Lambeth Living Well Network Hub
Year three evaluation

December 2018

LWN Hub evaluation partners

Small King's College London (KCL) evaluation team - members with a range of skills and research expertise

Developed evaluation proposals **in collaboration with LWN Hub staff**

Evaluation workshops with LWN Hub staff members discussed the purpose of the evaluation, provided training, and gave feedback

Evaluation Group - Hub staff (including peer support workers /people with lived experience of mental health services) and KCL colleagues

KCL evaluation team provided support and training on evaluation methods and analysis - strengthening the skills of LWN Hub staff and **building capacity within the Hub**

Evaluation Board (LWN Collaborative representatives) and the Evaluation Group oversaw the development and delivery of the work plan and the production of the evaluation report

Aims of LWN Hub

- Divert 800 people in year one and 1500 people a year by year three to be supported via a new enhanced primary and community based 'networked' offer, outside of secondary mental health care

- Reduce the number of people managed within the initial assessment teams in secondary care (traditionally the first point of contact) by 160 people (10%) in year one, with the aim of achieving a reduction of 25% by year three

- Reduce the number of people receiving long term care coordination by secondary care teams, achieving a reduction of 50% within three years

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

Context: plans for a new service configuration in Lambeth

- A major transformation programme was launched in 2018 which included: re-designing the acute inpatient pathway, the development of a stronger rapid response to crisis, the development of an Integrated Personalised Support Alliance (IPSA) Plus approach, and introducing a Living Well Network Approach

- Changes made included the re-design of the 'front door' (access to the mental health system)

- The re-design of the front door has had, and will have, a very significant impact on the Hub services, as well as the year three evaluation

- Further, it is important to consider 'lessons learned' from the Hub evaluation in relation to the new developments

![The Living Well Network]

Access to the Hub and Demographics

Access to the Hub

- 6388 introductions to the Hub in year 3 (532 per month). An **increase of 12.5%** compared to year 2. Far exceeds original aim of 1500 introductions per month

- 57% of people supported by the Hub were introduced by their GP

- 12% of introductions were via the police

- 11% of people seen by the Hub introduced themselves, compared to 10% in year 2 and 4% in year 1

- People are introduced for a **wide range of social and clinical reasons**

Number of introductions to the Hub per month
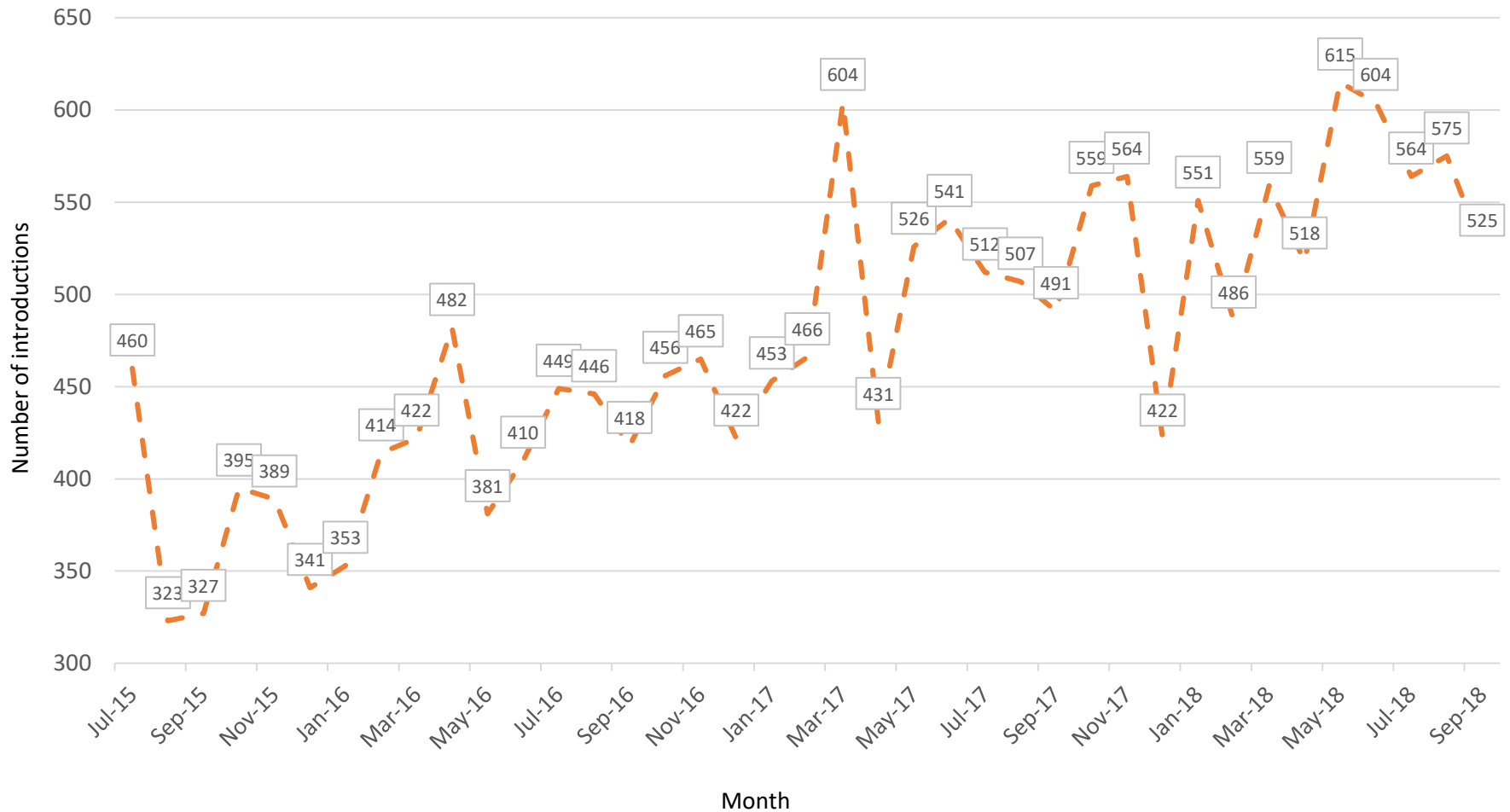
Patterns of support

