

Lambeth Living Well Collaborative

Terms of Reference

Our vision:

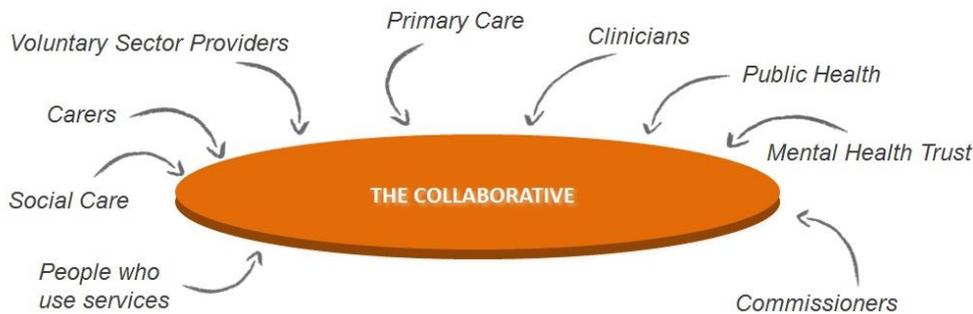
“Every citizen whatever their abilities, or disabilities, can flourish, contribute to society and lead the life they want to lead”

Version 4

Last updated 6 June 2018

1. What is the Lambeth Living Well Collaborative?

A collaborative platform for people to come together to improve outcomes



The Lambeth Living Well Collaborative (LLWC) is a collaborative partnership platform which was established June 2010 in order to bring a “good enough” group of key stakeholders (including users, carers, Voluntary sector and community providers, social care, SLaM, primary care, clinicians) committed to using “coproduction” as the operating framework for how we work together to improve the design, delivery of services and support for people with mental health problems.

The Collaborative has built up a strong track record (over the past 8 years) of supporting and nurturing the coproduction of services and support including the development of peer support services, crisis, supported housing and community support services. It has been the force behind two of our major system wide transformations; the Living Well Network and the Integrated Personal Support Alliance (IPSA). The next phase of development is the Living Well Network Alliance (LWNA) which subject to approvals will go live from 1 July 2018. This will encompass the totality of adult mental health investment across NHS and social care, c£68m per annum.

The Living Well Network Alliance will be the first delivery alliance under the Lambeth Together strategic alliance. Lambeth Together is the strategic partnership which aims to support population wide health and social care integration. Lambeth Together has taken much from our mental health work, including the commitment to coproduction and using alliance contracting as a means of aligning providers around a common set of outcomes.

The relationship between the Collaborative and Lambeth Together will be of increasing importance especially as we try and improve the “mind and body” (mental and physical health) of our population.

2. What the Collaborative does;

a. **Support an on-going whole system conversation supporting change built on coproduction principles where all voices and perspectives are valued**

- We will provide a collaborative space whereby the “whole system” involved in mental health comes together to discuss key issues, challenges and works together to find solutions.
- We will champion and promote (together with other programmes and partnerships) coproduction as “the way we do things around here”.
- We will actively use our collaborative web site (www.lambethcollaborative.org.uk) as a platform to support on-going sharing and learning and to promote events and activities.
- Work closely with Healthwatch Lambeth and Black Thrive to ensure we grow our ability to engage with Lambeth’s diverse communities

b. **Support the Living Well Network Alliance as a critical friend;**

- The Collaborative will play the role of a ‘critical friend’ to the Alliance.
- We will provide feedback on LWNA developments and performance. We will expect reports and updates to be presented in an inclusive and easily digestible way that will enable rich and meaningful discussions.
- We will actively support service redesign processes and seek to ensure they adhere to coproduction principles.
- We will organise and facilitate coproduction audits (i.e. NEF coproduction audit) with the LWNA.

c. **Make connections to other programmes and partnerships (including housing and employment) to ensure service offers and approaches are mutually supportive consistent and support effective transition across the age span (from Children’s through to people transitioning into Older Adults):**

- The Collaborative will work as part of the Lambeth Together strategic alliance.
- We will work with other care programmes and partnerships such as Children and Young People and Older Adults and seek to improve to improve the transition from and to these services.
- Work with other programmes to support service design processes across the life span.

d. Run a 'rolling programme' of topics and themes for the year:

- All members will be able to contribute towards the programme and make suggestions.
- Relevant colleagues will be expected to lead on items and facilitate dialogue.
- At each meeting, under AOB, there will be an opportunity for people to raise (relevant) issues, and promote up and coming events.

3. Accountability

We will work under the Lambeth Together umbrella and feedback to the LWNA Alliance management and leadership team, Committee in common, Lambeth Scrutiny committee, Health and Well Being Board and other relevant bodies and forums

4. Membership

Is open to anybody who lives or works in Lambeth and who is committed to (actively) improving mental well-being and applying the principles of coproduction.

5. Chairing

The Collaborative will continue to be chaired by an independent person whose role is to ensure all have an opportunity to express their views AND to ensure the meeting is conducted in accord with the collaborative principles and code of conduct.

6. Frequency

The Collaborative will meet on the second Thursday of every month from 8-10am at Abbeville's restaurant unless otherwise arranged.

7. Conduct

The Collaborative have agreed ground rules on how we work together and interact with one another at meetings. These are:

- 1) We treat everyone with respect.
- 2) We turn our mobile phones off or to vibrate (if you must take urgent calls - take your conversation outside).
- 3) We talk one at a time and do not interrupt.
- 4) We do not hold side conversations.
- 5) We listen when others speak.

