Joint Cluster Board - Open

Date: Wednesday 27th May 2026

Time: 12:00 - 13:45

Location: St Michael's Centre, North Rd, Stoke Gifford, Bristol BS34 8PD

Agenda Number:	5	
Title:	Progress on the Medium-Term Plan Mental Health commitment, to '**eliminate inappropriate out-of-area placements'** Assurance on progress against the commitment in the medium-term plan.	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion / For information		
Key Points for Discussion:		

The NHS England (NHSE) Medium Term Planning (MTP) Framework 2026/27 - 2028/29 requires Integrated Care Boards (ICBs) and mental health (MH) providers to:

'Localise Care, reduce out of area placements and end the commissioning of locked rehabilitation inpatient services'

The three-year plan requires a reduction in the number of inappropriate placements by March 2027 and to eliminate the practice by March 2028. In practice, the majority of out-of-area placements can be considered inappropriate.

This requirement builds on successive MH planning frameworks, including the NHS Five Year Forward View and the NHS Long Term Plan, and reflects known quality concerns associated with out-of-area mental health placements (OAPs).

These concerns were highlighted again in March 2026, when NHSE required all ICBs and mental health providers to identify alternative placements for patients receiving inpatient services at the St Andrew's Healthcare Northampton site. In response, Bristol, North Somerset and South Gloucestershire (BNSSG) ICB and Avon and Wiltshire Partnership Trust (AWP) identified 1 patient at St Andrew's. Gloucestershire ICB and Gloucestershire Health and Care NHS Foundation Trust (GHC) identified 2 patients. In addition, BNSSG ICB had recently moved one patient from St Andrews just prior to the audit. In all cases, alternative provision has now been arranged.

NHSE then requested that all ICBs audit current OAP numbers across all bed types in scope of the MTP, including patients with learning disabilities and/or autistic adults. Both BNSSG and Gloucestershire completed this audit and the results are detailed below.

NHSE also requested that ICBs discuss, in public Board, their assurance there is oversight of all MH OAPs and commitment to achieving the MTP requirement. Both BNSSG and Gloucestershire ICBs have committed to this requirement in their ICB medium-term plan submissions.

This paper provides the ICB Board with the full requirements of the MTP, the policy background, the bed types in scope, and the organisations directly involved in making placements that may be out of area. The paper reviews each MTP requirement, identifies risks, and makes recommendations to ensure that the requirements are met in full. It does this for both BNSSG and Gloucestershire ahead of the formal ICB merger.

The Board is asked to consider the paper and identify any further risks or issues relating both to assurance of full oversight of out-of-area placements and to whether the progress being made will ensure delivery of the MTP requirement to end this practice.

As the paper details, placements occur across teams and organisations, and this paper makes a series of recommendations to ensure progress continues across both BNSSG and Gloucestershire ICBs until formal merger. The Board is therefore asked to support the recommendations as priority actions.

Recommendations:	The Board is asked to consider the paper and identify any risks or issues in the assurance that: 1. All placements are accounted for 2. Progress is being made in line with the MTP to reduce OAP practice 3. Steps are in place to end this practice by March 2028 The Board is asked to support continued monitoring of the identified risks through both ICBs existing governance structures and any emerging joint governance. And to receive a further update on progress in 12 months' time. The Board is asked to raise any further priority areas or risks that should be included in the workstreams.
Previously Considered By and feedback:	Not applicable.

Management of Declared Interest:	No conflicts of interest have been identified by those authoring or contributing to this report.
Risk and Assurance:	Risk areas have been identified throughout the document by section, and scored using the ICB risk assessment scoring matrix (Appendix 1). Risks and mitigations are detailed in section 9.
Patient and Public Involvement:	The policy direction set out nationally has been informed through engagement with people with lived experience. This has been undertaken by NHS England in developing the Commissioning framework for mental health inpatient services for mental health inpatient settings and is described further in the background section.
Financial / Resource Implications:	There are no direct financial or resource requirements associated with this paper.
Legal, Procurement, Policy and Regulatory Requirements:	Policy Requirement The medium-term plan requires ICBs and mental health providers to eliminate inappropriate out-of-area mental health placements and locked rehabilitation by March 2028. Both BNSSG and Gloucestershire ICBs have committed to this in their medium-term plan submissions.
How does this impact on health inequalities, equality and diversity and population health?	For people with particular protected characteristics under the Equality Act 2010, an out-of-area placement can also mean separation from cultural and faith communities, LGBTQ+ communities, and accessible living arrangements, and can increase isolation at a time when connection and support are especially important. For groups with protected characteristics who are over-represented among people receiving out-of-area placements, reducing their use and providing suitable local alternatives should help to reduce the associated harms and improve health equality.
ICS Green Plan and the Carbon Net Zero target?	Achieving the medium-term plan commitment reduces inpatient care, and brings care closer to home, all of which support Integrated Care System (ICS) green plan objectives and are recognised as lower carbon intensity.
Communications and Engagement:	No required communication and engagement activities have been identified.
Author(s):	Neil Turney Head of Mental Health & Learning Disability & Autism, BNSSG ICB

	With contributions from colleagues across both BNSSG and Gloucestershire ICBs
Sponsoring Director:	David Jarrett Chief Strategic Commissioning Officer

Agenda Item 5

Title: Progress on the Medium-Term Plan Mental Health commitment, to 'eliminate inappropriate out-of-area placements'

1. Background

1.1 Policy background

There has been increasing recognition over the past ten years that out-of-area placements (OAPs) are costly and that sending people out of area for inpatient treatment, including acute, psychiatric intensive care unit (PICU) and rehabilitation care, is detrimental to recovery.

OAPs are associated with increased safety risks, poorer patient experience, poorer clinical outcomes, higher financial cost, and often longer lengths of stay in hospital. They can also result in people being separated from friends, family and support networks, disrupting continuity of care and potentially impeding recovery. In some cases, this can include patients being unable to access local, universally commissioned services which can further compromise care.