	Percentage (%) of people		
	Year one 2015/16	**Year two 2016/17**	**Year three 2017/18**
15-minute conversation	3%	10%	7%
Phoned	5%	10%	13%
Assessed	37%	12%	15%
Intervention	7%	24%	26%
Not closed when data extracted	25%	14%	21%
Not suitable for Hub support	23%	31%	18%

- Compared to the previous year, the Hub has seen a slight decrease in the proportion of 15-minute conversations, a small increase in initial phone calls and assessments, and an increase in the number of interventions provided

- **More intensive support has been offered to a greater number of people each year**

Demographics

- The age and gender profiles of people accessing the Hub in year 3 broadly reflect the wider population of Lambeth

- **Ethnicity was not recorded for 41%** of people seen by the Hub in year 3, and collection of this data needs to improve

Recommendation

In many cases, information about a person's ethnicity is not passed on when a person is introduced to the Hub. People seeking support have expressed frustration about being asked for this information multiple times. General Practices in Lambeth have good records of people's ethnicity. If this information were to be forwarded on to the Hub as part of the introduction, completion of ethnicity data would increase. Plan work with Black Thrive to promote the importance of sharing ethnicity data.

Health economics analysis:
Hub Activity and Wider Impact

Hub Activity

- The average (mean) cost per person introduced to the Hub since the Hub opened borough-wide was **£76** when analysing records from July 2015 – June 2018 for people who were signposted or received an intervention (1726 cases)

- The average cost for the most expensive 25% of cases was **£79**

- National Reference Costs show an average cost for initial assessment in a low severity IAPT mental health service cluster of **£116.** The cost for the most expensive 25% of such cases being over **£124**

- The Hub provides **comparatively low-cost, high volume support**

Hub Activity

- **Older people** (aged 56-65 years) were 16% **more likely to receive an intervention** from Hub staff compared to younger people (aged 18-25 years) with a statistical significance of $p<0.001$

- The costliest 25% of people who received an intervention were on average 15 years older than people in the least costly 25% of the sample analysed

- Older people were also found to be 15% less likely to be referred to secondary care on closure from the Hub compared to younger people.

