

# Living Well Centre Proposal – December 2018

## 1. Introduction

1.1 This paper sets out the proposed Living Well Centre model and associated wrap around services as part of the Living Well Network Alliance commitment to transforming Lambeth's community mental health service offer.

1.2 The paper addresses:

- Function and form of the three centres and associated wrap around support
- The leadership model of each centre that will ensure an integrated service offer and the necessary culture change to achieve this
- High level plans for mobilising and transitioning to the centres' launch

## 2. Background

2.1 In July 2018 the Lambeth Living Well Network Alliance came into being and is predicated on a business case that is committed to meeting the three big outcomes identified by Lambeth citizens. Also, as part of this case, the Alliance is committed to reducing duplication of service delivery, reducing the resilience on inpatient mental health beds, tackling inequality experienced by communities, effectively meeting the high level of need in the Borough and ensuring value for money.

2.2 Transforming mental health services in Lambeth requires a system wide approach due to the interrelationship between all the service offers. It also needs a huge shift in culture if we are going to achieve the big outcomes and address the challenges faced by the Borough.

2.3 The business case has committed to developing three Living Well Centres (LWCs) that will be the organisational basis of most community based mental health services in Lambeth. The centres will ensure that people have a straightforward system to access the correct mental health intervention and associated support in a timely manner. The centres would include the following aspects:

- **“An Integrated Front Door”**– An easily accessible entry point where people can access multidisciplinary and multi-organisational assessment and support.
- **A Focused Support Community Service** - Providing person centred care with a wide range of personalised options including: evidence-based interventions; social support; housing advice, and; supporting sustained mental and physical wellbeing. A key aim would be to reduce the need for inpatient admissions through an enhanced service.
- **A Rapid Crisis Response Service** – Living well centres will provide timely crisis interventions in the least restrictive way.
- **A Staying Well Service** – for people whose needs do not require on-going formalised care co-ordination, but still require on-going support.

2.4 In addition to the above, the Alliance is working towards transforming acute care and creating stepped change in the Integrated Personalised Support Alliance (IPSA).

2.5 The Alliance business case sets out what will be different from the current system, to include: prevention and empowerment of local communities and general practice; integrated working; a single point of access that reduces duplication of assessments; mixed model of interventions that goes beyond task orientated care coordination; co-location of our assets into three centres; developing a psychologically informed Borough; a shared digital and information platform; National Institute of Clinical Excellent concordant practice;

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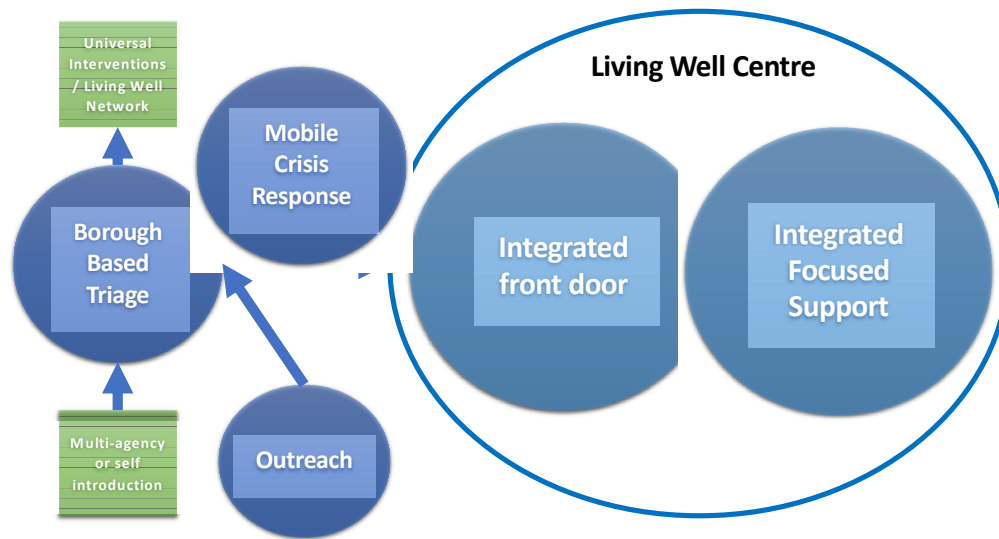
community based extended crisis services; effective care and crisis planning; a crisis pathway that supports admission avoidance, and; targeted outreach of Black Asian and Minority Ethnic communities and care that is tailored to cultural need.

