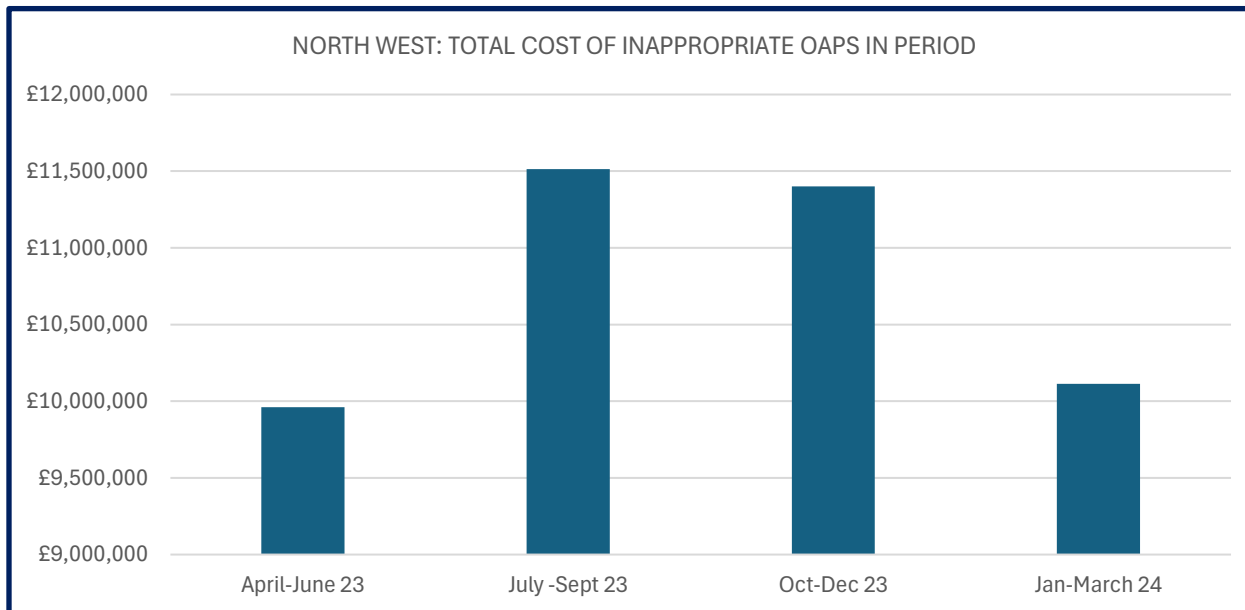
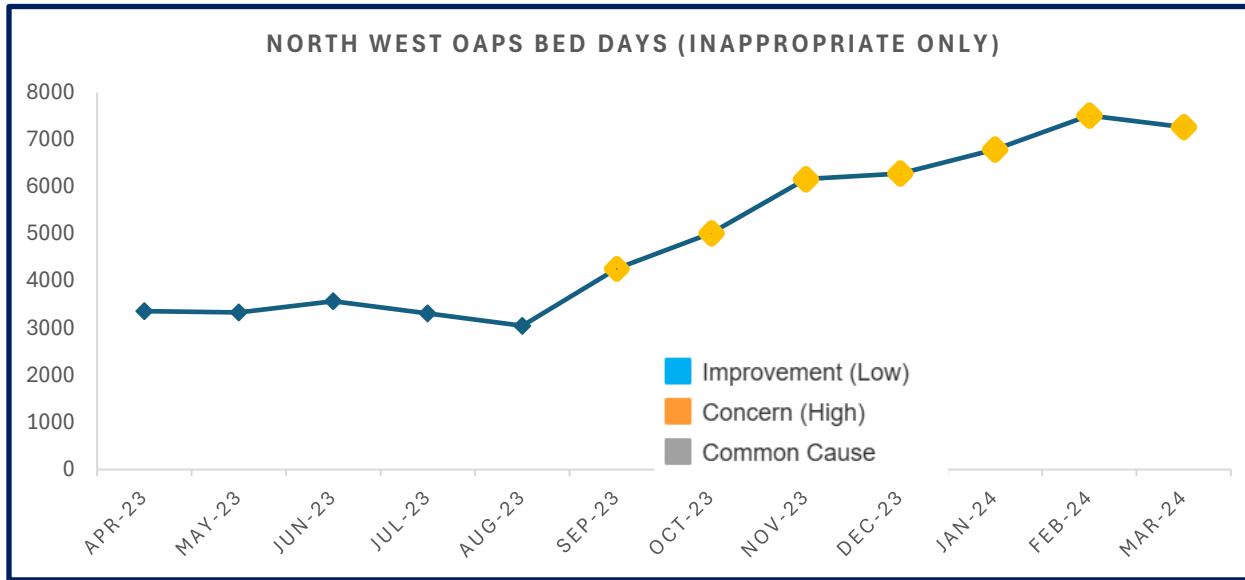


