

Mental Health Inpatient Quality Transformation Plan 2024-2027

Year 1 progress update - July 2025

Produced on behalf of

**Mental Health, Dementia,
Learning Disability and
Autism Alliance**

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1. Executive summary

The Lincolnshire Mental Health, Dementia, Learning Disability and Autism Alliance Inpatient Strategy outlines a three-year strategic plan to improve inpatient services across the county.

This Year 1 update reflects on the progress made since the strategy's launch in July 2024, focusing on delivering safe, compassionate, and effective care, that is closer to home and shaped by the voices of those with lived experience.

In response to NHS England's Commissioning Framework for Mental Health Inpatient Services, NHS Lincolnshire Integrated Care Board (**LICB**) developed alongside the Mental Health, Dementia, Learning Disability and Autism Alliance, a co-produced strategy to transform inpatient care. The vision is to

'Ensure services are local, inclusive, and person-centred, enabling people to flourish and live well in their communities.'

The plan focuses on adult inpatient mental health services, including psychiatric intensive care and rehabilitation units.

It includes six strategic pillars for improvement:

1. Workforce
2. Environment
3. System Achievement of Patient Pathways (**SAPP**)
4. Procurement and contract management
5. Improving local system interface
6. Improving data

These pillars are underpinned by a shared model of care and a framework of "what good looks like," based on values such as being humane, equitable, therapeutic, and collaborative.

Year 1 achievements

Below are some of the main achievements over the first year of the strategy:

- Developed a detailed implementation plan which was approved and governance structures established.
- Developed a model of care template which was co-produced and piloted at Ash Villa in Sleaford, with further workshops planned at other wards.
- Implemented digital tools like electronic observations and discharge readiness tracking.
- Carers' leads were introduced on more wards. These roles, alongside with the 'Every Voice Patient Groups', enhance patient and carer involvement.
- More focus has been given to understanding the importance and influence of suitable housing for people's mental health.
- Introduced daily review of patients, focussed on reducing avoidable delays and improving patient flow, using the red2green programme.

While positive progress has been made, feedback has highlighted there continues to be a need for clearer coordination across system stakeholders and people with lived experience.

Priorities for Year 2

Year 2 will build on the successes and feedback to:

- Finalise and start to implement models of care.
- Expand training and workforce development, aligned with the new models of care.
- Enhance ward environments, to meet trauma-informed standards and align with the models of care.
- Complete demand and capacity modelling to inform future planning.
- Scope and start to address the needs of providers other than Lincolnshire Partnership NHS Foundation Trust (LPFT).
- Strengthen coordination of co-production and governance.
- Improve data integration and use it to drive decision-making.
- Start to embed wider system strategic working, by working with wider partners and using data to understand health inequalities.

2. Introduction

The NHS Long Term¹ Plan by NHS England (**NHSE**) focussed on expanding and improving the quality of care for people with mental health challenges, including people with a learning disability and autistic people. As a result, more people are now accessing community mental health services than ever before and there remains a real commitment to build on that progress, so that people can get the right care, near their homes, families and loved ones.

Lincolnshire has a [community mental health transformation programme](#) that has done a lot of work to design a joined-up model of care and offers wrap-around support to those experiencing mental health challenges, tailored to the needs of the individual and their local community.

Building on this, there is a commitment to review the current bed-based provision across the country for those who require an inpatient stay. In July 2023, NHSE published the Commissioning Framework for Mental Health Inpatient Services² which sets out a framework to identify 'what good looks like' for mental health inpatient services and a call to action. It supports the system to build on existing good practice, to ensure that every person admitted to an inpatient service experiences **safe, personalised, effective, and compassionate care**.

Through a co-produced approach, involving people with lived experience and staff, NHS Lincolnshire Integrated Care Board (**LICB**) on behalf of the Mental Health, Dementia, Learning Disability and Autism Alliance, reviewed current inpatient provision in Lincolnshire to develop a [three-year strategy](#) for improvement, in alignment with the 2023/24 Planning Guidance³. This set out the vision over the next three years and was published in July 2024.

This document now sets out the progress we have made in the first year, to put that strategy into action.

¹ <https://www.england.nhs.uk/publication/the-nhs-long-term-plan/>

² <https://www.england.nhs.uk/long-read/commissioning-framework-for-mental-health-inpatient-services/>

³ <https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

To know we have delivered on the ambitions of this programme, the following national success measures⁴ will be applied:



For accessibility, the content of the infographic is provided below in plain text:

1. Support in the community:

A greater number of people with mental health needs, including those with learning disabilities or autism, will be supported in their own community. This support will promote their rights and independence.

2. Improved patient experience:

Efforts will focus on making care more person-centred, ensuring people feel listened to and respected in inpatient services.

3. Care closer to home:

More people who do need hospital care will be able to access it nearer to their family, friends, and local support networks.

4. Improved staff experience:

Staff working in inpatient mental health, learning disability, and autism services will receive the support they need to thrive in their roles.

⁴ <https://www.england.nhs.uk/mental-health/mental-health-learning-disability-and-autism-inpatient-quality-transformation-programme/>

5. **Better support for services:**

Services will receive earlier and more coordinated help when problems arise.

Feedback from people who use services, their families, and staff will play a key role in identifying areas that need improvement.

3. Scope

Across Lincolnshire we provide different types of mental health care for children, young people, and adults. The work in this strategy is mainly focussed on inpatient adult mental health services, but we recognise that how young people transition into adult services, as well as the capacity and capability of the local community and system partnerships, will impact our ability to create improved models of inpatient care.

