



www.lambethcollaborative.org.uk



you need me because.
I can help you by
giving you some
space to meet

Market Stalls and network, network, network.





Welcome

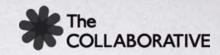


Stepping up and stepping out to meet the challenge



Our story starts with wanting to radically improve outcomes together within a context of reduced public expenditure.









Some big principles:

- 1. Recognising people as assets
- 2. Building on people's existing capabilities
- 3. Peers support networks
- 4. Blurring distinctions
- 5. Facilitating rather than delivering
- 6. Mutuality and reciprocity

Nef&Nesta



This is bigger than Lambeth.

We are part of NESTA's People Powered Health programme



What is today all about?

Welcoming new faces

Hearing about the progress of the Collaborative

Working together to test and build on the proposed Living Well Network



The vision

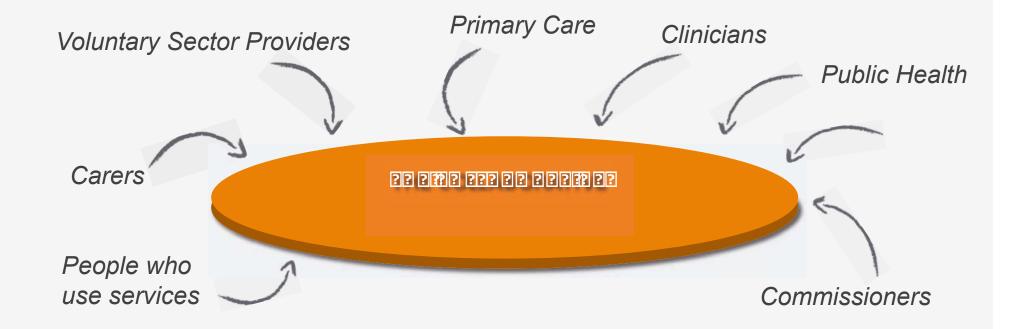
Denis O'Rourke

Lucy Canning



The Collaborative A platform for people to come together to radically improve the outcomes experienced by people with mental health problems in Lambeth



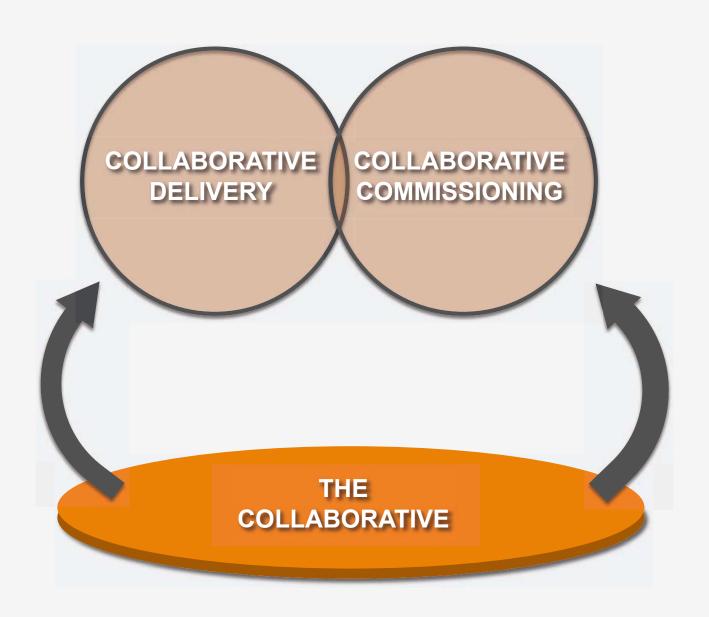




Our big 3 outcomes:

- 1. To recover & stay well,
- 2. To make their own choices,
- 3. And to participate on an equal footing in daily life







At the heart of this it's about delivering better outcomes for less investment, by working together in new ways

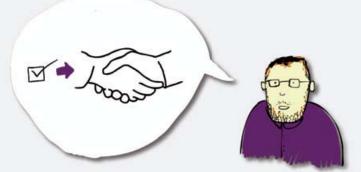




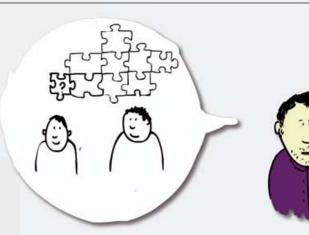
Making people's assets work

Bringing together specialist and community support effectively





Working together differently and timebanking



Scaling peer support





This means we must grow a different culture across Lambeth



How do we grow a different culture?