### **3. Living Well Centres' Form**

- 3.1 Three Living Well Centres are proposed that map against the Lambeth Local Care Network geography. Each centre comprise of an integrated front door that provides primary and secondary short-term interventions and an integrated focused support offer for people who need medium to long term support. The focused support offer will provide a mixed model of health, social and community voluntary sector interventions. These interventions will endeavour to support people to access least restrictive, enhanced primary care when they no longer require intensive secondary care interventions. This approach represents the early phase of the staying well service.
- 3.2 In order to support access and flow at the centres, three borough-based services will provide wrap around for the centres. They are: borough-based triage; mobile crisis response service, and; the borough-based outreach service.
- 3.3 The triage function will receive the majority of referrals for those people in need. Referral will be from a partner agency or through self-introduction. Usually, an introductory conversation will take place over the phone and the person will be either offered an intervention at the centre or be supported to access the Living Well Network universal offer.
- 3.4 The mobile Crisis Response service will offer an on the day crisis assessment for those people identified in acute distress by the Borough-based triage. Here, a practitioner(s) will conduct a trusted assessment and signpost the person to the most appropriate part of the system.
- 3.5 The outreach service is envisaged to be an offer that is provided by a number of network providers to be part of the different communities we serve, building trust and confidence between each community and the services available to them. This function will also advise the Centres how they can best tailor their support so it is culturally appropriate. The service will work in an integrated way with the Borough triage, crisis service and integrated front door to support the needs of individuals. The centres and other services still have a responsibility to provide outreach to communities as this is everybody's business.
- 3.6 Figure 1, below, provides an outline of the centre form and associated wrap around:

Figure 1: Living Well Centre Form

## Form



### 4. Living Well Centre Function

4.1 The functions of each Living Well Centres are as follows.

#### Integrated Front Door

- 4.2 Provides two functions: a short term primary care offer to include re-ablement or practical support, and; a short term secondary offer for people who in the main have needs that require intervention from a psychiatrist and/or nurses and occupational therapists. The primary care offer will be embedded in general practice (to be confirmed) who will receive support through a liaison psychiatry approach as already operated in the Living Well Network Hub.
- 4.3 The front door will also provide a social care function for people who require an assessment of care and support needs or where there are safeguarding concerns.
- 4.4 The primary and secondary offers consist of a multi-disciplinary team, which includes voluntary sector workers who provide support across the whole centre.

#### Integrated Focused Support

- 4.5 Provides care and support for people whose needs require more long-term interventions. The integrated workforce of health, social care and community voluntary sector workers will provide a blended model of interventions. The interventions could include: diagnosis; psychological therapies; medication management; structured case management; supporting improvements in physical health and risk management; benefit and housing support; meaningful occupation, and; social inclusion.
- 4.6 Focused support will also provide a staying well offer for those people who no longer require secondary services and will instead be supported by network providers with arm's length support from a medication service. This model will support people in receiving an enhanced primary care offer. It is anticipated that over time the staying well offer will develop support for a large cohort of people.

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### Living Well Centre Wrap Around

- 4.7 As discussed above, the centres will be supported by a Borough-based triage, crisis response service and a network provider led outreach offer. The function of these is as follows.

### Borough-based Triage

- 4.8 This is a borough wide centralized service staffed by clinicians, social care staff and one voluntary sector lead worker. The team will direct people (following screening and assessment) to offers in either the wider network or to the mental health system's menu of options as a trusted assessor
- 4.9 It is important to underline that the triage is not about managing eligibility for accessing the centre. It will use its conversations to support people to ensure that their needs are met by the appropriate part of the system. The Living Well Network (LWN) as a whole provides a network of offers, including universal services, as well as those provided by network providers, charities, community groups and local initiatives that anyone can access – any of which could be better placed to meet a person's needs.
- 4.10 To ensure ownership by the centres for this part of the system, each Living Well Centre leader will spend one day per week in the triage to support the function.

### Crisis Mobile Response Service

- 4.11 This is a 7-day service, initially open until 10pm (dependant on need), that provides crisis support for people who are new to services or not currently active. The service provides an on the day trusted crisis assessment and works between the triage and integrated front door. The practitioner will be skilled to provide a crisis assessment and formulate a plan in partnership with the person.
- 4.12 As a trusted assessor they will be able to accept people on behalf of the Borough Home Treatment Team and access inpatient beds where appropriate. The service will also support the Borough's safe space and form parts of an integrated crisis pathway with Home Treatment and Hospital Psychiatric Liaison.
- 4.13 As implied, this is not a replacement for Home Treatment, who will continue to provide alternative interventions to hospital admission and early step down from hospital.

