NHS
North East and
North Cumbria

Inpatient Quality Transformation Plan: July 2024

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...

CONTENTS

Introduction 3

Our vision for inpatient services 4

Current position 6

What needs to change 11

Our work programme 13

How we will know we are making improvements 14

Governance 15

Appendices 16

References 40

Introduction

The Inpatient Quality Transformation Programme (IPQT) is a national initiative aimed at improving the quality and safety of care in mental health, learning disability, and autism services. By partnering with patients, families, clinicians, systems, providers, and other stakeholders, the programme builds on existing good practices to enhance care.

The programme challenges Integrated Care Boards (ICBs) to create innovative and visionary care models for inpatient services in mental health, learning disability, and autism. The goal is to ensure that people who need these services can access inclusive, safe, personalised, and therapeutic care in the least restrictive setting possible, and that care is available close to their loved ones and support networks.

The North East and North Cumbria (NENC) ICB's IPQT programme incorporates the 5 programme themes and the responsibilities for delivery as set out below.

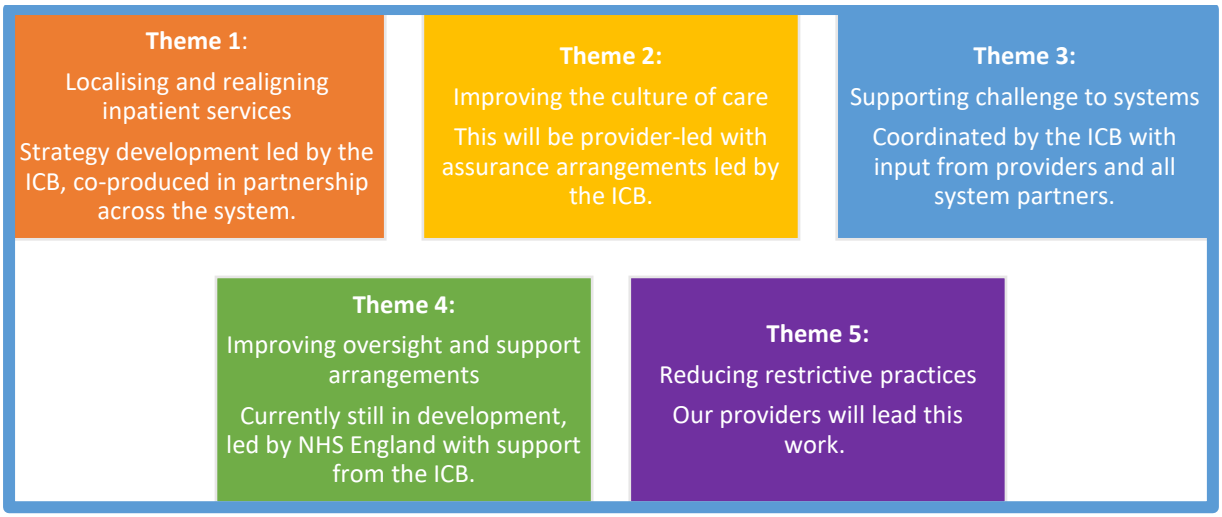


Image 1

The plan covers:

- Our vision for inpatient services
- Our current position
- What needs to change
- Our programme of work
- How we will know we are making improvements
- Governance

The IPQT programme is not the start of our journey towards improvement across NENC, it is important to acknowledge that it builds on work already underway. The programme covers the care pathways that are part of the national programme and commissioned by the ICB.

Providers have concentrated their efforts on improving the therapeutic offer to enhance patient outcomes and patient experiences, we have numerous examples of innovative and person-centred practices from across the NENC system. Our progress to date:

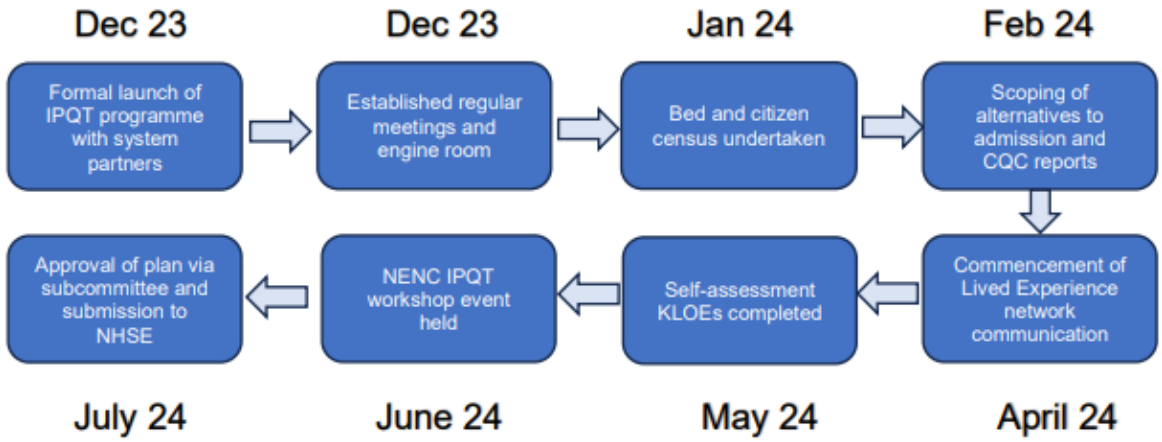


Image 2

Our vision for inpatient services

Our vision is based on the national, co-produced principles set out in NHS England's (NHSE) culture of care and inpatient commissioning documents.

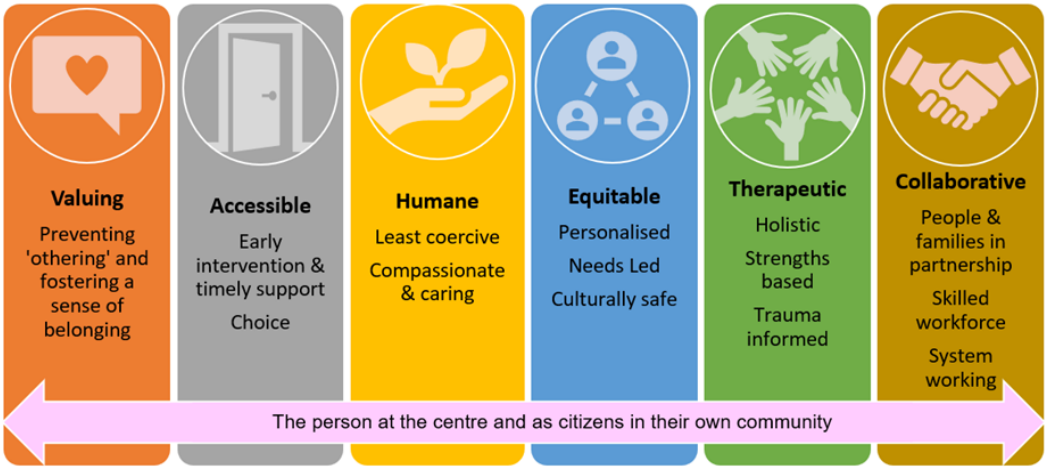
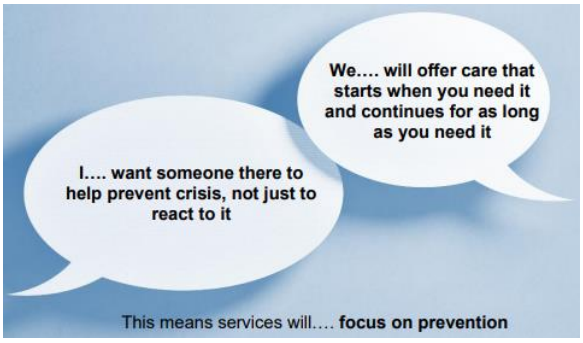
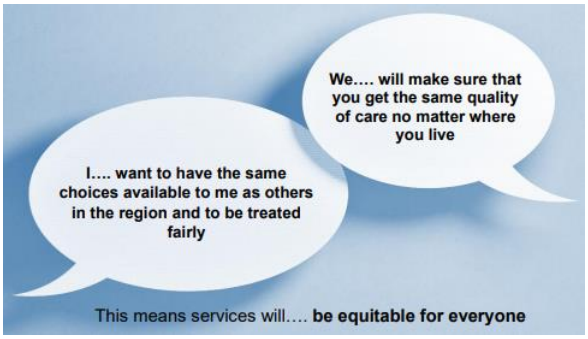


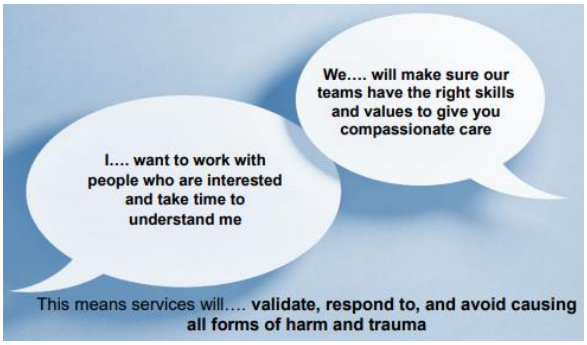
Image 3

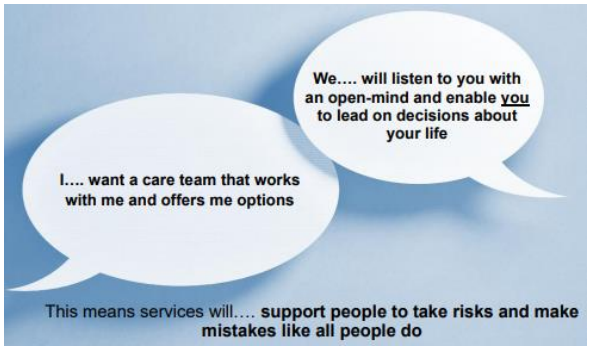
Following the self-assessments using the Key Lines of Enquiry (KLOE) in May 2024, we identified some key areas for system improvement. More details can be found in appendix 1, including self-assessment analysis. Those key areas informed the development of 11 draft programme priorities.

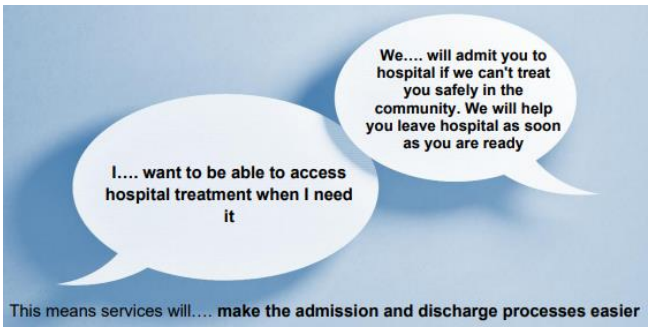
We held an IPQT event in June 2024 where we explored further those 11 priorities via a workshop, there was a strong consensus from that event to develop our own set of localised **I and We Principles**:











Current position

The North East and North Cumbria ICB has a £7 billion annual budget and a workforce of 170,000 people in health and care, serving a population of 3.1 million across 14 local authorities.