What's included:

- Mental health hospital services for adults, including those with learning disabilities and autism
- Psychiatric Intensive Care Units
- Mental health rehabilitation services for adults, including both open and secure (locked) units

What's not included:

- Secure services for adults (forensic or high-security care)
- Adult eating disorder services
- Mother and baby mental health units
- Specialist services for deaf adults
- Services focused on Obsessive Compulsive Disorder or Body Dysmorphic Disorder

4. Localising and realigning care

The self-assessment, our vision and our view of “what good looks” in Lincolnshire

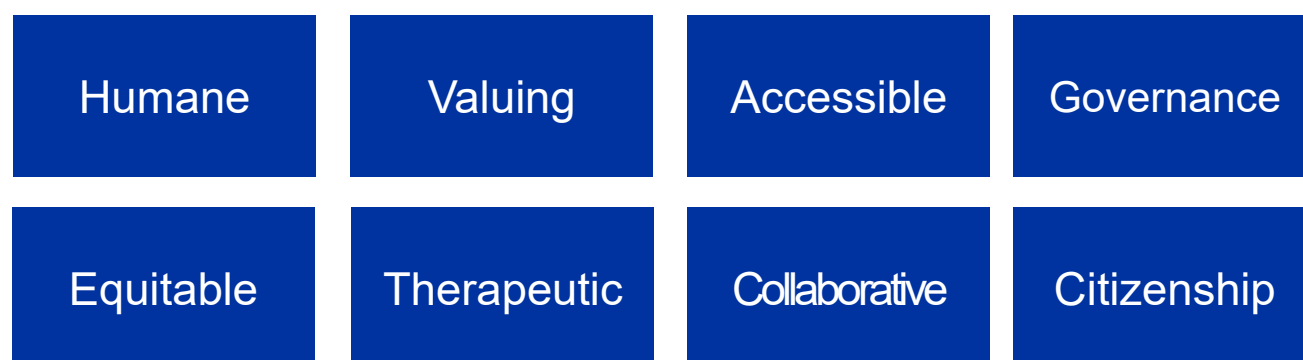
4.1. Our Vision

The aim of the Lincolnshire three-year inpatient strategy is to ensure:

- inpatient services are **local, inclusive** and deliver **safe, effective and compassionate care** to all.
- our local inpatient offer has the conditions in which **people** (patients, families, carers and staff) can **flourish**.
- our inpatient provision **meets the needs** of the population, makes **effective use of resources** and **enables people to live well in their community**.
- co-production and the **voice of lived experience** is at the **centre of all decisions** we make.

4.2. Our view of “what good looks like”

The NHS England Commissioning Guidance⁵ provided a framework to determine ‘what good looks like’. It has an emphasis on the descriptors of a good service and is set out as ‘I and We’ statements. These have been interpreted for Lincolnshire together with people with lived experience.



⁵ <https://www.england.nhs.uk/long-read/commissioning-framework-for-mental-health-inpatient-services/#4-commissioning-to-achieve-what-good-looks-like>

- **Humane:** least coercive, compassionate and caring
- **Valuing:** preventing othering and fostering a sense of belonging
- **Accessible:** early intervention and timely support; choice
- **Governance:** accountability to the people services are designed for; co-production; transparent decision making
- **Equitable:** personalised; needs led; culturally safe
- **Therapeutic:** holistic; strengths based; trauma informed
- **Collaborative:** people and families in partnership; skilled workforce; system working
- **Citizenship:** the person at the centre and as citizens in their own community

4.3. Our self-assessment

In 2024, Lincolnshire Partnership NHS Foundation Trust (**LPFT**) carried out a self-assessment to benchmark its services against our view of what good looks like, this included discussions with 103 staff and 45 patients. The results are in appendix 1.

The following six areas for improvement were identified (called strategic pillars):



1. Workforce



2. Environment



3. System achievement of the patient pathway



4. Procurement / contracting



5. Improving local system interface



6. Improving data

These strategic pillars are all underpinned by a model of care. A model of care outlines how care is delivered to individuals admitted to a particular inpatient mental health setting.

The results of the self-assessment were used to identify the areas of focus for the model of care outlined in the three-year inpatient strategy.

During the second year of this plan, we intend to carry out a further self-assessment, so that we can see what impact the actions we are taking are having for patients.

We will build on the co-production approach used previously and this time intend to include a system wide approach, which will include the views of staff from local authorities, LICB and providers other than LPFT.

5. Progress to date

5.1. Overview

The three-year inpatient strategy outlined some immediate next steps to be taken, that would create the conditions needed for it to be successfully implemented across the system.

Our progress against these is detailed below:

Actions	What we have done	Priorities for Year 2
<p>The vision/strategy needs a detailed implementation plan created</p>	<p>An implementation plan has been created and approved by the Mental Health, Dementia, Learning Disability and Autism (MHDLDA) Alliance.</p> <p>It will be reviewed regularly to ensure that it is achieving the outcomes set out in the three-year strategy.</p>	<p>Assess impact from year 1 actions.</p> <p>Update the implementation plan for year 2 to build on the learning so far.</p>
<p>Finalise programme support and project structures</p>	<p>Programme leads have been appointed in LICB and LPFT to be responsible for ensuring that improvement actions are being taken.</p> <p>An inpatient mental health transformation oversight group, comprised of staff from across LPFT and LICB has been set up, and monthly meetings held to review progress.</p> <p>The governance structures for the programme, and how it fits with other work that might impact the same patients is outlined in appendix 2.</p>	<p>Building on the solid foundation already in place, review the current setup of the inpatient mental health transformation oversight group meetings to strengthen governance and ensure we have the right people involved.</p>