Older people are often clearer about the support they require from the Hub

Younger people may need more intensive support from secondary care that the Hub cannot offer

Hub Activity

- Individuals who **self-introduced** to the Hub were 10% more likely to be offered full support compared to people who were introduced to the Hub by their GP (p=0.006)

Individuals who introduce themselves are likely to be self-motivated to receive more intensive support from the Hub

Hub Activity

- Statistically significant differences in Hub support were observed **across the three localities**

- In the north locality, **men were 11% less likely to be offered an intervention** from Hub staff compared to women (p=0.02)

- In the north locality, people of **black ethnicity were 11% less likely to receive an intervention** compared to white people (p=0.009)

The North locality had a number of vacant clinical posts during 2017/18. One of the clinical staff who was in post had specific expertise in personality disorders which white women may be more likely to seek and receive help for

Wider Impact

The 'wider impact' component of the health economic analysis focussed on:

1) Examining the trends in referrals into local Assessment & Liaison teams

2) Exploring the trends in presentations to Accident and Emergency (A&E) psychiatric liaison services

- Data were obtained from the Clinical Records Interactive Search (CRIS) system at the Maudsley Biomedical Research Centre (BRC) to allow comparisons to be made between Lambeth and other surrounding boroughs

Wider Impact

1) Referrals into Assessment and Liaison Services

- The introduction of the Hub led to a statistically significant **reduction in A&L referral activity** among patients registered with Lambeth GPs (compared to residents from Southwark, Croydon and Lewisham)

- This translated into an average impact of **around 44 referrals avoided per month** – a 20% reduction compared to what might otherwise have been expected each month over the same period had the Hub not been introduced

Wider Impact

2) Presentations to Accident and Emergency (A&E) psychiatric liaison services

- Evidence regarding the impact of the Hub on A&E psychiatric liaison services was less convincing overall

Feedback from people who have been supported by the Hub

Work and Social Adjustment Scale

- The Work and Social Adjustment Scale (WASAS) is a validated measure of functional impairment. It is used to assess a person's mental health outcome in a treatment programme

- WASAS data were analysed for the period July 2017 - March 2018 (**52** complete pre and post Hub paired scores)

- The average (mean) total WASAS score at introduction was 29.1 which reduced at closure, to an average (mean) total WASAS score of 25.6.

- **The change between pre and post Hub total WASAS scores was statistically significant** (p=0.01), meaning that it was very unlikely to have happened by chance

Hub Outcome Profiles (HOPs)

- WASAS was not felt to be a good outcome measure for the Hub, and was replaced with the HOPs

- HOPs was adapted from the Psychological Outcomes Profiles questionnaire (PSYCHLOPS): Ashworth, M. (2007) PSYCHLOPS: a patient-centred outcome measure. Progress in Neurology & Psychiatry, 11, 36-43.

- HOPs data was analysed for the period April 2018 - September 2018 (**61** complete pre and post Hub paired scores)

- People rated their problems as **less severe** following support from the Hub. The positive change observed between pre and post Hub HOPs scores was **highly statistically significant** ($p<0.001$)

- Hub staff expressed very **positive views**: straightforward, quicker and easier to complete compared to WASAS, better at focussing attention upon identifying the person's needs, and provides a naturalistic template for discussion. However, completion rates remained relatively low

Your Stories

- **8 people** interviewed by Peer Workers / Admin staff (with experience of receiving support from mental health services)

- **Mainly very positive** about the support received from the Hub, even where the person's circumstances had not been significantly improved. Hub staff were typically described as supportive, flexible, understanding, non-judgemental, easy to connect with, and friendly, rather than clinical in their approach

Your Stories

- People helped to recover and stay well through medication reviews, referral to secondary services, liaison with care services and resolving problems with them, and with the council and social services regarding adaptations to be made in the home

"It was very effective. […] *It led to my antipsychotics being upped which allowed my mood to be stabilised.* […] *I'm in a much better place thanks to the Hub."* [Marnie]

Your Stories

- People helped to make their own choices through the Hub's emphasis on co-production, which helps people to become aware of and exercise choice in their lives

"They are offering you a way of learning to support yourself." [Charlie]

Your Stories

- People helped to participate on an equal footing in everyday life by helping to resolve benefits and housing problems, helping to find activities in the community, and obtaining personal health budgets (which also enhances personal choice)

> *"I couldn't sit down and talk with my friend before but now I have the laptop* [bought with the personal health budget arranged by the Hub] *we can talk instead of doing official stuff."* [Charlie]

- The fact that the Hub offers an 'open door' for future self-introduction was valued as a reassuring safety-net

- Two interviewees who had significant problems with mobility particularly valued the Hub's willingness to conduct home visits

Client Satisfaction Questionnaire

- Validated, 8-item survey, used in mental health services to measure the perceived satisfaction of people who have received a service

- **84** questionnaires returned

- Mixed results, with satisfaction rates appearing to have **dropped compared to years one and two**. This might be because the Hub is now offering a service to a far greater number of people with more varied and complicated needs

- Overall a **small majority of people report being satisfied** with the Hub and the support given

