What is a Living Well system?
About Living Well UK

Living Well UK was a four year programme that created new systems of community mental health support across the UK, inspired by a model developed in Lambeth, South London.

The programme was awarded £3.4 million from The National Lottery Community Fund, the largest funder of community activity in the UK, to support new local partnerships in Edinburgh, Luton, Salford, and Tameside & Glossop that worked to develop their own version of a Living Well system.

Living Well UK systems put people’s strengths and lived experience at the centre and help people recover and stay well as part of their community. The aim is that these new systems will provide a model for how to genuinely transform community mental health services and systems, resulting in significantly better mental health outcomes and more effective, person-centred systems.

About Innovation Unit

Innovation Unit is a social enterprise based in the UK, Australia, and New Zealand that grows new solutions to complex social challenges. We grow and scale the boldest and best innovations that deliver long-term impact for people, address persistent inequalities, and transform the systems that surround them.
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INTRODUCTION

Living Well systems for better mental health put people’s strengths and lived experience at the centre and are designed to help people live well as part of their community. They are a response to mental health systems in the UK that have struggled for a long time to provide person centred, holistic support, where and when it is needed. Living Well systems, at their most developed, embody a radically different response to mental health:

PEOPLE
- Leaving behind a dominant sickness and deficit model of mental health, for a fierce belief in people and an ambition to help them lead bigger, better lives
- Moving from sidelining the voice of lived experience to a co-productive relationship that values and honours everyone’s authority
- Removing long waiting times for services, high barriers to entry and rationing of support and opening up access in a culture of warm introductions and ‘easy in, easy out’
- Leaving behind a narrow focus on clinical diagnosis and responding effectively to social and economic determinants of mental health and amplifying local community assets to help people recover and stay well

SYSTEMS
- Overcoming fragmentation between primary/secondary and voluntary sector/statutory services and co-producing new integrated holistic offers that see and respond to the whole person
- Breaking down silos and instead building a connected system with a common purpose and shared responsibility
- Avoiding duplication and repetition through handoffs, referrals and multiple assessments so that people only have to tell their stories once
- Freeing staff from restrictions placed on them that prevent them from using their own insight and judgement
- Moving from top down command and control management styles, to systems where a greater diversity of practitioners lead through values and relationships, bringing their whole selves to their work

Living Well champions an aspirational collective purpose for creating the context for people to live well; meaning that people, their communities and their place nurture the compassion & care for everyone to lead bigger, better lives.

This document describes this response in more detail.
OUR VISION
For community mental health
We want all communities to embrace and nurture everyone’s mental health.

Support focuses on the whole person, and citizens, communities and professionals work together on an equal footing to make sense of, and respond to, people’s needs.

Communities are supported to hold mental health challenges in the everyday spaces people spend their lives.

Systems of mental health support are built from, and designed around, and honour the voice of lived experience.

Support is joined up, holistic and easy to access and everyone takes responsibility for ensuring that people are connected to those who can help.

People feel happy, mentally well and live fulfilling lives
People feel supported by their community
People feel heard and in control of their lives
People get the support they need if and when they need it.
OUR VALUES
Underpinning our approach

The Living Well Model

Living Well Teams
We work with the whole person and build on people's strengths

Living Well Network
We ensure people get seamless support from an integrated web of relationships

Living Well Community
We activate supportive social networks in the community

Living Well Systems
We ensure people get the support they need when and where they need it

Person centred practice

Person centred outcomes
We are accountable for person centred outcomes that promote choice, recovery and citizenship

Voice of Lived Experience
We put the voice of lived experience at the centre of services and the system

Living Well Practice
We provide holistic, person centred, strength based support

Ways of working

A co-productive learning culture
We co-produce support with people and communities and give people permission to test and learn together

Collaboration at all levels
We work collaboratively at all levels and flatten hierarchies

Living Well Leadership
We lead together as one system, for people
THE LIVING WELL MODEL
The Living Well team is community based and brings together different practitioners from across the voluntary and statutory sectors. This includes: community support staff, clinical and social care staff of various disciplines, peer workers and administrators. They work in one co-located multi-agency team. The team has four main purposes: working to support people, working together, working with the community and learning to increase their impact. The team uses shared practice, including joint working with other commissioned services. The team is led and governed collaboratively with a flattened hierarchy that includes representation from all sectors and organisations involved.

Key features

A welcoming and easily accessible team
The team operates on the principle of 'easy in, easy out': people can introduce themselves or they can be introduced by a peer or professional, and can come back at any time. Living Well's core focus is on people who need several different types of support across multiple areas of their lives. The team has strong relationships with other organisations who might be better placed to help people and are committed to getting people to the right support first time.