The ICB also collaborates with our Provider Collaborative, which includes 11 NHS foundation trusts.

Image 4

Our updated figures for the completed bed census (see appendix 2) showed that the NENC ICB area has 1,270 mental health inpatient beds.

Of these 1,270 beds:

- 971 are provided by the NHS;
- 48 are not commissioned by NENC and serve people from outside the NENC area, including those from Hambleton and Richmondshire in North Yorkshire. It's common for people from these areas to use beds in the Tees Valley rather than York or Scarborough, and some specialist autism beds in Northumberland are a national resource;
- 299 beds are provided by the Independent Sector, though many of these are occupied by people from outside the NENC area.

Given the social geography and provider footprint, our region is often divided into a North and a South patch:

- The North includes North Cumbria, Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside, and Sunderland.
- The South includes County Durham and Tees Valley.

The bed analysis examined the number of beds per population in the ICB for various types of care: adult mental health psychiatric intensive care, adult mental health assessment and treatment, older people assessment and treatment, adult learning disabilities, and rehabilitation and learning disability.

The calculations were done either by "Place" or for North / South regions, depending on the service type. These results were compared with available admissions data and the ICB's baseline mapping of alternatives to admission.

Key findings include:

- In some areas of our ICB, people are much more likely to be admitted to a mental health bed, which seems to be influenced by differences in clinical practice and the availability of alternatives to admission rather than population need.
- Use of long-term out-of-area placements is low overall but is more common in the South of the region than in the North.
- The percentage of people in our hospitals who are clinically ready for discharge has increased across the region since the pandemic.
- We already have relatively few Working Age Adult Acute beds per population compared to the rest of the country.
- There is significant variation in inpatient provision models and bed availability for older people's services across different areas within the ICB.
- The South of the region has fewer locked rehabilitation beds per person but higher use of out-of-area and independent sector beds of this type.
- We are not meeting our goals for reducing reliance on inpatient services for autistic people and those with a learning disability.
- Most independent sector mental health beds located within our ICB are being used to treat people who do not live in our ICB.

More details can be found in appendix 2, including the CQC ratings of our NHS and Independent sector hospitals.

There are 14 people placed outside the NENC ICB region. Additionally, another 24 people are placed in Independent Sector hospitals within the region. Most of these individuals are from the South of the region, where most of the independent sector facilities are located.

Our Learning Disability and Autism inpatient population

ICB Level	Quarter 4 2023/24	Quarter 1 2024/25	Quarter 2 2024/25	Quarter 3 2024/25	Quarter 4 2024/25
Mental Health In-patient care for adults with a learning disability and autistic adults	174	165	161	157	154
Inpatient Rate per Million ONS resident population	73.25	69.46	67.78	66.01	64.83
* Projections are for the end of period position and are a combined target figure for ICB-commissioned and Secure Services 18+ Our target is to reach no more than 30 adults for every 1 million population.					

Table 1

There are 6 people who have a learning disability who are placed out of the area. All of these are recorded on the Assuring Transformation database and receive regular oversight visits, Care and Treatment Reviews, and are included on the Dynamic Support Register if they consent.

We have done significant work to understand our inpatient population and trajectories. This information was presented at the IPQT development workshop.

We received a great response from our lived experience community for the self-assessments. These assessments were taken to three of our lived experience groups for completion and discussion.

Additionally, lived experience group members attended our workshop, provided further comments, and helped shape our plan.

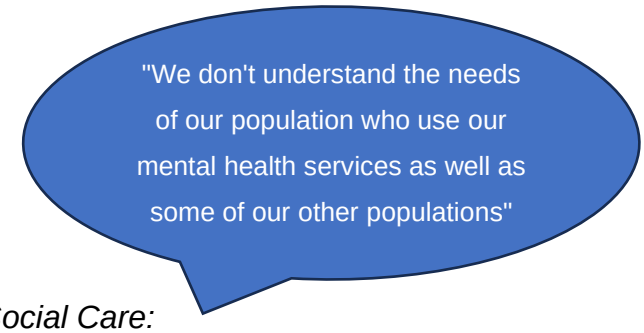
We reviewed the large volume of comments and identified key patterns and themes. The areas scored the lowest on the self-assessment are:

Valuing: Respondents felt we could improve our communication about existing plans and better involve them in co-producing our programmes of work.

Lived Experience Group member quote:

Accessible: Respondents felt we needed to improve our support for people in crisis, make reasonable adjustments, communicate better, and consider sensory needs.

Equitable: Respondents reported harm because of transitions between different services and teams. They suggested we improve our understanding of our population, especially marginalised groups.



Quote from Association of Directors of Adult Social Care:

Another call to action highlighted that our system hasn't sufficiently acknowledged the harm that being in hospital can cause some people.

Through our workshop, weekly system meetings, and conversations with our Transformation team, clinicians, practitioners, and stakeholders, we have identified several key issues:

- There is too much pressure on inpatient services, leading to quality issues and poor outcomes for patients and staff.
- The system needs more high-quality alternatives to hospital care, from early intervention to crisis provision. Currently, there is too much variation across the region.

- Too many people stay hospital after they are clinically ready for discharge, negatively impacting their outcomes, quality of care, and the lives of patients, families, carers, and staff.
- Staff entered mental health work to have a positive influence on patients and the community. They want to reduce bureaucratic burdens so they can focus on therapeutic work.
- While our networks are strengthening, we need to better align plans and work together strategically as a system.

What needs to change

After triangulating the KLOE self-assessment data (both qualitative and quantitative) with workshop comments, we have identified key focus areas to guide our work programme:

1. **Alternatives to admission across all pathways:** Reduce reliance on inpatient services by enhancing crisis support and community-based alternatives. This will improve quality of care for those who do require hospitalisation.
2. **Improving complex care:** Enhance case management and flexible support packages to prevent unnecessary hospital admissions and support individuals to stay well at home.
3. **Adult mental health pathways:** Improve patient flow by ensuring timely access to hospital when needed and comprehensive therapeutic support during hospital stays to aid recovery.
4. **Develop a skilled and compassionate workforce:** Foster a fully supported, multidisciplinary workforce capable of delivering therapeutic care. Implement the Culture of Care programme to ensure safety and therapeutic environments.
5. **Enhance alignment across our Integrated Care System:** Coordinate efforts to achieve shared goals and reduce interdependencies among system partners.
6. **Improve understanding of community needs through data:** Utilise quality improvement methods and data analytics to continually enhance practice and service delivery across the system.
7. **Reconfigure specialist inpatient facilities for people with Learning Disabilities and Autism:** Ensure mainstream services are accessible, with specialist options available for those whose needs cannot be met otherwise.

8. **Meet the needs of neurodiverse populations:** Develop a comprehensive understanding of neurodiversity and adjust services accordingly, ensuring the workforce is well-trained in supporting neurodiverse individuals.
9. **Evaluate models of older persons' mental health inpatient provision:** Understand and standardise clinical models and bed provision for older adults across the region to ensure equitable service delivery.

In addition, the system identified overarching themes or 'golden threads' that will be rooted within all improvement efforts:

- Enhance co-creation and communication of urgent care plans with the lived experience community.
- Implement trauma-informed approaches in crisis and inpatient care / treatment.

The Culture of Care programme is pivotal in establishing a therapeutic and trauma-informed mental health system in the North East and North Cumbria. Below is an illustration summarising the 12 Culture of Care standards applicable to all NHS-funded mental health inpatient settings.

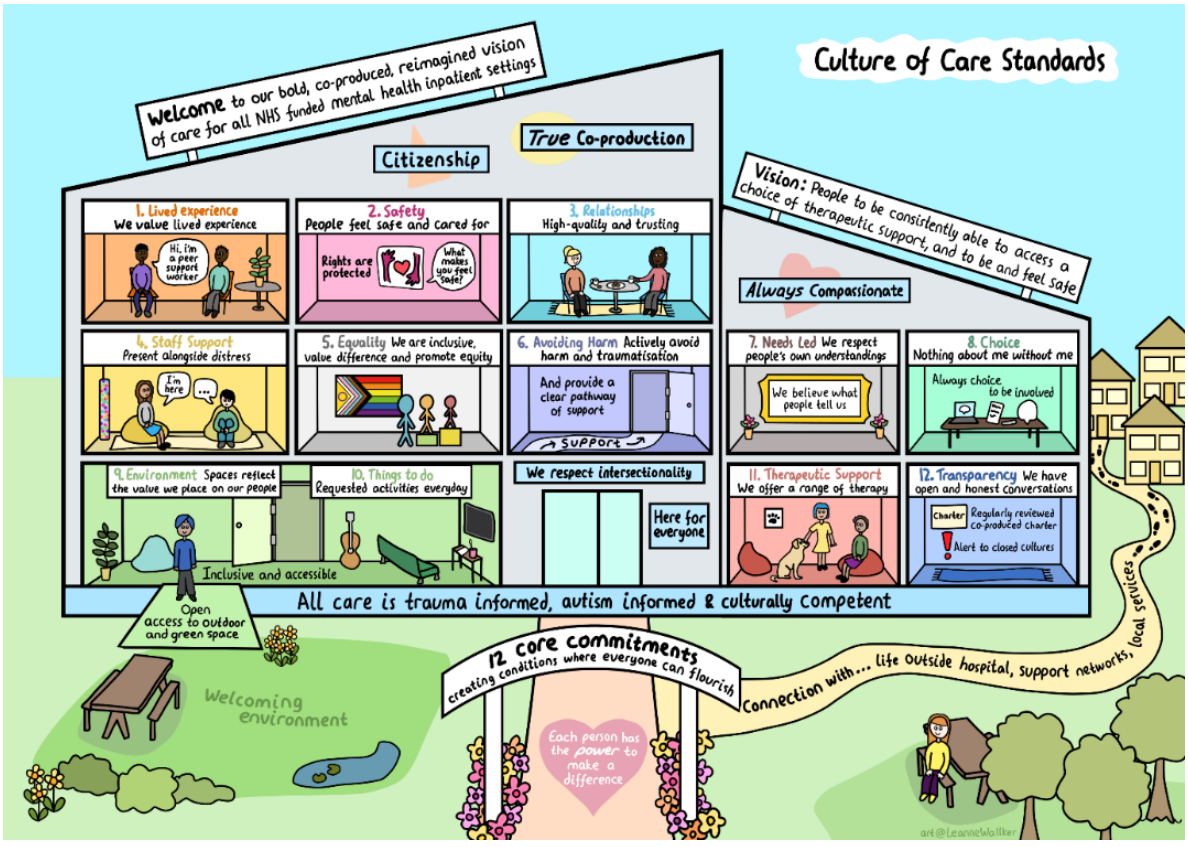


Image 5, NHS England Culture of Care Standards for Mental Health Inpatient Services

Our work programme

Summary of top actions to deliver change:

Actions for 2024/25 (for more detail see appendix 3)**:**

- Continue scoping current provision, for further details on what's happening now and identified gaps see appendix 4.
- Incorporate Senior Intervenor recommendations into planning.
- Update the 2023 bed census and discuss regional variations compared to national norms.
- Collaborate with Business Intelligence and Data teams to assess crisis support needs and gaps in current provision.
- Conduct further research on patient outcomes related to alternatives to admission.
- Define initial priorities for Service Development Fund spending and begin implementation.
- Coordinate plans among system partners.
- Develop a 3-year Inpatient Quality Transformation plan for NENC ICB, involving input from lived experience groups.
- Collaboratively develop an easy read version of the plan that can be used across all agencies.
- Review and integrate feedback from peer-led self-advocacy arrangements into improvement strategies.
- Ensure workforce oversight of Culture of Care implementation.
- Evaluate models of mental health care for older adults.
- Establish governance arrangements post-restructure, including responsibilities of host commissioners.
- Mobilise and embed the Mental Health, Learning Disability, and Autism dashboard.
- Maintain engagement with IPQT system partners, including lived experience groups.

