

# Alliance Progress Report

November 2020

Lambeth Living Well  
Network Alliance



“The Living Well Network Alliance (the Alliance) aims to bring together everyone involved in mental health services in Lambeth. It’s an ambitious enterprise to improve a system creaking under the strain of increasing demand and tight budgets, and failing to successfully meet Lambeth’s needs. After two years, we’re still at the start of this journey. This progress report sets out achievements so far, and the work we still have to do. It’s not an easy journey, made harder by recent events. We thank everyone – people who use our services, staff, and members of the Lambeth community – who worked so hard to get us where we are today.”

**Bill Tidnam, Chair of the Alliance Communications and Engagement Group**



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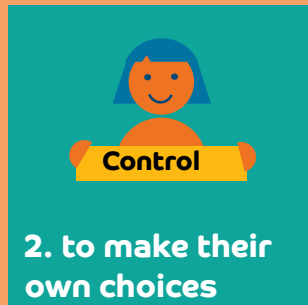
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This report contains some stories that may be upsetting to some readers, these are marked with a † symbol. All service users’ names have been changed.

# Welcome to the Living Well Network Alliance

The Alliance is a collaboration between five organisations: Certitude and Thames Reach (voluntary sector); NHS Lambeth Clinical Commissioning Group (CCG) – now part of South-East London CCG; South London & Maudsley NHS Foundation Trust (SLaM), and Lambeth Council.

In July 2018 all signed a seven-year contract to provide mental health services for working age adults in Lambeth, together. This grew from the innovative Lambeth Living Well Collaborative, which shaped the 'Big 3 outcomes' with Lambeth groups and individuals.



The Alliance is part of Lambeth Together [lambethtogether.net](https://lambethtogether.net), bringing us together with other public and voluntary sector bodies for joined up health and care. All Alliance partners have equal roles and are responsible for the whole system, not just their part, ensuring we work together for the best interests of people we support.

## You said

People in Lambeth asked for mental health care designed around people; services quicker to find and easier to ask to help; a focus on helping people stay out of hospital, or to stay no longer than they must. You said being passed between different teams, repeating your story again and again was frustrating. You welcomed input from people with lived experience (peers), and culturally sensitive services and staff.

## We did

Our Single Point of Access (SPA) opened in Autumn 2019 – you can self-refer by email [lambethtogether.net/SPA](mailto:lambethtogether.net/SPA), or be introduced for help by your GP or other professional. People speak to a clinician who refers them directly to the most appropriate support, without having to repeat details.



Florence Ward staff

## We did (continued)

At the same time, we brought community mental health teams, social workers and voluntary sector staff (including 50% more peer support workers) together in two teams: Short Term Support (who usually support people for up to three months) and Focused Support (who support people longer term.) They're based in three new Living Well Centres (LWCs): North, South East (both currently Brixton) and South West (Streatham). The Alliance way of working is not to ask 'What's wrong with you?' but 'What do you want to achieve? How can we help? Who's your support network?'

We launched a new Crisis Outreach Service. We're helping more people live independently at home. We're making services more accessible and relevant, particularly for Lambeth's Black communities, where we're taking the time to understand and counter incidences of institutional racism that affect Black people's experience of mental health services, we're developing people's skills to keep themselves well, and supporting them to recognise their strengths and assets. We're getting more people who've lived with poor mental health (peer workers and supporters) to develop and deliver services and support.

Initiatives such as Treehouse (a 24/7 supported 'step forward' house) help reduce the use of in-patient beds. This year 109 patients who had been in hospital more than 100 days were able to leave – 40 more than the year before.

## Our priorities

Our aims remain delivering the Big 3 Outcomes (helping people recover and stay well, make their own choices, and participate in daily life on an equal footing) by focusing on six priorities:



- 1 Reduce numbers of people reaching crisis point and give prompt and appropriate support for people in crisis
- 2 Increase numbers of people able to live independently
- 3 Increase numbers of people living in stable and appropriate accommodation
- 4 Improve mental health outcomes for people from black communities in Lambeth
- 5 Improve physical health for people with mental health issues
- 6 Increase numbers of people in education, training, volunteering or employment



2019 Lambeth Country Show

Photo: Lawrence Conway

# Our year in numbers

The Alliance's budget for 2019/20 was **£73.5m** to provide mental health services for an estimated working age population of **238,000<sup>1</sup>**

 which is **£309** per person per year.

1. ONS Mid 2019 Estimate

Lambeth GP records estimate there are around **4,000 people** with serious mental illness in the borough, the highest in the country and three times the national average.



Lambeth also has the **fifth highest levels** for diagnosed psychosis in the country, and is in the top **25%** for common mental illnesses.



Around **600** people a month were introduced (or referred themselves) to our new Single Point of Access (SPA) during its first 6 months. This fell to an average of **420** per month during the next 6 months under Covid-19.

Our new Short Term Support service received **1,133 referrals** in its first year (to August 2020).



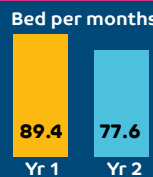
Our new Focused Support service received **524** referrals and discharged **274** people in its first 10 months.



