

LAMBETH FUTURES WORKSHOPS SUMMARY OF OPPORTUNITY AREAS

INTRODUCTION

In late 2016 Lambeth Clinical Commissioning Group and Lambeth Council, in partnership with the Innovation Unit, held a series of three events to engage local organisations and people in conversations to imagine the best possible future for adult mental health services and support. These aspirational events were designed to:

- Inspire creative thought and energy about possibilities for change in the way mental health is supported in Lambeth over the next 5-10 years.
- Help describe what 'good' mental health services and support looks like in 5-10 years' time.
- Help develop proposals prior to formal procurement of the proposed single Alliance (see 'Our Plans for the Future', which describes the vision for this Alliance in more detail).

The events were timed to take place before formal procurement, providing existing and potential new providers with an informal space to discuss key challenges, identify great opportunities and share ideas for future provision. More than 100 people took part, including service users, carers, service providers, commissioners and leading innovators in mental health.

This summary captures the key ideas and insights that delegates generated. We are working on next steps and will be in touch again soon with proposals for how we build on these events to help us continue to innovate.

EVENT DESIGN

Each event delivered an inspiring mix of networking, great speakers, storytelling, discussion and dialogue, with a clear emphasis on aspiration, opportunity and possibility. The

events were deliberately provocative, asking delegates to step outside of their everyday perspectives, pressures and concerns and imagine an ideal future.

The events were framed around key 'enablers' or drivers of change that we know are critical to future success:

- **Digital thinking** - living well with technology. We know that we need to embrace technology and what it means for how services and systems are designed, accessed and delivered. There are significant opportunities for how people manage their own mental and emotional wellbeing with technology, how professionals and practitioners deliver personalised support and how the wider system is connected around the individual's needs and assets.
- **21st century demand management** - from beds and caseloads to active networks of support. We want embrace demand by developing new ways of working to move away from a culture of thresholds, beds and caseloads to active engagement with broader communities and networks of support. We know we need to look at how we can make the most of the assets and skills of individuals and communities to help more people at an earlier stage to avoid them reaching a crisis.
- **Collaborative leadership** - leading with communities and networks. We know that leadership of the 'system' can't be limited to the role of provider organisations and the way they work together to deliver support. We need a new model of collaborative leadership that recognizes and empowers different voices, communities and networks to lead alongside providers. We want to go beyond health and social care integration and design holistic models of care and support that embrace people's wider experience of home, community, employment, schooling and online (virtual).



Taken together, delegates generated a set of important values, principles and ideas for the future:

FOCUS ON ASPIRATIONS AND ASSETS

There was a strong call for interventions that invest more deeply in people's aspirations, passions and strengths. Part of this means continuing to build an asset-based culture in which people are supported to develop their skills and talents. It also means building models of care and support

that encourage service users to pursue aspirations outside of the mental health system, rather than being defined and contained by it. We need to deepen our understanding of the support and opportunities available beyond traditional formal services and help people better connect with those opportunities. This could mean designing interventions around people's networks, including but not limited to family. For example, some delegates spoke of the need to grow the culture of peer support, creating more opportunities for people to connect with peers.

“What if . . . care and support plans could focus on people's aspirations and assets?”

USE DIGITAL INNOVATION TO FILL GAPS, SUPPLEMENT AND ENHANCE

We know that existing services can fail to meet needs and reach people. In the first event on digital thinking we saw the potential of technology to provide easier and more convenient access, greater flexibility, choice and control. Keynote speaker Maxine Mackintosh described the fast-paced world of digital health innovation, and the importance of not 'digitising the status quo' – in other words using technology to create new care pathways and possibilities rather than marginally improving how the existing system works. She emphasised the value of new apps and platforms in filling gaps left by the current healthcare system (for example young people, who are comfortable with technology) and supplementing existing services which people can use in tandem with online offers.

Peter Ilves gave us an insight into the success of Big White Wall, an online platform that offers a mix of virtual therapy, a moderated peer support community and a range of self-management tools. He argued for a future in which digital offers will enable many more people to successfully self-manage their mental health, either outside the mental health system or supplemented by existing services.