Actions for the next 3 Years:

- Eliminate placements in out-of-area beds.
- Phase out locked rehabilitation services.
- Explore optimal use of technology and digital solutions.
- Standardise alternatives to admission across the region.
- Collaborate with foundation trusts to establish performance metrics.
- Review and support units at risk as identified by regional colleagues.
- Agree on ICB-wide model for older people's mental health care.

Longer-term strategic actions:

- Transition towards a community mental health model to reduce dependence on inpatient services.
- Move towards an "open access" mental health care model.

These actions are structured over specific timeframes to achieve targeted improvements in mental health, learning disability, and autism services across the North East and North Cumbria Integrated Care Board area.

How we will know we are making improvements

Our key progress measures will include:

- Decreased admission rates to inpatient services across the ICB, focusing particularly on areas with higher admission rates.
- Reduction in lengths of stay for patients.
- Decrease in the number of individuals placed outside our ICB area for care.
- Reduction in the number of patients with extended hospital stays (5+ years).
- Increase in the number of patients reporting good or excellent experiences with our services.
- Reduction in the number of days patients remain in hospital after they are ready for discharge.
- Improvement in staff satisfaction and experience levels.

Theme 4 in the IPQT NHS England guidance mandates national progress measures. These measures will focus on early warning signs and quality escalation pathways.

In addition to these quantitative measures, which we will regularly monitor to track our progress, it is crucial to consider the perspectives of our system partners and service users to assess the quality improvement of our services. Their feedback will be invaluable in evaluating our progress.

Governance

Our proposed ICB internal governance arrangements are:

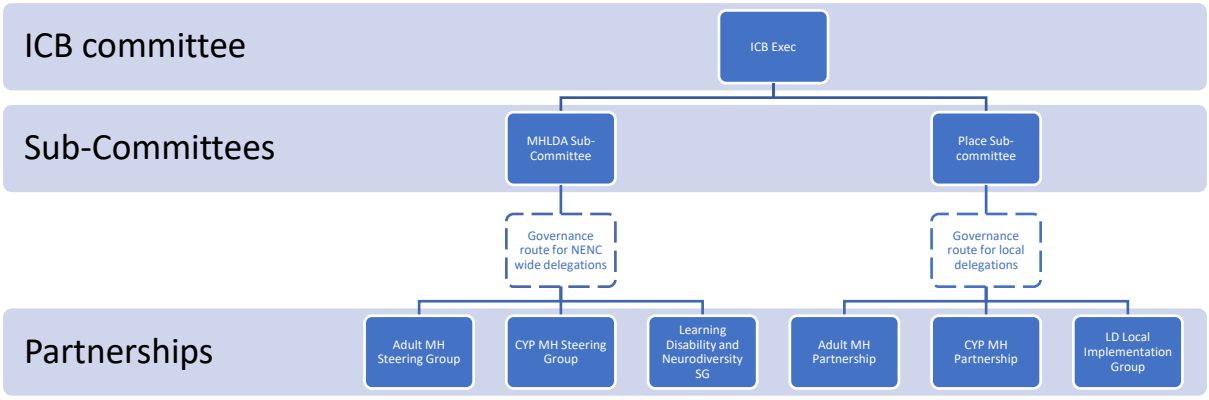


Image 6

Appendices

Appendix 1

Key Lines of Enquiry (KLOE) self-assessment results and analysis

Process

In March 2024, NHS England released a self-assessment document, to enable respective ICBs to ascertain the views of their system on how well they are performing against the 'what good looks like' principles within the commissioning framework for inpatient mental health services.

Within NENC ICB, the Transformation team adapted the self-assessment document to ensure relevance and accessibility for different system partners.

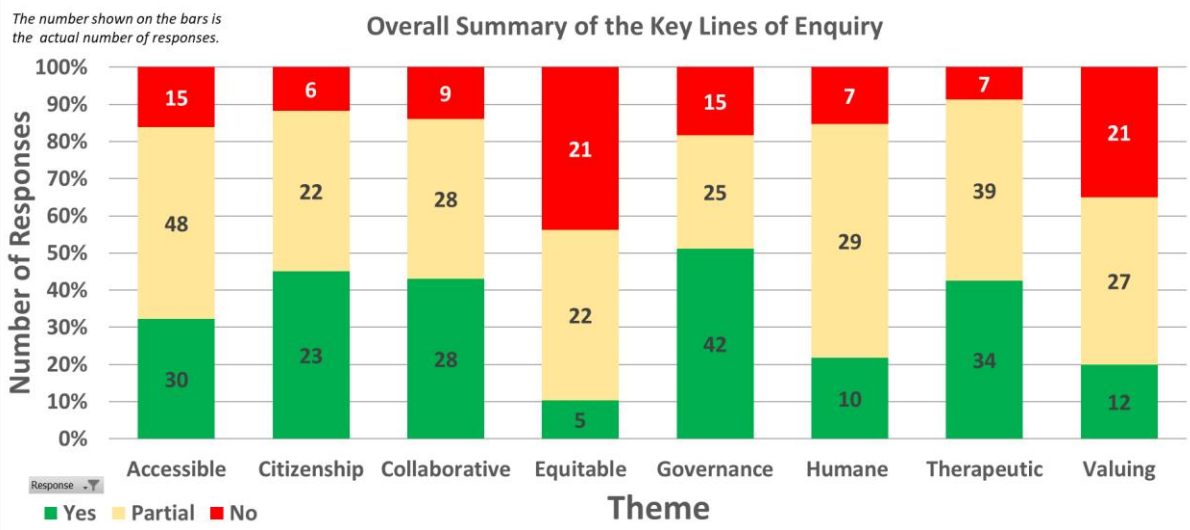
There were 23 returns to the self-assessment received. These were from:

- **NHS Foundation Trusts that provide Mental Health beds:** TEWV, Gateshead trusts provided Older Peoples KLOE self-assessment. TEWV also provided adult mental health and learning disability KLOE self-assessments. CNTW, the largest bed provider for the ICB, provided one assessment covering all the trusts inpatient provision.
- **Local Authorities / Association Directors of Adult Social Care (ADASS):** There was one collaborative ADASS response and four individual responses from respective local authorities.
- **Lived experience groups:** Seven lived experience groups submitted written responses. Some of these were notes from in person meetings where the questions were posed to the group to generate collective discussion.
- **ICB places:** There were 8 returns from ICB place delivery teams.

It is recognised that not all returns represent the same size of population or scope of resource. The results were used to enable the transformation team to identify key areas for improvement and further scoping.

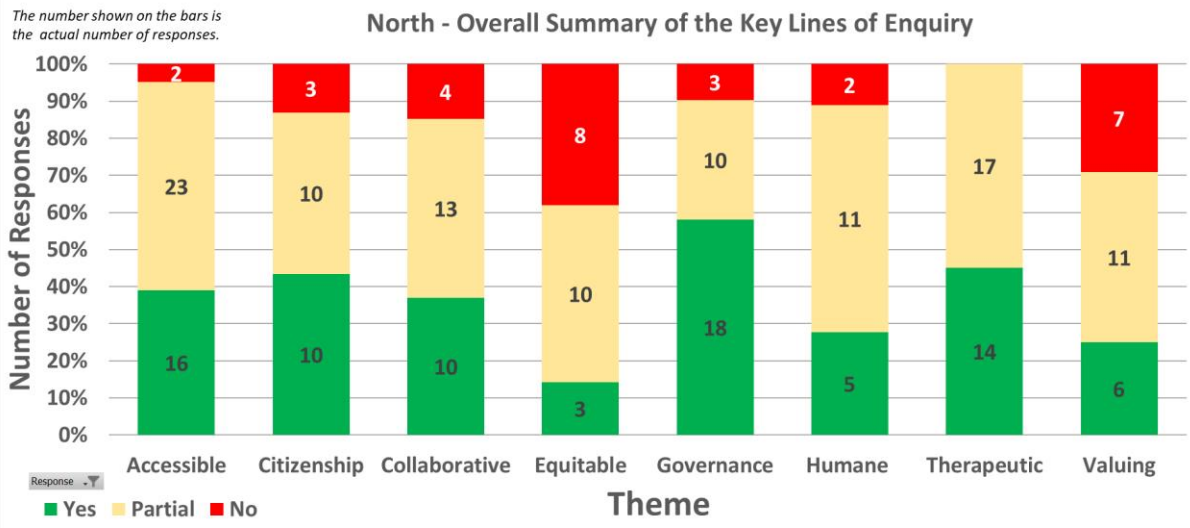
Data analysis

The overall summary of the responses, with 'N/A' responses removed, is shown below. The two principles on which our system rated the lowest were 'Equitable' and 'Valuing'.



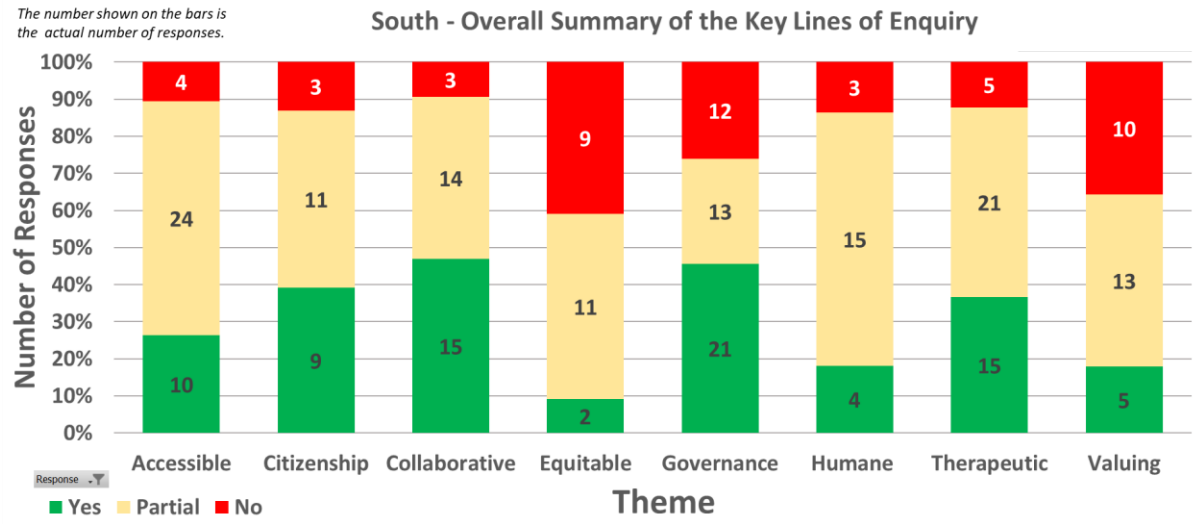
Graph 1

Below are the results separated into those responses which relate to the North of the region…



Graph 2

…and those which relate to the South.