Our Home Treatment Team supported **778** people in their homes in our second year, compared with **727** people in our first year.



We helped more people to move on more quickly; reducing the number of in-patient beds used from an average of **89.4** beds per month in our first year to **77.6** beds per month in our second year.



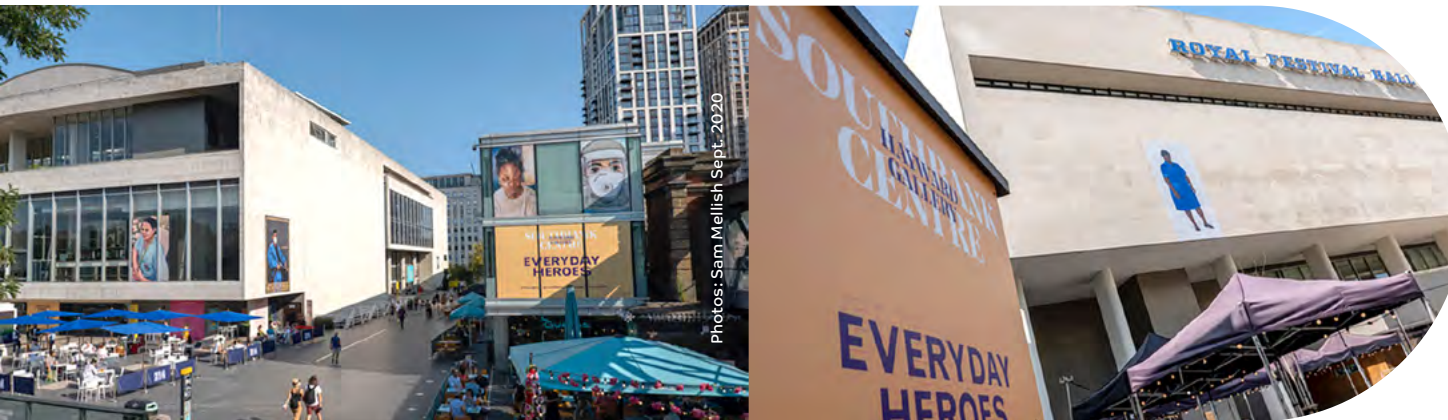
Our Approved Mental Health Professionals received **9%** fewer referrals in our second year and carried out **6%** more Mental Health Act Assessments.



Our talking therapies services supported **8,640** people in our second year compared to **8,423** in our first, with **54%** of people recovering compared to **50%** in the first year.

# Challenges

This year we've faced both the sudden and shocking onset of Covid-19 since March 2020, and the challenges we were already working to meet: equality and fairness for all communities; increasing number and complexity of mental health need; high staff vacancies, and financial pressures.



## Covid-19

We are proud of keeping all services running during the Covid-19 lockdown. We know many people could not come forward for help, and that we could not always give the level of support we would like. In fact, around three times as many people called the SLaM 24 Hour Mental Health Support Line during lockdown compared to the same period the previous year. However, staff did, and continue to do, an amazing job in very difficult circumstances.

The Alliance's response to the Covid-19 pandemic keeps safety paramount, for hospital in-patients, people in the community and our staff.

Our Single Point of Access stayed open to accept every introduction, though these fell by around 40% during lockdown. Living Well Centre (LWC) staff kept services going by temporarily closing one centre and pooling resources and workloads between Brixton and Streatham. We set up a duty rota focused on urgent cases, necessary home visits, and medication management. Staff wore PPE for any face to face contact, like home visits.

Living Well Centres risk-assessed everyone currently getting help, identifying those needing medicine delivered, at risk of self-harm, or socially isolated people at risk of poor self-care as high priorities. Staff from LWCs and talking therapies supported our Single Point of Access, helping people dealing with stress and anxiety without their usual support networks.

During lockdown, we cleared a backlog of cases. We introduced a 'choose and book' appointment system and we have improved the way we contact people.

Wherever possible, staff worked from home. We've learned that both the people we help and those working in the Alliance often appreciate phone calls and virtual meetings and we will continue to offer that choice.

We set up new 'cold isolation' wards in three hospitals, testing for symptoms before people are admitted. We set up a 'hot isolation' ward at Lambeth Hospital for any infected patients.

## Inequality

Inequality, in access to, experience of and outcomes from mental health support, remains a long-term challenge. We're working with partners like Black Thrive and community and faith groups to make mental health services more culturally appropriate and less institutionally racist, and improve the way we work and engage with Black, Latin American and other minority ethnic communities as well as LGBT+ and other minority groups.

## Staff vacancies and turnover

Like other public sector organisations, we find it hard to attract and retain certain staff, partly due to London's high cost of living and travelling. Some posts have had vacancy rates as high as 50% and, on average, one in four LWC staff are 'agency', costing more than permanent staff and who can easily move jobs.