Holistic support from a multidisciplinary team
The desirable roles, skills and designations of staff are directly connected to the needs identified in the local population with a diverse mix of skills, expertise and life experience in-house. This ensures that Living Well Teams are able to deliver a wide variety of support for individuals with mental health needs, including social, medical, practical and therapeutic services. The team shares caseloads and decision making, and jointly holds risk and responsibilities.

Flattened hierarchy
The team views all disciplines as valuable and is not medically led. The team strives to build a collaborative culture and practice model that allows people receiving support a choice by offering multiple perspectives and support options.

Community as a resource
The Living Well team are at the heart of the community and embedded in the everyday spaces in which people spend their lives. The team is outward facing and have strong relationships and joint working practices with community partners seeking opportunities to draw together offers, create new solutions and share demand.

Structures and spaces

A hub and spoke model
Salford created a hub and spoke model that developed active localised multidisciplinary teams with shared central resources, ensuring support was responsive and agile to people's needs.

Mobile placed based teams
Lambeth created multidisciplinary teams working out of physical hubs and across the locality which connected into organisations in the local network operating from different community spaces at different times.

Community based teams
Derbyshire have reimagined their CMHTs to create community based multi agency teams, who work to a local community footprint, open to all adults and older adults. This enables multi agency teams to work as a small multidisciplinary team and build close relationships with organisations working in their patch.
LIVING WELL NETWORKS
An interconnected web of support

The Living Well Network is a connected group of organisations who work together so that people get seamless support.

When someone needs help, no matter which way they turn, there will be someone there for them. The network is a way for organisations to come together to use their relationships and resources to take collective responsibility to make sure that people get the support they need, when they need it. These local organisations providing mental health support act as a network of open doors. This might include local community groups, talking therapies, housing support, welfare benefits advice, crisis support, physical health support, employment services, places of worship etc. The network builds strong partnerships and common forms of practice, so what is experienced in one part of the system is echoed everywhere else.

Structures and spaces

Living Well Network
Luton created a formalised network of support that uses “the curious facilitator way of working”, a consistent practice model and common care planning document.

Derbyshire
Derbyshire created a ‘Network Level Agreement’ across multiple organisations that promotes and enables shared working practices, including a common practice model and common needs based conversational assessment model.

Edinburgh
Created the Thrive collective where procurement of the voluntary and community sector offers in the network called for providers to respond to the need identified through codesign and develop bespoke offers and new partnerships to deliver against the local Living Well vision and values.

Key features

A multi-agency network of relationships and support

The network uses strong relationships and warm introductions to ensure people get a seamless experience and the right support when and where they need it. There are opportunities for organisations to come together to build strong positive relationships and shared practice. This could be through colocation of staff and joint working with people they support or through formalised knowledge-sharing events, joint training or learning and development opportunities.

Common vision and practice

Organisations that sign up to the network align themselves to a network wide vision, set of joint working principles and values. Values are developed and owned jointly by professionals and people with lived experience. There is a strong ethos to uphold the new ways of working and a pledge to stick to them. Organisations who are part of the network share resources, tools and skills with each other, and work together to forge integrated working practices and structures. The network comes together to reflect on ways of working and develop new practices.

No wrong door

Never again should people with mental health needs hear the words “we cannot help you”. Instead the network creates a culture of “let me connect you to the people who can”. This can be achieved by creating a network of “open doors” staffed by people who can help. Organisations can connect and reinforce each other, helping to fill gaps, strengthen the help available, and avoid duplication.

Learning culture

The network is based on learning and has an ambition to continuously improve. Stories, data, local knowledge and local wisdom drive the changes we make. There are spaces for the network and people to come together, share existing skills, listen to and amplify the voice of lived experience, and develop new ways of working as part of a system wide toolkit. Ideas and learning are listened to, tried out and, where they work, adopted. This culture blurs the boundaries between practitioners and help-seekers.

The Living Well Model

INTRODUCTION • THE LIVING WELL MODEL • LIVING WELL DISTINGUISHERS
Support in everyday places is often what keeps us well - and the Living Well community makes sure family, friends, employers, local community groups, and other places such as hairdressers and pubs and others have the confidence and resources they need to respond to suffering and distress. Preventative support is vital, as are opportunities to connect services to where people are.

Living Well Communities reframe our perspective on how we deal with mental health and distress. People are supported to develop their understanding of their own mental health, that of others, and given practical skills and tools to build mental wellbeing across local communities.

**Structures and spaces**

**Community membership model**
In Tameside, organisations and businesses that sign up to be part of the Living Well community receive a badge to signal that they are mental health friendly. Community organisations and people are able to access Mental Health first aid training and coaching training.

**Listening Lounges**
Salford offers ‘listening lounges’, where people can drop in and have a conversation over a coffee to talk about their mental health challenges, get advice and connect to the support they need.