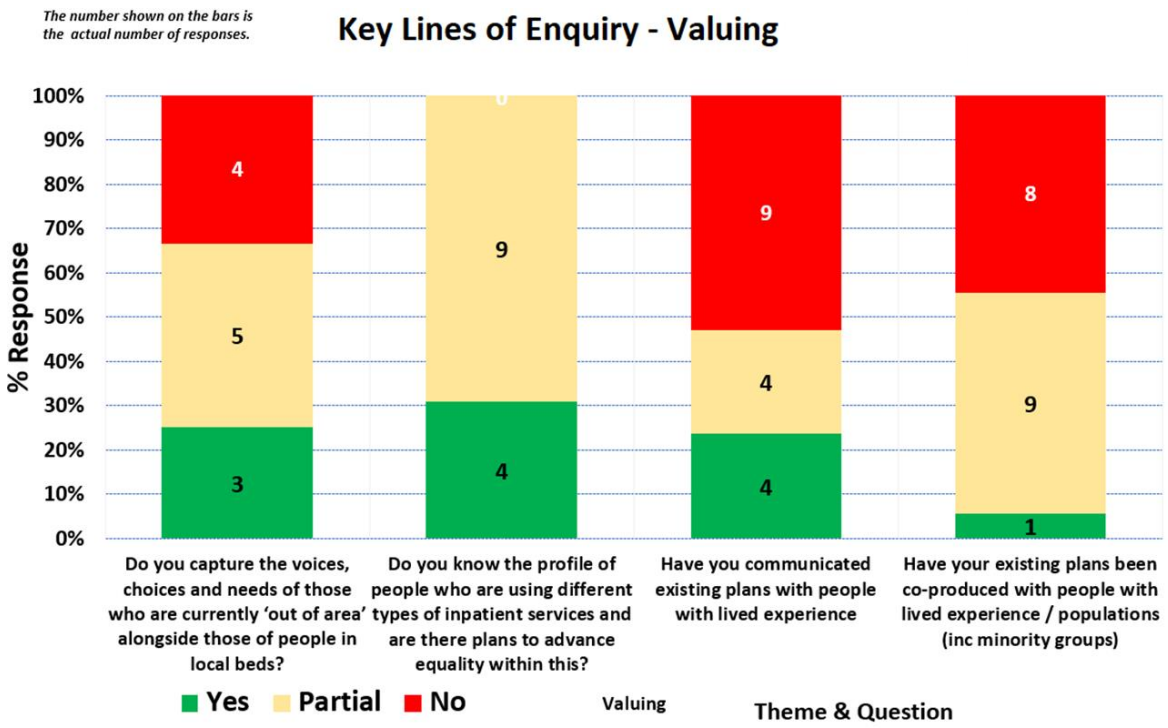
Graph 3

There were three questions which received more than three 'no' responses. These were:

Valuing:
• Do you capture the voices, choices and needs of those who are currently 'out of area' alongside those of people in local beds?
• Have you communicated existing plans with people with lived experience?
• Have the system's existing plans been co-produced with people with lived experience/populations (inc. minority groups)?
Accessible:
• Does the whole system work together to support people in crisis including making sure this is in an appropriate environment?

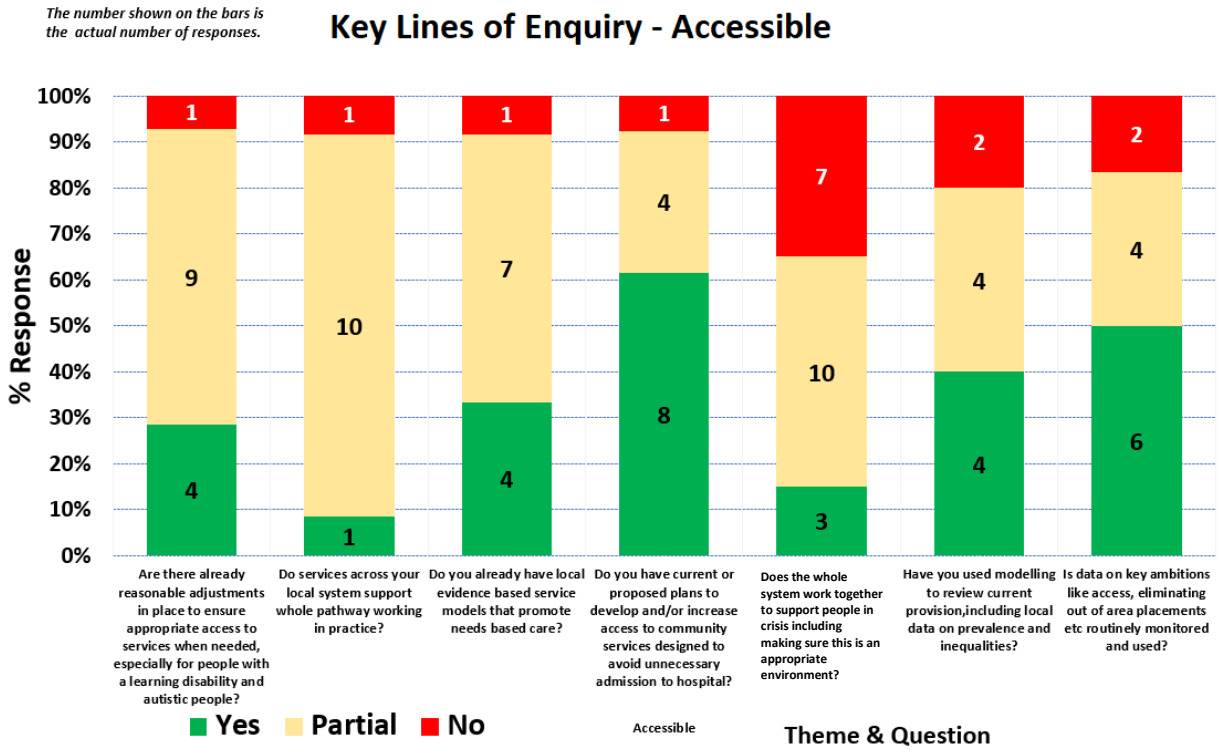
Table 1

Following are the breakdowns of the responses to questions within the principles of 'Valuing'….



Graph 4

…and 'Accessible'.



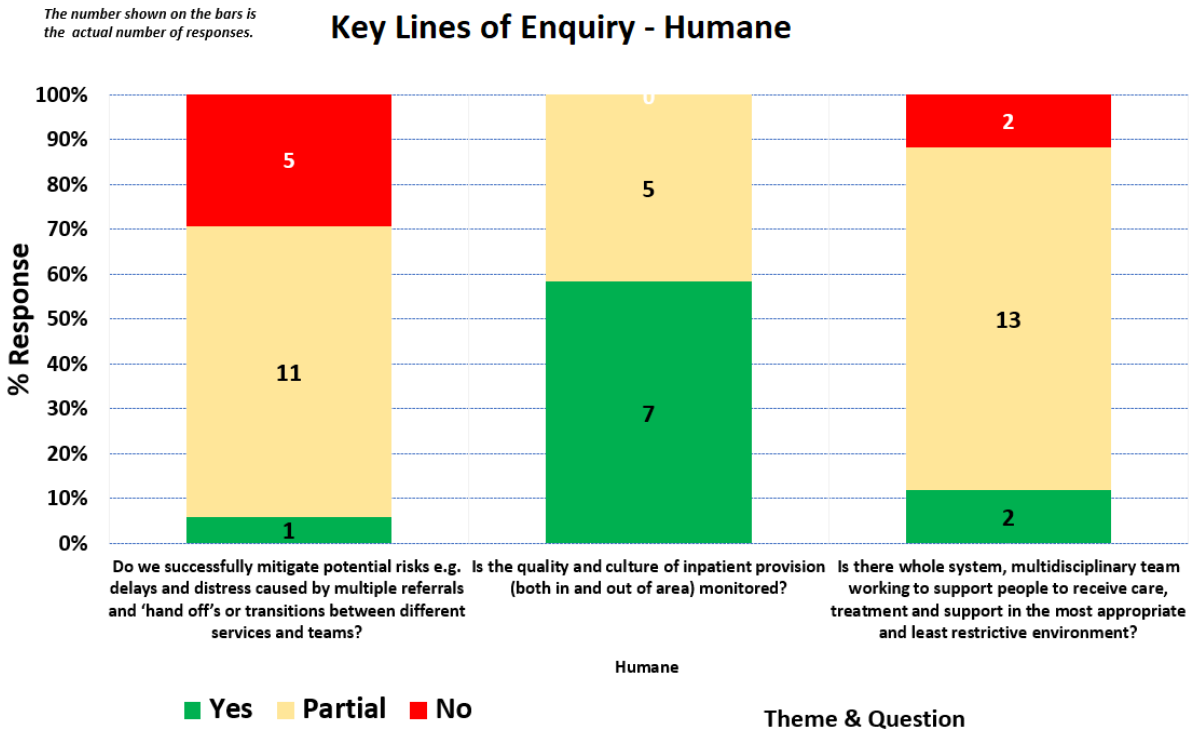
Graph 5

Some further low scoring questions included:

Accessible:
• Do we successfully mitigate potential risks e.g., delays and distress caused by multiple referrals and 'hand offs' or transitions between different services and teams?
Humane:
• Do we understand the local needs of all people who experience mental health problems or who may be in groups that are more vulnerable and at greater risk of developing mental health problems?
• Are we addressing health inequalities in a measurable way?
• Do we know people from different groups want in terms of mental health support?

