everybody from NENC who wants to return now has a plan in place to come back home	Programme Oversight Support Meeting
Less people staying in hospital longer than 5 years	• We have supported some people who have been in hospital a long time back into their communities • Our planning around discharges for those people under the MM ruling will also help with this over the rest of the programme	Our mental health dashboard
Less use of restraint, long-term segregation and other restrictive practices	• The HOPES programme has seen large reductions in long-term segregation	Our mental health trusts record this and we would like this to be added to our mental health dashboard in version 2
More people reporting good or excellent experiences in our services	• The Culture of Care programme should improve people's experiences of hospital care once it is embedded in our services	Our mental health trusts have patient outcome and experience reporting in place
Less days spent in hospital after a person is ready to go home	• Our work on housing will help this, as well as the discharge initiatives we have funded through the Service Delivery Fund	Our mental health trusts record this
Better staff satisfaction and experience	• The Culture of Care programme should help staff feel supported and improve their experience	Our mental health trusts record this

Appendices

Appendix 1: Alternatives to Crisis

Altstocrisis 2024

Appendix 2: Bed Census

Bed Census 2024

Appendix 3: Recommendations from task and finish groups

taskandfinishgroups

Appendix 4: IPQT Programme Action Plan

overallactionplan

Appendix 5: NENC 1-year Inpatient Quality Transformation Programme Plan

nenc-icb-ipqt-plan-july-2024

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