

Lancashire and South Cumbria NHS Foundation Trust (LSCFT)  
Report to the Health and Adult Services Scrutiny Committee  
Community Mental Health Transformation

<b>Recommendation/Required Action</b>	The Lancashire Health Scrutiny Committee is asked to consider the progress outlined in this briefing.
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## Summary

### Purpose of the Report

This report aims to provide the Health and Adult Services Scrutiny Committee with an update in regard to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) Community Mental Health Transformation.

### Recommendation

The Lancashire Health Scrutiny Committee is asked to consider the progress outlined in this briefing.

## 1. Learning Disability inpatient facility – ‘Water Meadow View’ at Whittingham

In September 2022, LSCFT successfully received approval of £32 million capital funding for the development of a local acute mental health inpatient environment for people with a learning disability. This would support those who cannot access generic mental health inpatient support, even with reasonable adjustments. Currently all

Lancashire and South Cumbria patients who require this care go out of area to other Trusts and providers.

LSCFT attended the Lancashire Health Scrutiny Committee on the 10 January 2024 and in March 2024 shared plans for Water Meadow View, opening 2025.

### Water Meadow View Business Case Update

The Full Business Case (FBC) was given final approval by the National Clinical Advisory Team (NCAT) in June 2024, ensuring capital of £32m was secured for the work. The outcome of this FBC submission was communicated to the LSCFT in July 2024, including approval to commence delivery of the scheme.

### Water Meadow View Construction Update

The Department of Health and Social Care (DHSC) ProCure23 (P23) framework was followed by LSCFT to select a Principal Supply Chain Partner (PSCP). A full procurement exercise was undertaken, and Integrated Health Projects (IHP) was appointed to complete the works.

Full planning applications were approved at Preston City Council Planning Committee on 27 February 2024 to provide a facility that had:

- 10 flexible beds plus 4 single occupancy areas
- Community and Sensory areas.
- Rural setting with a focus on outdoor spaces, however close to local amenities
- Community Engagement
- Focus on Inpatient Pathway
- Focus on reintegration into the community.

Engagement and co-design with service users, carers and clinical leads has been pivotal throughout the process.

In accordance with planning, ecological surveys and build timeline, we are looking to a commissioned build in the Autumn 2025.

### Learning Disability Transformation to a new Model of Care

The new clinical model of care has been co-designed with a wide range of stakeholders, including the model of care steering group, services users and carers, senior leaders within LSCFT, Local Authority and Integrated Care Board colleagues, NHSE and expert colleagues from the South West. The model of care has been reviewed and discussed with CQC colleagues, National Learning Disability and Autism experts, and approved by the Medical Director and Director of Nursing in the Specialist Services Network.

Coproduction is at the heart of the new unit, Water Meadow View, with experts by experience from Learning Disability Partnership Boards, Lancashire and South Cumbria Confirm and Challenge Group and LSCFT Peer Support Workers all involved. Coproduction examples include the inclusion of a family overnight stay room, experts by experience choosing the name, helping define the scope and function of the paid roles for people with Learning Disabilities and designing the artwork to be used in the building.

Experts by experience will continue to support the programme and are working with the team currently to develop the breadth and scope of the Advocacy provision, developing accessible information for service users and their families, and supporting the development of success measures of patient experience.

In readiness for the new in-patient facility in Autumn 2025, the clinical transformation work continues through work streams for Workforce, Training & Education, Inpatient Pathways and Crisis & Community Pathways.

## **2. Patient Discharge Housing Challenges**

There is currently a national housing crisis which is impacting on Lancashire & South Cumbria residents and in turn this is leading to long length of stays on our inpatient units. The consequence of the housing crisis includes delayed discharges, an increase in our Clinically Ready for Discharge (CRFD) numbers and an increase in bed requests linked to people citing housing issues. Ultimately this impacts negatively on our patient's wellbeing, recovery and prevention of further mental health problems.

In August 2024, an audit was undertaken within LSCFT for all inpatients to determine whether they were homeless under the Housing Act 1996. This showed that 22% of all our inpatients have no home to be discharged back to.

In response to this growing problem, a number of work streams are now in place, including the 'Mental Health Housing and Homelessness Working Group', chaired by Sarah James (ICB Integrated Place Lead for Central Lancashire). Membership includes senior leaders from LSCFT, Police, District Councils, Integrated Care Board (ICB) and Lancashire County Council. The working group have actions in place to address the problems including:

- Clarifying roles of system partners and responsibilities for required actions through the group.
- Developing a shared system partners language through a glossary of terminology.
- Development and signposting to district level advice, guidance and support offers.
- Learning from best practice schemes such as the Calico scheme in East Lancashire.

- Development of LSCFT standard operating procedures in regard to homelessness and training development package for all team leaders to be put in place.
- Host locality and district level 'getting to know you' schemes for all service team leaders to improve connections, joint working, and solutions.

In addition to this there are a number of additional LSCFT internal work streams under way.