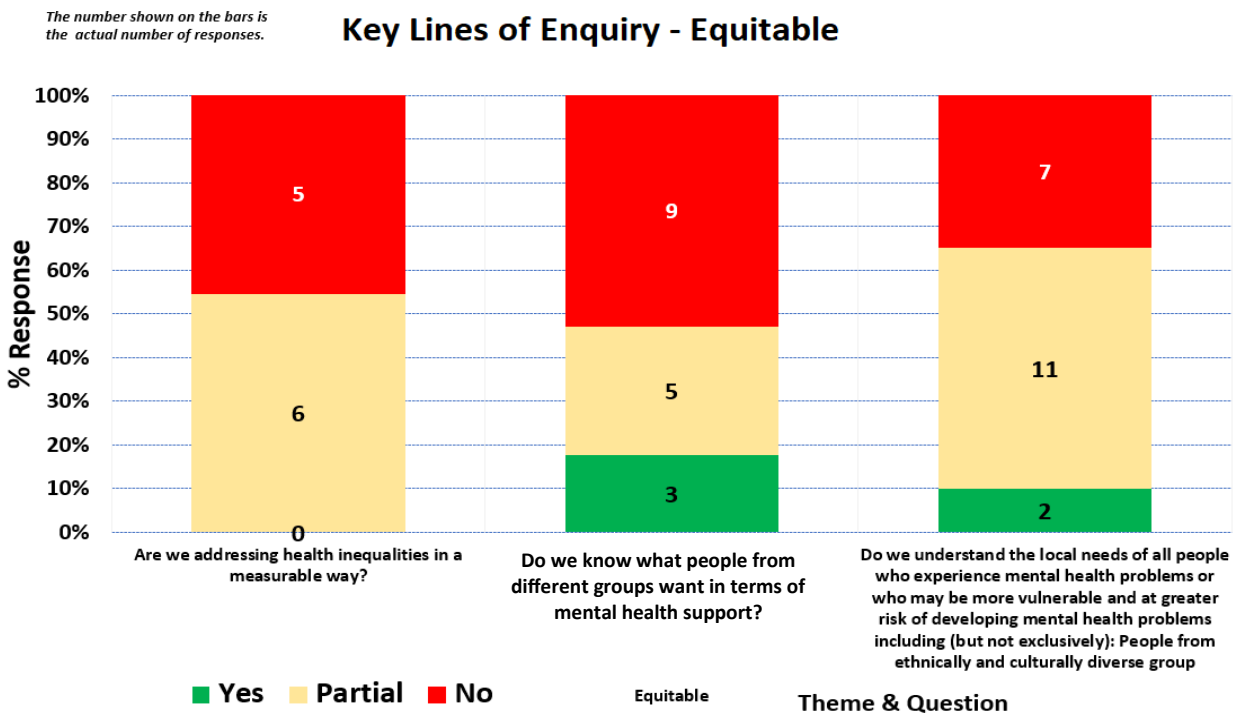
Table 2

Below are the breakdowns of the responses to questions within the principles of 'Humane'….



Graph 6

… and 'Equitable'.



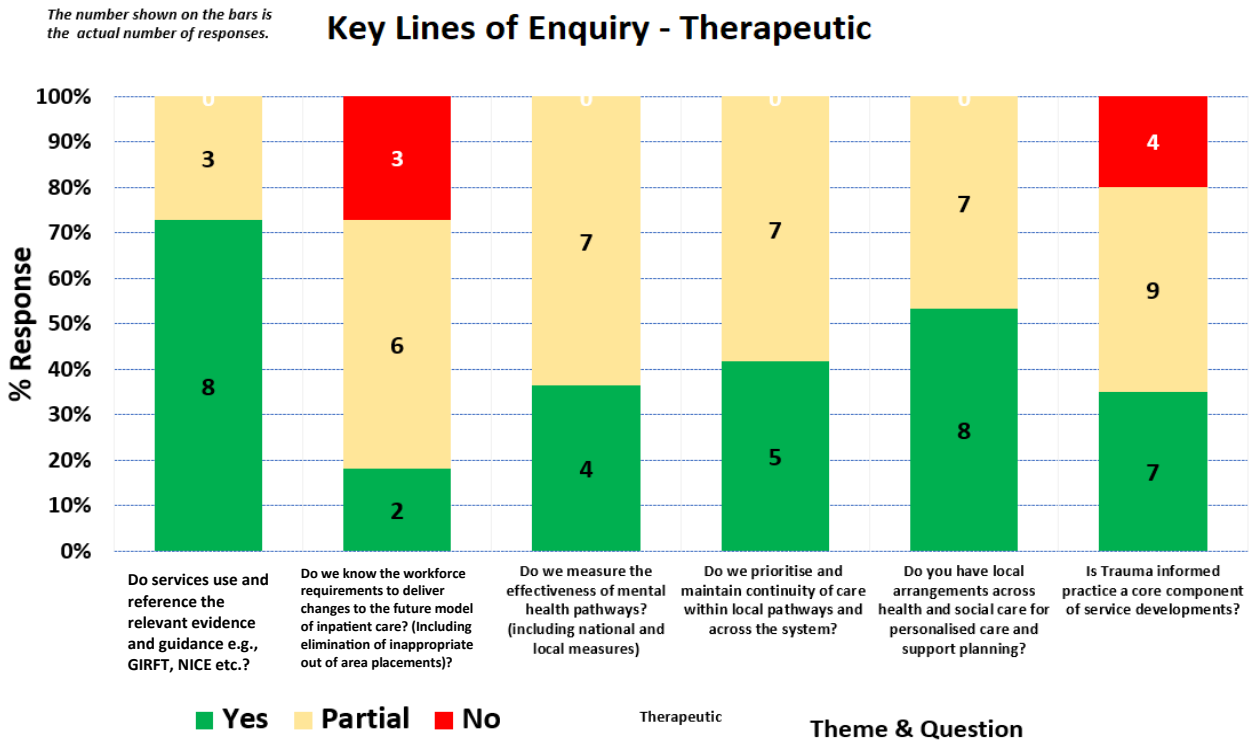
Graph 7

Some further lower scoring questions and themes included:

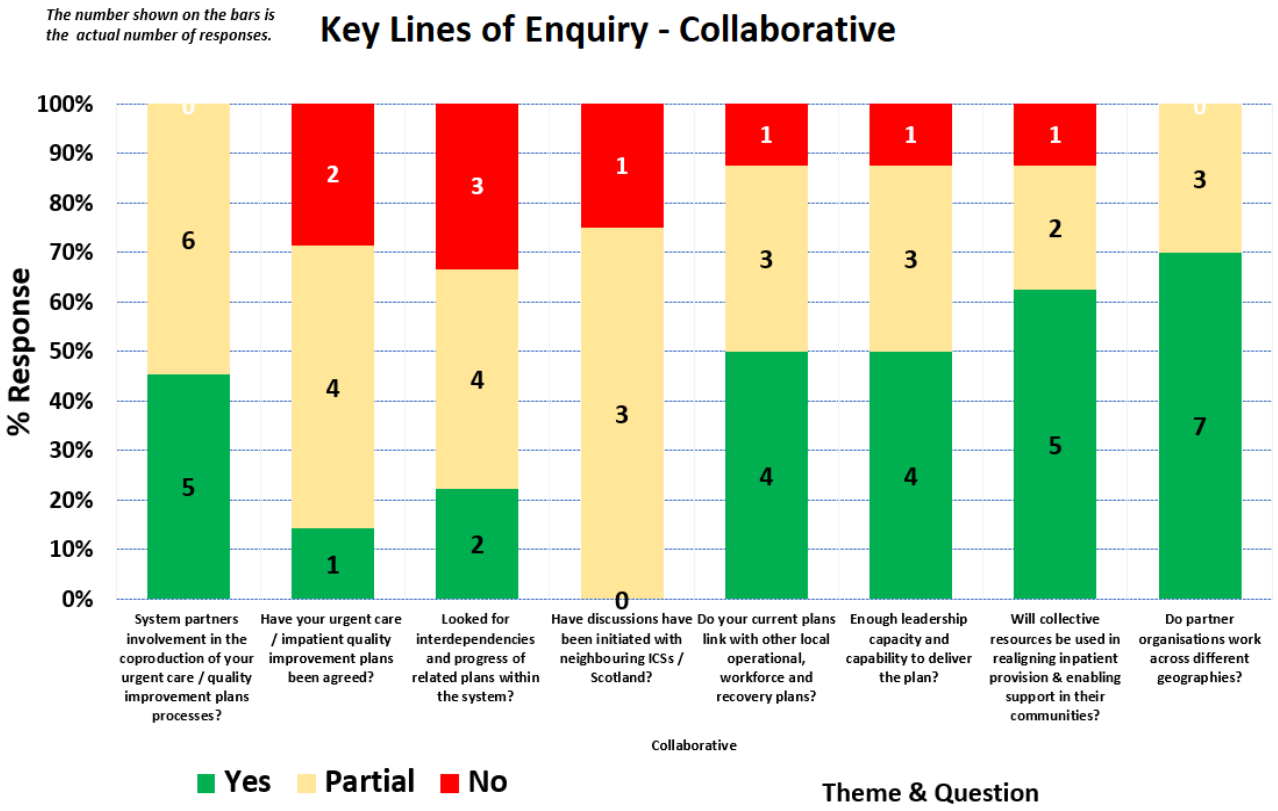
Therapeutic:
• Do we know the workforce requirements to deliver changes to the future model of inpatient care (including elimination of inappropriate out of area placements)?
• Is trauma informed care a core component of service developments?
Governance:
• The main negative scores were around use of the IPQT Service Development Fund (SDF) and the fact that at the time the assessments were completed the ICB were still working through finalising their financial plans.

Table 3

Following are the breakdowns of the responses to questions within the principles of 'Therapeutic'….

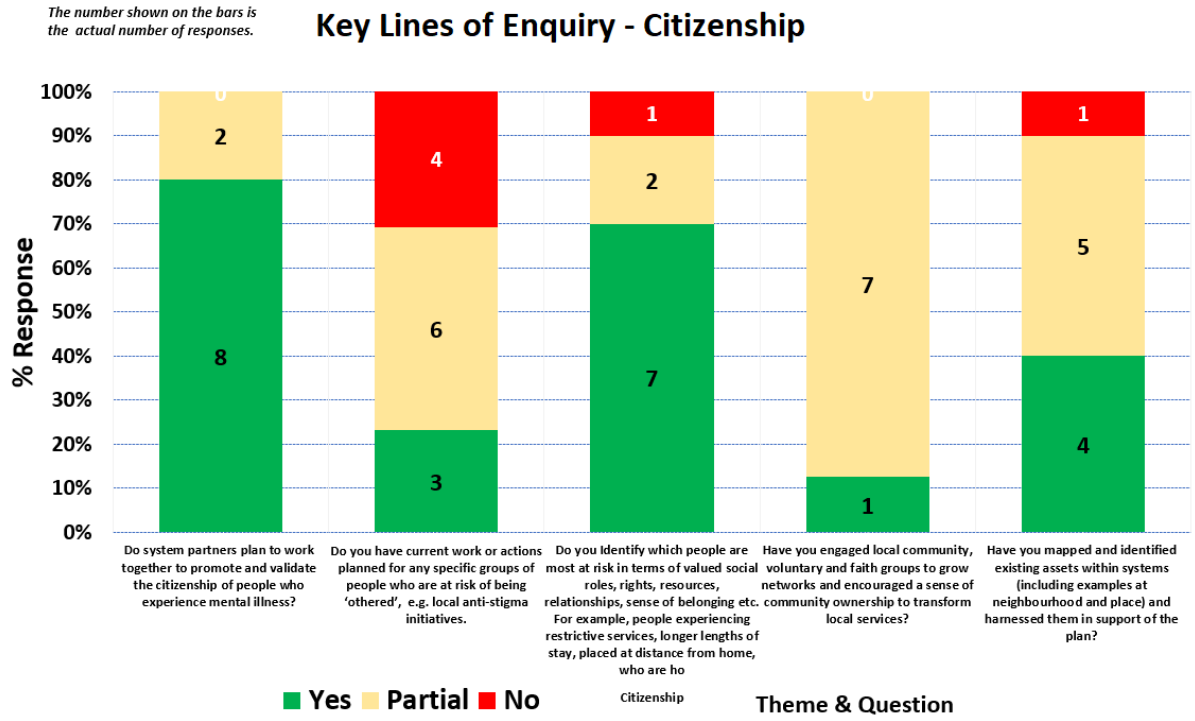


Graph 8



Graph 9

and… 'Citizenship'.