**Dedicated roles to support community organisations**
In Derbyshire, one of the functions of Living Well Teams is to support community organisations who would like more help to deal with risk. These functions will be written into dedicated roles and job descriptions backed with resources and clear objectives.

**Key features**

**Growing supportive social networks**
Drawing on the resources of the self and the community by empowering people to deploy their strengths to support others, strengthen their relationships and grow new networks of support.

**Building a mental health informed community**
Working with the community to create a shared understanding of what it means to have poor mental health and well-being to create safe spaces that people can belong to. This includes growing places and spaces in the community that are welcoming and friendly to people who may be experiencing mental ill health. It also includes a new and shared way of talking about mental health that is grounded in hope and uses stories and conversations to help mental health challenges feel normal and accepted.

**Supporting community organisations**
Part of our vision is that family, friends, employers, local community groups and others have the confidence and resources they need to respond to suffering, distress and mental illness. This might include: voluntary and statutory organisations sharing skills and offering training; providing training to family members to support their loved ones better; or helping organisations to feel comfortable supporting people’s mental health challenges outside of services.

**Growing a culture of co-production**
Enabling people who use services, and their local communities, to get involved in shaping and building support at every stage. When people seek help from services, professionals invite them to be part of creating, and improving how things are done, and what is available.
LIVING WELL PRACTICE
The way we do things around here

Structures and spaces

Initial Conversations
Lambeth created a conversational assessment to understand people, get to what brought someone to seek help from their offer, identify what was important to them and what would make a difference to them going forwards.

Living Well Care Plan
Salford created a ‘My Journey, My Plan’ to keep people’s stories, aspirations and needs at the heart of the support they receive and to keep the person in the driving seat of their care and support.

Review and celebrate
Derbyshire have created a review framework that supports practitioners and people to come together and reflect on how support has been experienced, how effective it has been and what to do next. It allows time for celebration of progress, prepares people to move on from support and importantly reinvigorate care and support plans.

Key features

A fierce belief in people and a strengths based approach
Support considers people as experts in their lives. It is optimistic and assumes people will recover and progress. Support is led by the person, and is coproductive not prescriptive, empowering people to identify solutions that will work for them and build on their strengths and social resources.

Holistic support that embraces the whole person
Support moves beyond a deficit model instead seeing people as competent citizens within communities rather than just ‘patients’. Practice brings together social, relational, practical, occupational, peer and medical approaches to offer rounded support that helps people manage their health, overcome challenges, pursue their dreams and aspirations and live the lives they want to lead.

A shared and collaborative relationship based approach
Practitioners work together with a common purpose employing shared actions and mutual processes. Practice relies on strong relationships within the team and between the team and network offers and joint working with others to share expertise and risk is the norm. Time is spent to build trusting relationships with people seeking support, their family, carers and support networks.

Evidence based and evolving
Practice is based on current research evidence, that capitalises on the team’s expertise and is responsive to people’s preferences and experience. Practice is iterative, generative and staff use insights from stories of lived experience, feedback and data to craft new practice together. Attention is also paid to the staff experience, ensuring staff feel trusted to use their judgement and have the time and support to practice in a way that matches the vision and values.
Living Well Teams, Networks and Communities make up a connected Living Well System.

Living Well systems are designed to get people the support they need when and where they need it. To do this, Living Well changes the way mental health is talked about and understood. This approach needs the whole system to change, to become more open and relational. People and stakeholders must work together collaboratively in the system, united by a common vision and way of working that shows congruence to the way that staff will work with people.

This involves courageous leadership who model permissive and co-productive behaviour, collaborative working between partners and people and a shared vision and collective goal to improve mental health support using our collective resources.

Key features

An abundance mindset
Our collective goal is to build hope, purpose and connection, to reduce the mental health challenges that people face and to quickly help them to tap into support when and where they need it. We liberate the many sources of support available to ensure that mental health support is not rationed and protected, but available and abundant through our network and community.

United around a common purpose and shared vision for change
A system wide commitment to a shared vision and people centred outcomes that promote choice, recovery and citizenship. This vision aims to support everyone, from people just having a wobbly day to those who are in a crisis, and we want to tackle the causes of mental ill-health.

Working collaboratively and flattening hierarchies
Creating spaces to make shared decisions, amplify the voice of lived experience and unlock energy, ideas and resources. Living Well Systems focus on honouring and amplifying the voice of lived experience, fostering collaboration and imagination, giving permission to staff to try new things and create spaces that enable people and professionals to iterate and improve ideas based on real feedback and learning.