OAPs often also reflect wider issues in the functioning of the mental health system, including:

- Insufficient community mental health services, including alternatives to admission, leading to escalating need and avoidable demand on inpatient capacity.
- Insufficient inpatient capacity to meet unavoidable demand for admission.
- Poor discharge management, and insufficient housing and social care support, which can result in patients remaining in hospital when clinically ready for discharge (CRFD).

In 2016, the Five Year Forward View for Mental Health (FYFVMH) set out priority actions for the NHS by 2020/21, including the intention that 'out of area placements for acute care should be reduced and eliminated as quickly as possible'. In 2019, the NHS Long Term Plan, together with its Mental Health Implementation Plan, continued this direction by focusing on reducing lengths of stay in out-of-area inpatient settings and investing in local acute inpatient wards to improve quality and reduce admissions.

The Community Mental Health Framework (2021) (CMHF) continued this policy direction by seeking to end the use of out-of-area placements and minimise the need for restrictive inpatient care, including locked rehabilitation placements. It also promoted alignment with NHS Improvement's Getting It Right First Time (GIRFT) programme, which included recommendations focused on

reducing out-of-provider placements and supporting 'the aim that no one receives rehabilitation support outside of their local network of care'.

Although progress has been made nationally, it is recognised that the COVID-19 pandemic affected the full delivery of policy.

To achieve these quality improvements, the NHS England Medium Term Planning Framework 2026/27 now requires ICBs and mental health providers to achieve the following:

- **Localise Care, reduce out of area placements and end the commissioning of locked rehabilitation inpatient services**

Specifically setting the following targets:

- **2026/27 – Reduce the number of inappropriate out-of-area placements by the end of March 2027**
- **From 2027/28 onwards, ICBs should only commission mental health inpatient services for adults and older adults that align with the Commissioning framework for mental health inpatient services**
- **By March 2028 – Reduce, or maintain at zero, the number of inappropriate out-of-area placements**

This includes the elimination of all locked rehabilitation placements. Although locked rehabilitation is not a formal bed type, it's environmental features are set out in the Commissioning framework for mental health inpatient services, developed by NHS England to support commissioners to commission in line with policy. ICBs must adopt this framework by 2027/28.

Both BNSSG and Gloucestershire ICBs have set their 2026/27 OAP target as zero. Whilst this means there is a risk of non-compliance at points throughout the year, it sets the ambition to continue to reduce OAPs and eliminate this practice and is informed by recent past performance.

1.2 Definition of 'out-of-area placements' in mental health services

The Department of Health and Social Care provides the detailed national definition of inappropriate out-of-area placements in acute care, see here, and an overview definition of an **inappropriate** OAP is also provided within the Medium-Term Planning Framework 2026/27 to 2028/29, which states:

An inappropriate OAP occurs when a patient with assessed acute mental health needs who requires non-specialised inpatient care (ICB commissioned) is admitted to a unit that does not form part of the usual local network of services.

Whilst exclusion criteria exist and may apply in certain circumstances, for example where there are safeguarding concerns or where this reflects patient choice, in practice most out-of-area placements can be considered inappropriate.

1.3 Bed types in scope and reporting levels

To meet the requirements of the medium-term plan, commissioners must eliminate out-of-area placements across the following bed types. It should be noted that, across the bed types in scope, there are differences in reporting arrangements and in the organisations leading individual

placements. Ending this practice will therefore require leadership and coordination across teams and organisations.

Whilst 'locked rehabilitation' is not a recognised bed type in the typology of ward definitions, it is defined in the Commissioning framework for mental health inpatient services by ward features that include:

- Restrictive
- Long-stay
- Institutional
- Outside a rehabilitation pathway that enables step-down

Therefore, to comply fully with the medium-term plan, commissioners must commission in line with the framework rather than focusing solely on avoiding providers or settings.

The table below includes all seven bed types in scope of the MTP requirement. The South-West Provider Collaborative, led by Devon Partnership Trust, has been included to provide full oversight of patients who are placed out of area and were reported in the NHS England audit return.

The South-West Provider Collaborative is an NHS-led partnership of mental health, learning disability and autism providers across the South West, led by Devon Partnership NHS Trust, which plans, commissions and oversees specialised services across the region so that people can receive high-quality care as close to home as possible. As such these placements are not commissioned directly by the ICBs, with commissioning responsibility held by the Provider Collaborative.

Organisation leading placements	Bed type used	Reporting process in place
BNSSG system		
AWP	1: PICU	OAP numbers in these bed days are reported on monthly. System Intelligence teams compile in line with national reporting requirements and national datasets.
	2: Mental Health Adult Acute	
	3: Older Adult Acute	
BNSSG ICB Individual Funded and Complex Care Team (Mental Health Team) ICB teams make individual placements based on assessed need and provide oversight of individuals placed care.	4: Adult Neuro-Psychiatry / Acquired Brain Injury	No standardised OAP reporting exists for these bed types. Reporting and OAP numbers held at team level.
	5: Adult Mental Health Rehabilitation (Mainstream) Service	
BNSSG ICB	6: Adult Mental Health Rehabilitation for Adults with	No standardised OAP reporting exists for these bed types.