- Individual **Hub staff were frequently praised** in additional free text comments
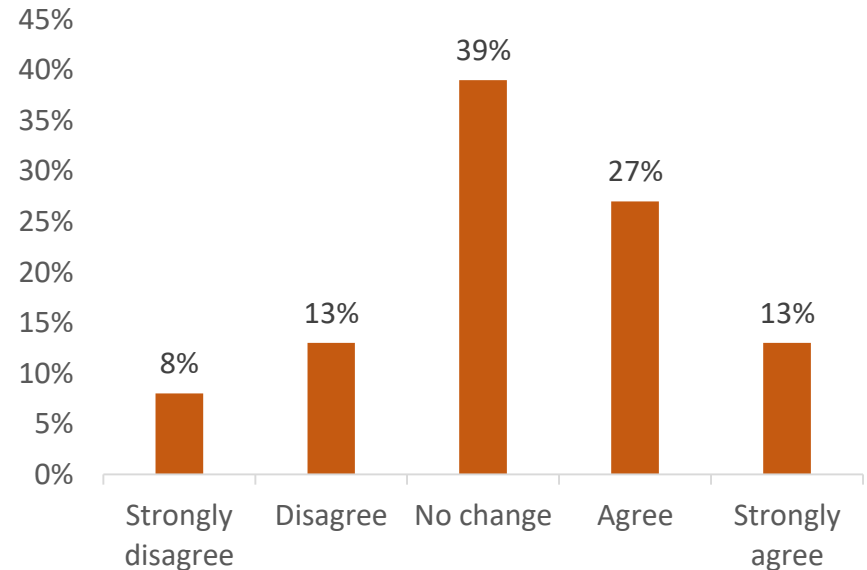
Telephone Survey

- Concentrated on obtaining feedback in relation to the Big 3 Outcomes

