

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD 29 JULY 2025	
Report Title:	Intensive and Assertive Community Mental Health Care Action Plan Update
Purpose of report	
<p>This paper sets out an update to the Integrated Care Board (ICB) Board on the development of the North East and North Cumbria (NENC) assertive and intensive community mental health action plans.</p> <p>This paper follows on from a previous update given to the ICB board regarding the service reviews concluded in September 2024 and includes Provider Trust work undertaken to reassess local action plans following the publication of the Independent Mental Health Homicide Investigation into the events in Nottingham in 2023.</p>	
Key points	
<ul style="list-style-type: none"> • NENC assertive and intensive community mental health service reviews concluded in September 2024 with three key themes highlighted for further review: <ul style="list-style-type: none"> ○ There is neither a standard clinical model nor a consistency of procedures that are applied where assertive and intensive functions are needed. ○ There is complexity in identifying the cohort in scope due to the delivery of intensive and assertive support being embedded into a wider community care model. ○ There is a variation in practice where handovers occur between different providers e.g. Crisis care delivered by one provider with core service delivered by a different provider. • The enhanced next steps the NENC system identified correlated with the national findings and collation of reviews across England. • The NHS England (NHSE) national team have identified next steps including for example, developing a gold standard guidance for embedded functions for intensive and assertive support (delayed from original date and now expected in July 2025) and working with the Royal college of Psychiatry on skill enhancing training for this cohort. • A system wide representative task and finish group has been established to coordinate and progress the assertive and intensive community action areas that need to be delivered once across the whole ICB. This is convened by the ICB with responsibility for delivery aligned across the system and reports to the ICB Mental Health, Learning Disability and Autism Sub-Committee. • NHSE at this stage, pending the comprehensive spending review, have asked systems action planning to focus on little or no cost schemes, acknowledging that the major transformation of services cannot be achieved without additional funding allocation. • On the 5th of February 2025 NHSE published an Independent Mental Health Homicide Investigation into the events in Nottingham. The report highlights instances where Mr Valdo Calocane, a patient experiencing serious mental illness, was failed by mental health services, which had devastating consequences. While many of the improvement required to prevent such failures occurring again is taking place locally, improvements are required across the sector and country, as highlighted in the review. 	

- The Provider Trusts have been working to review their action plans since the independent investigation recommendations, particularly against the areas for review as indicated by the NHSE Director for Mental Health.
- Appended in the paper is a summary view of the trusts action plans and areas of action we will collaborate on ICB wide. The action plans are iterative and will continue to evolve as the work progresses taking into account any further feedback from the NHSE national team.
- Alongside the trusts review work the ICB quality team have worked to collate incidents with similar coding and have mechanisms in place for oversight.

Risks and issues

Working across the system we are continuing to collate relevant risks and issues aligned to our action planning and task and finish group priorities. The ICB has mechanisms in place for incident oversight. The action plans, aligned to NHSE's ask, address the NENC key themes highlighted in the review process and areas of focus for each Provider Trust.

Assurances

- Following the publication of the investigation into the incident in Nottingham, in February 2025, the ICB is working with Provider Trusts to analyse the incident profile across the system and work to understand any incidents with similar circumstances. The ongoing incident triangulations include considering the CQC reports, and the published independent investigation. Particular focus has been given by Provider Trusts to the highlighted areas for review from the national NHSE team.
- A board development session was held in October 2024 to support strategic triangulation of mental health investigations including learning from Nottingham.
- The ICB has flagged an issue with NHSE to support reporting of incidents in the learning from patient safety events (LFPSE) service, as the current guidance does not include reporting incidents where the individual is a perpetrator, and not the victim.
- The ICB has launched a Quality Strategy, High Quality and Safe Care for all 2024-2029. It is considered at this time that this strategy may need to be refreshed to reflect the ICBs role as strategic commissioners in the future.
- Through the Provider Trusts actions plans and progress with improvements for this cohort the ICB has been given assurances that the Provider Trusts can identify and monitor this cohort, including track any engagement needs to tailor support.

Recommendation/action required

The ICB Board is requested to note the contents of this update and the planned progression of the included and appended action plans

Acronyms and abbreviations explained

Acronyms and abbreviations have either been avoided or written out in full at the first use.