Individual Funded and Complex Care Team (Learning Disability and Autism Team) ICB teams make individual placements based on assessed need and provide oversight of individuals placed care.	a Learning Disability and/or Autism (Specialist Service) 7: Acute Mental Health Unit for Adults with a Learning Disability and/or Autism	Reporting and OAP numbers held at team level. Whilst separate reporting exists on overall inpatient numbers where patients have a learning disability, and/or are autistic, this reporting is not out of area specific.
Gloucestershire system		
GHC	1: PICU	OAP numbers in these bed days are reported on monthly.
	2: Mental Health Adult Acute	
	3. Older Adult Acute	
	5: Adult Mental Health Rehabilitation (Mainstream) Service	Monthly STAR (Specialist Treatment and Rehabilitation) Panel Meeting – system attendance. Reporting and OAP numbers held at team level.
Gloucestershire ICB Continuing Healthcare Team & Older Adults MH (S117) ICB teams make individual placements based on assessed need and provide oversight of individuals placed care.	4: Adult Neuro-Psychiatry / Acquired Brain Injury	Reporting and OAP numbers held at team level.
Gloucestershire ICB High Needs Team Dynamic Key Worker Service	6: Adult Mental Health Rehabilitation for Adults with a Learning Disability and/or Autism (Specialist Service) 7: Acute Mental Health Unit for Adults with a Learning Disability and/or Autism	No standardised OAP reporting exists for these bed types. Reporting and OAP numbers held at team level. Whilst separate reporting exists on overall inpatient numbers where patients have a learning disability, and/or are autistic, this reporting is not out of area specific.
Services across both systems		
Devon Partnership Trust – Provider Collaborative Leads in specialist provision where people have complex needs for secure services	Included to show the full oversight of BNSSG & Gloucestershire patients who are out of area.	Separate reporting exists on overall inpatient numbers but is not OAP specific. ICB Individual Funded and Complex Care Teams work closely with Provider Collaborative to support discharge planning.

To achieve the MTP the following risk has been identified and is described in detail in section 9.

Risk 1: There is no standardised OAP reporting for four of the bed days in scope, and system intelligence reporting should be developed to provide greater oversight and assurance of the progress required.

2. March 2026 Audit Position

NHSE required all ICBs to audit their out-of-area placements by 2nd April 2026. The audit required ICBs to count all patients placed out of area, whether the placement was considered appropriate or inappropriate, and to record the type of bed used. ICBs were also required to report the number of patients with a learning disability and/or autistic adults. Both ICBs completed this audit and given the low numbers involved, the audit results have been grouped by placing organisation rather than by the individual bed types used in the audit return.

AWP also reported the number of patients who were 'in area' but 'out of trust'. Although this was not a requirement of the audit, it indicates the number of patients placed locally in independent sector beds who, in an optimal local system, would be receiving care in AWP inpatient beds. In practice, AWP seeks to bring people back into AWP beds as soon as clinically appropriate. This measure therefore also provides an indication of local system performance.

Lead organisation	Patients reported	Inappropriate / appropriate	Out of area
BNSSG system			
AWP	4	Appropriate	No
BNSSG ICB Individual Funded and Complex Care Team (Mental Health Team)	6	Appropriate	Yes
BNSSG ICB Individual Funded and Complex Care Team (Learning Disability and Autism Team)	7	Appropriate	Yes
South-West Provider Collaborative BNSSG Patients	8	Appropriate	Yes
Gloucestershire system			
GHC	10	Appropriate	Yes
Glos ICB MH placements	0	N/A	N/A
Glos ICB LDA placements	3	Appropriate	Yes
South-West Provider Collaborative Gloucestershire Patients	13	Appropriate	Yes

The audit has identified relatively low numbers of patients are out of area across all bed types. As described in risk 1 above, standardised and regular reporting across all bed types in scope can provide further oversight and assurance that the required progress is being made to achieve the requirements of the MTP.

3. Progress on MTP requirement to reduce placements by the end of March 2027

The MTP requires systems to make improvements in reducing out-of-area placements and locked rehabilitation by 2027, specifically:

- **2026/27 – Reduce the number of inappropriate out-of-area placements by the end of March 2027.**

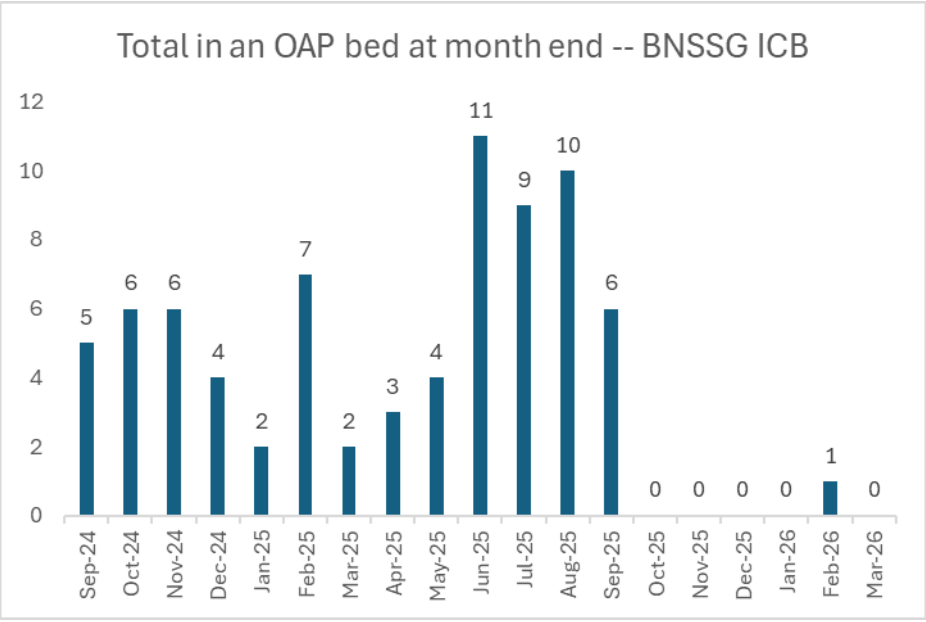
BNSSG Performance Bed Types 1-3

In line with national reporting, regular standardised reporting only applies to three bed types:

1. Adult Acute
2. Older Adult Acute
3. PICU

Table 1 below shows significant improvement over the last 18 months. Progress has been sustained, with compliance reached in October 2025. As BNSSG finished the 2025/26 year with no OAPs, the target remains set at zero, and whilst any recorded placement results in non-compliance this demonstrated our system commitment to eliminating this practice. Reporting is based on a month-end snapshot.