Nurturing people-centred systems leadership
Creating spaces for leadership across systems to respond adaptively to complex challenges whilst allowing the system to be led by the people in it. Leaders model the courage and commitment to engage in co-production and show forgiveness to others when things go wrong.
To track the progress towards a Living Well System

THE LIVING WELL DISTINGUISHERS

Living Well Teams
Living Well Network
Living Well Community
Living Well Systems

Person centred outcomes
Voice of Lived Experience
Living Well Practice

A co-productive learning culture
Collaboration at all levels
Living Well Leadership
Achieving a Living Well system takes time and effort. It is one thing to create new multidisciplinary teams who are colocated, but quite another to create a whole system that works to a shared vision, values and ways of working.

The maturity model below describes what a Living Well system is, and what it isn’t. It is designed to help those who wish to assess the characteristics of a mental health system and start to develop plans to help move partners towards becoming a well-functioning Living Well system.

No system in the UK is a fully thriving Living Well system. The maturity model is aspirational. It is intended as a way to help stakeholders achieve transformational change that will improve outcomes for people.

Why aspire to a Living Well system?

This maturity model can:

• Help people with mental health needs lead bigger, better lives
• Create a person-centred system
• Create an outcomes focused system
• Create a genuinely collaborative system
• Make best use of all resources (not just financial)
• Create a learning system that can innovate in the interests of people
LIVING WELL TEAMS

We work with the whole person and build on people’s strengths

What is it?
Colocated practitioners working as one team with one purpose.
A united team of interagency practitioners working together to offer holistic support that considers the whole person and transforms lives. The team brings social, medical, practical and peer professionals together to offer community-based support that harnesses local resources and allows people to draw on a variety of expertise to meet their needs.

What might this involve?
- Multidisciplinary team meetings where professionals act together to support people
- Daily huddles to allow team members to offer truly multidisciplinary support
- Integrated governance and agreements between multiple organisations
- Strong partnership working with community organisations
- An open door to all adults and older adults that require multidisciplinary support

Driving questions

How might we:
- Enable multi agency teams to work as one team with one purpose?
- Ensure that teams combine the best of clinical and social models of practice and support?
- Ensure practitioners come out from behind their desks and work in the community?

LEARN MORE
LIVING WELL NETWORK

We ensure people get seamless support from an integrated web of relationships

What is it?
Living Well Networks enable a range of statutory and voluntary and community offers to work seamlessly together to meet people’s wider support needs.
Living Well Networks connect people to commissioned and universal offers, charities and community groups and even their own family and friends. It does this by forming relationships with organisations providing mental health support, to act as a network of open doors and aligned offers. The network builds strong partnerships where bespoke offers of support can grow between providers and common forms of practice can be developed, so what is experienced in one part of the system is echoed everywhere else and warm connections between offers are commonplace.

What might this involve?
• Networks of commissioned services working together to offer seamless support to people
• Holistic person centred support that considers the wider determinants of mental health
• Strong relationships between providers where introductions and warm handovers replace referrals and signposting
• Network level vision, formal network agreement, assessment framework, toolkit for support and common outcomes framework
• All network members supporting people to move through different intensities and type of support based on their needs
• Commissioning arrangements support networks to develop

Driving questions
How might we:
• Ensure people don’t have to tell their story again and again?
• Act as a system to provide seamless support to people?
• Connect people to wider offers that help address their range of personal, social and financial needs?

SLEEPING
Organisations work separately. People are passed from one to another, experiencing disjointed support, falling through gaps between organisations, and telling their story repeatedly. There is a culture of ‘that is not my role’ where people are denied access to services, but not helped to find the support that is right for them. There are few opportunities to share learning between organisations. Where joint working happens it is initiated by individuals rather than the system.

AWAKENING
There are spaces for organisations to come together, build relationships and understand the support different organisations provide. Work has started on a network wide vision and set of values. There are opportunities to hear stories of success and celebrate impact. There is regular feedback on how to improve the network. Fragmented support is still experienced by many.

ENABLING
There are dedicated funded roles to support coordination and ensure long term effectiveness. Any organisation that signs up to the network commits to a set of joint working principles and values. These are jointly owned by professionals and people with lived experience. The network works to a ‘no wrong door’ approach where staff support people whenever they encounter someone, identify needs and warmly introduce people to others when needed. Organisations in the network come together to share best practice, resources and tools and skills, learn and develop new practices. There are spaces for listening to and amplifying the voice of lived experience. People are beginning to experience more warm handovers and are less likely to fall through the gaps.

THRIVING
There is sustained active leadership and facilitation of the network. A Network Level Agreement / contracting mechanism is in place that formalises joint working practices across multiple organisations. All relevant commissioning and contracts require sign up to this agreement. There is a common needs based assessment framework, and shared co-productive care planning and support practices and documents across the network. There is a Network wide toolkit that ensures organisations use common, and transferable, support documents. Organisations in the network work to a common outcomes framework, and work together to improve outcomes based on learning. Data demonstrates strong joint working, minimal handoffs and improved outcomes for people.
What might this involve?