- **69** participants
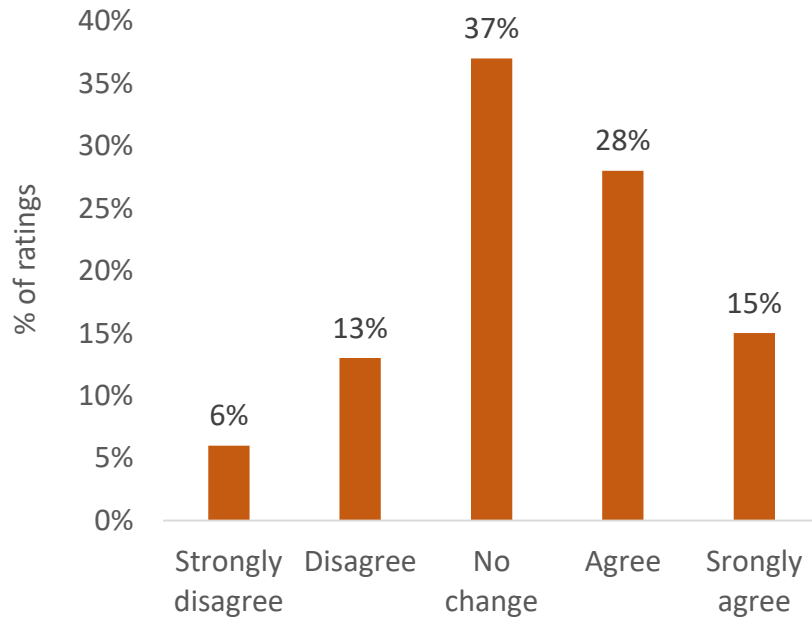
My mental wellbeing has improved (n=69)
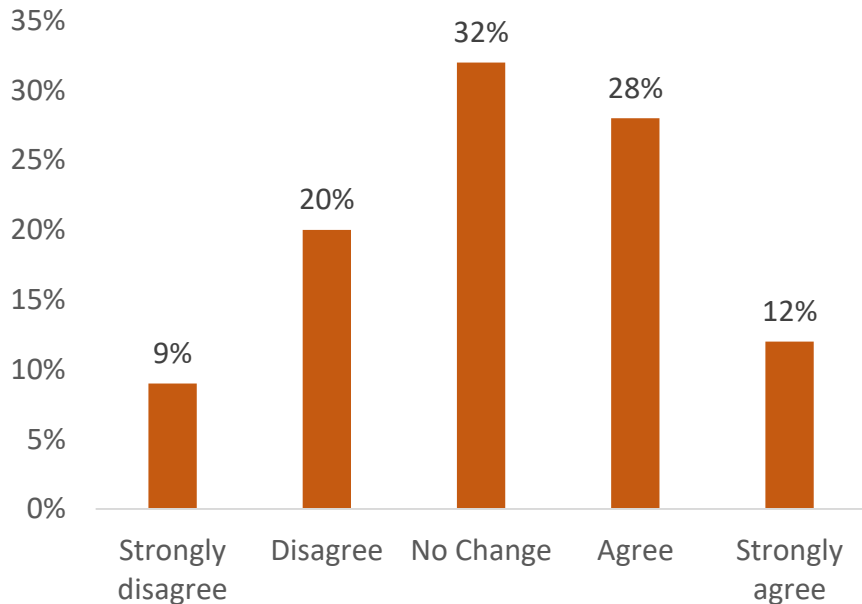
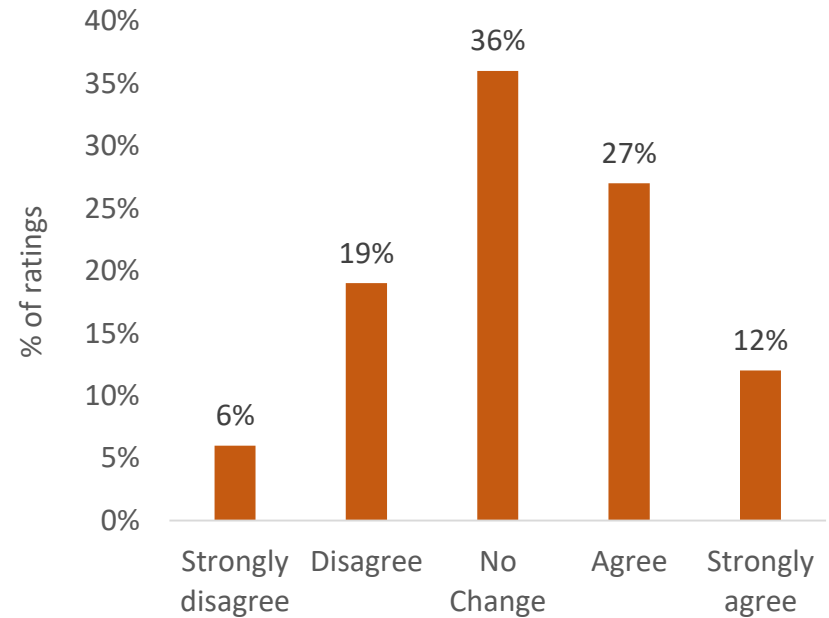*I'm more able to do things for myself (n=69)*