North West Region - Eliminating Inappropriate Mental Health Out of Area Placements (OAP)

Anthony Hassall
PCFT CEO and North West MHLDA
Trust CEO Forum Chair
24th April 2026



1. The Problem



- Poor patient experience
- Poor clinical outcomes
- High financial cost
- Often longer length of stay in hospital
- Separation from friends, families and support networks, disrupting the continuity of their care and potentially impeding recovery.

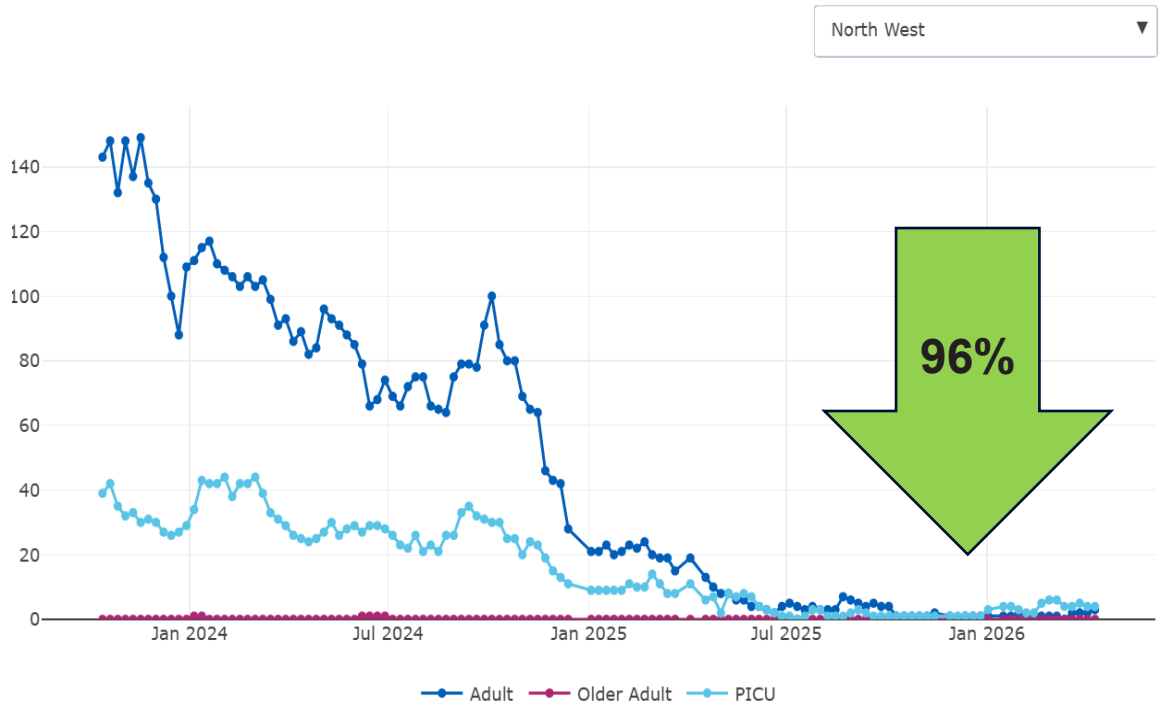
2. What did we do about it?