Actions	What we have done	Priorities for Year 2
Undertake wider service users and stakeholder engagement	<p>We have engaged regional stakeholders to discuss progress and share good practice and learning, to make sure we have the right support, skills and challenge to further develop and implement plans.</p> <p>The 'Every Voice' patient guardian is helping to involve patients and carers in the implementation of the plan.</p>	This will continue to be a core part of improvement work.
Familiarise co-production networks with this vision	We plan to have further engagement sessions to continue to share the vision, plan and to review progress with co-production networks.	This will continue to be a core part of the improvement work.
Ensure overlap and inclusion with wider system reporting and planning processes and deadlines	The governance structures for the programme, and how it fits with other system wide MHD/LDA improvement work is outlined at appendix 2.	<p>Teams from the NHS, social care, public health, and voluntary services meet regularly to share updates and ideas across transformation programmes.</p> <p>The inpatient programme leads will be part of the regular Programme Managers meeting to ensure we work on seamless pathways and identify opportunities to make better use of the resources that we have.</p>

This first year has focussed on operational improvements to align with the NHSE commissioning framework for mental health inpatient services.

As LPFT is the main provider of mental health services (as well as support for people with learning disabilities and autistic people) across Lincolnshire, we have started by focussing on the services offered by the trust.

This has allowed us to build on actions currently underway and show progress in the first year.

We have also started to analyse information that we have available, particularly from the Lincolnshire Joint Strategic Needs Assessment (**JSNA**) and the demand and capacity modelling baseline analysis, to understand the needs of our population. Pillar six – improving data will be a key focus in the start of the second year as it will form a stronger evidence base to inform the work of the other pillars.

5.2. Developing our model of care

The six strategic pillars for improvement are all underpinned by the model of care, so the first task, after the immediate next steps, was to develop a model of care template that could be used across the system.

Our self-assessment gave us an understanding of how the services currently being provided meet our idea of what good looks like, and some areas to focus on when planning improvements.

The outcome we want to achieve is that **all wards have a therapeutic clinical model that represents the needs of its patient group.**

What good looks like when this outcome is achieved:

Humane	<p>All patients receive the least restrictive interventions.</p> <p>Discharge planning is commenced from admission.</p> <p>The support provided gives people hope.</p>
Valuing	<p>We work with people in ways that prevent othering, foster a sense of belonging and reduce stigma, rather than doing things to or for people.</p>
Accessible	<p>Working across the system to support early intervention and ensure timely support and alternatives to admission are considered.</p>
Governance	<p>Annual reviews of services are carried out by people who use them, with responses from leadership explaining how feedback will be addressed.</p> <p>Open communication about decisions, resources, and changes.</p> <p>Patients have opportunities to become patient partners and/or be involved in holding the organisation to account.</p> <p>Aligned to NICE guidance and the guidance for commissioning acute mental health inpatient services for adults with LD and Autism</p> <p>The wards' meeting schedule and structure contributes positively to the therapeutic model of care.</p>

Equitable	<p>A reasonable adjustments approach to care delivery.</p> <p>Needs led.</p> <p>Culturally safe.</p>
Therapeutic	<p>All wards deliver a relational therapeutic approach.</p> <p>See, Think, Act is embedded.</p> <p>Strengths based.</p> <p>Trauma and autism informed.</p> <p>Purposeful admission.</p>
Collaborative	<p>Patients' voices are heard and choices respected.</p> <p>Working together as a system to ensure no-one is inappropriately admitted to hospital, or experiences delayed discharge.</p> <p>Working together as a system to help people settle back into their community with the right support and reduce re-admission rates.</p>
Citizenship	<p>Patients are supported to participate actively in the community and work towards fulfilling their hopes and aspirations.</p> <p>Our mental health services, by their design and activities, support the active participation of people in their local community.</p>

5.2.1. Year 1 actions

Actions	What we have done	Priorities for year 2
<p>Ensure all wards operated by LPFT have a therapeutic clinical model of care, that represents the needs of its patient group.</p>	<p>A model of care template has been developed based on relevant NHSE guidance; See, Think, Act; and Culture of Care standards.</p> <p>A model of care has been co-produced for Ash Villa, with staff from the ward and patient partners.</p> <p>Workshops for other adult wards have been booked to co-produce their model of care.</p>	<p>Hold workshops with adult and older adult LPFT wards to co-produce their model of care.</p> <p>Support wards to move towards the planned model of care.</p>
<p>Implement patient reported outcome measures, so that we know how much a patient feels they are improving or benefiting from the care provided.</p>	<p>Recovering Quality of Life (ReQoL) and Goal-Based Outcomes (GBO) tools are now being used in LPFT adult wards.</p>	<p>Roll out GBO to older adult wards to supplement their current approach.</p>

5.2.2. Year 1 successes

✓ Continue to implement and embed the Culture of Care and See Think Act quality improvements initiatives across all inpatient wards.

The Culture of Care and See Think Act work has included leadership support coaching for directors, and ward manager training programmes, team building, as well as ward level quality improvement projects across Ward 12, Ellis ward, Maple Lodge and Brant ward.

The Culture of Care is a national quality improvement initiative led by the Royal College of Psychiatrists and NHSE. It promotes trauma-informed, anti-racist, and autism-informed approaches, with a strong emphasis on co-production and lived experience leadership.

Its aim is to transform inpatient mental health, learning disability, and autism services into environments that are:

- Safe and therapeutic for patients
- Equitable and inclusive
- Fulfilling and supportive for staff

See Think Act is a national framework developed by the Department of Health and Social Care to support relational security in mental health services. Relational security refers to the knowledge and understanding staff have of patients, themselves, and the environment, and how this is translated into safe and therapeutic care. The framework encourages staff to:

- See what is happening in the environment and with individuals
- Think about what it means
- Act appropriately to maintain safety and therapeutic engagement

✓ **Electronic observations**

Staff now record observations on an iPad that links directly to patient records. This included a major Wi-Fi programme to make Wi-Fi accessible across all LPFT wards.