Graph 10

As the graphs above show, some further gaps were identified in the themes below:

Collaborative:
• Have system partners been involved in the coproduction of your urgent care/quality improvement plans and sign off processes, including those services that interface with inpatient provision?
• Have you looked for interdependencies and progress of related activities and plans within the system and the impact this may have e.g., Joint Strategic Needs Assessments and Joint Local Health & Wellbeing Strategies?
Citizenship:
• Do you have current work or actions planned for any specific groups of people who are at risk of being 'othered' e.g., local anti-stigma initiatives?

Table 4

As well as the yes / partial / no responses, there was a wealth of narrative response collected.

How did we use this data?

Both the quantitative and qualitative responses were used to generate 11 'draft priorities' which were presented at the Inpatient Quality Transformation Workshop on 6th June 2024. Participants added 3 further priorities and then voted on which of these were the key priorities for the system.

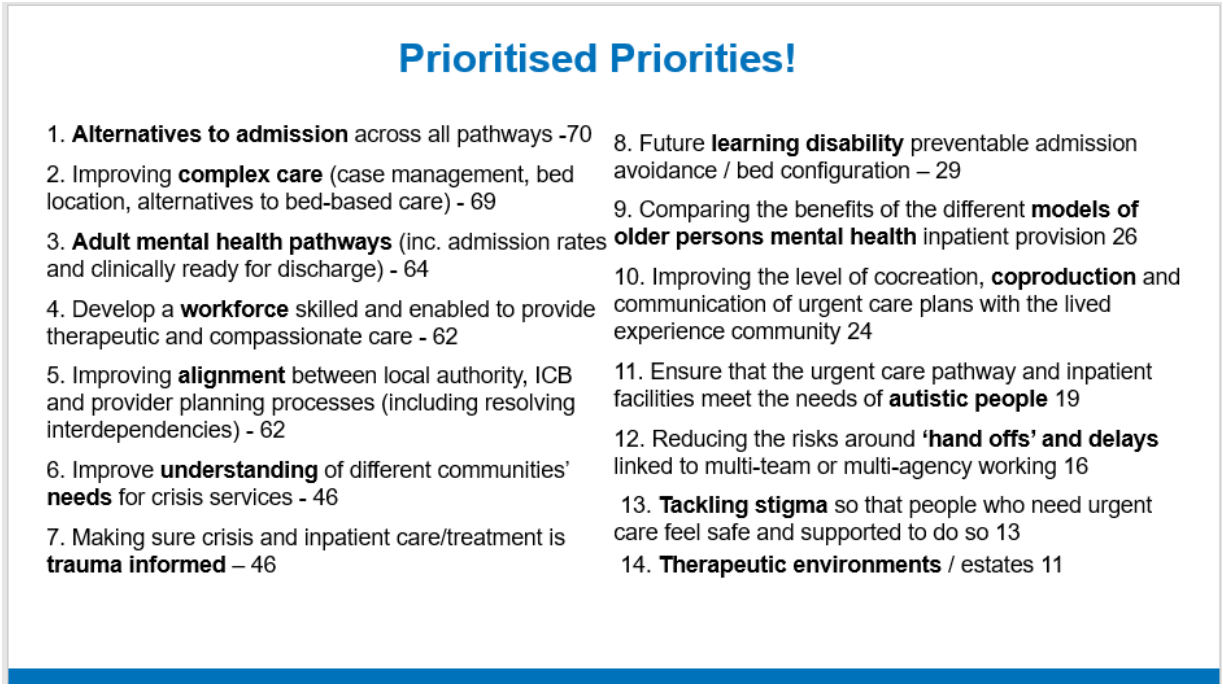


Image 1

The responses collected from the KLOE returns were also used to support the direction of the Inpatient Quality Transformation Plan, which features some direct quotes from the respondents. In particular, the responses from lived experience groups heavily influenced the 'I / We statements' featured in the main body of the plan.

The respondents were able to provide examples which evidenced good practice and accordance with the principles. The examples of ongoing relevant work across our system have been collated within the 'what's happening now' document (see appendix 4).

Appendix 2

North East and North Cumbria (NENC) Bed Census

During 2023 and 2024, NENC Integrated Care Board (ICB) carried out a 'bed census' to determine the region's baseline hospital provision and use of out of area services.

This work was led by the Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants Transformation team, which includes two 0.2 WTE posts filled by colleagues seconded from our two biggest NHS providers, Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust and Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust. The work was completed in close partnership with CNTW and TEWV, as well as with our other NHS colleagues in Gateshead and Northumbria Foundation Trusts and our partners in the independent sector.

Location of all citizens in out of area placements commissioned by the ICB

There are currently 38 patients funded by the NENC ICB in independent sector hospitals.

14 of these people are outside of the NENC ICB geographical area. They are in hospitals in Doncaster, London, Northamptonshire, York, Hull, Barnsley, Mansfield, Colchester, Norwich and Abergavenny.

6 of the 14 people outside of the NENC ICB geographical area have a diagnosed Learning Disability. All 6 are recorded on the Assuring Transformation database. 23 people are placed in Billingham Grange Hospital, Stockton-on-Tees, which is located within the geography of NENC ICB and managed by Barchester. There is also one person placed at Priority's hospital at Middleton St George, Darlington which is also within NENC ICB's footprint.

The 24 people placed inside the NENC ICB geographical area are from the local authority areas as follows:

- Stockton: 8
- Darlington: 4

- Durham: 3
- Middlesbrough: 3
- Redcar and Cleveland: 3
- Hartlepool: 1
- South Tyneside: 1
- Cumberland: 1
- Newcastle, Gateshead, Sunderland, North Tyneside, Northumberland, Westmorland and Furness: 0

Length of stay within independent sector placements ranges from 1-16 years with an average of 5 years.

There are also instances where NHS providers within the ICB use short term independent sector placements to manage demand where there are no Psychiatric Intensive Care Unit (PICU) or Assessment and Treatment (A&T) beds available in their own services. At the time of writing this plan, there is one person from Durham Tees Valley (DTV) who is placed in an independent sector hospital located at Middleton St George (which is also located in the Tees Valley).

Admission rates are significantly higher in Durham, Tees Valley and North Cumbria than in Tyne and Wear and Northumberland as shown in the table below:

	Admission rate per 100,000 weighted population (18-64 YO) in 2022		
Darlington	*186*	**North Cumbria**	*145*
Redcar	*171*	**South Tyneside**	*129*
Durham	*155*	**Newcastle/Gateshead**	*86*
Hartlepool	*153*	**Northumberland**	*81*
Middlesbrough	*146*	**Sunderland**	*81*
Stockton	*133*	**North Tyneside**	*71*

Due to changes in data systems, it is not currently possible to show up to date figures, but the statistics that are available suggest that the geographic pattern seen in 2022 is still evident in 2024.

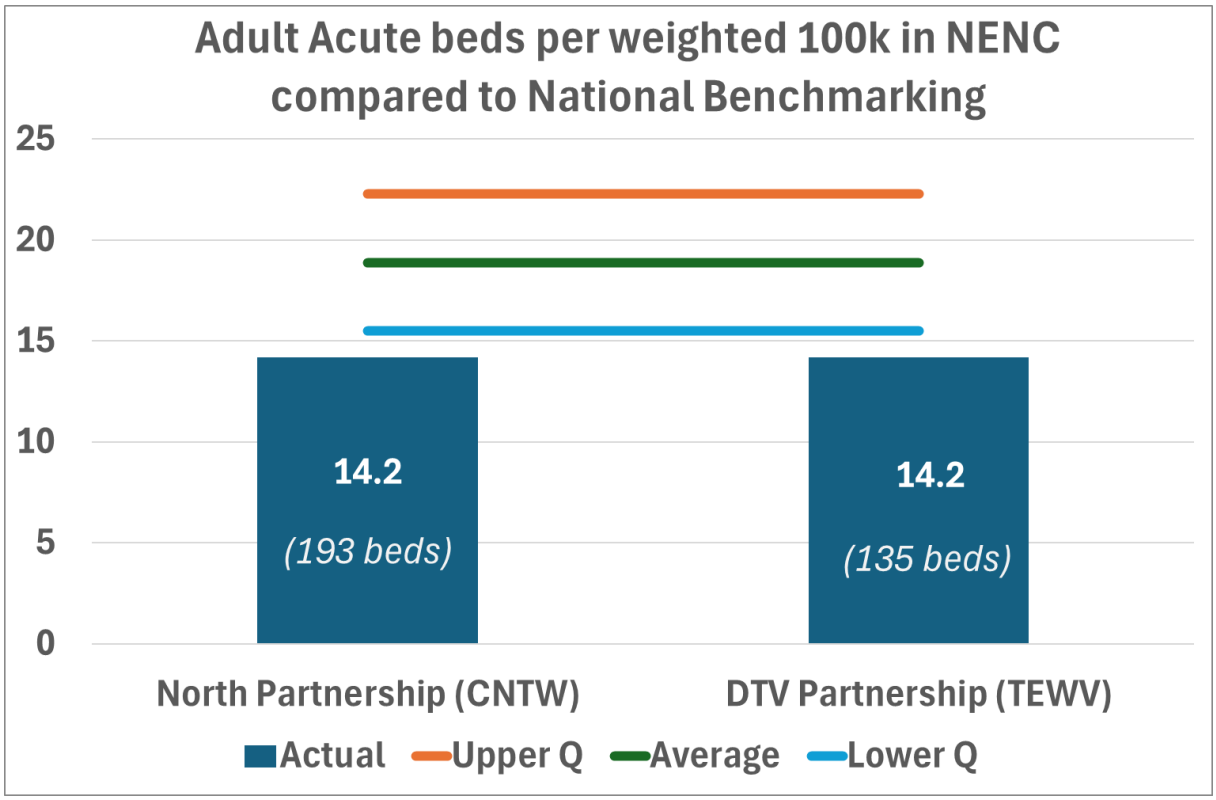
Current bed configuration across the ICB

The ICB conducted a bed census, the key comparisons are shown as follows.