- Monthly Learning Forums - focused discussion and shared learning on actions in place to reduce delayed discharges – more recently MH LIN
- Regional weekly 'Inpatient Flow Sitrep' to RMT, Acute Care Delivery Group, ICBs and Trusts.
- Increased scrutiny and oversight at ICB level and Locality/Place Commissioners
- Partnership working with Local Authorities on housing and supported accommodation options
- MADE and Super Made events, daily and weekly discharge focus meetings and review meetings
- Focused improvement work and planning on reducing LOS and CRFD

3. The Results

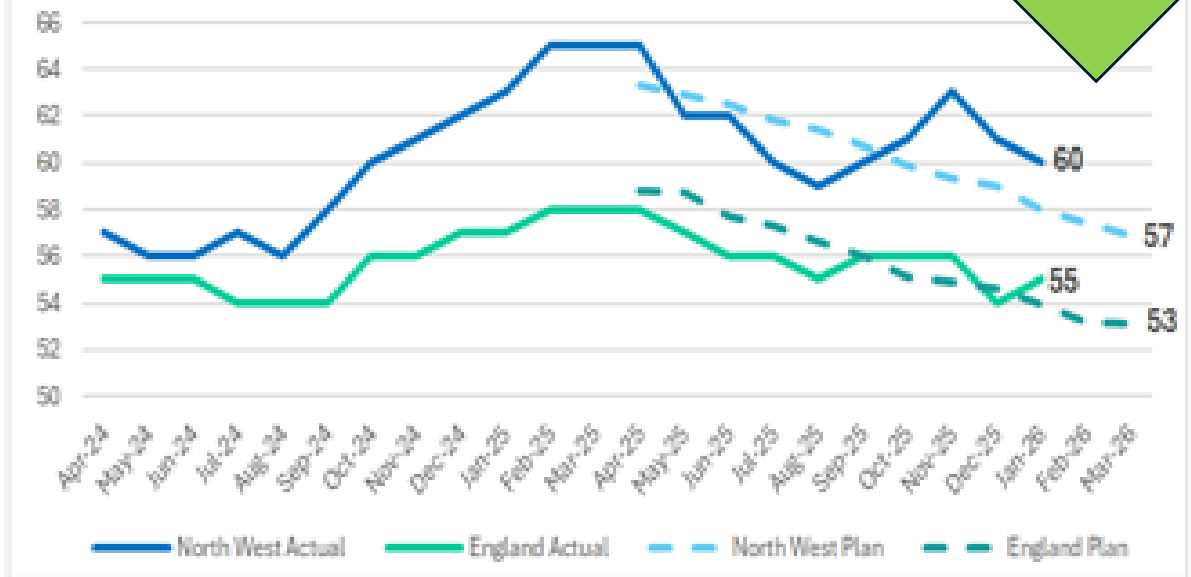
Inappropriate OAPs by Bed Type



96%

The North West have reduced the number of patients placed in inappropriate out of area placements by 96% (182 -7 between October 2023 and 10th April 2026).

Average Length of Stay - Aggregate - (Days)
North West Region and England



8%

The North West have reduced the Average LOS by 8% (65 to 60 days) April 2025-January 2026. England reduced by 5% (58 to 55 days).



4. What did we learn?

Several factors have been critical to success:



Identification and agreement of a shared priority across the Region with a joint commitment to deliver improved patient outcomes and value.



Strong relationships and trust allowed partners to have honest conversations about system pressures and shared responsibility for solutions.



Clinical and strategic leadership ensured that discussions remained focused on quality of care and patient outcomes – rather than simply capacity management and financials.



