

From crisis management to prevention: How the Lambeth Living Well Collaborative is driving the transformation of mental health services

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Organisation: NHS Lambeth Clinical Commissioning Group

Country: United Kingdom

Level of government: Local government

Sector: Health

Type: Partnerships, Public Service

Launched in: 2010

Overall development time: 1 year(s)

Link to the innovation's website

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Description

The Lambeth Council and the UK National Health Service (NHS) faced the challenge to save up to GBP 13 million in social services over four years. This financial imperative and collective consciousness that mental health services could be radically improved triggered the formation of the Lambeth Living Well Collaborative (The Collaborative) in 2010.

The Collaborative comprises around 30 people, including commissioners, providers of health and social care services, service users and carers. It provides a platform for these stakeholders to come together to radically improve the outcomes experienced by people with severe and enduring mental health problems.

The Collaborative was informed by a vision that “the Lambeth Living Well Area will provide the context within which every citizen whatever their abilities or disabilities, can flourish, contribute to society and lead the life they want to lead.” This vision requires public services to understand that the wider determinants of health have the most significant impact on health outcomes. The Collaborative focuses on enabling people to build personal resilience and networks in order to minimise the occasions they suffer the detrimental impacts of crises.

Why the innovation was developed

- Lambeth is a central London borough with a population of around 300 000 people.
 - The area has nearly three times more people registered with severe mental illness (SMI) than the national average.
 - As a result, Lambeth spends above national average on mental health care provision.
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Objectives

Develop staff capacity, Improve effectiveness, Improve efficiency, Improve service quality, Improve social equity, Improve user satisfaction

- The Collaborative established in its first two workshops in 2010 that it would operate according to the following principles:
 - Designing its new service offer on the principles of co-production where citizens and providers jointly design and deliver services.
 - Use its collective power to ensure that access to universal services and facilities is enabled for all citizens who are diagnosed with a long-term condition or serious mental illness. Encourage the development of strong resilient communities in the geographic area designated as the Lambeth Living Well area.
 - The Collaborative is targeting the 4,000 people currently registered on the primary care SMI (serious mental illness) register within Lambeth's 48 GP practices and about 2,000 people case-managed via Community Teams by the South London and Maudsley NHS Foundation Trust (SLaM).
 - Over the longer term, The Collaborative is striving to enable people with mental health and complex life problems to achieve the following 'Big Three' outcomes:
 - Recover & Stay Well: experience improved physical and mental health. Choose: experience increased self-determination and autonomy. Participate in daily life on an equal footing with others and specifically:- to 'connect' with family, friends, neighbours;- to 'give' in the community (eg community activities, volunteering, peer support);- to be included in society with reduced stigma and discrimination (especially in relation to mainstream services such as education, employment, and housing).
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Main beneficiaries

Government staff, High-risk populations

- People with severe mental illness (SMI).

Results

Effectiveness

- 110 people have accessed a personal health budget; 650 people have received support from a peer support network during 2012-13; 300 people were supported to move on or diverted from Community Mental Health Teams during 2012-13.

Development

Design

The Collaborative was created in January 2010 after a group of about 25 key stakeholders involved in mental health care were invited by commissioners to develop a radically different service offer. This group comprises of commissioners, providers of health and social care services, service users and carers. Organisations from both the statutory (Lambeth Borough Council, NHS Lambeth, SLaM, and GP practices) and the voluntary sector are represented on the platform. The involvement of Vital Link, a user and carer engagement organisation in The Collaborative ensured a strong process of engagement with service users and carers.

Testing

- Following this initial invitation two more externally facilitated workshops in March and May further explored the development and remit of The Collaborative. At the May 2010 event, The Collaborative decided to produce a prototype new service offer within a month that would be based on a new 'experience model' of public services.
 - The new service model was based on the understanding that people diagnosed with severe and enduring mental illness need to be supported and enabled to contribute to society. More specifically, a service experience model was co-produced which shows how The Living Well Collaborative wants public services to be experienced.
 - Weekly meetings were held to achieve this, and group members each took on the responsibility to discuss aspects of this new service offer with colleagues at their respective organisations. Shortly after the new offer was devised, it was then made public and three consultation events took place, in August and September, to give the local community an opportunity discuss this new service model and make suggestions how it could be improved.
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Implementation

Tools used:

- The key elements of the new service offer are to provide opportunities for service users to co-design new services and recommend ongoing changes; support other users to work as personal guides, peer supporters, befrienders, or volunteers; and control their own social care and health budgets.
- Other elements are improved access, easier access, better guidance, recognition of assets, capacity where it counts, development of an improved resource information service, and getting connected.
- During the discussions and consultations, providers suggested what they can put forward to the new service model. This included the development of a number of time banking partnerships and a range of peer support networks, led by the Voluntary and Community sector.
- The new service offer has been implemented incrementally from January 2011 and involved initially 15 of the 48 primary care practices in Lambeth. The next stage of development in October 2013 is to introduce a major structural change to the system of care and support via the new "Front door" – the Living Well Network which will provide help and support much earlier than the current system and provide a personalised and co-productive response via integrated multi-agency, multi-disciplinary teams.

Resources used:

- QIPP (Quality, Innovation, Productivity and Prevention) savings of GBP 3 million have been linked to interventions developed by the Collaborative over the 2011-13 period.

Lessons Learned

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- The Collaborative has evidence of the value of commissioners supporting collaboration across the market and service supply chain.
 - We are now exploring the viability of an alliance contract across primary care, social care, the VCS and secondary care encompassing the full health and social care spend (GBP 65 million per annum) on Adult Mental Health.
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Other information

*The program described in this innovation case study has been discontinued and is no longer in operation.