We continue to redesign roles to be more attractive and to introduce new development opportunities. We have increased the use of (paid) voluntary sector staff and peers (people with lived experience) to provide care and support on many aspects of people's lives (for example medication, employment, housing and finances), so clinicians and social workers can focus on their areas of expertise.



Photo: Sam Mellish

## Financial challenges

The Alliance inherited significant budget overspend in in-patient beds, community support and supported living. Innovative partnerships with housing providers and developing the way we assess patients mean we've eliminated the in-patient overspend on beds (which at its height was £3m) for the first time in at least five years.

Many more people need mental health support within a mix of problems like debt, housing insecurity, social isolation, violence

and abuse. The Alliance way of working is to help with problems, not to force them into a 'mental health' box. The Alliance aims to develop approaches that we can intervene early and help people to stay well and recover more quickly.

While we continue to make sure that people get the right support for their needs and that all our services are cost-effective, we are working with service providers to redesign some services so they better meet today's needs. We are also exploring ways of shifting more resources into our community services.



# Crisis

**PRIORITY OUTCOME (what we aim to deliver):** Reduction in the number of people reaching crisis point. Prompt and appropriate support for people in crisis.



**We can't always prevent someone who's getting mental health support from suffering a crisis – but the Alliance is developing new ways to help.**

Too often, someone in a mental health crisis ends up in A&E or gets into situations where they're detained under the Mental Health Act for their own, or other people's safety. We acknowledge that sometimes people go into crisis because they cannot access preventative services when they need them. We are working hard to change this.

## Crisis outreach

One challenge has always been a lack of crisis response services, especially in evenings and weekends when life events most often trigger a crisis. The Alliance launched our mobile Crisis Outreach Service (COS) – based at Lambeth Hospital and believed to be the first of its kind in the UK – in 2019. They can reach people in less than 4 hours in the most urgent cases, and deal with most cases within 24 hours. There was a 10% drop in the number of mental health referrals from A&E in the six months after the COS team were put in place compared to the months before – though numbers remain high and we need to do more.

COS are currently developing their links with GPs and exploring how they can flex their service beyond the current '9 to 5'.





## Case Study: A Crisis on Christmas Eve †

“At 10.30 am last Christmas Eve, the Crisis Outreach Team answered a very concerned call from a GP with a patient in the surgery. The GP had made a referral for help a few days earlier after hearing about suicidal gestures – but urgent help was needed when a friend passing the window saw the patient climb on a chair.

“The Crisis Outreach Team reached Kennington within the hour, agreed the GP’s concerns, contacted the Home Treatment Team at 3pm and got a course of treatment started before 6pm on Christmas Eve.

“We’re pioneers”, said one team member. “We’ve learned in ‘live’ environments how to adapt the service – next, we’re looking at ways to make the service available beyond 9 to 5.”

LWCs agree a crisis plan upfront with people, helping them to look out for the signs that can mean a crisis is coming, and talking through ways to feel more grounded, making crisis less extreme.

## Case Study: Talking Shop Peer Support †

“After a suicide attempt in 2014 I had Cognitive Behavioural Therapy at SLaM that really helped me get back on my feet. My GP referred me to a Living Well Network drop-in at Railton Road. I immediately felt I didn’t have to feel worried about asking for help. I heard about this new Alliance initiative, the Talking Shop, so I went to the first meeting. The best thing was feeling that I was not alone, I could say what I needed to, rather than worry about what people thought. No matter how bad I was feeling I felt there were people who could empathise and not judge me. There was also a wealth of experience in that group. It was so supportive in a way that is impossible in one-to-one intervention.” Alison

- The SLaM 24-Hour Mental Health Support Line (**0800 731 286**) is a resource for anyone needing advice, help and assistance with their own mental health or the mental health of someone they support.
- Solidarity in a Crisis’ peer support line operates an out of hours Freephone: **0300 123 1922**
- Mosaic Clubhouse’s Evening Sanctuary helps people out of hours [mosaic-clubhouse.org/sanctuary](https://mosaic-clubhouse.org/sanctuary)

Despite these positive changes, the Alliance’s second year saw a 6% increase in the number of people assessed under the Mental Health Act<sup>2</sup>, and an 11% increase in those detained (‘sectioned’). Some of the increase in assessments may be because we can do more assessments, but the increase in detentions suggests those being assessed may be more in need of help, and demonstrates there is still much to do.

<sup>2</sup> July 2019 to June 2020 v July 2018 to June 2019

# Independence

**OUR PRIORITY OUTCOME:** Increase in the number of people able to live independently.



Our approach is to support people to live in the community as independently as they are able. This means keeping down the time they are in hospital or places with full-time supervision to the minimum they need, and only when they really need this much support.

We continue to find new and different ways to support people to provide new models of care and support such as our Community Liaison and Support Service (CLASS) to help ensure people can move on as soon as they are ready, and housing based support such as Treehouse and The Turrets (see case studies below).



