

WHAT IS IT?

Trieste is a city-wide mental health deinstitutionalization and a whole system redesign. A whole new set of interlinking organisations were designed and set up to replace the old, institutionalized model.

In 1978, Franco Basaglia, persuaded parliament to close all specialized mental hospitals in Italy and replace them with a model that respected the dignity and freedom of the mentally ill, their right to live in the community and the therapeutic value of engaging them in its daily activities. Coercion, seclusion, closed doors were all eliminated.

The Department of Mental Health now has 4 Community Mental Health Centres (open door and no restraint) where therapy, medication, social life and recovery happen simultaneously.

Support is provided for the most disadvantaged and their families, through economic benefits, social integration, job training, and by linking patients to organizations and institutions that can help meet needs.

Rehabilitation is promoted through cooperatives, workshops, school, sports, recreational activities, youth groups, and self-help. Physical environments have a 'club-like atmosphere' that is normalizing (you can't tell if someone is staff, a patient, or a visitor). Pleasure is recognised as an important part of life, and the centres create time for it.

Social networks are activated to play an important role in the therapeutic process of social reintegration and group activities involve users, families staff, volunteers, friends, colleagues, neighbours, and anyone else who could be important.

IMPACT & SCALE

The community centres each provide services to the population of 60,000; are active 24/ 7 and there are only 6-8 beds for temporary patient sleepovers.

There hasn't been any specialized mental hospital in Trieste for over 35 yrs. In 2010, only 16 people underwent involuntary treatments. No psychiatric users are homeless. The suicide prevention programme lowered the suicide ratio 50% in the last 20 years. And the total cost of provision is significantly reduced, 18M Euros in 2011 compared to 28M in 1971.

ALZIRA MODEL, SPAIN



WHAT IS IT?

The Alzira model consists of a single integrated healthcare provider, which delivers care of all types to the population. Right along the patient pathway incentives for the different providers in the system are aligned to ensure that work is carried out in the most appropriate, and therefore efficient, care setting.

Integrated primary care centres (with onsite x-ray services, A&E etc) bring medical services closer to patients. A consultant physician is attached to each health centre, working with the same patients as the GP. This helps resolve medical problems in the health centre, and reduces the number of inappropriate hospital referrals.

They also use just one information system which includes links to external data. This allows for clinicians to have full access to patient history and information about their prescriptions and allows for each clinician to be held accountable.

The payment system works through innovative 'capitated budgets'. They key principles within this are:

- The private contractor receives a fixed annual sum per inhabitant
- The annual fee increases in line with the public health budget
- In return, the company must provide the health services and offer universal access to them
- The annual fee has to cover all of the expenses needed to deliver the service to include payroll, utilities etc.

The Alzira model requires commissioners to take quite a different approach to their role. In this model, the commissioners confine the contract to the specification of outcome measures and only a small number of process measures. The formal powers of the commissioner to direct the provider in detail are much more limited than is the case in the UK.

OUTCOMES

Hospitals under the Alzira model have shorter waiting times and lower readmission rates as compared to Valencia Region Hospitals.

MRI delay is just 15 days as compared to 90-120 days in Valencia Region Hospitals.

Patient satisfaction is higher- 9.1 out of ten as compared to 7.2 out of ten.

Minor emergencies amount to 9% as compared to Valencia Region Hospitals rate of 20%.

BRIXTON CYCLES, ENGLAND



WHAT IS IT?

Worker's co-operative bike shop in South London since 1983.

Brixton Cycles was set up thanks to a grant then available for people starting co-operatives in London. The first few years wages were low, but there were plenty of friends willing to lend a hand, and an abundance of squats kept the workers housed and the shop in business.

Brixton Cycles soon got a reputation for being an honest shop with an excellent workshop happy to take on tricky cases other shops wouldn't touch, and has a loyal customer base from across London. The business benefited from the renewed interest in 'green living' in the capital.

Brixton Cycles is a co-operative business, collectively owned by its employees. All workers have equal pay, an equal say in strategic decisions, and equal responsibilities for the work. They trust each other to run day-to-day business autonomously.

Brixton Cycles' radically democratic structures result in highly motivated workers. Moreover, since no profit is extracted by external stakeholders, wages are higher than for other bike mechanics in London. At the same time, clients enjoy reasonable prices and honest advice.

KEYWORDS

- Co-operative
- Equal pay, equal rights, equal responsibilities
- Specialised services



WHAT IS IT?