- Places and spaces in neighbourhoods where people can get help and form supportive relationships
- Communities that actively work against stigma and discrimination
- Mental health training for community organisations
- Coaching, mental health and peer support training for families, neighbours and community members
- Accreditation or community membership schemes to show which organisations are part of Living Well communities
- Community drop ins held by Living Well Teams and community partners to enable people to access support in places close to them
- Campaigns and events to normalise mental illness and encourage people to share stories, skills and support one another
- Staff in Living Well Systems have dedicated time to grow community partnerships and support community organisations to better hold mental health challenges outside of services

Driving questions

How might we:

- Unlock community assets that can complement the work of Living Well teams and networks?
- Grow the confidence and skill of local people to hold and embrace people experiencing mental health distress?
- Tackle stigma and create genuinely inclusive places and spaces?

SLEEPING

Staff in Living Well teams do not look beyond their service offer to consider the role that community assets could play in helping people to recover and stay well. Teams are unaware of local community assets - for example they haven't been mapped... When people leave the Living Well offer, their need for community, relationships, meaningful occupation and activity remains unmet.

AWAKENING

Living Well Teams and Network organisations work with the community to create a shared understanding of what it means to have poor mental health and wellbeing. Community assets have been mapped and discussions have started with some local organisations to build relationships and an understanding of what they can offer. Some staff have some awareness of community assets that could contribute to some people’s support needs. There is increased awareness of local issues that cause poor mental health.

ENABLING

The community is mental health informed and stigma is not a barrier to engagement and understanding. There is information and support for people to talk openly about their mental health. For example through campaigns, community roadshows, story sharing and community listening spaces. There is a rich set of safe places and spaces that people can go to to get help and form relationships. Voluntary and statutory organisations share skills and offering training to each other and local businesses in areas such as mental health first aid, trauma informed practice, suicide prevention and crisis care. There are also employment practices that support mental health. Family and friends are also able to receive training to support their loved ones more effectively. Support, advice and supervision is provided to community organisations so that they can support people more effectively. This includes organisations that are working with risk. Living Well Teams host drop-ins in the community to enable people to access support in the day to day places they spend their lives.

THRIVING

People and organisations in the community are playing a full and active role in supporting people with mental health needs. Living Well Teams and Network organisations have strong relationships with community organisations and joint plans are made to ensure that people have tailored opportunities to live well, participate in daily life and reach their full potential. There are dedicated roles and resources to provide support, supervision, a point of contact for support and advice and development opportunities to community organisations. Their capabilities grow and more complex support is delivered outside of services. Drops in spaces are run in partnership with the community and are fun, welcoming and friendly. People attending have their needs met or are quickly connected to the support they need. Members of the community have identified areas of community action to tackle systemic issues that cause stress and these are acted upon in collaborative system spaces.
What might this involve?

- A system-level vision, including shared values and principles that describe how the system responds to need
- A Collaborative space that brings stakeholders together to create and refresh a system vision that responds to community needs and aspirations
- An easily accessible community based Living Well Team who connect people to person-centred social, medical and practical support
- A ‘no wrong door approach’ so wherever a person enters the system they access the help they need
- A range of places and spaces in the community where support is provided.
- A common assessment and care planning practice that avoids unnecessary retelling of stories, and puts people in control of their support.
- Dedicated spaces and resources for prototyping, learning and innovation.
- A public mental health strategy that focuses on early intervention and prevention, normalises distress and reduced stigma

**AWAKENING**

Work has started to create a common vision, values and outcomes.

Stories, dialogue and conversation are starting to be used as tools for making sense of suffering and connecting to lived experience.

Living Well teams are starting to grow strong relationships with voluntary and community organisations and primary and statutory care services. There are pockets of strong joint working.

There are public facing websites that make it easy for people to locate the support that is right for them.

Work has started to create person centred care planning practice and documents, written by the person, that ensures people’s needs and aspirations are placed at the centre of their care.

**ENABLING**

There is work to communicate and engage multiple organisations in the vision and a shared way of approaching mental health. People are given information and support that makes them confident to talk about their mental health.

Living Well Network events and Collaboratives are used to build relationships, grow a common approach to introductions and support, and connect community and voluntary organisations to NHS services.

Some organisations are working towards a ‘no wrong door approach’.

Living Well Teams work to the principle of ‘easy in, easy out’ where people can self introduce and come back at any time.

Support is embedded in the community.

See ‘Community’ section.

More than one organisation in the system uses a common care plan.