### Outreach

- 4.14 Mental health outreach is seen as 'everyone's business' and involves a clinical, social and voluntary sector integrated response from the outreach offer and the integrated front door itself. This includes dedicated resource to work with the communities we serve.
- 4.15 It is envisaged that this service will be delivered by appropriate network providers to engage and help support services in providing culturally appropriate and competent care. It will work in an integrated way with Borough triage, mobile crisis response, IAPT and the wider front door
- 4.16 The offer could include: supporting access to the right services; educating/training communities about mental health awareness; educating services about the different communities they serve; supporting community resilience, and; ensuring that outreach is everyone's' business.

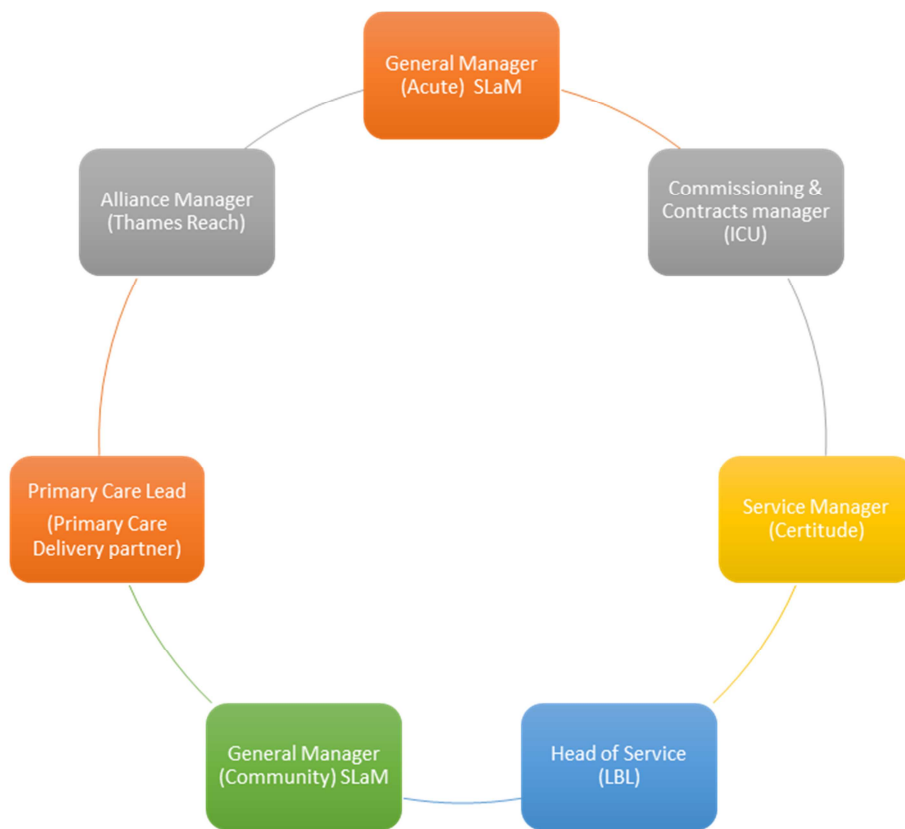
### **5. An Integrated Workforce**

- 5.1 In order to realize our ambitions and achieve the culture change that is critical to delivering high quality services, we will develop and nurture an integrated workforce that comprises health, social care and community voluntary sector workers.
- 5.2 Our initial workforce strategy sets out to develop a well-led and capable integrated workforce that is “... engaged, are striving to deliver the best possible care and support for the people of Lambeth, are equipped to respond to the diverse communities we serve and are committed to achieving the Living Well Network Alliance outcomes and upholding our principles.” We will achieve this by: developing innovative new ways of working; developing a positive workforce culture; ensuring the we have a capable workforce; providing authentic leadership; ensuring that we recruit and retain the best people, and; engaging the workforce and other stakeholders in the co-production of service design.
- 5.3 Critical to our success is leadership at all levels, which is integrated.

### **6. Leadership of the Centres’**

- 6.1 The leadership of the centres has been subject to much debate. The challenges have been to develop a future platform for delegated authority and ensure that we meet the needs of staff groups who are part of the integrated workforce. A balance that needs to be struck between ensuring that we provide opportunity for potential leaders across the Alliance and meeting professional, statutory and regulatory requirements.
- 6.2 In terms of the leadership structure above the centre, the Alliance Operational Team (AOT) consists of ‘sovereign’ leadership/management posts from each organisation, who report to the relevant Alliance Management Team (AMT) members. How the future centre leaders report into this needs to be confirmed so that each AOT member has a robust understanding of the centres’ functioning and they are directly line managed by the most appropriate member. Figure 2, below, outlines the membership of the AOT:

Figure 2: Alliance Operational Team Proposed Membership



6.3 The centre leadership structure will be confirmed as part of the formal consultation process.

6.4 Integrating the workforce will be a key priority for the centre leader. We will use a co-leadership model to ensure integration and are now in the process of developing system-wide leadership workshops.