✓ **A clinically ready for discharge process is in place and available on the clinical system, which is reportable.**

This allows LPFT to monitor patients' readiness to leave inpatient wards and supports successful discharge.

✓ **Carers' leads**

Leads were introduced to support families and carers involvement with patients on the wards.

✓ **Blanket restrictions**

A programme is being led by the 'Every Voice' patient group to reduce blanket restrictions on three wards.

✓ **Every Voice People Awards**

The First 'Every Voice People Awards' were held in October 2024. This was a celebration of the achievements of patient partners, peer support workers and carers champions across LPFT.

5.2.3. Priorities for year 2

Actions	Impact for patients	By when?
Finalise the proposed model of care for each adult ward	Patients will be involved in developing the model of care for the ward that they are staying on, or have previously stayed on, offering ideas for improvements across the system to achieve a better quality of care.	Dec 25
Finalise the proposed model of care for the older adult wards	Patients will be able to have a say on the model of care for the ward that they are staying on, or have previously stayed on, offering ideas for improvements to achieve a better quality of care.	Apr 26
Implement the proposed model of care for each ward	Patients will receive a better quality of care as wards move closer to the co-produced vision of what good looks like for that ward.	Will start immediately after the model of care is finalised, but it is likely to take the next two years to fully implement.
Ensure that all wards providing care for our patients have a suitable model of care	The quality of care provided across the system will be monitored, to provide more consistency for all patients, carers and families even when placed out of area.	June 26

5.3. Three Year Plan Pillars

1. Workforce

We want to have a resilient workforce who are able to deliver the therapeutic model of care and address safety/harm metrics.

What good looks like when this outcome is achieved:

Humane	Staff are supported to respond to people's distress with compassion.
Valuing	Staff feel valued and cared for. Staff experience is used to improve care and job satisfaction. Continued leadership programmes. Introduce a restorative resilience model of supervision and post incident reviews, team-based formulation, reflective practice and safety huddles.
Equitable	Environments are inclusive, safe and accessible for everyone. People are treated with dignity.
Therapeutic	Staff are supported to prioritise building relationships with people to enable continuity of care. We have suitably qualified multidisciplinary staff to deliver therapeutic interventions that meet the needs of our patients. Safer staffing levels.
Collaborative	We work collaboratively with patients to ensure their voice is heard and choices respected, where reasonable and possible. Staff have support to enable them to work with people in a high level of distress compassionately, safely and respectfully. Staff have time to care.

Year 1 actions

Actions	What we have done	Priorities for year 2
Review existing staffing levels and skill mix to achieve the model of care	A review of current safe staffing across all LPFT wards has been carried out and an acuity dashboard developed to help managers make informed decisions about how to deploy staff safely and efficiently.	Skills assessment of staff against new models of care, to complete a training needs analysis (TNA) for each ward. Identify skill mix options.

Year 1 successes

- ✓ Co-production training developed and available to inpatient staff.
- ✓ Introduced employee assistance programme for LPFT staff to help improve wellbeing.
- ✓ Power Threat Meaning Framework implemented on some wards and used as an element of reflective practice, to promote shared understanding of challenges and develop collaborative approaches to supporting people.
- ✓ Acuity dashboard showcased to other trusts in the region, who would like to develop something similar.
- ✓ Appointment of a consultant forensic psychologist to work on Ward 12 to embed more robust psychological approaches to care.

Priorities for year 2

Actions	Impact for patients	By when?
Ensure that the staffing model for each ward is aligned with the model of care for that ward	Patients receive consistent, appropriate care from staff with the right skills to meet their specific needs.	TNA completed by end Jan 26 Further work to fill the training needs will be dependent on the outcome of the TNA.
Recommendations to be implemented following a six-month programme, focusing on violence and aggression towards staff.	A safer, calmer ward environment that supports recovery and dignity. It will also provide staff with clearer guidance and ongoing improvements to reduce violence, enhancing their safety and wellbeing at work.	[TBC]
Identify key areas of focus for the releasing time to care workstream.	This workstream will improve processes and identify ways to save time for staff so that they have more time to spend with patients.	[TBC]

2. Environment



We want reasonably adjusted, trauma-informed spaces and services that meet therapeutic need.

What good looks like when this outcome is achieved:

Humane	Our environments support the wellbeing of our patients and staff.
Valuing	We value patient collaboration in the design of our environments.
Equitable	Our environments are equitable and support individual cultural and accessibility needs.
Therapeutic	We have environments that are therapeutic, trauma informed and consider sensory needs.

Year 1 actions

Actions	What we have done	Priorities for year 2
Carry out a stocktake of inpatient environments, to achieve the culture of care standards on all wards.	<p>An audit has started to assess the environment in adult LPFT wards, including how well the wards understand and meet the needs of autistic people and/or people with a learning disability; and whether they are trauma informed.</p> <p>Brant ward, Ward 12 and Maple Lodge are being reviewed as part of the national culture of care programme.</p>	<p>Complete the audit for all wards.</p> <p>Identify areas for improvement and prioritise areas for implementation.</p>

Year 1 successes

- ✓ The Every Voice group works with patients from all wards, to hold management to account and deliver quality improvements, some key projects have included:
 - 'Dragon's DeNHS' offering patients across all services the opportunity to bid for charity monies and make changes within their services to improve the experience of those accessing it.
 - 'Come Dine with me' – directors and senior leaders were invited to eat with patients on all the wards, which led to quality improvements in the food and dining experience.
 - Introducing more comfortable duvets to improve sleeping experience.
- ✓ Eradication of dormitories - A new mixed acute ward in Boston is being built to replace the remaining dormitory-based ward accommodation in the county. It was co-designed with patients and is due to open in 2026. It will be called Havenside.