Telephone Survey

I feel more in charge of my life (n=69)

I can manage my problems better (n=69)

Telephone Survey

- Findings from the telephone survey suggest that the Hub has had **some success in achieving the Big 3 Outcomes**

- The large number of no change ratings could suggest that the survey questions were insufficiently sensitive to detect changes

- On the other hand, people with long-term social and psychological issues are **not likely to show significant changes in their outcomes over a relatively short period of time**, but this doesn't mean that service isn't viewed as helpful

- The findings from the telephone survey feel **similar in nature** to those obtained during Your Story interviews and via the Client Satisfaction Questionnaire

Feedback from Hub staff

Ways of Working Questionnaire

- Questionnaire designed to assess whether Hub staff feel they operate within the agreed 'ways of working' and to obtain more general feedback

- **49** staff members responded (excellent response rate of 71%)

Overall, how would you rate your experience of working at the Living Well Network Hub? – year two and year three comparison
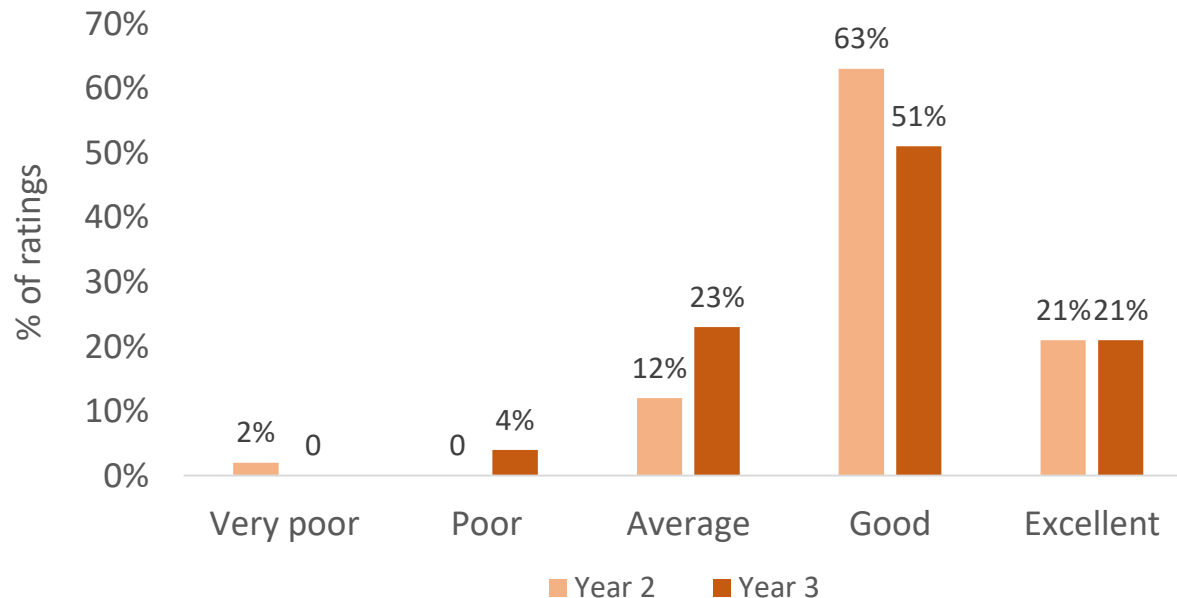
Ways of Working Questionnaire

Feedback suggests that staff feel they are working according to the 'ways of working' model

Staff view the 'ways of working' model positively, although ratings have fallen since year 2. This is likely because of:

- Increased demands being placed on the service
- Background context of changes being made to the mental health service in Lambeth which would directly impact the Hub

Key challenges reported relate to **high workload and staffing shortages**

Ways of Working Questionnaire

Positive aspects of working at the Hub reported by staff:

- *The Hub's staff team:* The team is described as professional, skilled, hard-working, friendly, supportive, and diverse

- *The Hub's service ethos and philosophy:* Staff describe the Hub as innovative, pro-active, asset-based, inclusive, co-productive, and person-centred

- *The positive impact of the Hub's work:* Besides the positive impact that the Hub's work has on the lives of those it supports, there was pride in the contribution that the Hub makes to the people of Lambeth, and in the positive impact it has made on wider service use in the borough

- *Opportunities for professional experience and development* that working at the Hub offers

- *Hub managers:* Were also viewed positively, being described as supportive, listening, approachable, and solution-focussed

Feedback from wider stakeholders

Feedback from wider stakeholders

- Two-round 'Delphi study' used to obtain feedback

- 50 participants in round 1 (68% GPs), 11 participants in round 2 (45% GPs)

Feedback from wider stakeholders

Numbers in parentheses indicate the number of comments
Positive aspects of the Hub include:

Positive aspects of Hub staff (43): *Helpful staff* (14), *Staff respond quickly to queries/referrals* (14), *Competent, caring staff* (9), *Staff work collaboratively with the stakeholder* (7)

Support offered by the Hub (41): *Useful support/good outcomes* (8), *Model of care (5),* *Training and education by the Hub* (5), *Advice to stakeholders* (4), *Home visits, especially for vulnerable people* (3), *Social activities and support* (3), *Signposting to other services* (3), *Assessments* (2), *Drop-in service* (2), *Peer involvement* (2), *12 weeks' direct support* (1), *Support in primary care* (1), *Pragmatic support* (1), *Wide range of support* (1)

Accessibility of help (30): *Convenient single source for accessing services* (12), *Easy to get help* (7), *Easy, smooth referral process* (6), *Geographical convenience* (5)

Communication and information sharing (28): *Easy to contact* (11), *Confirms receipt of referrals* (7), *Keeps services well informed* (6), *Website* (3), *Clear, prompt summary on discharge* (1)

Feedback from wider stakeholders

Numbers in parentheses indicate the number of comments
Areas for improvement:

General communication problems (19): Late, poor or insufficient communication (10), Difficulties in contacting Hub staff (6), Incompatible IT systems which impair communication (3)

Communication concerning people's progress (16): No information about outcome of assessment/referral (3), No information about progress during the intervention (5), Lack of information when cases are closed (6), No information about people who are closed because they cannot be contacted (2)