Executive Committee Approval	Presented on the 8 th of July 2025
Sponsor/approving executive director	Levi Buckley, Chief Delivery Officer
Date approved by executive director	15 th of July 2025
Report author	Erin Harvey, ICB Head of Programme Transformation, Mental Health, Learning Disability, Neurodiversity and Wider Determinants Transformation Team

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓

Giving Children and Young People the Best Start in Life						
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes	✓	No		N/A	
Conflicts were raised at October 2024 ICB Board and already on the register of interests which is published on the ICB website. Conflicted members can receive the report and take part in the discussion as there is no decision required. The Board is asked to note progress.						
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Essential considerations (must be completed)						
Financial implications and considerations	The action plan at this stage focusses on non-costed actions while we await the outcome of the national spending review and if any mental health funding will be directed to this project from the national team.					
Contracting and Procurement	Not applicable					
Local Delivery Team	System convening for this project has been led by the transformation team. Two local delivery team colleagues have represented the local delivery teams.					
Digital implications	At this stage there are no digital implications however some future work will consider our digital approach including assessing use of mental health innovations which could improve patient experience.					
Clinical involvement	The core project team and wider task and finish group has clinical representation from both ICB clinical strategic leads and provider trust clinicians.					
Health inequalities	The in-scope cohort are more likely to experience healthcare inequalities, and this drives our collective work focus for this project.					
Patient and public involvement	The core project team and wider task and finish group is currently finalising its membership; this includes a provider trust director of lived experience. The action plans describe the trusts approach to this area.					
Partner and/or other stakeholder engagement	The core project team and wider task and finish group covers all partners and stakeholders required. Consideration can be given to extend this invite to wider system partners as required.					
Other resources	Not applicable.					

Intensive and Assertive Community Mental Health Care Action Plans

1. Introduction

This paper sets out an update to the Integrated Care Board (ICB) Board on the development of the North East and North Cumbria (NENC) assertive and intensive community mental health action plans. This paper follows on from the previous update presented to the ICB Board regarding the service reviews concluded in September 2024, a required cost gap estimate submission in November 2024 to the Mental Health, Learning Disability and Autism Sub-Committee, and a scheduled update on progress to the Mental Health, Learning Disability and Autism Sub-Committee in February 2025. This specific paper has also been to the ICB Mental Health, Learning Disability and Autism Sub-Committee and ICB Executive Committee before progressing to the ICB Board.

The paper covers the following areas:

- Background with national and local context.
- Summary of local review findings with national feedback.
- Action planning approach.
- Executive Committee recommendations.

2. Background

Many people who experience psychosis are able to receive evidence-based care and treatment which enables them to recover from their psychotic episode and/or be supported to live a life that is meaningful to them alongside the management of ongoing symptoms. Some people who experience psychosis, particularly where paranoia is present, can struggle to access evidenced-based care and treatment. This can be due to those individuals finding core services hard to reach.

Mental health services must adapt to individual's needs, provide consistent care, and offer diverse treatments for varying symptom intensities. Individuals who required assertive and intensive care can be vulnerable to self-harm or harm from others, and a few may pose a risk to others during relapse.

2.1 National context

As part of the NHS Priorities and Operational Planning Guidance for 2024/25 NHS England (NHSE) asked all ICBs to review their community mental health services. There were two specific national asks regarding assertive and intensive community mental health care as follows:

1. By July 2024 provide assurance that Mental Health Foundation Trusts do not operate policies where, if people struggle to reach core services and do not attend (DNAs) appointments, that this does not subsequently lead to discharge from the service.
2. By September 2024 conduct system wide reviews to seek assurance that community mental health services are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow up.

To support the above asks NHSE published guidance to ICBs on intensive and assertive community mental health care, which included a guide on undertaking the reviews, a submission template and non-mandatory community review maturity index tool to support systems and guide discussions. Following on from the reviews, nationally all systems were asked to provide cost estimates as aligned to short and long-term actions developed from review outcomes by November 2024.

A system action plan is required to be developed following on from reviews to be both shared with the national NHSE team and to provide assurance to the ICB Board by June 2025. Support is available to the NENC system from both the regional and national NHSE teams.

2.2 Local context

The NENC service reviews took place in September 2024, led by the ICB transformation team with transparent and open involvement from individuals and carers with lived experience of complex psychosis and key stakeholders across the system. The approach taken to the reviews was in line with the national guidance, including the organisations and professionals, involved to support the review process. Four foundation trusts took part in the reviews, who are the providers that deliver assertive and intensive community mental health care to adults and older adults across the NENC. Via a standardised template all the information gathered was collated into the national feedback template and submitted following recommendation from the ICB Board. The system review team utilised this process to additionally, as requested, ask for further support from NHSE, most specifically to enhance the guidance for embedding assertive and intensive community mental health functions into community mental health services, which is currently in development pending delayed publication in July 2025.