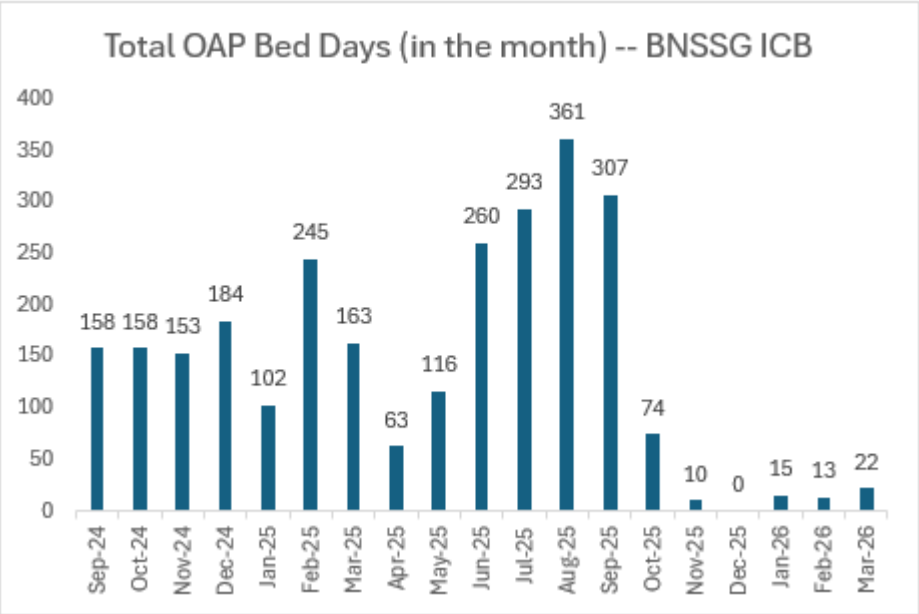
Table 1 – BNSSG OAP Beds Bed types 1-3



Step-change improvements have been driven by AWP-led initiatives, including strengthened flow governance, more assertive stewardship of out-of-area placements, and improved discharge coordination through the Transfer of Care Hub, which has been developed over the last 18 months. The sustained period at, or close to, zero suggests that these improvements have been embedded beyond a one-off surge response.

Inappropriate out-of-area placement bed day counts provide a more accurate measure of progress because they capture both how often placements occur and how long they last. Table 2 shows BNSSG improvement over the same 18-month period.

Table 2 – BNSSG OAP Bed Days - Bed types 1-3



Across both measures, AWP has demonstrated sustained improvement. Where performance has deteriorated, targeted admission quality and flow improvement initiatives have helped to restore and maintain performance.

This has included focused work to strengthen operational grip. For example, the short-term 'Flow Fortnight' approach was used successfully in summer 2025 to address a period of sustained inappropriate out-of-area placements and increased out-of-area bed days. Learning from this work is now informing the 'Project Zero' approach, which is being embedded as business as usual. Project Zero is a programme of key improvement actions, including greater clinical oversight, the removal of barriers to discharge, rapid escalation and increased multi-agency working. BNSSG is therefore demonstrating progress towards the March 2027 objective of reducing out-of-area placements.

In reviewing the reporting processes, the following risk has been identified:

> **Risk 2.** The Transfer of Care Hub often supports patients who are from out of area and may therefore not be recorded by AWP. If these patients are also not recorded by their respective ICBs, there is a risk that their care may lack full oversight. Work is underway to explore this and ensure there are no gaps in reporting between AWP, other trusts and independent mental health beds. It is recommended that this work continues.

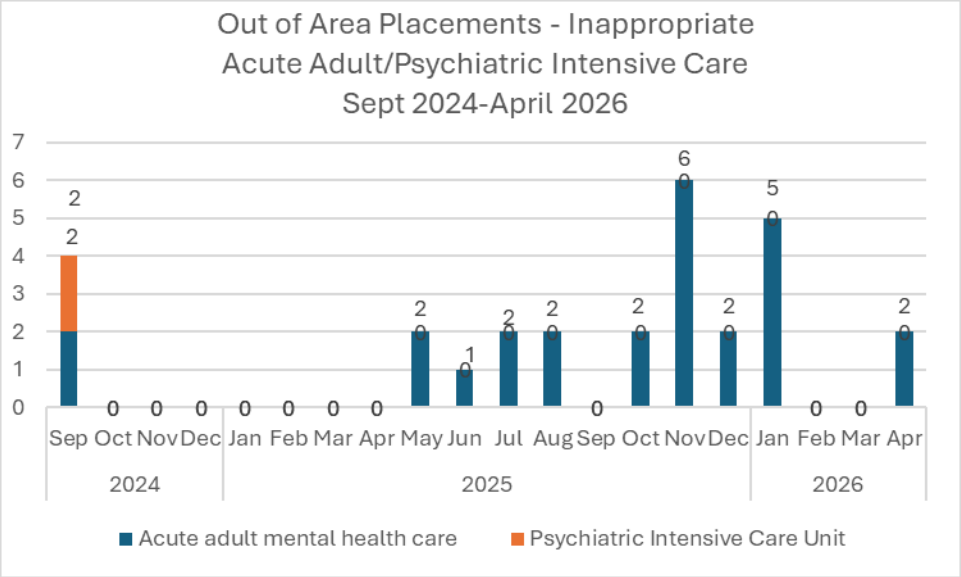
BNSSG Performance Bed Types 4-7

4. Adult Neuro-Psychiatry / Acquired Brain Injury
5. Adult Mental Health Rehabilitation (Mainstream) Service
6. Adult Mental Health Rehabilitation for Adults with a Learning Disability and/or Autism (Specialist Service)
7. Acute Mental Health Unit for Adults with a Learning Disability and/or Autism

Although placement numbers for these bed types are low, there is no standardised reporting available for them, and it is recommended that this is developed. This will provide greater oversight and identify where further action may be required.