Treehouse staff, left to right: Emine, Natasha and Mohamed

## Case Study: The Treehouse – Certitude

Emine from the Treehouse explains how her team helps get people from hospitals to homes: “The Treehouse supports people who are ready to leave hospital mental health care but need a place to stay before returning home, for practical reasons. Maybe they’re on the housing waiting list, their home needs repairs, or they’re moving back home to another country. Often our support is purely practical – shopping or paperwork. But emotional support and confidence building, reminding people that they have the skills to live independently, especially after long stays in hospital is just as important. This year, one lady really challenged the whole team’s creativity. Her husband suddenly needed medical care; she couldn’t go home. Over two months we helped her overcome fear of being attacked in shops and public transport. First, we went everywhere with her. Next, we helped her buy a phone so she can always say where she is. She even gained the confidence to open her own bank account, gaining financial independence. It was stimulating and motivating for the team to learn to adapt how we support someone.

## Case Study: Penrose Focus Project

“This year, Kieran successfully bid for independent housing and now lives independently in the community. He had a long history of violence and multiple substance abuse, and a diagnosis of paranoid schizophrenia – all resulting in complicated mental health. He transferred from hospital to Penrose Focus Project in 2018 and discussed his concerns and interests in weekly sessions with his allocated keyworker. We helped him to reconnect with his family, to apply for a freedom pass and to contact DWP to increase his Employment Support Allowance (ESA). Kieran took baking classes, ICT and Maths workshops – and invited us to celebrate his successes. By January 2019, he’d improved his independent living skills and was a peer mentor in the house. Lambeth Forensic Mental Health Team reviewed his progress weekly for six months until he began self-medication in preparation for move-on.”

[lambethandsouthwarkmind.org.uk/directory/penrose/](http://lambethandsouthwarkmind.org.uk/directory/penrose/)



## Case Study: The Turrets housing scheme

“When James first came to the Turrets he felt afraid that something bad would happen every time he left the safety of his home; James struggled with self-neglect and isolation, these were methods that James had learned to keep himself safe. In the beginning, staff accompanied him every time he went out to help him feel more at ease. This gradually enabled him to grow in self-confidence and carry out tasks independently. Now, he’s managing his own finances (he opened a savings account to save for a rainy day), cooking meals alone and is ready to step-down to Railton Road supported flats. He cleans his room without prompting, takes medication and goes to the gym without support or being accompanied by staff. He had previously struggled with self neglect which is now not the case. He’s been going to Sainsbury’s independently, reconnected with his family and feels able to visit his grandma and father alone.”

# Home

## OUR PRIORITY OUTCOME: Increase in the number of people living in stable and appropriate accommodation

### A home where you feel safe and happy is crucial to good mental health

**A national lack of affordable homes to buy or rent leaves some well enough to move but with nowhere to go, or waiting months, even years.**

Many people we work with need support at home; others need supported housing (with full or part time support). Over time more people need support, and the average amount of support they need has increased.

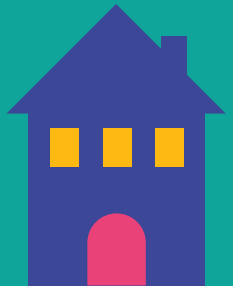
The Alliance is working with providers and partners to develop new models of care, to minimise waits and maximise the availability of appropriate housing.