Stories



Its not just about working differently with people

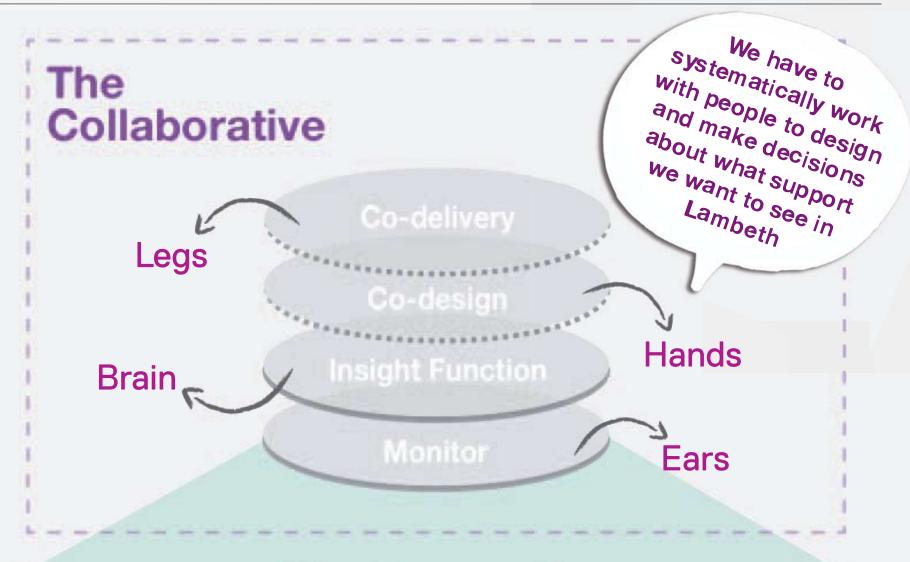
We must also change the way we design and commission our services



Our definition of commissioning:

Commissioning is about enabling an effective dynamic with communities and individuals to understands their needs, their assets and their aspirations, in order to fund and guarantee effective, meaningful and efficient support.





The Community

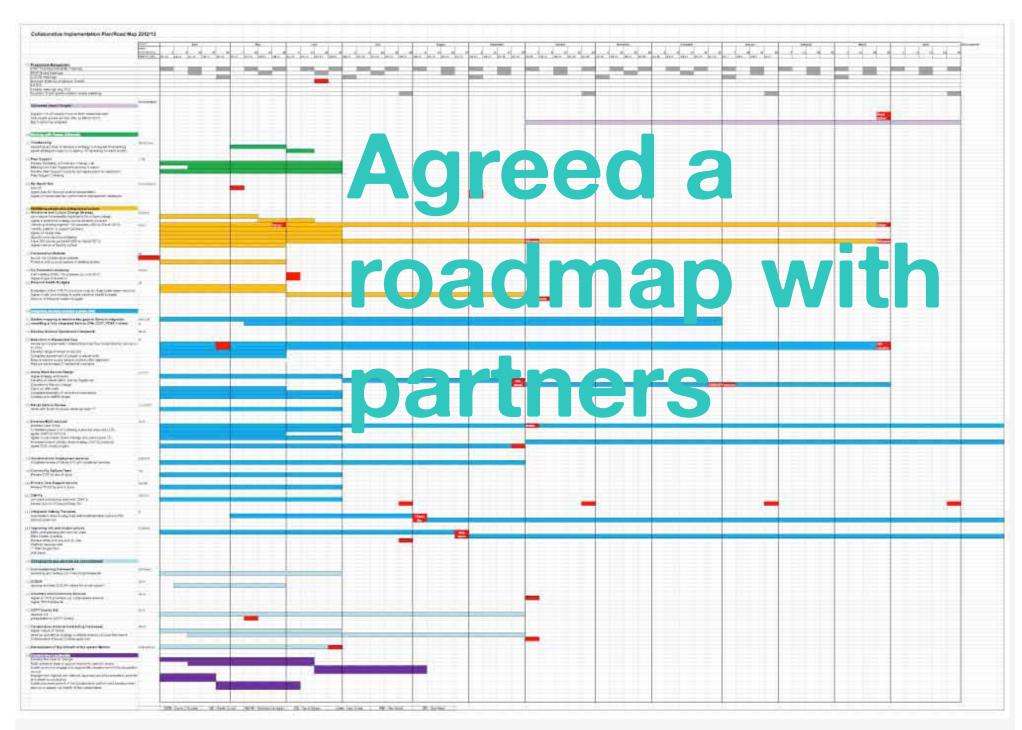


How are we making this happen now?