The NENC system took a fidelity approach to the national cost estimate request, which was approved by the ICB Mental Health, Learning Disability and Autism Sub-Committee. The submission provided a scale of costs across enhancement, scaling up to embedded and separate specialist models and innovation options. This information has been collated nationally to support the ongoing spending review, of which a detailed outcome on mental health funding is pending.

3. Summary of local review findings.

From the information in the review domains, alongside good practice examples, the ICB acknowledged the following key themes that needed further review and shared these via letter to the four provider trusts. As follows:

- There is neither a standard clinical model nor a consistency of procedures that are applied where assertive and intensive functions are needed.
- There is complexity in identifying the cohort in scope due to the delivery of intensive and assertive support being embedded into a wider community care model.
- There is a variation in practice where handovers occur between different providers e.g. Crisis care delivered by one provider with core service delivered by a different provider.

The reviews also outlined the following next steps for the NENC system, which are enhancements to the national requirements. These local next steps correlate to feedback from NHSE on all systems next steps across England. As follows:

- Continue to develop clear engagement plans with individuals with lived experience and families and carers.
- Work closely with partners to develop a collaborative action plan that includes complementary commissioning across health, social care, and public health.
- Analyse caseload data in community teams, including DNA rates, engagement, discharge protocols after DNAs, and monitoring for missed depot injections.
- Improve transitions across the pathways to ensure continuity of care including transitions from children and young people service and older person services.

3.1. National NHSE review feedback

National and Regional NHSE teams have committed to the following:

- Working alongside systems in the development of local action plans. A preliminary timeline for required assurance on progress is set for July 2025 and January 2026. We have now received the template for this process.

- Working alongside the Care Quality Commission (CQC) on their engagement with Mental Health Trusts around what good looks like and their subsequent reviews of Community Mental Health Services following the Section 48.
- Sharing best practice and increase training and education with partners such as the Royal college of Psychiatry with a focus on skill enabling.
- Developing an enhanced guidance, which will include essential standards as well as a gold standard of care for intensive and assertive community treatment.
- Working with NHSE Workforce, Training and Education (WT&E) to increase national training provision to support staff working with the identified patient cohort.

3.2. Independent Mental Health Homicide Review into the tragedies in Nottingham

On the 5th of February 2025 NHSE published an Independent Mental Health Homicide Investigation into the events in Nottingham. The report highlights instances where Mr Valdo Calocane, a patient experiencing serious mental illness, was failed by mental health services, which had devastating consequences. While many of the improvements required to prevent such failures occurring again is taking place locally in Nottingham, improvements are required across the sector and country, as highlighted in the review.

Following this publication, we have been asked to review our local action plans to ensure they address the issues identified in the independent review with particular attention to:

- Personalised assessment of risk across community and inpatient teams
- Joint discharge planning arrangements between the person, their family, the inpatient and community team (alongside other involved agencies)
- Multi-agency working and information sharing
- Working closely with families
- Eliminating Out of Area Placements in line with ICB 3-year plans

The action plans are required to be discussed at both Provider Trust and ICB boards no later than June 2025 with regular progress reports to follow. Locally the ICB Board report has been slightly delayed to this deadline which was communicated to the Regional and National NHSE team.

4. Action planning approach

A system wide representative task and finish group has been established to coordinate and progress the assertive and intensive community care actions that relate to any work we can carry out across all trusts in the ICB footprint. This is convened by the ICB and reports to the ICB Mental Health, Learning Disability and Autism Sub-Committee.

Service level and operational actions have been set by the Provider Trusts, with assurance being sought by their respective quality committees or boards. Through the local Provider Trust actions plans and progress with improvements for this cohort the ICB has been given assurances that the Provider Trusts can identify and monitor this cohort, including track any engagement needs to tailor support.