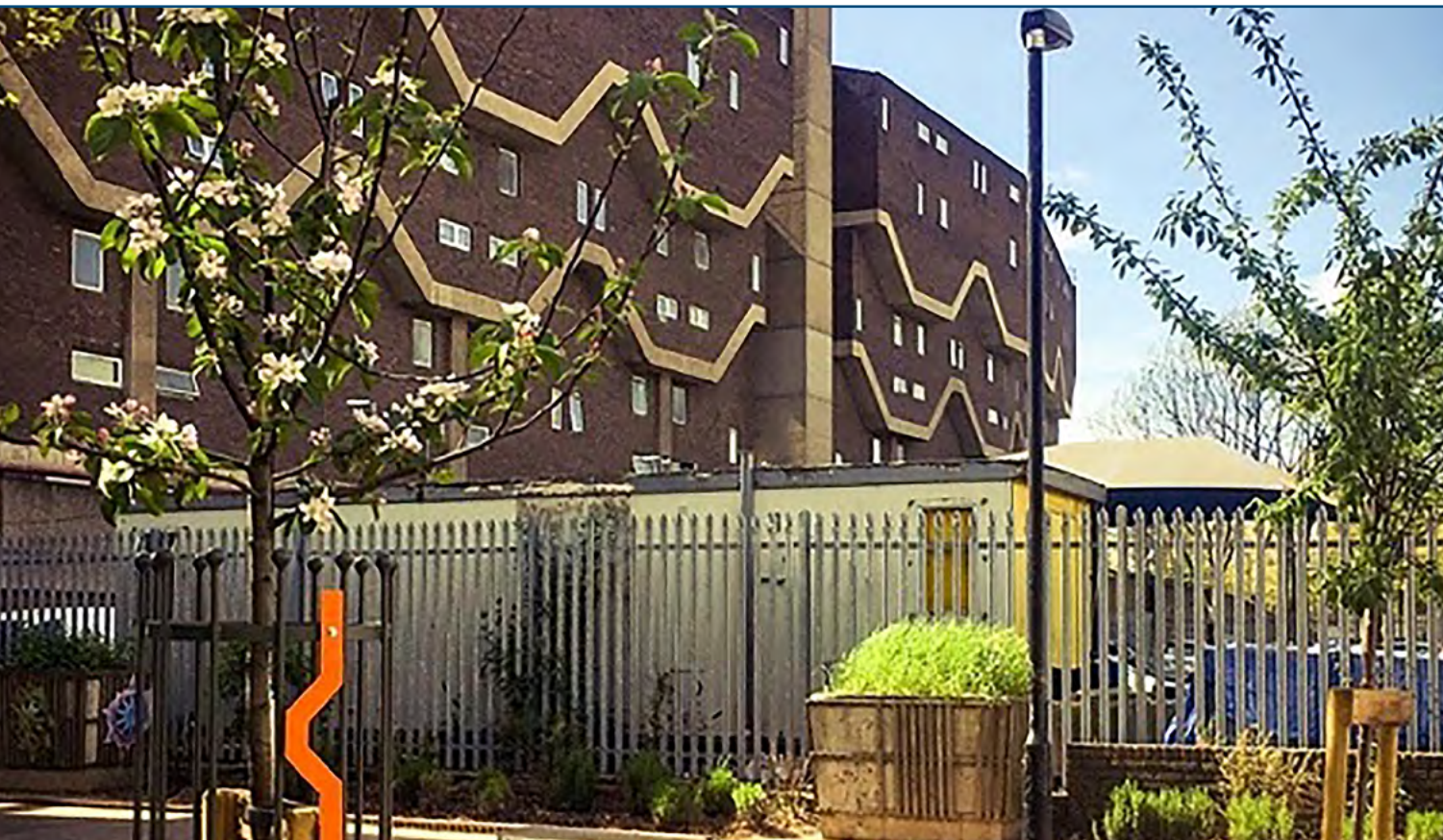
As well as the new Treehouse 'temporary residence', we set up BRiL (Brokerage and Resettlement in Lambeth) projects – there are currently 17 BRiL flats. Thames Reach property manager Andre Virgin (pictured right) sources properties on the open market and works with the Alliance to support clients in the upkeep of their homes.



Andre Virgin

Photo: Karen Hooper





## Case Study: Returning home – Alliance Rehabilitation Team/ Thames Reach †

Rhiannon got help both in hospital and moving back home. Her care co-ordinator says: “Rhiannon had 17 hospital admissions since 1992, when trying to set herself on fire made her a danger to herself. We’d laugh in between serious conversations. When she was ready to move back home, all the professionals got together to agree our roles in her support. I supported her to use her Personal Health Budget for bedding and utility payments. At first I’d visit every few weeks for coffee, TV and talk. I still check in by phone.”

## Case Study: BRiL

Bernadette lives with BRiL and says “I’ve worked hard to get from claustrophobic secure wards in hospitals (2000-2013) a care home, and finally a studio flat adapted for me as I’m partially sighted. I took courses on tenancy, eating well for less and being a good employer for working with my PA. Finally, I am free having been granted an absolute discharge from the Restricted section of the Mental Health Act. Who’d have thought I’d ever start college and holiday in Jamaica to meet my mum’s family. In September I was discharged back to my GP.”

[lambethcollaborative.org.uk/9286](http://lambethcollaborative.org.uk/9286)



# Equality

## OUR PRIORITY OUTCOME: Improvement in mental health outcomes for people from Black communities in Lambeth

**Inequalities in mental health support are a real challenge. We have long-term evidence that Black people in Lambeth are much less likely to seek support but in 2018 were nearly five times more likely than White British people to be detained in hospital under the Mental Health Act ('sectioned').**

Photo courtesy Lambeth Black Men's Drama Project

Lambeth has the second highest number of Black people in the UK and the highest number of Black people accessing mental health services in the UK. Black Thrive was created to initiate the system change needed to see Black residents thrive across the borough. As an equal partner in the Alliance, Black Thrive are essential in making sure community voices are heard in shaping services.

The Crisis pathways need to be improved, as we know there's no reason Black people are biologically more likely to develop psychosis, but over 80% of those diagnosed as psychotic are Black men. There are barriers within the system for people who identify as Black: from services that are not culturally appropriate, and chronically underfunded, to outright racism and discrimination within services.

Black Thrive's Victoria Cabral says: "Black Thrive have an important role within the Alliance as a critical friend. We've worked with Lambeth Council Cabinet on the Patient Carer Race Equality Framework (PACREF), in response to updates in the Mental Health Act. We're looking with SLaM into developing African-centric – and other-centric therapies, moving away from the Western model.



“The Alliance is funding two staff working within Black Thrive on producing a culturally appropriate guide for service users. We’ve worked with Lambeth Hospital to advise on making forms more accessible – and are still waiting to see what impact this has.

“Covid-19 has revealed that people don’t always really know what services are available, what they should and shouldn’t do when it comes to health. The Alliance has learned to stop calling communities ‘hard to reach’ – we know they’re calling out to be heard.