The Collaborative has been running an ongoing process involving over 1,400 people actively contributing to the design and delivery of improved services which includes:

- 200 people supported by Community Options Team
- 50 people currently being supported Primary Care Support Service
- Information Hub opens January 2013
- One Recovery and support Plan for whole system
- 3 locality Timebanking partnerships growing
- 10 Peer Support initiatives expanding
- User Voice being developed in forensic services
- So far 23 people had Personal Health Budget to support recovery
- Draft Alliance Contract framework developed
- Incentives to reward system change biting







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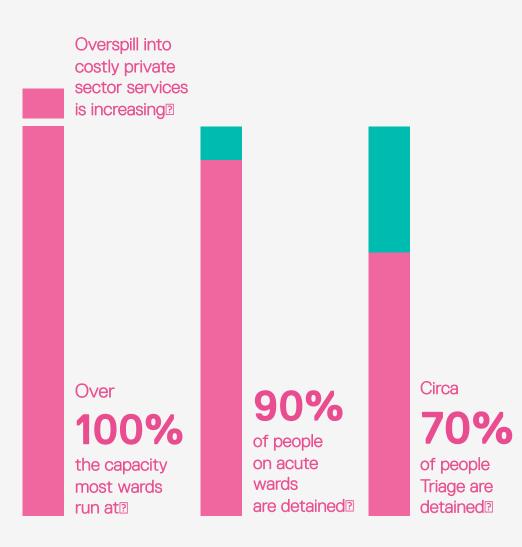
A short film of interviews about the Collaborative





Applying our way of working to co-designing the model of support for people experiencing acute mental distress





900

AMHPS assessments

between 2011-122

103
AMHPS assessments in August 2012.

96 known to services.

895

Admissions to acute wards between 2011-122



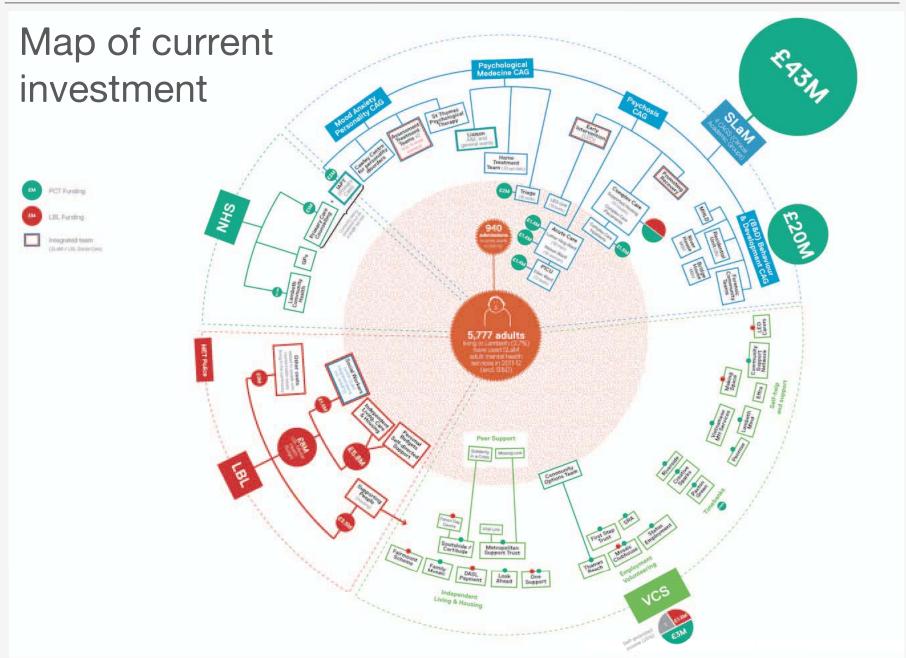
21 days

is the average stay on acute wards 2

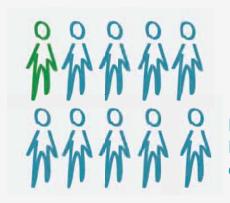


Research conducted by the Innovation Unit with SLaM April 2012





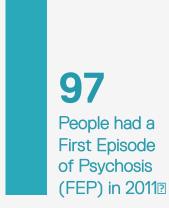




11.3% 6.5%

Increase in 15-34 year olds in Lambeth between 2010-11 based on census and ONS data?

Increase in Lambeth population between 2010-11 based on census and ONS data?



92% People who had FEP receiving intervention using Census 2011 🛭

102.3% People who had FEP receiving intervention using ONS

Translating the population level numbers of 25-34 years from the census into table 4.9 of the Campion and Costa-Freda 2012 report on numbers with First Episode Psychosis (FEP) and proportion receiving intervention alters the proportions receiving intervention



4. The LEGS

A series of sessions to simulate our model and identify how we can begin to deliver it through a draft specification and how we test it

2. The BRAIN

Two workshops with to explore and develop shared insights.

Collaborative
Commissioning in
Practice

Co-delivery

Co-design

Insight Function

Monitor

3. The HANDS

A series of workshops to develop a shared model to deliver a co-production led approach and meet the challenges we identified together

1.The EARS

Stories from peer supporters gathered from the wards.

Conversations with services and staff

Co-design with peer supporters, carers, people who use services, clinicians, GPs, service managers and commissioners



Moving from a crisis focused system to one that is focused on early intervention and reablement