Arial View



Communal lounge



Priorities for year 2

Actions	Impact for patients	By when?
Open Havenside in Boston	Care will be provided in a well-designed, pleasant ward environment that promotes recovery, and aligns with the ward's model of care and the national Culture of Care standards.	Mar 26
Capture and review reasonable adjustments data	Individual needs will be captured, so that reasonable adjustments can be made to people's environment when they are receiving care.	Dec 25



3. System Achievement of Patient Pathways (SAPP)

We want to reduce reliance on all out of area placements, shortening lengths of stay through improved patient flow and ensuring citizens are cared for closer to home.

What good looks like when this outcome is achieved:

Humane	<p>We will provide care for our patients close to their community and family</p> <p>We will plan discharge with each person at the start of their admission, mitigating the risk of delays and ensuring that transitions between services are carefully considered.</p>
Valuing	<p>We will commission and provide services that are part of a local pathway of care that promotes inclusion, strengthens people's rights and is oriented towards citizenship.</p>
Accessible	<p>We will avoid unnecessary admission to hospital, but when inpatient care is appropriate, it will not be impeded or regarded as the 'last resort'.</p>
Governance	<p>Aim to achieve:</p> <ul style="list-style-type: none"> • 85% bed occupancy, so there is flow in the system • reduced length of stay of patients in inpatient settings • zero inappropriate out of area (OOA) placements
Therapeutic	<p>Deliver therapeutic services locally to ensure quality services and engagement with community teams for discharge.</p>
Collaborative	<p>We work in partnership across our system to ensure that locally there is a range of services to support people within their communities.</p>
Citizenship	<p>Patients will be supported to be socially included in the communities that they know best by delivering services locally and helping them to remain in contact with their community during their hospital stay.</p>

Year 1 actions

Actions	What we have done	Priorities for year 2
Better understand the needs of our citizens	Data has been sourced from the JSNA Lincolnshire Intelligence Hub to support the development of a comprehensive report, aimed at identifying local population needs and highlighting existing service gaps	<p>Use the data from the 'improving data' pillar and link with the Locality Mental Health Team framework to ensure continuity of care across pathways.</p> <p>Make sure that people with lived experience are equal partners in designing and evaluating pathways.</p>
Understand the factors influencing people in Lincolnshire being provided care Out of Area (OOA), so that the number of people affected can be reduced.	<p>As at end June 25, there were zero inappropriate and four appropriate OOA placements for adult acute care.</p> <p>There were 30 OOA placements for adult mental health rehabilitation:</p> <p>3 mental health patients,</p> <p>8 people with learning disabilities and/or autism and</p> <p>19 specialist provision patients.</p>	<p>Create a summary of key factors that have contributed to achieving the zero OOA target for May, with evidence of influencing factors and future sustainability.</p> <p>Review system wide data to understand the sources and rationale for inpatient out of area referrals, and the barriers to supporting people in the community/county.</p> <p>Link to the Mental Health and Housing Strategic Framework to understand how people being provided with care OOA are affected when they do not have accommodation to be discharged back to.</p>

Actions	What we have done	Priorities for year 2
<p>Put processes in place to ensure each patient's day includes meaningful care, support, or progress toward recovery, and quickly identify and reduce any avoidable delays to discharge.</p>	<p>'Red2Green' programme has been implemented on all LPFT adult inpatient wards. This is designed to reduce the length of a patient's hospital stay by identifying and addressing delays in their care. It uses a visual system where "red days" signify non-value-adding time (when a patient is not receiving care that requires an acute hospital bed) and "green days" that show when a patient is receiving necessary care and progressing towards discharge.</p> <p>This has also reduced the length of previous 'morning meetings', releasing more time to spend with patients.</p> <p>Work is ongoing with occupational therapy in relation to recording and monitoring activities provided on the wards and digital solutions are being evaluated to improve the data in this area this.</p> <p>Case reviews of patients where housing is causing a delay to discharge are being carried out to better understand the patient journey and any barriers to accessing housing.</p>	<p>Review impact on patient length of stay and discharge.</p> <p>Consider whether 'Red2Green' programme should also be implemented in the older adults' wards.</p> <p>Implement better ways of recording activities provided on the wards so that it can be monitored and reported on.</p> <p>Learning from the case reviews will inform the mental health and housing strategy.</p>

Year 1 successes

- ✓ A Head of Housing has been employed, which will support this workstream.
- ✓ Training has been developed to support staff have a clearer understanding of housing needs and statutory duties.
- ✓ A housing needs triage and assessment form has been developed and piloted across a couple of LPFT wards, to support early identification of housing needs.
- ✓ There is a comprehensive community mental health and wellbeing offer across the whole of Lincolnshire. This will support the inpatient quality transformation in two ways, firstly by preventing escalation into secondary care through the multiple offers made by the Community Mental Health and Wellbeing Hubs, Night Light Cafes and specifically funded VCFSE groups. Secondly, the offer supports patient flow by safely stepping people down into the community through either Locality Mental Health Teams or with specialist teams such as Community Rehabilitation Team, Personality and Complex Trauma, Adult Eating Disorders and through our Locality Mental Health Teams. Equally much support is given to carers and families of people who experience serious and enduring mental illness to ensure that they have holistic wrap around support in place and this is done in partnership across the Integrated Care System.
- ✓ The Community Mental Health Rehabilitation Team has continued to successfully support individuals in their recovery, and reduce inpatient admissions by delivering personalised, community-based care that keeps people well at home.
- ✓ A site has been identified to act as step down accommodation, to allow people to move out of inpatient wards more quickly when they are clinically ready for discharge.
- ✓ Since 2023 we have seen a downward trend in system wide OOA placements for mental health rehabilitation services.