“We’re looking for much more in-depth data. At the moment, the Alliance knows we get very few survey responses from Black people so the percentages of those who reply may not be significant as a basis for action. We need more data, more communication to reach people.

“We hear about individual interventions being inclusive at project level, but we all want to see a more joined-up approach. We need to see equalities built into the reports on projects, not added like a separate thought, we want to see co-production with users in shaping services, but it’s not yet clear if we’re achieving power sharing or inclusive decision making.”

For the future, the Alliance is working on IT solutions and new ways of working to bring together all the information on people and cases that different partners hold into one shared resource. That will provide a starting point for understanding if the equality situation that we know is challenging is getting worse, and what to look at to change it. We’re working with partners in community and faith organisations to ask how to get more people to trust us and come to us for support. This is particularly challenging for those who have legitimate reason to distrust

services after the tragic death and injury of people in our services in the past.

We’re working to set up a new culturally appropriate peer support and advocacy service. We co-produced a job description to allow carers, people with lived experience on wards or in Living Well Centres to apply. What will success look like? People wanting to join, wanting to help shape the service and the training, and sharing it as a model for other support services outside Lambeth, and for appropriate services for other communities such as Spanish and Portuguese speakers and LGBT+ people.

## Zaro's Afro Caribbean Fresh Fruit & Veg





# Physical health

## OUR PRIORITY OUTCOME: Improvement in the physical health of people with mental health issues



**Life expectancy for people with severe mental illness is 15–20 years lower than UK averages, mainly due to preventable physical illness.**

People living with severe mental illness (SMI) face one of the greatest health inequality gaps in the UK. Factors can include side effects of anti-psychotic medication, lifestyle, and difficulties with mainstream health services. People with mental health needs are statistically less likely to follow up on routine checks (like blood pressure, weight and cholesterol) that might detect early symptoms of physical health conditions; and less likely to get the help they need with giving up smoking, drinking less alcohol, or healthier diet and exercise.





Photo: Sam Mellish

## Case study: Ldn Dares †

“With obesity, self-harm in young women and suicide in men all on the rise, Ldn Dares nurtures positive relationships between body and mind. Founder Ursula Joy builds on lived experience “to help people feel better in their own skin so they can move forwards with their lives”.

“We’ve worked with SLAM Recovery College to deliver ‘Dare Sessions’ confidence and body image courses – like performing Madonna’s ‘Vogue’ at Shakespeare’s Globe. We’re part of Guys and St Thomas’ Charity and the School of Social Entrepreneurs health and wellbeing trade-up program to help tackle childhood obesity and protect the health of those living with long-term conditions.”

(<http://www.ldndares.co.uk>)

The Alliance is introducing new developments to help address these inequalities:

- ‘Consultant Connect’: Guy’s and St Thomas’ NHS Foundation Trust Consultants from a range of specialisms share advice including physical health with clinicians at South London and Maudsley Trust via a phone or tablet app, or by phone call.
- ‘Staying Well’ will involve regular meetings between GPs, practice nurses, social prescribers and LWC psychiatrists, nurses, social workers and support workers to discuss how best to support people with mental health needs in the community. ‘Staying Well’ will emphasise making sure people receive practical and social support and that physical health needs are discussed and addressed. Pilot projects between September and November will be evaluated to confirm whether ‘Staying Well’ should be rolled-out more widely next year.



Photo: Pete Le May

# Work and training

**OUR PRIORITY OUTCOME:** Increase in the number of people in education, training, volunteering or employment

**A sense of purpose is central to good mental health. Many get theirs from studying, work or volunteering. The Alliance works with partners to employ, support and develop people.**

We've developed an employment strategy to support people with mental illness into meaningful employment. However, there's much to do. The Government's Labour Force Survey 2019 found that while 2 in 10 of all Lambeth's working age adults were unemployed in the summer of 2018, it was 4.5 in 10 with a mental illness and over 9.5 in 10 on the Care Programme Approach (a package of care for people with more severe mental health problems or complex needs).



SLaM's Vocational Services' innovative Expand Your World co-designed workshops have had positive feedback.

<https://www.lambethcollaborative.org.uk/15833>

The Vocation Matters' user-run vocational service has been busy supporting people to achieve their vocational goals. Volunteering and job opportunities with First Step Trust (<http://firststeptrust.org.uk/lambeth/>), Southside Rehabilitation Association (<https://www.sra-ltd.co.uk/>) and Mosaic Clubhouse (<https://www.mosaic-clubhouse.org/>) continue to illustrate collaborative working.



## Case study: Transitional Employment Placement – Chantal’s Story

‘I’m working in a Transitional Employment Placement. I do administration work there... I’m enjoying it... it’s a brilliant way for me to learn new techniques... it’s a challenge... but I like a good challenge. At the moment I’m doing database entry. It gives me a focus in life. One good thing about TEPs is you get to meet a variety of people and this can be interesting’.