- **Detecting homelessness early in admission to inpatients;** In order to be able to provide support around housing needs at the earliest possible point following admission, a housing form is now required to be completed by our inpatient wards within 72 hours of admission. This flags any housing needs in a timely way and enables the relevant professionals to support each individual patient.
- **Additional Housing Options/Provision:**
  - **Recycling Lives** – Set up in Preston, these are 12 flats for males that support people into longer term accommodation.
  - **One Home UK** – purchase properties for people with complex needs and will make adaptations to support safe discharge.
  - **Mental Health Housing Support Worker** funded by Lancashire County Council to support inpatients.
  - **Bridge to Home/ Spring North** – pilot to provide housing expertise and support and enable timely discharge from inpatient settings.
  - **Step down beds** provided utilising non recurrent funding:
    - Lady Elsie Finney House – 100% funded by LSCFT and provides 12 beds for older adults who may be waiting for care or placement to be in placement to meet their longer term support needs.
    - Holland House – 50/50 funded between LSCFT and LCC – 6 beds to support people who are homeless and waiting for housing.
    - YMCA Together – we are currently developing a business case to work in partnership with the YMCA to deliver housing step down provision in Preston.
    - The Fountains – 3 beds
    - Brookhaven – 4 beds

The current demand for housing within the LSCFT footprint requires a priority focus through an Integrated Housing Strategy. This is currently in the process of development.

### **3. Management of mental health patients presenting in Acute Hospital Emergency Departments.**

Patients who arrive in Acute Hospital Emergency Departments (ED) and have a suspected Mental Health need are assessed and supported by Mental Health Liaison Teams (MHLTs) who are co-located or situated close to the ED sites across LSCFT footprint. The service responds to referrals from EDs within an hour and consistently meets this target in 95.9% of cases.

MHLTs are able to assess, signpost and facilitate ongoing support, whether in the community or through admission into our inpatient services. Where patients may be waiting for a bed to become available in ED departments, MHLTs are able to provide specialist advice and support and, where appropriate, start treatment.

Where a bed is required, a bed request is made to the Bed Management and Patient Flow Team, who will prioritise admission based on clinical need. A clinical Prioritisation Tool is used to aid decision making with patients being 'Red Amber Green' rated in terms of priority. For patients waiting over 48 hours in ED, they automatically become rated as "red".

In November 2024, a series of national actions was developed for stakeholder organisations involved in the care pathway of mental health patient waiting in ED's. These were developed in collaboration with mental health leads across regions, policy, improvement, and clinical colleagues. The implementation will support the targeted improvement of patient safety and experience and facilitate longer-term transformation, with the aim of:

- Improving patient experience and outcomes by reducing long term stays in ED's.
- Maximise ED capacity to care for more of the sickest people, reducing ambulance handovers and reducing occupied bedded areas.
- Strengthening the collaborative approach to management of persons with a mental health need.

These action cards will be made available via NHS Futures; please refer to the following link for the latest version: [People with Mental Health Needs in ED - FutureNHS Collaboration Platform](#)

### **4. Reducing the expenditure and usage of out of area placements.**

LSCFT has a plan to reduce its overall number of out of area beds to 93 by the end of March 2025. Progress in reducing out of area beds has been slower than the planned trajectory, due to a number of factors, including consistently high numbers of patient

that are Clinically Ready for Discharge (CRFD) and an increase in the length of stay of patients.

Actions in place to support the ongoing reduction in Out of Area Placement include:

- **Peer Review Forums** – Supported by our Associate Chief Medical Officer, these forums provide senior clinical review of patients to ensure that their treatment is being optimised and thus reducing the risk of extended lengths of stay.
- **System wide CRFD calls** currently take place 3 times a week. Patients who are clinically ready for discharge but do not have ongoing placements are discussed and both ICB and Local Authority colleagues attend to provide rapid resolution to any barriers to placement funding or identification and in overall discharge planning.
- **Locality Bed Model.** LSCFTs clinical locality networks are in the process of having a localised bed base and the ability to manage priority admissions within their area. Repatriation of patients to their local clinical network is currently underway.
- **Regular MADE events** – Multi Agency Discharge Events are being scheduled in on a regular basis following the success of a recent ICB led event in December 2024. This aims to pull senior partners together across our system to unblock any barriers to discharge.
- **Access to Care Week** – In October LSCFT hosted a ‘Focus Week’ with a view to improving access to care. The week-long event was supported by external system partners and the teams were supported with the following:
  - Trying new approaches and innovation
  - Reduction in non-urgent meetings and release of “time to lead”.
  - Engage and work closely with system partners.
  - Focus on super stranded patients and alternatives to admission.
  - Pilot of network led bed calls.

The event was a great success, and a number of new initiatives are being taken forward including the network led approach to the daily bed calls. There is a further access to care week in January.

### **Conclusion and Recommendation**

The Lancashire Health Scrutiny Committee is asked to note the progress outlined in this briefing.