Adult Mental Health NHS Provision

Beds per 100,000 weighted (PRAMHS) population	North Partnership (CNTW)	Durham Tees Valley (TEWV)
PICU	14 beds **1.03** per 100,000 pop	14 beds* **1.47** per 100,000 pop
Assessment and Treatment	195 beds **14.20** per 100,000 pop	135 beds* **14.20** per 100,000 pop
Total adult urgent care beds	209 beds **15.38** per 100,000 pop	179 beds **15.67 per 100,000 pop**

* TEWV has a total of 20 PICU beds (all located in Tees Valley) but 6 of these are allocated to North Yorkshire and York patients – i.e., Humber North Yorkshire ICB. There are also 8 assessment and treatment beds located in Tees Valley (TEWV) for North Yorkshire and York patients hence not included in this table.



NHS national benchmarking data suggests that UK lowest quartile for A&T is 15.5 beds per 100,000 weighted population. This means NENC has a low level of AMH A&T beds per weighted population by national standards.

DTV has been utilising independent sector beds since 2022 and making use of TEWV beds in Scarborough and York. Although by March 2024 use of the

independent sector had been almost eliminated for this pathway, some admissions of DTV patients to TEWV beds in Scarborough and York were still taking place.

As noted on page 7, admissions rates vary across the ICB. The variation in the provision of crisis alternative provision may partially explain this but national benchmarking data shows that the % of voluntary admissions is higher in TEWV than in CNTW and so differences in process and culture between the ICB's two providers may also be a factor.

Some acute trusts in the ICB report "hidden" admissions in their wards (people presenting in emergency departments, then being admitted to that Trust's beds in the absence of any safe alternative).

Lived Experience and other feedback shows similar quality issues as those raised nationally in IPQT documents.

Green Light admissions (of people with a learning disability) are also significant, particularly while Adult Learning Disabilities beds were closed to admissions in the south if the ICB during 2023.

There are many more delayed transfers of care than pre-pandemic. Lack of suitable housing and / or care capacity have been identified as reasons for this and for consequent increasing lengths of stay. However, the ICB acknowledges that all local authorities in the area face significant financial and demand pressures.

Older People's (MHSOP) provision

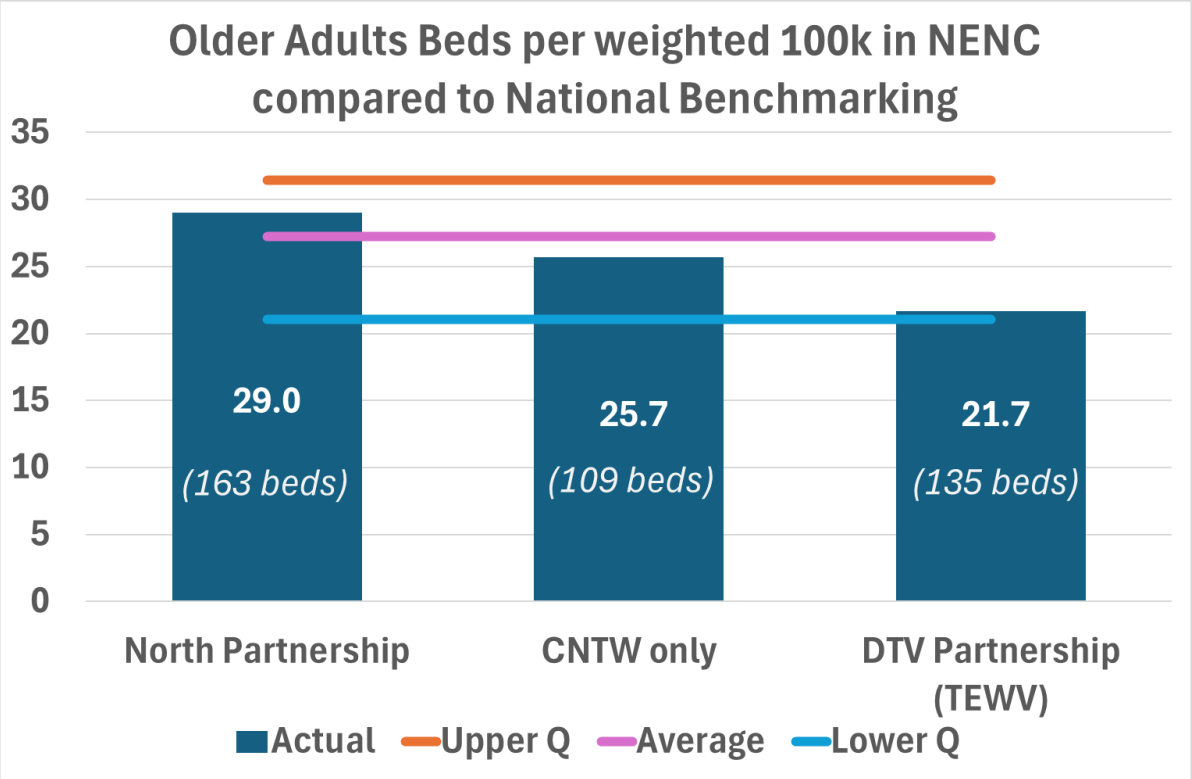
The following table and graph show that there is significant variation in MHSOP beds per population. This reflects the variation in service models across the ICB.

Northumbria FT provide beds to most of North Tyneside's population. Gateshead FT's services are for the people of Gateshead. TEWV serve the Durham and Tees Valley population. CNTW serve all other places within the ICB.

Older Peoples Mental Health NHS Provision

Beds per 100,000 weighted (PRAMHS) population	North Partnership (CNTW, Gateshead and Northumbria FT beds)	North Partnership excluding Gateshead and North Tyneside	Durham Tees Valley (TEWV beds)
Assessment and Treatment	**163 beds** **29.0** per 100,000 weighted population	**109 beds** **25.7** per 100,000 weighted population	**135 beds*** **21.7** per weighted 100,000 pop

*this table does not include 7 beds that are commissioned by Humber and North Yorkshire ICB



Rehabilitation

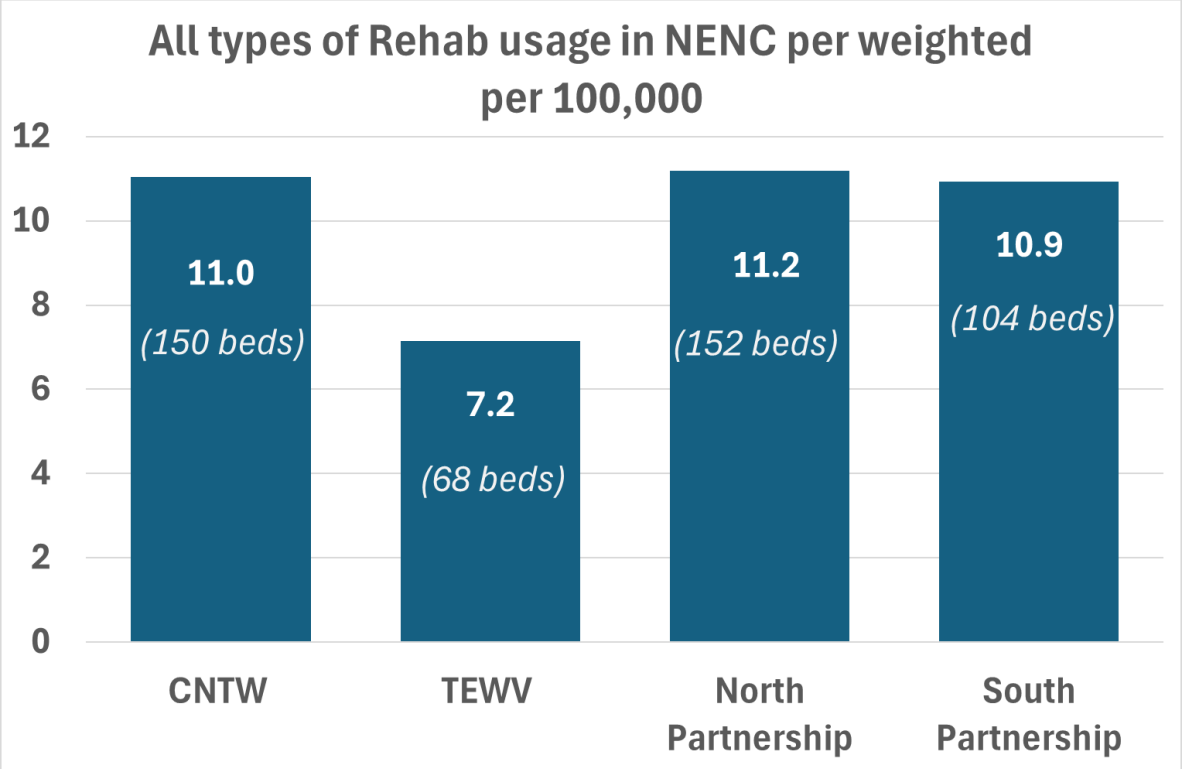
The current position for adult mental health (AMH) rehabilitation is shown on the following page, however it does not include rehabilitation places within the independent sector - 36 of the 38 current placements are commissioned for Durham Tees Valley patients. This means that the table below exaggerates the differences between the North and Durham Tees Valley areas of the ICB.

In addition, CNTW's clinical model prioritises timely access to a range of rehabilitation services to support efficient and effective flow within other parts of the mental health pathway. CNTW therefore currently provides a broad range of

rehabilitation options, some hospital and some community based. This provision includes three High Dependency Units (54 beds) for those individuals whose presentation/behaviour, index offence and/or Mental Health Act status is such that they require specialist rehabilitation to meet their individual needs. In many circumstances this care is required over several years.

Adult Rehab Mental Health NHS Provision

TOTAL AMH Rehab	CNTW	TEWV	North of ICB including I/S	DTV including ICB patients in I/S
All NHS rehab beds, including HDU beds in CNTW	**150**	**68**	**152**	**104**
Registered 18-64 Population	1,144,089	771,808	1,144,089	771,808
Beds per 100,000 reg pop	13.02	6.48	13.20	11.4
Weighted 18-64 population	1,359,103	950,702	1,359,103	950,702
Beds per 100,000 weighted pop	**11.0**	**7.2**	**11.2**	**10.9**



Adult Learning Disabilities and Autism

There have been relatively high provision and use of inpatient beds for people with Learning Disabilities in the past, the ICB remains over its Transforming Care trajectories.

Efforts to reduce bed numbers are continuing, in March 2024 the number of open NHS ICB commissioned (i.e., non-secure) Learning Disability assessment and treatment beds serving the region had reduced to 26. However, NHS Learning Disability inpatient CQC ratings at both NHS providers are currently “requires improvement” in contrast to better ratings for most Mental Health beds.

There are 20 NENC ICB commissioned locked rehab beds in the region, and a further two commissioned by Humber North Yorkshire ICB. Providers are putting discharge plans in place where possible and considering how to reduce this bed base in line with expected changes in commissioning. Many people with Learning Disabilities receive treatment in AMH beds using the Green Light system.