[mosaic-clubhouse.org/chantals-story-2325](https://mosaic-clubhouse.org/chantals-story-2325)



Photo: Sam Mellish



## Case study: Look Ahead

Cathy’s case worker said: “20-year old Cathy agreed to meet in a safe space away from her chaotic home life and abusive father. She was using cannabis, cocaine and MDMA to distract her from her own emotions, taking occasional bar work to meet men, sleeping with them to avoid going home. We worked with Lambeth Housing, with a young people’s support worker from Mosaic Clubhouse, and with Thames Reach to encourage Cathy to apply for Universal Credit and enrol at Employment Academy for training courses and employment support. She settled into accommodation at Look Ahead and is doing well.”

<https://www.lookahead.org.uk/>

# Involving people

Co-production – involving people with an equal say in the design, development and, increasingly, delivery of services – is at the heart of the Alliance’s way of working.



Photo: Sam Mellish

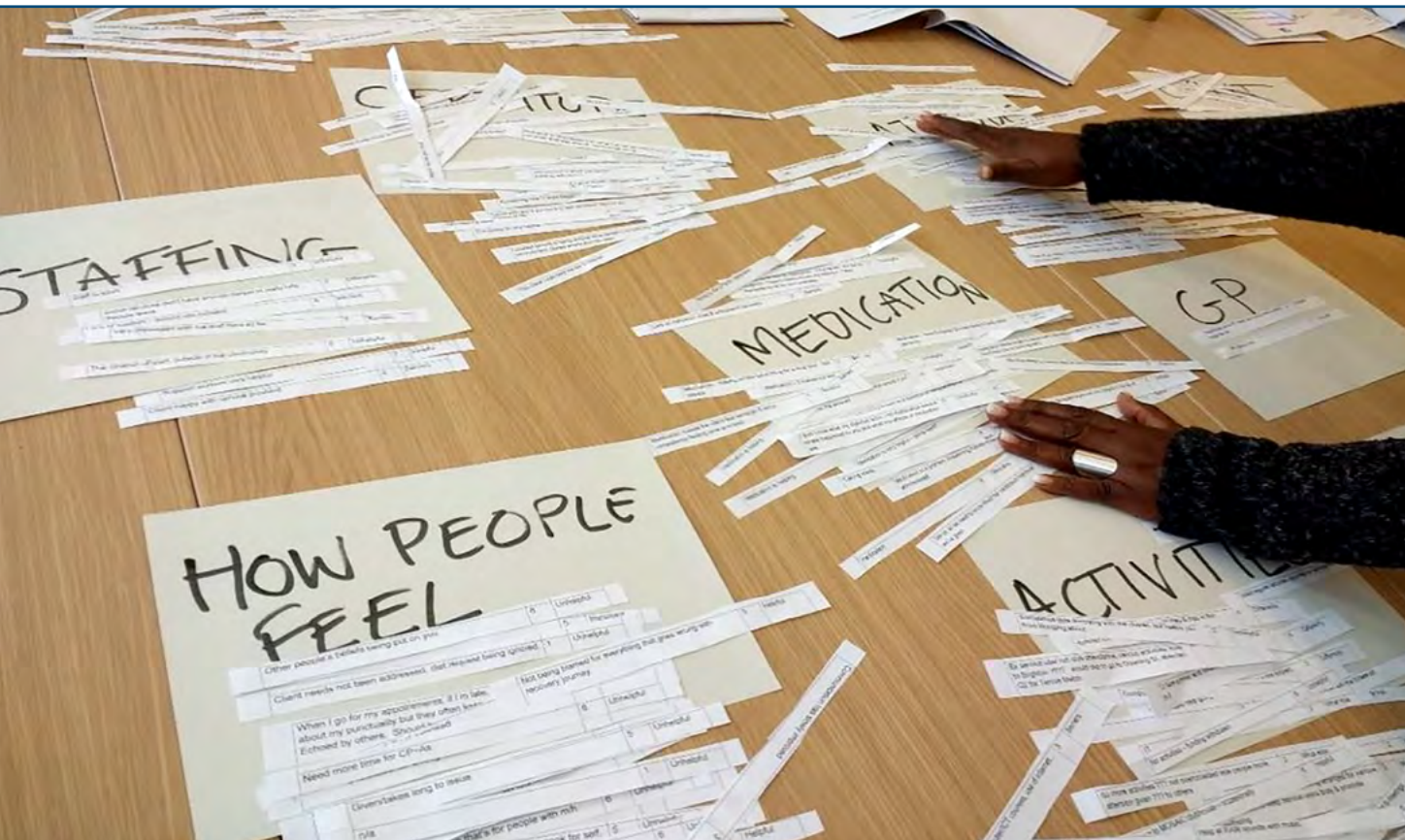
The people we support, their carers, our staff and providers have been heavily involved from the beginning in shaping our services and how we deliver them. We’re exploring how to create more opportunities to include them in key decision-making, real time feedback on their experiences of services and shaping how we work.