In table discussions delegates could see a potentially exciting role for online support to help people pursue their interests, passions and aspirations. This could include:

- People supported to use online platforms to pursue business, self-employment and volunteering opportunities, based on their skills and experience.
- Platforms connecting people with local activities, networks, services, people and support.
- Platforms allowing people to share goals and ambitions with friends and family, who could provide support and encouragement.

Digital solutions could help people gain access to valuable networks of support, provide more choice in services and therapies, and provide opportunities to pursue personal and professional ambitions and aspirations. All of this could enhance wellbeing, help people stay well (for example using online tools for self-management) and stay out of crisis. But to make this possible, we would need to provide better information and signposting to available online offers and support people to make the most of those offers and safely.

“What if . . . we could use technology to share goals and aspirations with people's wider support networks?”

MANAGE DEMAND DIFFERENTLY

This emphasis on aspirations and assets fits well with key ideas put forward by keynote speaker Paul Corrigan in his argument for the moral and practical case for rethinking how we manage demand for services. He suggested that mental health services need a much better relationship between the social relationships that create good mental health and the services that help those with mental illness.

Services should invest in people's capacity to self-manage and, particularly in the NHS, work harder to mobilise community assets much more effectively. New, community based services should be developed that would intervene earlier and help to reduce demand for acute/high cost services. In table discussions, delegates emphasised the need to help people make plans to stay well and thrive, not just to prevent relapse. Dr Dawn Richards, from Vitality Health Insurance, spoke about her organisation's model of incentivising healthy lifestyles to reduce demand for health insurance and services.

In group work, delegates imagined a future of demand management in which:

- Social issues are dealt with before (or instead of) a referral to mental health services, for example through early access to peer support or introduction of personal plans for staying well, not just for relapse.
- The Living Well Network and Hub model continue to be developed and expanded, along with increased awareness of mental health in community spaces such as schools, GPs and pubs.
- Professionals and clinicians are fully part of, and help to make use of, people's assets and networks (including family), and integrate them into holistic and personalised packages of support that address mental and physical health. This could help people strengthen their social capital (the quality of their relationships) as a way of keeping them healthy.
- Professionals are “on tap, but not on top” – i.e. service users have much more control over who supports them, how, and when.
- Community spaces and services are more compassionate and there is more listening to what people need and less imposing of ‘solutions’.
- There is better use of personal budgets and more offers around social prescribing.
- There is much greater continuity of support

Taking these approaches would build confidence, resilience and skills for life. They would lessen social isolation and the personal and familial burdens that people face, including carers, in trying to support others around them. They would help prevent social issues becoming mental health issues in the first place.

“What if . . . we could help foster and better use local networks and relationships to incentivise healthy lifestyles?”

LOOK BEYOND MENTAL HEALTH

We heard from delegates about the importance of breaking out of the mental health box and engaging with a wider set of organisations working in different fields, including housing, employment and education. Some discussions focused on the idea of growing the reach of the Living Well Network and extending its reach into colleges, housing, employers and even pubs.

We also heard a strong call to give people the power to integrate their own care and support around them, as part of a wider effort to integrate mental health with other services. Some delegates argued for renewed efforts to join-up services, aligning pathways and outcomes across different providers more effectively. There is an opportunity for professionals to share information and data about – and with – service users much more effectively.

“What if . . . we could give people power to integrate their own care and support around them?”

LEAD COLLABORATIVELY

The third event focused on the idea of ‘collaborative leadership’, leading together more as equals and stepping outside of our own organisational needs and perspectives to genuinely engage with others in a spirit of collaboration. Cordwell Thomas set out the community leadership ambitions of the new Black Wellbeing Partnership, and described how the BWP will use dialogue with partners to identify shared goals, build trust and achieve change across the system. Leadership expert Chris Lawrence-Pietroni used the emotionally powerful examples of Nelson Mandela and Robert Kennedy to show how leaders facing significant political challenge have harnessed the power of storytelling and narrative to overcome discord and mistrust and bind people together around common concerns and ambitions. They overcame ‘Us’ and ‘Them’ and created new ‘Us’s’.