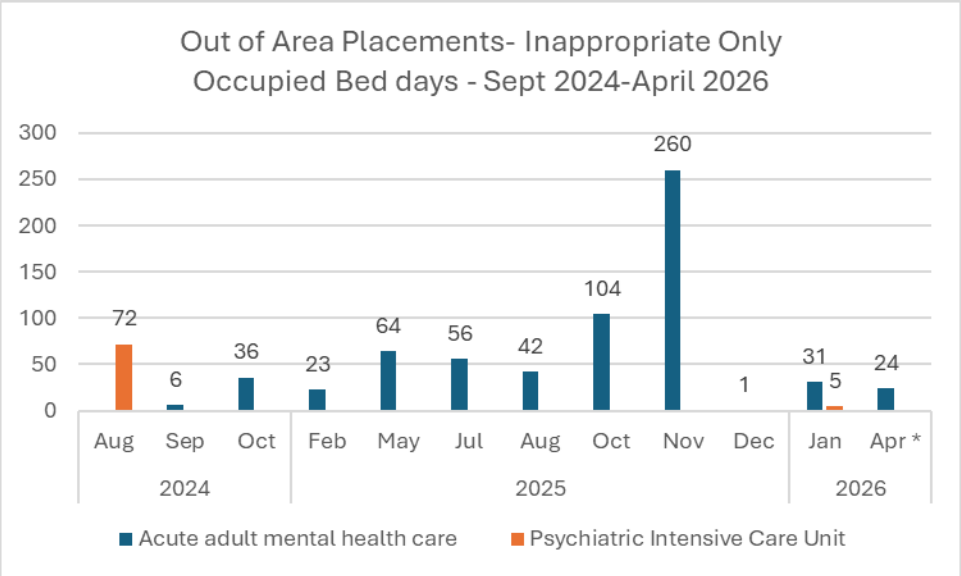
Gloucestershire Performance Bed Types 1-3

Gloucestershire also has a 2026/27 target of zero OAPs, and the Gloucestershire system has a strong and consistent track record in minimising OAPs. As illustrated in the graph below, there have been sustained periods with zero OAPs for adult acute and PICU placements, with no adults having been placed out of area for a PICU bed since 2024. In 2025, the average number of inappropriate OAPs was 1.3 per month, broadly aligning with the expected seasonal variation outlined in the local planning trajectory, with a modest increase observed during the summer months. This can be seen in Table 3 below.



During 2025/26, periods of sustained system pressure have been observed, resulting in higher-than-usual OAPs. Increases were particularly evident around bank holiday periods, with additional peaks in November and January associated with workforce capacity pressures.

There is a clear relationship between the number of OAPs and associated occupied bed days. While increases in placement volumes generally correspond with higher bed utilisation, variation in length of stay significantly influences overall impact. Periods with relatively low numbers of OAPs can still result in disproportionately high bed days, indicating delays in repatriation and complexity of need. This is shown in Table 4 below.



Key contributing factors to overall performance include:

- Reduced discharge activity, linked to limited availability of senior medical decision-makers and reduced senior management oversight during bank holidays, resulting in delayed clinical decision-making and onward movement
- On-call teams assuming broader responsibilities, which can affect timely coordination of patient flow and escalation processes
- Reduced community service provision, limiting alternatives to admission and delaying safe discharge planning
- Reduced workforce capacity and continuity, driven by annual leave and reliance on locum consultant cover during a period of transition to newly recruited substantive roles, impacting responsiveness, continuity of care, and consistency of clinical decision-making

Immediate actions that have been implemented to mitigate system pressures and recover system flow include:

- South-West Learning Improvement Network Project: Implementation of a Care Navigator, to support improved coordination of patient pathways and facilitate timely discharge planning
- Multi-Agency Discharge Events (MADE) and complex risk meetings: Strengthening system-wide oversight of high-risk or delayed patients and enabling coordinated decision-making
- Daily operational huddles: Providing real-time visibility of capacity and demand, supporting proactive management of flow and escalation
- Planned peer review and 72-hour post-admission reviews: Ensuring early senior clinical input, validation of care pathways, and prompt identification of opportunities to repatriate or step down care

The system continues to work with GHC and wider stakeholders to sustain its strong OAP track record but acknowledges the step change required to eliminate all inappropriate OAPs in line with the MTP as part of the inpatient transformation programme.

Gloucestershire Performance Bed Types 4-7

1. Adult Neuro-Psychiatry / Acquired Brain Injury
2. Adult Mental Health Rehabilitation (Mainstream) Service
3. Adult Mental Health Rehabilitation for Adults with a Learning Disability and/or Autism (Specialist Service)
4. Acute Mental Health Unit for Adults with a Learning Disability and/or Autism

As with BNSSG, Gloucestershire has no standardised reporting for these bed types, and it is recommended this is developed across both systems.

Considering all 7 bed types the the following risks have been identified:

Risk 3: There is no specialist learning disability and autism mental health ward provision in area. As such, aside from exclusion criteria, any placement in bed types 6 or 7 is likely to be inappropriate. Community and admission-avoidance capacity should therefore continue to be developed as a priority.

Risk 4. Insufficient mental health system capacity may mean that in periods of sustained pressure community capacity may be exceeded and lead to out-of-area placements.

Risk 5. Insufficient local provision for individuals with complex needs across both systems, could result in increased restrictive, out-of-area or higher-cost placements. This may negatively impact patient outcomes, experience, and length of stay, as well as increasing system and financial pressures.

4. Progress on the MTP requirement - Alignment with the Commissioning Framework

The MTP requires ICBs to:

- **From 2027/28 onwards, ICBs should only commission mental health inpatient services for adults and older adults that align with the Commissioning framework for mental health inpatient services**

To achieve this, the following governance arrangements have been established.