- 6) We will stay on the topic being discussed. When a topic or agenda item has been discussed fully, we will not bring the same subject back up.
- 7) We do not make threats or rude comments.
- 8) We will address any concerns we have about the meeting with the Chair.
- 9) We are respectful of other people's ideas or situations when they talk.
- 10) We make sure that everyone has an opportunity to speak.

Appendix 1 – Our vision, outcomes and what we mean by co-production

1) Our vision and Big 3 Outcomes

Our original collaborative vision statement is as relevant as it was 8 years ago and will continue to guide us in our work:

“Every citizen whatever their abilities, or disabilities, can flourish, contribute to society and lead the life they want to lead”

Similarly our “Big 3” outcomes have stood the test of time, and remain the core building blocks of how we and ultimately people who use services will measure and determine “success”. Our big 3 outcomes aim to address the whole (holistic) needs and ambitions of people: better mental and physical health but also the wider factors (determinants) which impact on people’s ability to lead a good life such as housing, work and relationships.



2) Co-production and making it a reality

Definition

People often use the term co-production very loosely, resulting in confusion as to what the term actually means. The Collaborative strives to look past the word and embrace the concept and principle!

The Think Local Act Personal website provides a useful resource, noting that the approach is still evolving: <https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/>

The Lambeth Together Strategic Alliance has agreed to use the following definition to guide the range of delivery alliances:

Co-production is 'the relationship where people share power and responsibility to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make in order to improve quality of life for people and communities'. Lambeth Together - April 2018

Lambeth Together has endorsed the working definition of co-production as adopted by the Collaborative, which are the six principles set out below, originally devised by the New Economics Foundation (NEF):



The principles of coproduction are:

- **Recognising people as assets:** by this we mean people are seen as equal partners in designing and delivering services, rather than as passive beneficiaries or burdens on services or the system.
- **Building on people's capabilities:** by this we mean that each person has abilities and assets and people are supported to develop these. People are supported to use what they are able to do to benefit themselves, other people and their community.
- **Developing two-way reciprocal relationships:** by this we mean all co-production processes involve some form of mutuality, a two way relationship between individuals, carers and public service professionals and between the individuals who are involved.
- **Encouraging peer support networks:** by this we mean that peer and personal networks are important to all of us; however these are often not valued or overlooked by professionals. Co-production means building these networks alongside support from professionals.

- **Blurring boundaries between delivering and receiving services:** by this we mean the usual line or barrier between those people who design and deliver services and those who use them is blurred with more people involved in getting things done together.
- **Facilitating not delivering to:** by this we mean public sector organisations (like local government, NHS bodies) enable things to happen, rather than always provide services themselves.

In order to help understanding of what co-production means we developed a short animation which outlines the view from a range of perspectives including psychiatry, general practice and the voluntary and community sector:

<https://vimeo.com/39263465>

We also produced a video, the story of Airdrina, which helps to outline coproduction from a service design and delivery perspective: <https://vimeo.com/50632655>.

3) Culture Change

We recognise that coproduction requires a very different way of working and can be challenging for people especially professionals as it by definition requires a very different mind-set and approach to working with people and their networks but also with other professionals. We therefore need to work together to embrace the culture change that is required to make coproduction a reality. We will continue to do this together and build on our learning to date, including the work of the Living Well network Hub (see the Living Well Network map diagram overleaf).

4) Design thinking

A key aspect of our coproduction work has been to use and apply design led thinking to help find the solutions to our challenges. Design thinking is at the heart of most service sector innovation we are familiar with (from mobile phones, retail to banking) but still in relative infancy in health and social care. At the heart of design thinking is the principle that we should design services (and products) built on the experience and insight of people who use services. Typically this involves understanding the current experience and insight from users and focusing on what a good experience might look like, and design accordingly. Design processes follow a structured process along the lines of:

1. Empathize: Talking to your customers directly
2. Define: Defining a problem statement from your conversations with the customer
3. Ideate: Brainstorming, creation of a lot of ideas that might solve the problem
4. Prototype: build models to test these ideas
5. Test: try your prototypes with the users

During 2012 we undertook a major design prototype during 2012/13 which led to the creation of the Living Well Network: http://lambethcollaborative.org.uk/wp-content/uploads/2018/05/Prototype_evaluation_report.pdf

Lambeth Together has developed key design principles to support current and future design work. At the core of this is to design services and support starting from the perspective, insight and experience of the end user - see appendix 1.

Lambeth Together Design principles

When we design and deliver services, we:

- involve people who use those services (or may use them) and their families as well as those who work in services, from the outset
- are open and honest and share our realities, to build shared understanding, ownership and collective responsibility for what we are doing
- have joint commitment to sharing power and decisions with citizens
- don't use jargon or acronyms
- recognise that everyone has a unique contribution; we listen and respect all perspectives
- are innovative and rapidly test, learn and share

We create services where:

Prevention and equality are the focus

- We actively promote good health and wellbeing at all times
- We detect problems early and help with them quickly
- We seek to prevent crises and avoidable complications
- We address inequalities of access and outcomes wherever we find them

People are in control of their health and wellbeing

- We recognise people's ability to care for themselves and each other – with the right information and support as needed
- We promote choice for people, their families and carers
- We provide care in people's homes or communities wherever possible
- We recognise and build on the assets available in our communities

Care and support are co-ordinated and recognise the whole person

- We think about physical, mental and social wellbeing together
- We test that our support and services are easy to find and use
- We make sure people who need it have continuity of care
- We ensure care is co-ordinated and without duplication
- We check that care feels seamless to people even when different teams and organisations are involved