Gore provide a range of technology products (spanning electronics, fabrics, industrial and medical products) to individual consumers and organisations.

W.L.Gore founded the company in 1958 with the vision of creating a flat hierarchy 'lattice' network, connecting everyone in the organisation. The business was to be run around four principles: freedom, fairness, commitment and waterline.

At Gore there are no job titles, all employees are associates who own shares in the company and share in decision-making. Associates negotiate responsibility on individual projects and work in interdisciplinary, flexible teams. Rather than managers being appointed, 'natural leaders' evolve, or are elected by their peers. This incentivises everyone to invest in team building and gain peer support.

Process and structure to support lattice working include: 'dabble time' space for innovation; a cross-functional review process to prototype new ideas; facilities kept small (max 200 people) and informal, made up of interdisciplinary groups.

Gore is a privately held company with annual sales of more than \$3 billion and over 10,000 employees worldwide. It is a leader in multi-industry product innovation, and regularly features on best places to work lists.

KEYWORDS

- Flat hierarchy
- Associate share owners
- Structures and process enable collaboration



WHAT IS IT?

Young Lambeth Coop (YLC) is a cooperative mutual that spun-out from Lambeth Council to strategically coordinate and commission youth and play services in co-production with young people.

YLC has 7,000 members who work or live in Lambeth and believes in a 'whole community' response to social issues, and in ensuring that individuals and organisations have the skills and tools to lead, influence and deliver high quality services.

YLC commissions a wide range of services from our network of providers across a range of outcome areas including:

- Improved emotional health and wellbeing
- Decreased risk of violence victimisation and perpetration
- Increased social capital and
- Increased community leadership

OUTCOMES

1,500+ children and young people have achieved measurably improved social and emotional capabilities this year.

YLC is now moving towards an alliance commissioning model to encourage greater integration within services to improve journeys and outcomes for young people.



WHAT IS IT?

Care for patients at home is often fragmented and involves various tasks and is often staffed by the least qualified workers.

To respond to these challenges, the home care organization Buurtzorg (neighborhood care) was created to focus on patient value by putting professionals in the lead through reverse task shifting.

Buurtzorg aim to bring back the value and autonomy of district nursing by enabling nurses to provide all the care their users need and helping them to remain independent.

Traditionally, users may see around 30 different home care workers in one month, with Buurtzorg they will only see 1 nurse so they build stronger relationships and care is more joined up.

The program empowers nurses (rather than nursing assistants or cleaners) to deliver all the care that patients need. This has meant higher costs per hour but the result has been fewer hours in total.

Users receive complete care from a small team of highly qualified nurses, focused on providing the help they really need - from checking and clearing out the fridge, finding a volunteer or providing medical treatment.

They are supported by the nurses to build their networks and resources by working closely with GPs, families, friends, and volunteers.

Teams comprise of up to 10 nurses who self manage - working through challenges and opportunities to ensure they provide the best set of services and schedules for their users.

OUTCOMES

Buurtzorg had the highest satisfaction rates among patients anywhere in the country.

People receiving care from Buurtzorg nurses improve twice as fast and have a 1/3rd fewer emergency visits.

In 2010, Ernst & Young found the average costs per client were 40% less than other homecare organizations, indicating a potential national savings of € 2 billion euro per year.

WHAT IS IT?

The stimulus for change in Canterbury was a health system under pressure and beginning to look unsustainable.

Within the context of rising admissions, growing waiting times and a rapidly ageing population it was calculated that Canterbury would need another hospital with 500+ beds, 20% more GP's and nurses and another 2,000 residential care beds for the elderly by 2020. However, this would have been unaffordable.

'Xcel8' started as an attempt to expose staff to 'lean', 'six sigma' and other management techniques and thinking. Senior staff were asked to develop a vision for what the health system should look like in 2020, and how it should be changed. At the end they were handed a card giving them 'permission' to change the system.

Following on from this, an event called 'Showcase' was developed to spread the messages that Canterbury had to change. Staff were taken through the challenges that the system was facing and were, in effect, asked what they could and would do, given the opportunity.

The event ran for six weeks and out of it came a number of key messages; that despite the many parties involved in providing health and social care in Canterbury, there has to be 'one system'— and that in reality there is only 'one budget'. 'One system, one budget' is now the mantra for how the health and social care system is changing.