The following table presents a summary per Provider Trust on progress with this work:

Table one- Summary of Provider Trust governance journey for local action plans

Trust	Local Action Plan	Governance meeting	Date of Provider Board/Committee
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)	See appendix one	Provider Board	April 2025
Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)	See extract in appendix two	Provider Board and Development session	June 2025

Gateshead Health NHS Foundation Trust* (GHFT)	See appendix three	Quality Governance Committee	July 2025
Northumbria Healthcare NHS Foundation Trust (NHFT)	See extract in appendix four	Operational Board Provider Board	October 2024 December 2024

*To note, given the small number of individuals who require assertive and intensive care from older persons community services the provider trusts have confirmed that provider board presentation is not required and have set up processes to ensure respective quality committees are assured by local action plan progress.

4.1. ICB wide review following the Independent Mental Health Homicide Review publication

The ICB has enhanced its assurance through implementing the quality strategy and launching the patient safety centre, led by the Nursing directorate quality team. The ICB ensures oversight of incidents and shared an initial analysis with Provider Trusts to support their reviews and benchmark against recommendations from the independent investigation.

Aligned to this work there are three added areas to note, as follows:

- The ICB has flagged an issue with NHSE to support reporting of incidents in the learning from patient safety events (LFPSE) service, as the current guidance does not include reporting incidents where the individual is a perpetrator, and not the victim.
- A board development session was held in October 2024 to support strategic triangulation of mental health investigations including learning from Nottingham. Particular focus since this has been given, by the Provider Trusts, to the highlighted areas (see section 3.2) to reassess local action plans.
- The ICB has launched a Quality Strategy, 'High Quality and Safe Care for all 2024-2029'. It is considered at this time that this strategy may need to be refreshed to reflect the ICBs role as strategic commissioners in the future.

4.2. ICB wide areas for system working

Alongside the detailed service and trust wide actions shared in the appendices, across the ICB the following areas have been identified as areas we can strategically collaborate on. All actions whether ICB wide or trust wide have been developed following the direction from NHSE to at this stage, pending the comprehensive spending review, focus on low or no cost schemes. There has been national acknowledgment that the major transformation of services cannot be achieved without additional funding allocation and the system awaits further detail on this. The following table shares a summary view of the short-medium term actions developed by the system task and finish group aligned to the NHSE ask. All action plans are iterative and will continue to evolve as the work progresses taking into account any further feedback from the NHSE national team once received.

Table two- system wide summary action plan

System wide action	Objective	Completion target	Progress
Triangulation of assurance and reviews	Board development session	October 2024	Complete
	Utilise mechanisms and system processes to triangulate incidents with a similar profile/coding to Nottingham and ensure learning is shared in the system.	Ongoing process	Ongoing process
Definition and cohort scoping	Agree a consistent definition for people who require assertive case management that aligns to the NHSE guidance. Cohort scoping work has utilised the Assertive Outreach definition	March 2025	Ongoing

	while we await the national guidance (due July 2025).		
	Based on the agreed definition undertake an exercise to identify individuals already on the caseload within teams. <ul style="list-style-type: none"> Phase 1- identify those known to secondary mental health care (see detail in appendix 1&2) Phase 2- identify across alternative data sets if there are individuals who fit the criteria who are not known to secondary mental health care due Q2 2025/26 	Q2 2025/26	Phase 1 in progress
Sharing information & partnership working	Convene discussions across the health and care sector in the NENC to consider ways to improve information sharing.	Q2 2025/26	To commence
Model development	Receive the national enhanced guidance to support model development	Q2 2025/26	Expected July 2025
	Scope potential pilot approaches to be considered to commence in 2025/26 to support with wider model development	Q2 2025/26	In progress
	Develop an ICB wide adoptable model of care for assertive and intensive support, through a range of engagement exercises that ensure focus on the following: <ul style="list-style-type: none"> Ensure community services have the pathways in place or in development to offer holistic, trauma informed care, including housing and substance misuse Develop a NENC wide approach to training including developing a training matrix and bespoke packages for our workforces 	Pending Q3 2025/26	To commence, following spending review detailed outcome

5. Recommendations

The ICB Board is requested to:

Note the contents of this update and the planned progression of the included and appended action plans.

6. Appendices

Appendices	Document description
Appendix 1	CNTW action plan
Appendix 2	TEWV extract action plan
Appendix 3	GHFT action plan
Appendix 4	NHFT extract action plan

Name of Author: Erin Harvey, Head of Programme Transformation, Mental Health, Learning Disability, Neurodiversity and Wider Determinants Transformation Team

Name of Sponsoring Director: Levi Buckley, Chief Delivery Officer

Date: 15th of July 2025