BNSSG

BNSSG ICB and Bath, Swindon and Wiltshire (BSW) ICB are working with Avon and Wiltshire Partnership Trust (AWP) to align commissioning and operational delivery with the Commissioning framework for mental health inpatient services. An Inpatient Quality Transformation Plan and Board has been established to:

- Provide a local roadmap to meet national expectations
- Strengthen system governance
- Improve the culture of care through a shift towards trauma-informed, least restrictive practice
- Improve flow and discharge
- Improve pathway integration
- Strengthen data and performance processes
- Support sustained performance improvement

Achievements to date include the development of a more collaborative model of care, including the roll-out of the "Your Team, Your Conversation, Your Plan" approach, which has increased the therapeutic value of admission and improved access to psychological and multidisciplinary interventions. Care is now more psychologically informed, and ward environments have improved.

The following risk has been identified:

> **Risk 6:** Alignment with the Commissioning Framework for Mental Health Inpatient Services is currently inconsistent across BNSSG and across bed types. As such, some parts of the system are further progressed than others in applying the framework's expectations on therapeutic value, least restrictive practice, pathway design, discharge and rehabilitation. It is recommended that the Inpatient Quality Transformation Board align with BNSSG ICB Individual Funded Care Teams to ensure consistency in approaches.

Gloucestershire

Oversight of OAPs is routinely maintained through the Adult Mental Health & Neurodivergence, and the Learning Disabilities & Autism Clinical Programme Groups (CPGs), which report into the All-Age Mental Health, Learning Disabilities and Autism Programme Board. The All-Age Board provides strategic system oversight of the portfolio, with a particular focus on inpatient quality and transformation.

Led by Gloucestershire Health and Care (GHC), the inpatient programme has applied a quality improvement approach to embed Multi-Agency Discharge Events (MADE), delivering sustained reductions in length of stay and improved patient flow for people with mental health needs, while identifying further opportunities for system resilience; this is complemented by participation in the NHS England South-West Learning Improvement Network, including the introduction of a community-based Supporting Discharge Coordinator (from end of May) and monthly outcome reviews to strengthen discharge planning and accelerate transitions into community care.

Gloucestershire has a functioning adult Dynamic Support Register (DSR) that focusses on preventing inappropriate and avoidable hospital admissions for people with a learning disability and/or autistic adults. It also focusses on discharges of people deemed clinically ready for discharge. The success of the DSR is reflected in very low admission numbers, currently only 3 inpatients all of whom are going through transition back to their own homes. DSR operational groups maintain person-centred focus through engagement of family members, Independent Supporters and other key stakeholders. The DSR ICS oversight panel address system wider issues needing resolution.

The following risk has been identified:

Risk 7: Assurance is required that the two ICBs are aligned in their use of the Commissioning Framework for Mental Health Inpatient Services across organisations, teams and governance structures.

5. Medium term priorities to eliminate inappropriate out-of-area placements by March 2028

The MTP requires mental health providers and ICBs to eliminate inappropriate out-of-area placements and locked rehabilitation by March 2028.

- **By March 2028 – Reduce, or maintain at zero, the number of inappropriate out-of-area placements**

As described in section 1, OAPs are often a result of wider issues in the local mental health system, and as such achieving the requirement of the MTP will require both individual discharge plans, and, the development of local services to ensure capacity and capability to meet local need. To achieve this, the following priority workstreams are already in place and include:

BNSSG Mental Health

- Development of the **Mental Health Emergency Department** – this will provide increased assessment and treatment capacity for people in crisis, reduce pressure on urgent care services and the health-based place of safety, and reduce escalation of need that could otherwise require Mental Health Act detention, urgent admission and/or a PICU bed.

- Development of a **Neighbourhood Mental Health Centre** – to bring mental health support closer to those who need it most and address known inequalities.

- **High Impact Users Model** – a joint system workstream to improve identification, care planning and coordinated support for people with repeated crisis presentations and highly complex needs.

- **Community Mental Health Programme** – continuing to strengthen community services, including discharge approaches for highly complex patients. This will improve flow and access to inpatient beds, support the most complex inpatients with the longest lengths of stay, and increase capacity in the current in-area bed base.

- **S117 Pathway Improvements** – it has been identified that there is an absence of community support for more complex patients. By increasing aftercare provision and rehabilitation pathways, there should be less need for out-of-area and locked rehabilitation-type provision in future.

Gloucestershire Mental Health

For individually commissioned mental health placements, work will continue to focus on stepping individuals down into community-based provision and avoiding the future use of locked rehabilitation placements. Delivery of this ambition will require closer alignment with the Inpatient Quality Transformation Board in BNSSG and the All-Age MH, LD&A Programme Board in Gloucestershire, to ensure all commissioning decisions are fully aligned with the agreed inpatient commissioning framework.

In parallel, work is underway to further develop future commissioning and contracting approaches in response to the ICB transition to clustered arrangements. This includes strengthening robust cluster-level and system-wide routine oversight, alongside clearer commissioning levers to support delivery of the Medium-Term Plan ambitions.

This will be underpinned by rigorous internal provider governance arrangements, ensuring accountability for quality, flow, and length of stay, and supporting consistent application of commissioning frameworks across services. The system will continue to work closely with partners and regional colleagues to align local delivery with regional expectations, share learning, and maintain assurance on the use of specialist provision, including the avoidance of inappropriate out-of-area and locked rehabilitation placements.

BNSSG Learning Disability and Autism

- Development of an all-age **Dynamic Support Register (DSR)**. DSRs are proven to increase professional co-ordination for individuals at risk and reduce avoidable inpatient admissions for people with a learning disability and/or autistic people. As there are no specialist in-area Learning Disability and Autism Mental Health Units, and in line with national policies to reduce reliance on inpatient units, it is strategically important to strengthen admission avoidance initiatives.