OUTCOMES

A small number of leaders were at the heart of Canterbury's transformation, but it rapidly became collective, shared and distributed.

Canterbury can demonstrate that it has low rates for acute medical admissions compared to other health boards in New Zealand.

The reduced strain on the hospital and greater efficiency has prompted fewer cancelled admissions. The proportion of elective work in Canterbury rose from less than 23% of its activity in 2006/7 to 27% in 2011/12. Many thousands more elective procedures are being performed. Waiting times for elective surgery are down. General practitioners (GPs) has been shortened dramatically, as the now have direct access to a range of diagnostic tests.

STOCKPORT TARGETED PREVENTION ALLIANCE



WHAT IS IT?

The Stockport Targeted Prevention service provides early help and preventative support for a wide range of vulnerable people and households in the borough, and is commissioned by Stockport Council as part of their Preventative Strategy.

It was set up as a pilot in 2012 to keep people with severe mental health problems out of secondary care. Instead of a treatment plan, people were supported to design personalised holistic recovery pathways, according to their own interests and life aspirations.

Commissioners were impressed with the potential of this person-centred approach to improve people's lives and reduce secondary care costs, and tendered for an expanded, formalised versions of the two pathways, and setting 12-week targets. It is now called the 'Targeted Prevention Alliance'.

The organisations delivering the service in alliance with Stockport Council now are Age UK Stockport, FLAG, Nacro, Relate GMS, Stockport Homes and Threshold.

For severe mental health problems, Stockport now uses a pathway to recovery model, which includes a wider range of health and wellbeing services that include but go beyond clinical interventions.

Those working alongside the patient may be clinicians or one of a wider range of roles, including peers, health trainers, volunteers or advisors.

At the commissioning level, pathway planning is used to collate individuals' needs to plan community services. At the consultation level, co-creation sits at the heart of practitioner-patient relationships, engaging patients in their condition and care. The process can (and often does) result in a written physical plan, but it is the action of collaborative working that is most important.

OUTCOMES

The aim is to give patients control over their care, its direction and goals, the knowledge of what to do in moments of crisis, the confidence to take charge of their own health where they are able and a structure of support for when they are not.

HEALTH AS A SOCIAL MOVEMENT – STOCKPORT TOGETHER



WHAT IS IT?

The Health as a Social Movement initiative is supporting six Vanguard sites to develop, test and spread effective ways of mobilising people in social movements that improve health and care outcomes and experiences for local communities.

The idea is that each vanguard site will take a lead on the development of new care models, which will provide inspiration to the rest of the health and care system and even be used as the blueprints for the NHS moving forward.

Stockport Together one of these six vanguard sites, which aims to support social movements in Stockport, Oldham and Glossop boroughs and across Greater Manchester. Building on work already underway in the region, the project aims to encourage people to give time to lonely, housebound and disengaged citizens.

It seeks to create real-world examples of communities mobilised for health and care that improve outcomes and show a positive return on investment. The project will focus on arts and food movements as a means to connect people and enable them to improve their health and well being.

OUTCOMES

Stockport Together will receive £115k to enable the spread of initiatives that are already showing good results, such as local soup runs and timebanks. Three GP surgeries will be identified and patient champions will be supported to engage others.

They are currently in the design phase, building an understanding of what works well. It is too early to see outcomes as of yet.

LUMIAR SCHOOLS, BRAZIL



WHAT IS IT?

Schools built on the belief that giving trust, autonomy and involvement in decision-making will support children's learning and wellbeing and better prepare them for the real world.

Lumiar schools were the idea of Ricardo Semler, former CEO of the SEMCO group, and famous for advocating participative management in business. At SEMCO, his trust for employees extended to them setting their own work hours and pay scales. In 2002, Semler applied this model to schools.

Lumiar schools have a decentralised, participatory decision-making structure. This includes: weekly 'circle' meetings where children and teaching staff discuss and vote on issues affecting the school; children and teaching staff co-designing learning programmes; children choosing which class to attend.

The process is based on the belief that humankind will work towards its best version, given the freedom to do so. Semler highlights that for this to work, people in charge need to give up control and trust others.

Lumiar schools are not the first to be run as democratic communities. Summerhill School for example, a British boarding school founded in 1921, claims to be the 'oldest children's democracy in the world'. Semler's aims are that Lumiar schools maximise children's learning and wellbeing and support them to confidently debate and express their opinion.

KEYWORDS

- Trust
- Give up control
- Participation



MONDRAGON, SPAIN

WHAT IS IT?