Since the COVID-19 pandemic, there seems to have been an increased number of Autistic people admitted to AMH urgent care wards. This may be due to the impact of the pandemic, but it is also possibly due to improved awareness and diagnosis. However, whatever the driver of this, there is anecdotal evidence that the care Autistic people receive, and the environment they experience on AMH wards is not always fully meeting their needs and facilitating recovery. This can lead to lengths of stay above the norm for assessment and treatment wards. The development of suitable housing provision and provision of suitable care packages can cause unnecessary admissions or delayed discharges, although there have been many individual discharge success stories in recent years.

Type and location of independent sector provision located within North East North Cumbria

There are 3 significant independent sector providers of Mental Health, Learning Disability and Autism beds located within the geography of the North East North Cumbria Integrated Care Board. All but one of these facilities is located within County Durham or Tees Valley.

However, all of them draw on the same pool of clinicians as NHS providers within the region have access to.

The following table shows the type and location of provision.

Provider	Site Name	Town	Ward Name	Patient group	Ward type	Age Range	Gender	Beds on this ward
Cygnet	Appletree	Meadowfield (Durham City)	Bramley	Mental Health - any condition	Assessment and Treatment	18+	Female	15
			Pippin		PICU	18+	Female	10
Cygnet	Hexham Hospital	Hexham	Fisher	Mental Health - any condition	Assessment and Treatment	18+	Female	17
			Franklin		PICU	18+	Female	10
Cygnet	Newham House	Middlesbrough	Newham House	Neuro	Assessment and Treatment	18+	Female	20
Cygnet	St Williams	Darlington	St Williams	Neuro	Other long-term continuing care	18+	Male	12
			Albert	Mental Health - any condition	PICU	18+	Male	9
Cygnet	Victoria House	Darlington	Victoria	Mental Health - any condition	Assessment and Treatment	18+	Male	17
Priory	Middleton St George	Middleton St George (Darlington)	Birch	Mental health	PICU	18+	Male	10
			Chester		PICU	18+	Female	10
			Oak		Assessment and Treatment	18+	Female	12
			Sycamore		Assessment and Treatment	18+	Female	15
			Station Road		Rehab and recovery	18+	Male	3
			Thoburn Ward		Assessment and Treatment	18+	Mixed	22
			Dalton Ward		Rehab type 2	18+	Female	13
			Hazlewood Ward		Personality Disorder	18+	Female	10
			Linden Ward		Rehab type 2	18+	Male	12
Barchester	Billingham Grange	Billingham	Grange	Mental health	Locked rehab	18+	Male	17
			Hart		Locked rehab	65+	male	17
			Wynyard		Locked rehab	18+	female	16

The total number of independent sector beds located in the geography of NENC is 257. Although the exact proportion fluctuates over time, between 5% and 10% of these beds are generally occupied by NHS patients with homes in North East North Cumbria. Most admissions to these wards are from other ICBs.

Current quality of services as rated by the Care Quality Commission (CQC)

Provider	Site / Service	Safe	Effective	Caring	Responsive	Well Led	overall	Date of CQC report
CNTW	Overall Trust	G	O	O	O	O	O	July 2018
	AMH urgent care wards	RI	G	G	G	G	G	July 2018
	Rehab wards	G	G	G	O	O	O	July 2018
	MHSOP wards	G	G	O	G	G	G	July 2018
	Learning disability wards	RI	RI	G	RI	RI	RI	Aug 2022
TEWV	Overall Trust	RI	RI	G	G	RI	RI	Oct 2023
	AMH urgent care wards	RI	G	G	G	RI	RI	Oct 2023
	Rehab wards	RI	G	G	G	G	G	Oct 2023
	MHSOP wards	RI	G	G	G	G	G	Oct 2023
	Learning disability wards	RI	RI	G	RI	RI	RI	Oct 2023
Northumbria FT	MHSOP wards	G	G	G	G	G	G	May 2016
Gateshead FT	MHSOP wards	RI	G	G	RI	RI	RI	Aug 2019
Affinity (Priory)	Middleton St George	G	G	G	G	G	G	July 2021
CQC carried out a quality inspection of the Middleton St George Hospital in March 2024. The formal results of this inspection are awaited but depending on these results, the rating of this hospital may change.								
Cygnet	Hexham Hospital	RI	G	G	G	G	G	May 2022
	Newham House	G	G	G	G	G	G	July 2023
	St Williams	G	G	G	G	G	G	April 2022
	Victoria House	G	G	G	G	G	G	Oct 2022
	Appletree	G	G	G	G	G	G	Jan 2023
CQC are carrying out a quality inspection of Appletree. The formal results of this inspection are awaited but depending on these results, the rating of this hospital may change.								
Barchester	Billingham Grange	G	G	O	G	O	O	Jan 2019

Key: *O = Outstanding; G=Good, RI = Requires Improvement, I = Inadequate*

This table tells us that most inpatient care located within the ICB's area has been rated as 'good' or 'outstanding'. Learning Disability wards have notably lower inspection scores than other wards. The ICB is aware that CQC are currently carrying out additional inspections of two independent sector facilities and that this may change the current ratings.

Appendix 3

North East and North Cumbria (NENC) Action Plan 2024/25

Action(s)	Lead(s)	Timescale(s)
Provider staff aligned and working collaboratively with the ICB	ICB Transformation Team	End of Quarter 1
Maintain engagement with IPQT system partners including lived experience groups	ICB Transformation Team	End of Quarter 2
Incorporate Senior Intervenor recommendations into planning	ICB Transformation Team	End of Quarter 2
Define initial priorities for Service Development Fund spending	ICB Transformation Team	End of Quarter 2
Share the plan with lived experience boards	ICB Transformation Team	End of Quarter 2
Northumbria social workers co-located in health office	Northumbria Healthcare Foundation Trust	End of Quarter 2
24/7 Community Mental Health Pilot Bid (North Cumbria), commencement implementation subject to successful bid	Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust	End of Quarter 2
NHSE capital funding initiative: bid submitted, awaiting outcome	ICB Transformation Team / NHSE	End of Quarter 2
Develop a 3-year IPQT plan for NENC ICB	ICB Transformation Team	End of Quarter 3
Scope use of Multi agency discharge events and identify best practice	ICB Transformation Team	End of Quarter 3
Embed Mental Health, Learning Disability and Autism dashboard	ICB Transformation Team	End of Quarter 3

Scope current alternative to admission provision including safe havens/crisis hubs/assertive outreach hubs	ICB Transformation Team	End of Quarter 3
Update the 2023 bed census. Identify regional variation compared to national norms	ICB Transformation Team	End of Quarter 3
Implement and review Trusted Assessor Role	Complex Care Directorate ICB	End of Quarter 3
Market Position Statement following housing needs assessment	ICB Transformation Team	End of Quarter 3
Understand community mental health transformation across the ICB and joint working of general practices, local authority, VCSE and NHS providers	System wide understanding	End of Quarter 3
Ensure workforce oversight of Culture of Care implementation	NHS / Independent sector providers with ICB oversight	End of Quarter 4
Evaluate models of mental health care for older adults	ICB Transformation Team	End of Quarter 4
Conduct further research on patient outcomes related to alternatives to admission	Place based delivery leads	End of Quarter 4
Trauma informed care training development and rollout	NHS / Independent sector providers	End of Quarter 4 and continue into 25/26
Implementation of Culture of Care Programme	NHS / Independent Sector providers	End of Quarter 4 and continue into 25/26

Appendix 4

What's happening now and gaps

Alternatives to admission across all pathways	
Ongoing Work	**Gaps**
• Bid for a community mental health model pilot • Assertive outreach teams / functions including 'step-up' hubs • Safe havens and crisis hubs • Together in a crisis 12-week intensive 1:1 support • Intensive community liaison for older people • NHS 111, option 2 • Crisis beds in some areas • Voluntary Community Social Enterprise (VCSE) helplines	• Bed-based alternatives in some areas • Agreed crisis model • 24/7 wider system support for crisis teams • Respite options to prevent carer breakdown • Step-up / step-down beds • Assessment day units • Mental health services for older people (MHSOP) crisis alternatives in some areas
Improving Complex Care	
Ongoing Work	**Gaps**
• 'Trusted Assessor' role • NHSE capital funding initiatives • Key working • Virtual wards • Step discharge housing support • Transitional discharge support • Discharge management systems • Intensive support team for learning disabilities • Greenlight meeting • Care Education and Treatment Reviews • Dynamic Support Registers • Social Workers attending ward rounds	• Standardised funding processes • Complex / regional commissioning framework • Personal health budgets - standard processes and increased uptake • Residential care step-downs • Discharge housing support in some areas

• Baseline assessment work to establish future needs (housing)	
Adult mental health pathways	
Ongoing Work	**Gaps**
• Homegroup discharge teams • Measuring 'red to green' bed days • Medical assistants' rollout • Step-down beds	• Increasing holistic treatment offer of crisis teams • Research about what works (e.g., community mental health model pilot) • System work to reduce 'clinically ready for discharge' • Discharge facilitators across MHSOP wards • Discharge teams with broader skill mix e.g., housing
Developing a workforce skilled and enabled to provide therapeutic and compassionate care	
Ongoing Work	**Gaps**
• Trauma-informed care training rollout • International recruitment drives • Health and social care academies (Foundation Trusts only) • Culture of care programme (for NHS organisations, Priory and Cygnet) • Positive behavioural support training for carers (4-18year olds) • Workforce plans regarding issues with medical cover (roll out of physician associate roles)	• Capacity for workforce to be agile • Psychological support for workforce • Enhanced bed management teams - 7 day working • Making space for reflective practice • Linking with higher education to ensure trauma informed approaches are embedded • Integrated Care System (ICS) workforce plan – not just organisational (wards, skills mix) • Autism champions (lived experience) • Culture of care programme for VCSEs • Reducing the bureaucratic burden

	• Safer staffing levels based on safety not just financial management • Health and social care academies for mental health
Improving alignment between local authority, ICB and provider planning processes	
Ongoing Work	**Gaps**
• Provider staff aligned and working collaboratively with Integrated Care Board (ICB) transformation team • Good links between mental health, learning disabilities and autism ICB and Associate Directors of Adult Social Services • Great north care record • Multi-agency discharge events • Multidisciplinary teams / Local Authority / discharge teams • Northumbria social workers co-located in health office • Community mental health transformation bringing general practices, local authority, VCSE sector and NHS providers together with multi-agency discussion of joint patient list in some places • Urgent care programmes developing through consultation • VCSE partnerships (Mental Health Trusts / Homegroup / Partnership / Human Kind)	• Agreeing a joint clinical offer • Overlaying plans strategically through partner forum with governance (place committees / sub-groups) • Data sharing: - e.g., inform about admissions for key working - e.g., who is in restrictive settings • Sharing of resources • Shared understanding: definitions, expectations, funding, roles, responsibilities across the system • Standard case management database • Shared access to the same data including sharing of patient identifiers to aid planning and care (much more permissive interpretation of data protection) • Triangulation of programmes

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