Service-related problems (33): Long waiting times (13), Lack of clarity (10 - specifically concerning the interventions and services offered, the Hub's confidentiality policy, and the Hub's role in risk management), Referral pathways for specialist services (10 - specifically autistic spectrum disorder, dyslexia, and adult attention deficit disorder, and safeguarding/risk/crisis response)

Feedback from wider stakeholders

The following were also suggested as areas for improvement:

- Improvements in working with voluntary sector organisations
- More drop-in session times
- Better services for people with personality disorder
- Access to specialised pharmacists
- More frequent psychiatric reviews, keeping medication reviews up to date
- The Hub is unable to prescribe
- Provide a GP training post
- More time for shared learning and case discussion
- More input from the Hub, e.g. more frequent visits
- Having a permanent location that is local to the population that it serves
- More psychiatric cover so that psychiatric input from the Hub is sustainable
- Specific training needs for Hub staff (namely mental health 'first aid' and developing stress reduction and resilience-building)

A summary of our findings in relation to the Big 3 Outcomes

1. Recover and stay well

Some of the people supported by the Hub have experienced sustainable recovery

- People can introduce or re-introduce themselves to the Hub when they need support – this is valued (see sections on access and feedback from people who have been supported by the Hub)

- The Hub has reduced Assessment & Liaison referrals (see section on Hub Wider Impact)

- People's self-reported outcomes were statistically significantly improved following support from the Hub (see sections on WASAS and HOPs)

- A wide range of support has been offered to help people to recover and stay well (see sections on access and Your Stories)

- Following Hub support, more people agreed that their mental wellbeing had improved than disagreed (see section on telephone survey)

A summary of our findings in relation to the Big 3 Outcomes

2. Make own choices

The Hub is driven by the principles of co-production

- People access and receive support from the Hub for a broad variety of social and clinical reasons (see section on access)

- Hub staff report valuing novel 'ways of working' that support people to use their assets to co-create their recovery. Staff describe the Hub as innovative, pro-active, asset-based, inclusive, co-productive, and person-centred (see section on feedback from Hub staff)

- Following Hub support, more people agreed that they now felt more in charge of their life, and are more able to do things for themselves, than disagreed (see section on telephone survey)

A summary of our findings in relation to the Big 3 Outcomes

3. Participate on an equal footing in daily life

The Hub works closely with voluntary and community services and encourages people to draw on their assets and their community

- The age, gender and ethnicity of people accessing the Hub are broadly similar to the demographic characteristics of the Lambeth population (see section on demographics)

- There are no eligibility criteria for the Hub and the Hub has been able to provide relatively high volume, low-cost support (see section on Hub activity)

- Following Hub support, more people agreed than they can manage their problems better than disagreed (see section on telephone survey)

- Many wider stakeholders praise the way that the Hub works collaboratively with people (see section on wider stakeholders)

Recommendations for the future

We have constructed the following recommendations with the expectation that they will be considered by the Alliance Management Team who will then develop an action plan to be signed off by the Alliance Leadership Team. Recommendations were informed by consultation with key stakeholders.

Recommendations for the new service configuration (i)

To build on cultural areas of practice identified by stakeholders as valuable to people

Evaluation

1.1: To facilitate a culture whereby all stakeholders, including front line staff and people receiving support, are encouraged to become involved in evaluation activities focused on improvement principles.

1.2: To involve peers / people with lived experience in all stages of evaluation (planning, delivering, analysis and dissemination).

1.3: To honestly appraise the burden of data collection alongside the benefits of the information available so that there are realistic and sustainable expectations. This would include consideration of the support provided to services e.g. information systems and data analysis input.

1.4: To ensure that staff, people accessing the service and wider stakeholders are regularly educated about the importance of collecting data on: access, service activity, experience, costs and outcomes to be able to demonstrate impact and drive improvement.

1.5: To use the findings from the evaluation of the Living Well Network Hub and learning regarding how to conduct an appropriate, meaningful and robust evaluation in the new service configuration – i.e. recognising that there is an existing baseline for evaluation from which to work from.

Recommendations for the new service configuration (ii)

To build on cultural areas of practice identified by stakeholders as valuable to people

Coproduction

1.6: To retain the ethos of co-production and the principles of encouraging people to use their assets and build on existing capabilities. To build on existing tools and processes that have been coproduced to support this practically.

1.7: To ensure that front line staff and people who access services continue to be involved in both the design of the transformation programme and in the evaluation.

1.8: To include carers, family and friends in future service design and evaluation work. We recommend following INVOLVE's payment guidelines on reimbursement of people's expertise and time.