**THRIVING**

The community and organisations hold the system to account in upholding and refreshing the vision and values.

There is a successful public mental health strategy and campaign that has tackled stigma, enabled prevention, and supported communities to embrace people struggling with mental ill health.

There is a deep commitment to working with social determinants, and this involves an expanded multi agency, multi system approach.

A network of organisations is formalised.

See ‘Network’ section.

Organisations supporting mental health are part of a recognised and supported network, with a strong culture of shared responsibility.

Commissioning focuses in upstream support, rather than downstream to target prevention in the long term.

There are dedicated spaces and resources for prototyping, learning and innovation.

**Driving questions**

How might we:

- Reduce the mental health challenges that people face and quickly help people to access support when and where it is needed?
- Ensure no one hears the words “we cannot help you”, but “of course” or “let me connect you to the people who can”?
- Enable people to self-author their support?
- Work together across agencies and partners as one system?
- Connect NHS mental health policy and services with local authority public mental health?
- Learn and innovate in order to improve outcomes for all?

**SLEEPING**

There is no system-wide vision, values or person-centred outcomes.

Support is rationed and people are on waiting lists. Community mental health services are seen as the main place to access support. Systems of gatekeeping, threshold, eligibility, referrals, contacts and assessments are used to prevent services becoming too overwhelmed.

Organisations work to set criteria, and turn people away when they cannot help.

There is little joint working between organisations or sectors. They work to different plans and assessments, leading people to tell their story again and again and experience fragmented care.

**What is it?**

Living Well Teams, Networks and Communities are part of an integrated and connected system.

Living Well systems embody a radically different way of responding to mental health needs. They embrace demand and need actively and openly (there is no place for thresholds and eligibility criteria). Support is preventative, person centred and holistic. Professionals share responsibility for care and support and they collaborate in the interests of the people they serve; they do not block access and there are no handoffs. They see the whole person (not just clinical need) in the full context of their lives, including the social determinants of mental health. They work together (across organisational boundaries) according to a shared vision, shared values and set of person-centred outcomes, and their goal is to help people live well, participate equally in everyday life and reach their full potential.
We are accountable for person centred outcomes that promote choice, recovery and citizenship.

**What is it?**
Investing in the co-production of person-centred outcomes that are used to drive improvement and innovation and hold the system accountable to what really matters to people.

Living Well systems prioritise investment in the co-production of person-centred outcomes because they understand and accept that positive impact for people is the most important measure of success in any mental health system. Living Well systems capture activity data, but they want to know if their work is making a difference to people, not just in clinical terms but also in terms of people’s lives and their ability to live well, participate equally in daily life and reach their full potential.

**What might this involve?**
- A system-level vision for adult community mental health
- An outcomes framework detailing outcomes, indicators and data sources
- Roles and responsibilities for data collection
- Governance groups that regularly review outcomes data in order to hold themselves and others accountable to people

**Driving questions**

**How might we:**
- Re-orient systems to prioritise impacts for people as the most important set of system measures?
- Ensure that the voice of lived experience is put at the heart of work to co-produce a vision and outcomes framework?
- Build team and management cultures that maintain focused attention to outcomes and outcomes data?

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**SLEEPING**
Person-centred outcomes (connected to a system-level vision) don’t exist. Teams and services mainly focus on activity data. Teams do not have the support or capacity to collect person-centred outcomes data. Person Report Outcome Measures that do exist measure clinical outcomes only and do not include social or environmental measures.

**AWAKENING**
A system-level vision and person centred outcomes have been co-produced with people with lived experience and a range of other stakeholders. Outcomes are chosen that connect to a system-level vision for adult community mental health. An outcomes framework has been developed with clear roles and responsibilities for the collection and monitoring of data.

**ENABLING**
The outcomes framework is being used confidently by teams to assess performance and make changes if needed. Staff are committed to outcomes monitoring as a core part of their roles. Regular team discussions are held about outcomes data. There is sufficient time for teams to reflect and learn about successes and challenges.

**THRIVING**
People with lived experience exercise equal power in the design, delivery and evolution of the local outcomes framework. The outcomes framework drives improvement and innovation and changes in the way the money flows through the system (e.g., towards community and prevention). Living Well governance groups hold themselves and others accountable to the outcomes. There is a culture of shared responsibility for the outcomes among organisations with staff working in Living Well Teams and in the Network. This is a ‘no blame’ culture. When one organisation ‘fails’, everyone fails and steps are clear to realise improvement.
What might this involve?