Mondragon is a co-operative business group with 257 independent co-operatives and companies across finance, industry, retail and knowledge.

Mondragon was established as a co-operative in the Basque country in 1956. It retains much of this original ethos. Worker members own shares in their company, elect managers (in each company and overall), and participate in major decisions through councils and committees. However, over time a two-tier system of worker-owners and non-owners has grown, both in Europe and in Mondragon's factories overseas.

The business group is based on Universal Co-operative Principles (which include: openness, democracy, payment, inter-cooperation, education). It values social responsibility, solidarity and innovation. Mondragon is committed to the environment alongside competitive improvement and customer satisfaction, and aims to generate wealth in society through employment and business.

Mondragon has been resilient throughout Spain's recession. Rather than cut jobs, worker members decided to cut costs and not take dividends. Average salaries have dropped by 5% with managers taking the biggest cuts (in Mondragon, salary limits are capped so the highest paid can't earn more than 6.5 times the lowest). When one of Mondragon's companies failed, its worker members were reallocated to other cooperatives. In 2013, Mondragon had a total revenue of over €12 million and employed over 70,000 workers.

KEYWORDS

- Co-operative
- Solidarity
- Two-tier worker system



BRIXTON SOUP KITCHEN



WHAT IS IT?

Brixton Soup Kitchen (BSK) was founded in January 2013 by Solomon Smith and Mahamed Hashi. They help homeless people and Londoners in need by providing free food, support and company. Their aim is to empower people in a warm and friendly environment – helping them gain the confidence and self-worth needed to get back on their feet.

BSK is a welcoming community hub. It is a secure, warm place to visit where not only will a hot lunch be served, there is also a food bank, a clothes bank, a weekly reading group and other regular training and advice gatherings.

The BSK also does remarkable outreach work on a regular basis, taking hot food and clothing to those living on the street and to families in need across London. There is a core team of 10-12 people led by the three Directors, comprised entirely of volunteers.

The BSK has created a close rapport with the Job Centre and Probation Service, arranging for individuals to commit on a regular basis, which allows the Kitchen to rely on assistance as well as bolstering a sense of effectiveness in each service user.

KEYWORDS

Service users have been helped to find employment or housing and others have gained the confidence to enrol in training and further education.



PROJECT SMITH



WHAT IS IT?

Project Smith is a partnership between the local community, NHS and council to improve physical and mental health by strengthening social networks and connections. It is being delivered in five wards and has the five ways to well-being as its underlying ethos. It aims to strengthen networks and social connections to improve health and reduce illness. It has two parts:

Small Grants: available to individuals and community organisations to run activities for the community which they believe will impact on health and well-being and build community connections.

Community Connectors: link people in their local community with activities and organisations that can help improve their quality of life.

Project Smith aims to empower people so that they:

- feel they can manage their own health and wellbeing and be supported to do so;
- have the right things in place to help them to avoid a crisis, or to limit the impact of a crisis;
- feel that they are part of a community.

OUTCOMES

Project Smith has increased social capital and participants have established positive and sometimes new relationships within the community and with commissioners, in so doing building trust within the community and with NHS and Council representatives.

WHAT IS IT?

The Black Wellbeing Partnership (BWP) has been set up to improve mental health outcomes within the Black community following the Health and Wellbeing Board's adoption of all forty recommendations in the report of the Black Health and Wellbeing Commission's report - 'From Surviving to Thriving'.

African and Black Caribbean people in the UK suffer from much higher rates of mental ill health than other groups. With one of the largest black populations in the country, Lambeth's black communities have come together with key providers of mental health services and other public services to change this. Our partnership model uses a Steering Committee made up of 50% community members and 50% statutory bodies and voluntary organisations. The group has brought together a wide range of representatives from different organisations and fields including SLaM, Commissioning, Metropolitan Police, Public Health, Healthwatch and the Council.

Together we have committed to a five-year programme of work. Discussions are ongoing about the BWP's contribution to the wider system and the community, how it can foster long-term commitment from existing organisations from the start (so that collaboration is embedded in future planning), and how it can ask for help from others as its understanding of the challenges and opportunities develops.

WHAT IS IT?