Priorities for year 2

Actions	Impact for patients	By when?
Complete the procurement for new stepdown accommodation site	This will provide patients with a supportive, less clinical environment to continue their recovery before returning home. It helps reduce stress, promotes independence, and offers ongoing care and rehabilitation, which can lower the risk of readmission. This smoother transition improves patient outcomes and frees up acute beds sooner.	Oct 25
Once the Mental Health and Housing Strategic Framework has been published, support the implementation of the recommendations for inpatient settings.	This should lead to increased collaboration across services so that patients benefit from continuous and support throughout their care pathway and will contribute to improvements in discharge planning where appropriate housing is a concern.	Strategy due to be finalised in Sept 25.
Ensure that staff and patients are aware of suitable, safe alternatives to admission and work together to keep care closer to home.	This will support safer, more sustainable, and patient-centred care. It ensures inpatients wards are used appropriately while promoting recovery, independence, and dignity for patients.	Jun 26

4. Procurement and Contract Management

We aim to adopt agreed commissioning principles, and contracting and procurement methodology, to ensure that there is quality and parity of provision across the provider landscape, both in and out of areas.

What good looks like when this outcome is achieved:

Humane	We commission services that meet the needs of our patients. We commission services that are least restrictive and where people are not confined in conditions of greater security than required.
Valuing	We commission services that are part of a local pathway of care that promotes inclusion, strengthens people's rights and is oriented towards citizenship.
Governance	Contracts provide value for money.
Equitable	We commission services where everyone counts, is treated with dignity and is safe.
Therapeutic	We will commission services that deliver therapeutic and evidence-based interventions.
Collaborative	We will work collaboratively across the system to provide a range of services for our patients.

Year 1 actions

Actions	What we have done	Priorities for year 2
Review current processes and contracts for services in place.	LICB clinical commissioning team are prioritising reviews for citizens placed in OOA hospitals, to clinically review care pathways and use of enhanced observations.	The intention is to have Lincolnshire contracts in place with providers, as opposed to individual patient funding agreements, to increase the quality and governance of the OOA placements.
Ensure equitable processes are in place for monitoring and quality assurance of local and OOA providers.	<p>LICB is piloting the Home and Host Commissioner Framework. As part of this, LICB oversees the quality and safety of all inpatient units within their area, regardless of where the patients are placed from. LICB quality team undertake planned and unannounced quality visits.</p> <p>LICB also carries out 8 weekly quality visits for people who are being cared for OOA.</p>	Continue the pilot and feed into the development of the Home and Host Commissioner Framework. Future actions will be guided by the outcome of the pilot. We will make improvements where required.

Year 1 success

- ✓ Twenty-one eight weekly quality review visits were carried out over the last year by LICB.
- ✓ 97% of the visits resulted in no concerns being raised about the quality of care.

Priorities for year 2

Actions	Impact for patients	By when?
Depending on outcomes of 'improving data' pillar, utilise data to inform decision making.	Use of data leads to a more sustainable, equitable, and outcome-focused mental health system that ultimately benefits patients and communities.	Jun 26
Engage with regional colleagues to adopt an approach to regional footprint commissioning in light of new priorities and population health needs	Ability to better meet the needs of complex individuals.	Jun 26

5. Improving Local System Interface

We want to improve our quality assurance and ensure parity across organisations as commissioners and both independent sector and NHS in county and out of area providers.

What good looks like when this outcome is achieved:

Humane	We will work together as a system following the principles of least restrictive practice.
Valuing	We will work together as a system with our patients and their families to deliver care collaboratively. We value and learn from the contributions of all system partners.
Collaborative	We will work in partnership across the system to ensure that locally there is a range of services to support people within their local communities. We gather voices of people that are representative of our local communities and the people using the range of services that we commission.
Citizenship	We will work together as a system to support individuals to promote social inclusion and lead fulfilling lives

Year 1 actions

Actions	What we have done	Priorities for year 2
Embed shared system level outcomes framework for mental health	A draft specification has been created with public health and other key stakeholders.	Finalise specification for outcomes framework.

Year 1 success

- ✓ Re-establishment of the Housing Oversight Group across a wider partnership base to ensure alignment to the Joint Accommodation Strategy group objectives.

Priorities for year 2

Actions	Impact for patients	By when?
Closer working and collaboration with wider system partners	Enhances coordinated care, improves resource sharing, and ensures patients receive seamless support across all services.	Jun 26
Development of digital/virtual tools to help oversee the care of OOA patients	This will help to make sure that patients placed OOA get the same quality of care as people that are receiving care locally and that they are brought back to the county as soon as possible.	Jun 26

6. Improving data

We want to ensure all strategic decisions are informed by transformed data.

What good looks like when this outcome is achieved:

Valuing	We will ensure that our data values individuals and captures patient and carer voices.
Equitable	We will strive to ensure our data identifies inequalities and measures what matters for patients.
Therapeutic	We will use data to monitor patient outcomes and recovery. We will use data to review whether we are meeting the aims set for the SAPP pillar.
Collaborative	We will work collaboratively as a system to measure what matters and use this information to inform strategic decisions.