- A lived experience partner who supports people with lived experience to engage effectively in the design and delivery of services
- Gathering stories and feedback to inform design and redesign
- Collaboratives, or design and learning spaces where people with lived experience sit alongside staff and system leaders to make decisions about the future of the mental health system
- Lived experience forums, where people have agency over how support is delivered in their community

Driving questions

How might we:

- Ensure the voice of lived experience is at the heart of decision making?
- Amplify multiple marginalised voices so they have a say over mental health delivery?
- Empower people and support them to participate meaningfully and successfully?
- Use stories as a call to arms for a new vision for mental health and a reminder of what it will take to realise it?
What might this involve?

- Protected and regular spaces and structures within teams to reflect, learn and build shared practice
- Shared values, ways and working and tools across disciplines
- Evidence-based practice with a strong emphasis on feedback and learning from the people being supported
- Practice reflected in outcomes frameworks with staff reporting gains in learning and impact
- Induction and training that focus on multidisciplinary person centred practice
- Dedicated roles that focus on practice development

Driving questions

How might we:

- Support staff to deliver person centred, holistic and goal orientated practice?
- Create spaces and structures within teams to build shared practice and ways of working?
- Build in time to seek feedback, learn and iterate practice?
- Ensure the voice of lived experience and person level impact drives practice?
- Start to diffuse Living Well Practice across the wider system?

Sleeping

There is little evidence of shared practice. Often incompatible approaches undermine multi-agency working. Approaches to support are demarcated by organisational or discipline-specific silos. Collaboration is rare and only occurs when something goes wrong. There is a predominance of one type of support, no choice offered to people and no peer offer. People are seen as patients who need fixing, with diagnosis being the central concern. Care is prescribed with no consideration of people’s strengths or preferences. There is little optimism that things will improve for people. Risk avoidance dictates practice. Practice happens with no time to reflect. Practice development is owned by directorates or is discipline specific. There is no evidence of seeking feedback or using data for practice development.

Awakening

There are some mutual processes but they are not consistent and championed by some professions with others feeling they do not align with their way of working. There are some moments where hope is evident for some deserving patients, but there are still some groups who are seen as chronic, complex or unable to recover and who require management or cannot be helped. Collaboration happens as a function of individual effort with little structure to support joint working. There are some pioneers within the team who are leading the way in working jointly and sharing core team practices. Some people are encouraged to accept interventions that practitioners think are most valuable; personal choice is not always respected. There can be conflict about the right way to do things. Collaboration occurs within the team, but practitioners are united in opposition to ways of working in the wider system.

Enabling

There is a clearly defined shared practice model that unifies the team and aligns with the vision. Practice considers strengths, competency and embodies a belief in people’s abilities. Social, medical, occupational and practical interventions are blended together to offer holistic support. Practice and culture is optimistic, moves beyond deficits and diagnosis and views people as competent and resourceful agents in their lives and experts in their own experience. Keyworking is a key feature of the offer. There are co-produced tools and processes that underpin desirable ways of working and always place the person’s voice at the centre of care. Support is person led and co-produced. It empowers people, promotes choice and allows people to address issues in the order they choose. The team has regular spaces and structures to huddle together to learn, reflect and develop shared practice. There is evidence that data and feedback is collected routinely and considered to ensure practice is impactful and people are achieving their goals and desired outcomes.

Thriving

There are dedicated roles that focus on maintaining person centred practice. This is supported by consistent induction and training for all staff. Senior Leaders show an active interest in practice development and what is being learnt, including implications for whole system change. There is alignment in practice between the team and the wider system, including working to joint person centred plans and tools. Practice development weaves together research evidence and best practice, alongside local expertise and evidence from people using the offer. Protected time is spent to craft new ways of working. Practice is responsive and involves iterative learning cycles with regular structures to deepen and improve it.
A CO-PRODUCTIVE LEARNING CULTURE

We co-produce support with people and communities and give people permission to test and learn together.

What might this involve?
- A system-wide co-production strategy
- Peer worker networks
- Person-centred documentation
- A variety of feedback mechanisms
- A culture and practice model that supports permission for people and staff to learn and innovate - for example using prototyping

AWAKENING
There is an emerging vision that supports co-production.
Lived experience is viewed and treated as holding deep expertise. There are some ways for people to use their skills to support others.
Team members have a desire to champion co-production and a belief in people's abilities. There is a move from staff from being fixers who focus on problems to catalysts who focus on working with people, using their abilities and agency to co-produce care and support.
People with lived experience are invited into formal meetings. There are efforts to avoid jargon and pay attention to language - 'people not 'service user', 'work with' not 'help people to'.
There is an acknowledgement that staff need greater permission to use their judgement. There are mechanisms to gather feedback and a desire to use learning to innovate.