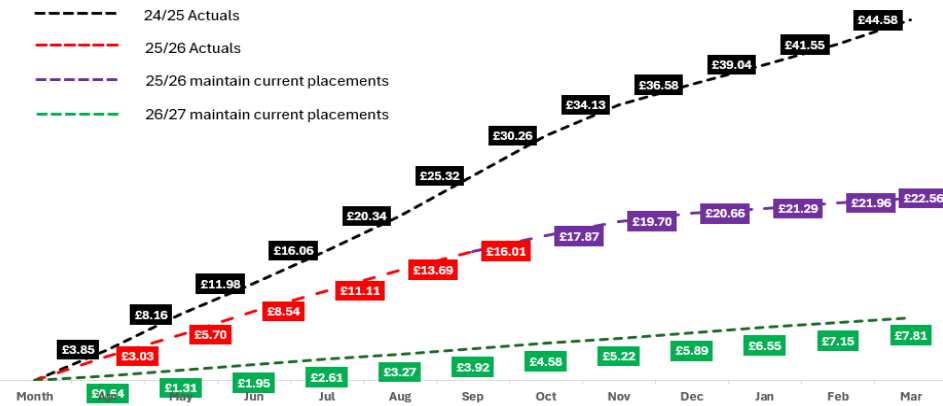
The use of transparent data enabled partners to move from anecdote to insight – identifying patterns and targeting improvement efforts.

5. Delivering Improved Patient Outcomes and Value for Money - GM Integrated Care Fund



Placements in the Independent Sector can cost over £450k per each, it is financially unviable and not the care we want to offer to service users, their families and carers. Previously costs of these placements primarily sat with the ICB. The Fund created and enabled system collaboration, underpinned by a gain and risk share across the ICB, PCFT and GMMH, driving closer working, helping to materially reduce costs. The recurrent saving from the scheme based on **current numbers is c£37m**

✓ **135** – Reduction from the peak 24/25 to Jan 25/26 in the number of placements.

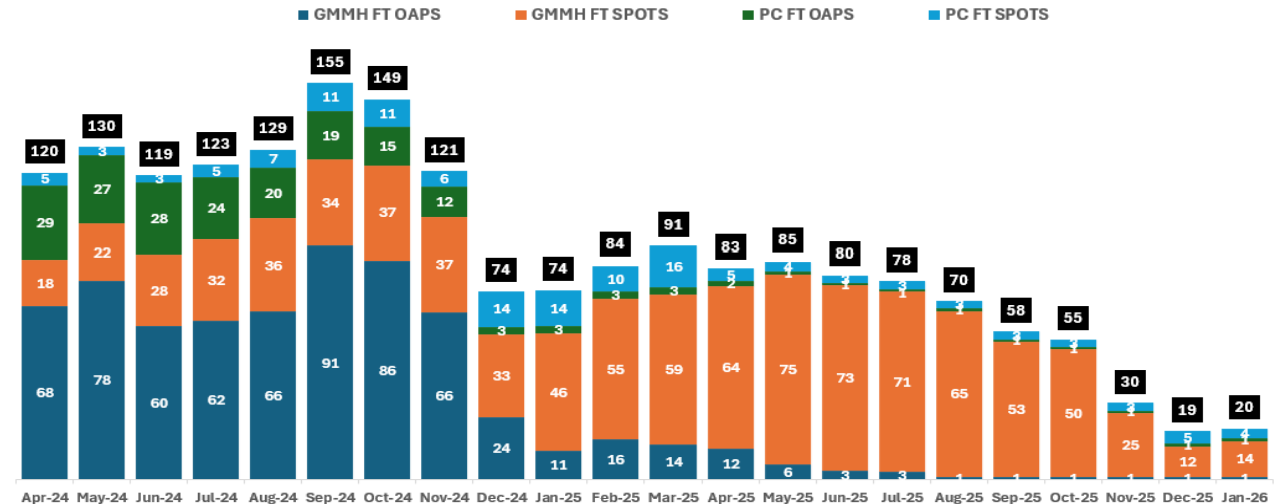


✓ **£23m** – Potential system savings in 25/26

c£23m
Improvement
24/25 vs 25/26

c£37m
Improvement
24/25 vs 26/27

✓ **£37m** – Potential recurrent system saving in 25/26



Questions...