Recommendations for the new service configuration (iii)

To build on cultural areas of practice identified by stakeholders as valuable to people

Outreach

1.11: To have a specific function to build mental health capacity in other services by providing training and offering support. This would facilitate mental health prevention and promotion activities and may help to ease demand on 'front door' services. This will be both a clinical, social care and voluntary sector function. Specific note should be given to supporting GPs (the Hub's main introducer, as well as other services with high introduction rates i.e. police and housing) as well as to traditionally hard to reach / seldom heard communities.

Recommendations for the new service configuration (iv)

To create data sharing agreements to support greater co-ordination of care, which is seamless to the people supported so that we reduce the amount of times information is requested

2.1: To address the need to share information across organisational boundaries so people receiving support experience a co-ordinated approach (and are not repeatedly asked the same questions).

2.2: To systematically obtain ethnicity data to enable monitoring of over- or under-representation of different ethnic groups within services and subsequent action to address inequalities.

Recommendations for the new service configuration (v)

To ensure optimal skill mix that supports people's needs to maximise recovery

3.1: To further explore the impact of staff skill-mix on the service provided to ensure the support provided by a team is optimal. This includes consideration of effective management/leadership structures within and across teams.

3.2: To provide training and development for all staff (in all settings) in techniques and approaches that will support working in an asset-based way; for example, solutions focused therapy and motivational interviewing/practice.

Recommendations for the new service configuration (vi)

To constantly review how to manage increased demand to support staff wellbeing and optimise support provided

4.1: To acknowledge the need to have explicit processes to manage demand and to communicate this effectively to all stakeholders through development of a robust communication plan. This needs to reflect how the overall support and service system operates together rather than be based on individual organisational inclusion/exclusion criteria. The remit of front-line services needs to be clear to ensure accurate expectations from both people accessing services and referrers.

Recommendations for the new service configuration (vii)

To promote system ownership of front door services across primary and secondary care services, as well as alliance partners

5.1: To create clear governance structures for the re-designed services, with a clear and understood remit of delegated authority, using learning from the Hub and communicate these structures effectively. This would clarify lines of accountability, reinforce leadership responsibilities that are shared, and describe how collaboration and delivery will be achieved in practical terms.

5.2: To form a reference group comprising 'critical friends' to facilitate problem solving. This should include representatives from a range of stakeholders and maximise participation from people with lived experience.

Recommendations for the new service configuration (viii)

To build on the learning of the LIFT CMHT and LIFT GP Prototypes

6.1: To consider the learning of the LIFT GP service in considering and co-ordinating a person's health across multiple conditions, and mental and physical health care benefits that this can bring.

6.2: To use learning from the LIFT CMHT in defining future service specifications for the delivery of services to support people with severe mental illness who require a secondary care response.

Reflections from Hub Staff

How have you found being a part of the Hub's year three evaluation?

"Inclusive and collaborative. Everyone in King's Improvement Science have been very professional and great to work with."

"The collaboration between King's Improvement Science and the LWN Hub has been one of the jewels in the crown of the Hub, to co-produce an evaluation strategy that has kept the service users voice as central and embedded."

"It has been a great experience. It has given me another perspective about everything we do at the Hub. All the team are great!"

Reflections from Hub Staff

Do you think the evaluation principles will be used moving forwards, e.g. next year?

"I see a business as usual approach and the learning from previous years being incorporated into any new evaluation. The collaborative approach, with staff at all levels included, should be the gold standard."

"I really hope these principles are retained due to the robust nature of the information including perspectives from all sides (service users, stakeholders and staff). Also, all data collection is embedded in our workstream so sustainable!"

Reflections from Hub Staff

What would you want to safeguard for the Hub? Do you have any key messages you wish to share?

"Maintain the resilience of staff and the positive staffing group. Maintaining a positive balance between being in a clinical setting and recognising social inclusion and self-motivation."

"Proper staffing is imperative for the continual success of the Hub. Stakeholders need to be more familiar with how the Hub works."

"The way the Hub works is unique and is always learning and evolving. It is a collaborative service where staff are included in the decision-making process. Staff are set-up from various disciplines and are supportive to each other. The referrals to the Hub are immense and the community without the Hub will be poorer."

Find out more…

Contact:

Stacey Hemphill
PAG Programme Manager

stacey.hemphill@lwnhub.net

Lucy Goulding
KIS Programme Manager

lucy.goulding@kcl.ac.uk

lambethcollaborative.org.uk

The Living Well Network

Living Well Network Hub

Year Three Evaluation Report

January 2019