Delegates were quick to emphasize the richness of existing assets, skills, knowledge and networks held by Lambeth organisations. They play a pivotal part in people’s lives, providing hope and relating with compassion and kindness. Existing right at the heart of local communities with a deep knowledge and understanding of local people, problems and systems, they are potential hubs for transformation, for example in challenging stigma.

Delegates started to describe the future leadership roles that local organisations in Lambeth could play. Key elements include:

- Giving a voice - representing challenge from the community. Bringing in local people to participate.

Helping people pursue their goals.

- Bridging and connecting - bringing the community together/developing links between organisations and connecting people and organisations. Acting as bridges between statutory and non-statutory partners. Reaching, and teaching statutory agencies, about hard to reach groups. Facilitating dialogue between partners, bringing wider networks into discussions.
- Leading by example - acting as beacons for communication and respect. Being prepared to move away from established practice. Empowering people to demand something different. Investing in change.
- Learning and reflecting - leading and sharing best practice. Feeding back on services in order to improve them/being a critical friend. Reflecting and inputting on how the system is organised. Sharing stories, challenging stereotypes. Offering space for dialogue and sharing ideas.

Delegates crafted a set of powerful ‘narratives’ – stories that key local organisations would want to tell about themselves in the future to explain their leadership role to others in the system:

- “Us and them” doesn’t work. If we want Lambeth to be a better place to live, we need to work together to make it happen. There needs to be stronger partnership working.
- People with lived experience can help to ensure other people feel safe and supported in a way that works for them, recognising difference and trying to avoid using emergency/crisis support services.
- We contribute positively and take shared responsibility to improve the mental and physical health of everyone. We take a shared role to lead and improve the system to build confidence for everyone to fulfil their aspirations.
- We create safe spaces for people to share their story and be heard. We are all one community with responsibility for the care, wellbeing (mental and physical) of everyone. We are all partners in creating a community that is honest, supportive of each other and one that helps all citizens live to their full potential and thrive.
- We’re here for the people in Lambeth because we care. We have a ‘can do’ change attitude. We will find a solution and new ideas, whether they are in our organisation or not. We take ownership and accountability. We work with others to share best practice. If we don’t know the answer, we will find out together.
- We promote understanding of each other. We facilitate better/new ways of creating relationships. We act as bridges towards better trust. We are receptive and open.
- We want to share and be involved. We are happy to leave our comfort zone and take some risks. We want to engage with the community. We want to hear everyone’s story and share ours. We want to make a difference. We recognise that mental health affects everyone.

- We make the case for change together, and we describe together what we can achieve through collaborative leadership. We are less concerned with labels, status and roles and more with building trust and collaborating across organisations and the whole system.

“What if . . . we could replace hierarchical management with distributed leadership?”

DEVELOP THE CULTURE

Finally, there was a clear call to create a compassionate, inclusive and welcoming culture of services and support. Table discussions highlighted themes of openness, compassion and support for mental health across all services and communities. There is a need to make the experience of services one of kindness, inclusion and friendliness. More listening is needed to understand people’s aspirations, and we should avoid imposing ‘our’ solution and outcome onto others. Running through many of the discussions was a plea to properly listen to and act on the rich insights and ideas that our communities generate.

WHAT PEOPLE SAID..



WHAT MAKES YOU FEEL EXCITED ABOUT THE FUTURE OF MENTAL HEALTH IN LAMBETH?

“There were so many stakeholders in the room; people using services, people in statutory services, people in voluntary services. It actually shows that we are working really well together, at the moment, the fact that we are already in the room.”

WHAT'S INSPIRED YOU THE MOST TODAY?

“Today was one of the best events I’ve been to so far. What I found most inspiring today was ‘let’s move away from being comparatives to collaborators’. I work in business development so I’m used to having to compete to win contracts so that was really beautiful notion.”

ONE CHANGE THAT WE COULD MAKE IN LAMBETH

“Increased integration because I feel the user journey between services can be a little bit like ping pong. I’d love it to be more of a focus on creating new customer relationship management journeys that increase more contact with people and achieving personal goals, so young people and adults have ownership over the direction of travel they are going in and sort of issues they can address, to overcome barriers and achieve their aspirations.”