- Implementation of **AWP's specialist Kingfisher Unit** – opening from August 2026, this new inpatient service will provide specialist step-up support for people with a learning disability and/or autistic people with a treatable mental health condition who require a short inpatient intervention as an alternative to longer-term hospital placement. Capacity within both the inpatient unit and its community outreach service should be monitored closely and aligned to local need to reduce the need for future inpatient care. The unit is expected to reduce the need for future out-of-area placements.

- Establish a **Learning Disability and Autism Assurance Board** across health and social care to further reduce barriers to discharge and develop commissioning approaches to support people with complex needs. This is intended both to ensure that individuals currently using inpatient services are supported back to community placements and to develop the services required in the community.

- The BNSSG ICB Learning Disability and Autism (LDA) teams will continue to work with Provider Collaborative teams to develop plans to support adults with long lengths of stay, including people detained in secure pathways where Ministry of Justice restrictions may apply. All individuals in secure settings have an allocated ICB case manager to oversee discharge pathways.

Gloucestershire Learning Disability and Autism

The following priority workstreams are underway:

- **Dynamic Support Register (DSR)** – System Oversight and Prevention
  Gloucestershire has an established Dynamic Support Register, which has improved system visibility of people at risk and enabled earlier, proactive multi-agency planning. This has supported the prevention of avoidable inpatient admissions and improved coordination of care. The approach will continue to be sustained locally and will support further embedding and development across BNSSG.

- Developing **Community-Based Alternatives**
  Continued development of community-based crisis alternatives, such as crash pads in Gloucestershire and other local provision, to provide timely, proportionate support closer to home and reduce reliance on inpatient care for people with learning disabilities and autistic people.

- Provider **Market Development and Personalised Commissioning**
  Ongoing work to engage and develop local provider markets for complex care needs and behaviours that challenge, prioritising personalised, needs-led community placements that promote independence, improve outcomes, and reduce the need for inpatient provision.

- Addressing **Gaps in LD pathways**: Strengthening support for adults with a forensic history to enable sustainable community placements and improved local oversight, and developing more responsive provision for autistic adults, both with and without co-occurring mental health needs.

As the ICB cluster continues to merge, teams, workstreams and governance structures will develop further to improve the quality of care for adults with learning disabilities and autistic adults. There are clear opportunities to align approaches, share learning between both systems and continue to drive improvement. There will also be opportunities to develop commissioning and contracting arrangements at greater scale, particularly for people with complex needs across the cluster.

It is recognised that some individuals may present risks to themselves and/or others and require care in more secure settings. Management of these pathways will be undertaken in line with the inpatient commissioning framework, with closer alignment required between cluster arrangements and the Inpatient Transformation Board to ensure consistency, quality and robust oversight. This will include continued work with Provider Collaboratives and the Ministry of Justice in relation to people with long lengths of stay and those in secure pathways.

In parallel, the cluster will prioritise the development of specialist complex community commissioning plans and continue to strengthen clinical pathways that support step-down from inpatient and secure settings into community-based provision. This work remains a key priority to support safe discharge and reduce reliance on inpatient care. In Gloucestershire, a comprehensive learning disability pathway review is underway to explore options for accessing inpatient capacity where required and to strengthen the capability and resilience of the Community Learning Disabilities Team to better meet local need and reduce reliance on admission.

6. Progress to achieve the full MTP requirement, summary and recommendations

The MTP requires that ICBs and mental health providers:

- **Localise Care, reduce out of area placements and end the commissioning of locked rehabilitation inpatient services**

This paper provides an update on the progress being made in both the BNSSG and Gloucestershire systems toward achieving this overall aim. A number of risks have been identified with mitigations proposed to reduce and manage risk, and support progress toward full achievement of the MTP.

The Board is asked to recognise the areas where further assurance is required and support the priority actions needed to achieve full compliance with the MTP by March 2028. In particular, this includes strengthening reporting and oversight across all bed types in scope, ensuring consistent application of the Commissioning Framework for Mental Health Inpatient Services, continuing joint work with providers and partner organisations to close any gaps in oversight, and maintaining focus on the medium- to long-term workstreams required to reduce reliance on out-of-area placements and locked rehabilitation across both ICB systems. These actions will be tracked through the existing governance structures within both ICBs, and any future joint governance structures as developed.

The Board is also asked to support continued monitoring of the identified risks and to receive a further update on progress in 12 months' time.

The Board is asked to raise any further priority areas or risks so that these can be included in the workstreams.

7. Financial resource implications

There are no direct financial or resource implications arising from this paper. The workstreams currently underway are subject to ongoing resourcing requirements, but these are already in progress and are not within the scope of this paper. No additional financial risk has been identified at this stage.

8. Legal and procurement implications

No legal or procurement implications have been identified.

9. Risk implications

The following risks to achieving the MTP requirements have been identified:

Risk ref:	Risk area	Risk to MTP score (likelihood x impact)	Score	Mitigation
1: Cluster	If: Reporting is not standardised and consistent across all seven bed types for both systems. Impact: There is reduced oversight. Effect: Opportunities for required intervention may be missed, increasing the	3 x 2	6 Moderate risk	System Intelligence Teams to develop reporting to include all bed types within scope of the MTP OAP requirements.