Year 1 actions

Actions	What we have done	Priorities for year 2
Undertake a population data review to understand the needs of our population	Data has been sourced from the Lincolnshire JSNA and Lincolnshire Intelligence Hub, to support the development of a comprehensive report aimed at identifying local population needs and highlighting existing service gaps.	Identify the data needs for the other pillars and work closely with the MHD LDA Health Inequalities workstream, with a particular focus on those who may be more vulnerable and at greater risk of developing mental health problems and the patient carer race equality framework.

Actions	What we have done	Priorities for year 2
Review of system data capture	<p>LPFT are working on a project to improve data across the organisation.</p> <p>The outcomes from a previous piece of work focusing on 'measuring what matters' will be used to ensure that we are capturing and monitoring the important metrics to show quality of services.</p>	<p>Look at how national and local indicators can be used to measure the effectiveness of mental health pathways.</p> <p>Improve the integration of data to provide a more meaningful picture of patient experience and service impact.</p>
Demand and capacity modelling	A project lead has been identified within LPFT to progress demand and capacity work for the Trust.	Expand the demand and capacity work by working with partners to review the system wide data and look at the bigger picture for Lincolnshire.

Year 1 success

- ✓ A report on LPFT patient population demographics and diagnosis has been completed for adult inpatient wards, that gives an evidence base for decision making regarding the future use of wards.

Priorities for year 2

The priorities for year 2 of this pillar will be a continuation and renewed focus, to build on the work in year 1; therefore, no additional priorities identified.

6. Conclusion

As we move into the second year of this vital work, collaboration with staff, patients, and partners across the system is more important than ever. Despite the ongoing organisational changes in the NHS and local authorities, and increasing pressure on resources, our shared purpose remains clear: to improve care by making our system work better for the people we serve.

Change is never easy—especially in times of transition—but by working together, we can overcome barriers, realign services, and build a stronger, more responsive system.

With dedicated leads now in place to drive this programme forward, we are focused on strengthening relationships and addressing the challenges that matter most. This will be essential as we localise and reshape inpatient services to better reflect the needs of our communities.

In year 2, our key priorities will be to:

- **Update the plan** to learn from the first year and take account of the changing landscape and links with other local plans, implementing stronger governance to ensure clear accountability, recognition of risks, challenges and opportunities as well as progress tracking.
- Complete **demand and capacity modelling** to deepen our understanding of system needs and support informed, shared decision-making for the rest of the programme.
- Finalise and agree **models of care** for all wards, providing clarity and consistency in how services are delivered across the system.

7. Appendices

Appendix 1 – self assessment completed in 2024 at the start of the programme

Rating Guidance	
1	Limited evidence that principles are embedded. Scope for improvement is identifiable
2	Emerging and growing evidence of principles within the system, but they are not embedded and improvement work can be identified
3	Evidence of principles within the system, but not consistent/embedded. Plan in place, or in active development to embed.
4	Strong evidence that the principles are evident within the system, but do not yet feel fully embedded into culture and business as usual
5	Strong evidence that the principles are fully embedded within, and across the system and are part of business as usual

	Acute services	Rehab services	Autism services	LD services
Humane	3	3	3	3
Valuing	3	4	3	3
Accessible	3	3	3	3
Governance	n/a	n/a	3	3
Equitable	3	3	3	3
Therapeutic	2	3	3	3
Collaborative	4	4	3	3
Citizenship	3	3	3	3