Pembroke House was founded as part of the settlement movement in 1885 to be a centre for social action in East Walworth, south-east London. Today it operates a multi-use community centre, home to more than 25 projects that are run in partnership with a wide-range of organisations and local residents. In term-time the building is used by more than 520 people each week, the majority of whom live within 10 minutes' walk of the centre. Pembroke House also leads a range of programmes that reach well beyond the four walls of the centre, including a mental health community development partnership with Talking Therapies Southwark, a community organising programme and a local leaders training initiative. Just five years ago Pembroke House was a long-established but little-used community building. In the intervening years the organisation has experimented with a number of models of collaborative-working and local leadership that have become core values, including:

- relationship building, not 'asset-mapping'
- catalysing community action, not just hosting projects
- identifying shared concerns, not gaps in the market
- collective problem solving, not diagnosing and prescribing
- place-making, not empire-building

OUTCOMES

- Strengthened social fabric, e.g. residents meeting and collaborating for the first time
- New community-led initiatives, e.g. community journalism, collective gardening, skills-sharing schemes
- Strengthened local institutions, e.g. increased participation in local Tenant and Resident Associations (TRAs), and collaboration between TRAs
- New partnerships between statutory, VCS and community partners, e.g. Talking Therapies Southwark community engagement partnership

COMMUNITY CONNECTING



WHAT IS IT?

Community Connecting is a dynamic team of Community Connecting coaches and Peer Supporters that support members of the community who are socially isolated or have mental health problems. They support people to connect with other local people around shared interests. Individuals come together to find and use local resources such as cinemas, pubs, parks, libraries and local clubs. This is done by using their assets to build their confidence in order to access people, places and groups outside of the health and social care system.

One of the ways in which we measure our impact is through feedback from the people we support and from professionals.

EXAMPLE FEEDBACK

“SB has engaged with the group really well and keeps the other members in great spirits with his humour. He regularly goes out with other members outside the workshop. Considering when I first met him he was too nervous to attend the group on his own and found it difficult to interact with the others I think he has come a long way!”

MENTAL FIGHT CLUB



WHAT IS IT?

We work as a force for positive change, inspiring new thinking about how mental health services can be more creative and more human for everyone – for the people who work in them and those who use them. Artistic and physical activities are the mediums we successfully use to support the journey of recovery.

Our main beneficiaries are people with poor mental health who live in Southwark and surrounding boroughs. We deliver two main services:

- The Dragon Café, where over 200 people (on Mondays from midday till 8.30pm) enjoy and engage in a creative environment.
- Re-Create Psychiatry, which informally brings together mental health professionals and people who use that NHS service.

OUTCOMES

The Dragon Café supports recovery from poor mental health and increases motivation and confidence in 60% of our Café patrons.

The majority of people with poor mental health in Re-Create Psychiatry said the dialogues were 'healing'.



WHAT IS IT?

The Lambeth Living Well Network (LWN) was formed in 2013 to provide earlier support to people with common mental health needs and to improve people's wellbeing.

The LWN Hub is the 'front door' to mental health support in Lambeth. By removing eligibility criteria and introducing 'self introduction', the Hub has a conversation with people about their assets and needs and supports them to achieve their outcomes using the wider network.

The Hub offers a wider variety of support and integrates services from clinicians, social workers, peers and support workers in different voluntary sector organisations, recognising not just symptoms of mental health needs but also addressing wider issues such as finances, social isolation and relationships.

It has already achieved fantastic results. People who would otherwise have not been eligible for services or had to wait a long time to access them, have accessed early support and been directed to services appropriate to them and of their choice.

OUTCOMES

On average 400 people have been supported by LLW Network per month – many of whom would not have been accepted by secondary care in the past so would not have received any support at all.

There has been a 43% reduction in referrals to secondary care. As introductions to the Lambeth Living Well Network have increased, referrals to secondary care at SLaM have decreased.

Support was previously provided within one month. Now support is provided to people within a week.

INTEGRATED PERSONALISED SUPPORT ALLIANCE (IPSA)

WHAT IS IT?

In April 2015 five organisations entered into an alliance to provide a radically new service for people requiring mental health rehabilitation services in Lambeth.

The Integrated Personalised Support Alliance (IPSA) was set up to help people with serious mental illness to live in more independent accommodation within the community.

Many people supported by ISPA have benefited from gaining much more control and independence in their day to day lives.

OUTCOMES

In its first year, IPSA has helped 65 out of 200 people move into new accommodation and away from long term rehabilitation centres. In addition, others have been diverted from entering high cost placements in the first place, instead receiving personalised alternative support.