6.5 The primary objectives of the centre leader will be to:

- Safely and effectively deliver integrated care and support for people accessing the centre
- Lead and manage within the parameters of delegated responsibility provided by the Alliance partnership organisations to sustain integrated working
- Ensure the whole centre workforce adheres to the principles, values and outcomes of the Living Well Network Alliance
- Effectively delivers on all delegated statutory and regulated duties with support from the relevant partner
- Always strive to improve safety, quality and lead innovative practice

## 7. Workforce Plan

7.1 Staff are of course key to successfully delivering the Alliance outcomes. Nurturing and developing a culture that encourages, enables and reinforces Alliance principles and ways of working will be at the heart of our workforce plan.

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7.2 To deliver this we are working with Alliance (and Lambeth Together) OD and HR colleagues to develop a number of key work streams:

- Systems leadership – recognising that leaders exist in all part of the system, bringing these leaders together from across Alliance organisations and passing on learning from our own experience in IPSA, the Hub and elsewhere and from the latest co-leadership and followership theories and practice. Initial workshops are being planned for early in 2019.
- Capability – ensuring that staff have the knowledge, skills and attitude that will enable them to do their job safely and effectively whilst meeting the needs of our diverse communities. Face to face elements of this training will allow us to bring together staff from across Alliance organisations.
- Innovation – using QI and similar approaches, with co-production at its heart, we will work to empower and support staff to improve practice quickly and safely.
- Recruitment and retention – developing an approach that seeks to employ the best people, nurtures talent and prioritises people’s happiness at work. This will be critical in certain roles that are traditionally hard to fill. We will use the ‘Alliance brand’ to differentiate Lambeth and emphasise our collaborative, asset-based and people centred approach. Improved job design and greater development and promotion opportunities will also be key factors here.

### **8. Operational and Mobilisation Plan**

- 8.1 In order to operationalize our ambitions for the centres, we will need to move at pace to launch each centre. Due to outstanding issues relating to finalising the primary care platform for the integrated front door, confirming the specification of the voluntary sector offer in the centres and addressing the outstanding contractual issues, we will be phasing the centres; becoming fully operational over quarter one and two of 19/20.
- 8.2 The three months leading up to April 2019 are going to be critical in terms of formal consultation with affected staff, mobilising a phased integration of the voluntary sector posts and merging the three promoting recovery teams with the Borough treatment service.
- 8.3 In quarter four of 18/19, there is an opportunity to prototype the voluntary sector offer in the assessment and liaison service, one promoting recovery team and the Borough treatment service. This will provide important learning for the phasing of the integrated model and will support staff engagement.
- 8.4 From a commissioning perspective, we are working at pace to agree the service specification for the voluntary sector offer in the centres and delivering on the action plan for the primary care platform for the front door. This work will support the development of a plan to inform the procurement process.
- 8.5 It is also proposed that from January 2019 we begin setting up the mobile crisis response service (subject to financial approval) so that this can be operational in a phased form by 1<sup>st</sup> April 2019.
- 8.6 The outreach offer will be subject to a co-production to design the service and will require planning in relation to procurement.

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- 8.7 Due to the variables associated with the implementation of the centres, it's envisaged that the following areas will also be phased:
- Outreach Service - operational by December 2019
  - Mobile Crisis Response – operational in two phases – 1st April and 1<sup>st</sup> July 2019
  - Integrating community voluntary sector component of the centres – phased from the 1<sup>st</sup> January – 1<sup>st</sup> July 2019.
- 8.9 Subject to approval from ALT we are prioritising the following next steps:
- VCS and primary care specification
  - Formal staff consultation – Launch in February 2019
  - Prototype VCS offer in existing secondary services
  - Finalise mobilisation and operational plan for centre set up and launch
  - Use next round of staff engagement events to prepare the workforce
- 8.10 It is far from satisfactory that the phasing directly impacts on the implementation of the voluntary sector offer. However, this will allow time to address the commissioning of the voluntary sector components of the centres.

### **10. Conclusion**

- 10.1 Over the course of the last 8 months the Alliance Management Team has worked with service users, carers, representatives of our workforces and other stakeholder to design this proposed model.
- 10.2 We believe that the leadership model proposed will support the development of an integrated workforce and delivery of safe and effective service delivery.
- 10.3 Due to issues relating to the financial envelope, we have to deliver this model in a phased way to balance the financial challenges in year two. However, despite this, we are very confident that the proposed model is as per the Living Well Network Alliance business case.
- 10.4 Although there is a tight timeline to mobilise and operationalize the centres, we believe that, by phasing components early, we will be able to deliver in quarter 1 of 2019.