	risk that the MTP requirement will not be met.			
2: BNSSG	If: Patients supported by the Transfer of Care Hub are non-BNSSG patients and other ICBs do not engage appropriately. Impact: There is a possibility that OAP patients are not appropriately recorded. Effect: This could reduce oversight and full assurance that all patients in contact with BNSSG, whether BNSSG patients or not, are correctly reported.	3 x 2	6 Moderate risk	Continue joint work between BNSSG ICB and AWP on out-of-area principles and strengthen Transfer of Care Hub recording assurance.
3: Cluster	If: We continue to have no / no open specialist learning disability and autism mental health provision in area. Impact: Exclusion criteria aside, all placements in bed types 6 or 7 are likely to be out of area. Effect: Where these bed types are required, placements will be inappropriate and MTP requirements will not be met.	4 x 3	12 Moderate risk	Priority should continue to be given to workstreams that support admission avoidance. These will be ICB level specific and include DSR development, strengthening of community LD teams and crisis teams, Kingfisher utilisation, and development of the Learning Disability and Autism Assurance Board.
4: Cluster	If: Mental health system capacity across both systems is insufficient. Impact: Sustained demand and periods of system pressure may exceed available inpatient and community capacity. Effect: This may lead to delays in admission and discharge, increased reliance on out-of-area placements, and a reduced ability to provide care in the least restrictive setting.	3x3	9 Moderate risk	Maintain and prioritise existing flow and demand management workstreams, with strengthened operational grip through daily system oversight. Continue to optimise discharge pathways, maximise use of community alternatives, and proactively manage escalation during known pressure periods (e.g. bank holidays).
5: System	If: There is Insufficient local provision for individuals with complex needs across both systems. Impact: There is a risk that a lack of appropriate local provision for individuals with high and complex needs, including those with learning disabilities and/or autism, will result in increased use of	4x4	16 High risk	Progress development cluster governance i.e. BNSSG Learning Disability Assurance Board and Gloucestershire All Age MH,LD&A Board to drive strategic oversight of gaps and commissioning priorities. Strengthen integration within system governance to support whole-system planning.

	restrictive, out-of-area or higher-cost placements Effect: This may negatively impact patient outcomes, experience, and length of stay, as well as increasing system and financial pressures.			Undertake pathway review to identify required service developments, including community capacity and specialist provision, to reduce reliance on restrictive and out-of-area placements.
6: BNSSG	If: Alignment with the Commissioning Framework for Mental Health Inpatient Services continues to be applied inconsistently across bed types and both systems Impact: There may be variation in care and interpretation of inpatient provision, creating variation in oversight and approach. Effect: Reducing assurance that commissioning across all bed types is in line with the framework, across BNSSG.	3 x 3	9 Moderate risk	Formally align the Inpatient Quality Transformation Board with ICB Individual Funded and Complex Care teams, with shared governance, clearer escalation routes, and regular joint review of placements and pathway gaps to support consistent application of the framework across all relevant services.
7: System	If: Alignment with the Commissioning Framework for Mental Health Inpatient Services continues to be applied inconsistently across both systems Impact: There may be variation in care and interpretation of inpatient provision, creating variation in oversight and approach. Effect: Reducing assurance that commissioning across all bed types is in line with the framework, across both systems.	3 x 3	9 Moderate risk	Ensure consistency of approach across both ICB systems and share learning from progress to date, including the progress made by the Inpatient Quality Transformation Board.

10. How does this impact on health inequalities, equality and diversity and population health?

National policy over the last ten years has increasingly focused on ending the use of out-of-area placements in favour of treatment that is located closer to people's homes.

The impact of being placed or detained in hospital away from home can be profoundly damaging. *"The Health Services Safety Investigations Body (HSSIB) found that inappropriate mental health placements can lead to anxiety, physiological stress, PTSD, and patients dying by suicide."*

Separation can compound and exacerbate distress rather than promote recovery, whether through separation from neighbourhoods, friends, family, employment, leisure activities or local communities

at a time of significant distress and vulnerability, often involving loss of liberty through detention under the Mental Health Act. The further the placement is from everything familiar, the greater the impact, and the harder it can be for friends, relatives and care co-ordinators to visit. For people with particular protected characteristics under the Equality Act 2010, an out-of-area placement can also mean separation from cultural and faith communities, LGBTQ+ communities, and accessible living arrangements, and can increase isolation at a time when connection and support are especially important.

For groups with protected characteristics who are over-represented among people receiving out-of-area placements, reducing their use and providing suitable local alternatives should help to reduce the associated harms and improve health equality.

11. Public Involvement including any Formal Consultation and Communication matters

No public involvement, consultation and communication matters have been identified.

12. ICS Green Plan and the Carbon Net Zero target

Whilst this paper makes no direct reference to the ICS Green Plan, delivery of the MTP requirement to eliminate inappropriate out-of-area placements and locked rehabilitation should result in more people being treated closer to home and in less restrictive settings, including through increased use of community provision. This supports Green Plan aims and is likely to reduce the carbon impact associated with travel and out-of-area placements.

13. Appendices

Glossary of terms and abbreviations

Acronym	Full term	Acronym	Full term
AWP	Avon and Wiltshire Partnership Trust	BNSSG	Bristol, North Somerset and South Gloucestershire
BSW	Bath, Swindon and Wiltshire	CMHF	Community Mental Health Framework
CPGs	Clinical Programme Groups	CRFD	Clinically Ready for Discharge
DSR	Dynamic Support Register	FYFVMH	Five Year Forward View for Mental Health
GHC	Gloucestershire Health and Care NHS Foundation Trust	GIRFT	Getting It Right First Time

HSSIB	Health Services Safety Investigations Body	ICB	Integrated Care Board
ICS	Integrated Care System	LDA	Learning Disability and Autism
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and other minority sexual orientations and gender identities	MADE	Multi-Agency Discharge Events
MH	Mental Health	MHA	Mental Health Act
MTP	Medium-Term Plan	NHSE	NHS England
OAP	Out-of-Area Placement	PICU	Psychiatric Intensive Care Unit
PTSD	Post-Traumatic Stress Disorder	S117	Section 117 of the MH Act

Appendix 1

BNSSG ICB risk assessment scoring matrix

Risk Assessment scoring matrix

Probability/Likelihood	Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
Almost Certain = 5	5	10	15	20	25
Likely = 4	4	8	12	16	20
Possible = 3	3	6	9	12	15
Unlikely = 2	2	4	6	8	10
Rare = 1	1	2	3	4	5

Impact/Consequence