## Lived experience

Professionals in Lambeth benefit from the lived experience of people getting help from mental health services who then get involved in paid work or volunteer roles. This year, for example, peers have worked in research with SLaM on a new report about housing. For the future, we’re working with Black Thrive to develop a culturally appropriate peer support and advocacy service.

## Lambeth Service User & Carer Advisory Group

A network of around 15 people with lived experience as service users or carers work alongside the SLaM management team. They bring their own perspective to plans and developments. Over the last couple of years, they have joined Alliance staff in working groups and workshops to develop new ways of doing things. They continue as a resource and meet every month via Teams.



## Case study: Certitude

“Most people don’t come to workshops or fill in surveys. We developed a different way to hear some important contributions. People with relevant lived experience went into Certitude accommodation for conversations with residents; open questions drew out what’s important. The project group fed back in person to the Alliance Management Team, who used the feedback to develop the Alliance’s employment strategy and approaches around medication, peer support and care planning.”

## Case study: Volunteering

Anna’s peer supporters helped her turn her life around. She struggled with returning to work after being hospitalised for schizophrenia. Her medication wasn’t working; she heard voices. Peer support via her GP helped her find coping strategies. She pushed herself to go to meetings where “I was able to contribute” in helping shape services for others. “I’ve taken the peer mentor course at Mosaic and I’m working as a peer supporter.”

[lambethcollaborative.org.uk/15415](http://lambethcollaborative.org.uk/15415)

# Next steps

As the Alliance moves into our third year, our world looks very different.

## Covid-19

Arrangements are in place to help keep staff and those we support safe. People needing face-to-face support can get it, while people preferring telephone or online contact can choose. We'll adapt as circumstances change – maximizing support and safety.

## Equalities

We're highly conscious of the health inequalities shown in the impact of Covid-19. Top priority is improving how we work so everyone in Lambeth, of any background, ethnicity, gender or sexual orientation, feels able to come for support, and to receive support tailored to their needs. We're developing a culturally appropriate peer support and advocacy service with Black Thrive; an equalities development programme for staff, and we'll dedicate time to working in communities with local groups, organisations and GPs to build relationships and understanding.

## Finances

The Alliance inherited significant financial challenges. Now, we're reviewing the original agreement in which all partners cover their own costs. Sharing some pressures will help us make the best of our money and solve problems collectively and innovatively. We'll contract new services that offer people more independence, better meet their needs and deliver best value. We'll seek to integrate more teams; making services more joined up and accessible. We'll continue pioneering new, better ways to support people while reducing overheads and costs.

## Information Technology

We want to upgrade our IT, so Alliance partners' systems can easily share information – improving the quality and speed of support, while protecting personal data and security. Covid-19 has revealed how effectively people can work remotely – we'll introduce more mobile IT so front-line staff can access information at home or out and about. We want more responsive IT, giving people better access to support at any time and help prevent crisis.

## New services

We're piloting 'Staying well' with two groups of Lambeth GP surgeries. The aim is to join up support from GPs and local communities with specialist Alliance staff. We want to support people to stay well (physically and mentally) in communities and provide specialist support – if needed – quickly and easily. If successful, we will roll this out across Lambeth during 2021.

We're developing a new personality disorder service for Lambeth replacing the three-borough service at the Cawley Centre. We're expanding our psychological therapy workforce to provide support suited to the level of need. We'll deliver this from Living Well Centres – working with GPs, local voluntary and community groups and other professionals as necessary. This will make psychological therapies better integrated and more accessible.

## Our workforce

We know that people who feel happy and cared for are better able to deliver better care. We want to ensure that everyone working for the Alliance works in the 'Alliance Way' – a kind, caring and respectful approach that builds on the person's assets and caring networks to meet their needs in the best, least restrictive way.

We've worked with academics and UK leadership experts, and included the practical expertise of people using mental health services, on a workforce development programme that not only improves knowledge and skills but will also help us be more compassionate, culturally sensitive and confident in supporting Lambeth's diverse communities. We plan to deliver this over the next 10 months.

## Learning, innovating, sharing

We'll increase and improve feedback from staff and people who use our services. We'll use this feedback, our learning from our services, and the best mental health services across the UK and beyond, to continue to develop new and better ways to support the people of Lambeth with their mental health.

We'll continue to work quickly and flexibly, testing new ideas quickly, shifting money to things that work and stopping those that don't.

We'll continue to share our learning, including our mistakes (from which we usually learn the most), with colleagues across the country and overseas.

"In our first two years, the Alliance has built foundations to meet the needs and asks of Lambeth communities. We've delivered some successes, but have lots to do to achieve our mental health ambitions.

"Covid-19 presents far-reaching challenges including highlighting inequalities in health outcomes.

"The strength of the Alliance way of working has shone through. Our learning from these years, including from this pandemic, will make adult mental health services more approachable, accessible and effective for all in our community.

"I'd like to thank staff, service users and carers, and the Lambeth Community for their support to continue this important journey."

**Sabrina Phillips, Interim Alliance Director**

We want to hear your thoughts and experiences of mental health services in Lambeth. Please email us: [LWNA@lambethtogether.net](mailto:LWNA@lambethtogether.net)