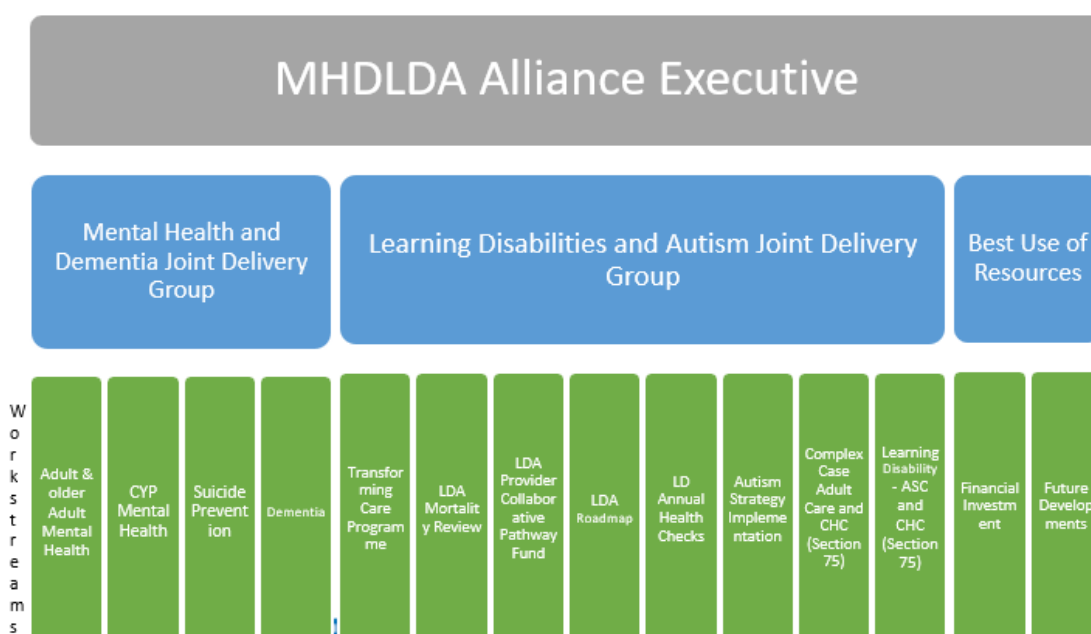
Appendix 2 – Programme Governance



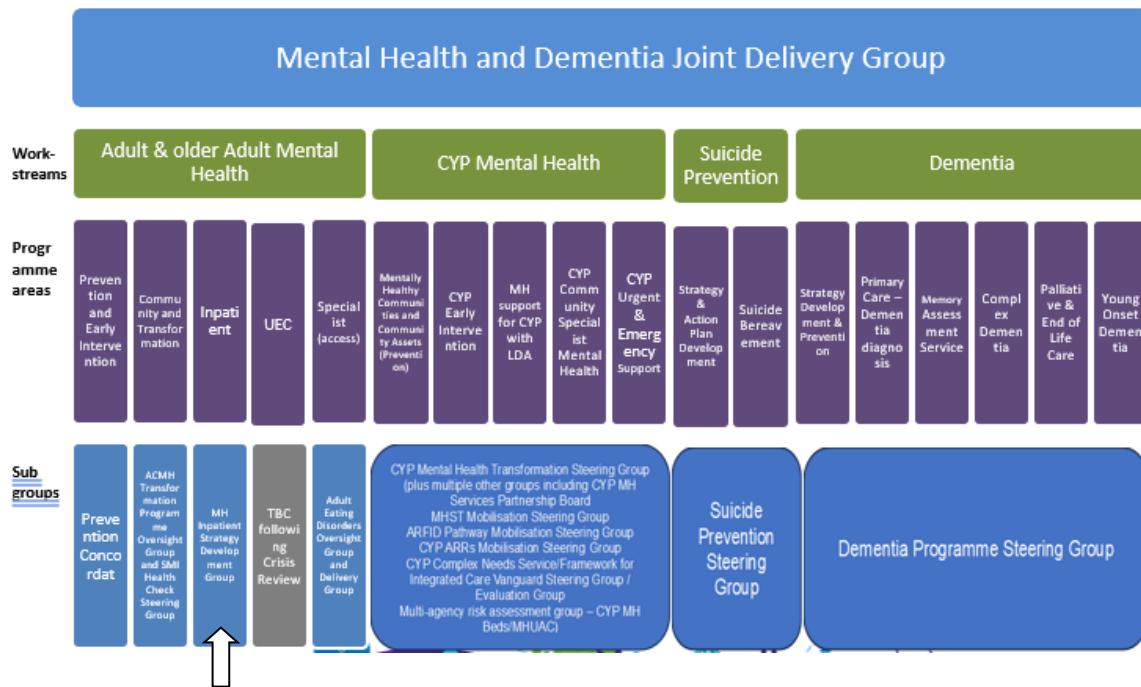
System wide governance

NHS Lincolnshire ICB Mental Health, Dementia, Learning Disabilities and Autism Work Programmes

Lincolnshire MHDLDA Alliance has a significant programme of work sitting within its governance structure. Highlighted below are some of the core groups which sit below the Alliance Executive and the workstreams which align into those.



The Mental Health Quality Inpatient Programme aligns directly into the Mental Health and Dementia Joint Delivery Group, but will also report into the LDA Joint Delivery Group.



Appendix 3 – Glossary

JSNA	Joint Strategic Needs Assessment	A process that analyses the current and future health and wellbeing needs of a local population to inform and guide decision-making and service planning
LICB	NHS Lincolnshire Integrated Care Board	Plans, funds, and coordinates health services across Lincolnshire
LMHT	Locality Mental Health Teams	These comprise Community Mental Health Teams and Integrated Place Based Teams
LPFT	Lincolnshire Partnership NHS Foundation Trust	Provides a range of mental health services across Lincolnshire
MHDLDA Alliance	Mental Health, Dementia, Learning Disability and Autism Alliance	A multi-agency partnership—including senior representatives from the NHS, local councils, voluntary/community/faith sectors, police, and individuals with lived experience—that provides strategic oversight and co-production governance for the region’s mental health, dementia, learning disability, and autism services.
NHSE	NHS England	Oversees the planning, funding, and delivery of NHS services across England, ensuring high-quality care and driving national health improvement priorities
OOA	Out of area	Out of area placements are situations where a person is sent to a mental health facility outside of their local area because no suitable inpatient bed or services are available nearby.
PTMF	Power Threat Meaning Framework	A tool that can be used to encourage a shift from a diagnostic, individualistic approach to understanding distress to a more contextualised, relational, and power-aware perspective.

Red2 green		A visual system used daily on inpatient wards where "red days" signify non-value-adding time (when a patient is not receiving care that requires an acute hospital bed) and "green days" that show when a patient is progressing towards discharge.
Strategic pillars	The six areas for improvement outlined in this plan.	(1) Workforce, (2) Environment, (3) System Achievement of Patient Pathways, (4) Procurement and Contract Management, (5) Improving Local System Interface and (6) Improving Data
SAPP	System Achievement of Patient Pathways	This refers to how well an entire healthcare system (like primary care, community care, hospitals, social care, etc.) work together to ensure that patients move smoothly through every stage of their care with the best possible outcomes.
Strategy	Sometimes called the three year inpatient strategy or the Mental Health Inpatient Strategy - 3 Year Vision.	The document that sets out the 3 vision for mental health inpatient services for Lincolnshire.
TNA	Training needs analysis	This is a process that will be used to identify gaps in employees' skills, knowledge, or performance to determine what training is required to improve effectiveness and meet the goals set out in the model of care.
VCFSE	Voluntary, Community, Faith and Social Enterprise	Sector of organisations that are neither governmental nor private businesses, but rather operate with the aim of benefiting their communities through social or charitable purposes