ENABLING
There is a clear vision and strategy for co-production linked to processes, practice and policies.
There is staff training in co-production, delivered by people with lived experience.
There are new peer roles and training for peers to support others with similar experiences. Formal meetings have an equal peer voice.
There is a move towards co-productive practice such as managing risk with people rather than for them; meeting people where they want to meet; exploring what resources people have to draw on.
Staff are trained and inducted into a culture of learning and innovation. There is a strengths-based attitude to staff.
Prototyping enables staff to respond to feedback, improve services and exercise agency over their work.
Failure is celebrated and/or used to learn. Feedback is embedded through surveys, data collection, feedback cards, story gathering, prototyping labs and wider community engagement.

THRIVING
Co-production practice is well established in recruitment, induction, training, supervision, 121s, team meetings, learning and prototyping, management and governance.
There is a thriving network of peer workers and many who are trained to use their experience to support others. Peer workers have become trainers themselves.
They feel confident to hold casebooks, including complex needs.
Person-centred documentation defines people by their strengths and needs, rather than deficits, and it gives people the courage to self-author care plans.
Teams have autonomy and are self-managing. There is dedicated investment in staff learning and development.
There is a performance management framework that is outcomes focused, measures co-production and learning and supports the vision, culture and practice model. There are structures to support ongoing learning loops.

What is it?
A way for professionals and people to work together, on an equal footing, to design, deliver and improve services.
Co-production is at the heart of Living Well - and when we say co-production, we mean co-production - with each stakeholder's experience and ideas sought and given equal weight as new systems are designed for everyone who benefits from, or works in them. For some people experiencing poor mental health, it's the first chance they've had to have their voice truly heard; for some professionals and system leaders, it's the first time they've had to give up power. With commitment and courage, co-production can change relationships, hierarchies and power dynamics. The redistribution of power starts with a commitment to honouring and amplifying the voice of lived experience, fostering collaboration and imagination, and supporting professionals to iterate and improve ideas based on real feedback and learning.

Driving questions
How might we:
- Give power back to those who usually have none?
- Create a culture of co-production that enables people and staff to work in an equal partnership?
- Help people to feel they have skills and something to offer?
- Support staff to feel they have permission to use their judgement and innovate?
COLLABORATION AT ALL LEVELS

We work collaboratively at all levels and flatten hierarchies.

What might this involve?

- A Living Well Collaborative
- Collaborative governance and commissioning across organisations which is inclusive of those using services - e.g. Alliance contracting and integrated governance spaces
- A cross-system performance management framework
- A thriving voluntary and community sector offer which is valued

Driving questions

How might we:

- Bring stakeholders together in a way that allows everyone’s voices to be heard?
- Flatten hierarchy so that all voices are valued?
- Shift staff interests towards the system, not just their own organisation?
- Create governance spaces and process that are integrated and support collaboration and inclusivity?

SLEEPING

- Staff only consider the interests of their own organisations, not those of other partners or the wider system.
- Rigid hierarchies reinforce inequalities of power and influence; senior leaders and managers are hard to reach and set inflexible directives.
- Red tape stifles innovation and undermines relationships and trust.
- There is no space for stakeholders to come together to share stories, identify barriers to change or agree on a shared vision and purpose.
- There is a fragmented voluntary and community offers and the voluntary sector does not feel valued.

AWAKENING

- A Living Well Collaborative has been established that brings together multiple stakeholders and enables them to start to co-produce a vision, set of values and person-centred outcomes.
- The Collaborative is a space where stakeholders can engage in non-hierarchical dialogue, shared learning and joint endeavour, regardless of professional or organisational status.
- The Collaborative starts to surface unheard or marginalised voices and perspectives, including from people using services and community organisations.
- There are some conversations exploring difference and surfacing conflict, but differences continue to block change and innovation.
- There are efforts to involve the voluntary sector but commissioning and decision making is led by the perceived needs of the statutory sector.

ENABLING

- Staff value collective insight and services are designed and delivered collaboratively.
- Stakeholders find real, common ground from which to work together, and avoid artificial harmony and abstract/easy principles. Everyone works towards alignment.
- Stakeholders tolerate and embrace hostility and conflict; as sources of insight and learning, and critical to overcoming differences of opinion that block change and innovation.
- There is a culture of forgiveness and letting go of past grievances.
- Stakeholders can be open and vulnerable with each other when things don’t work or they don’t have the answer.
- Stakeholders invest in relationships.
- They demand diversity and work hard to become more inclusive.
- There are longer term funding options for voluntary and community organisations and mechanisms to engage with multiple smaller organisations.

THRIVING

- Staff consider the interests of all organisations and partners and see themselves as working in a whole system.
- Practitioners from different systems and sectors are brought together and supported to imagine and test new solutions that draw on resources from multiple disciplines.
- Hierarchy is flattened - stakeholders work together as peers across organisational and professional boundaries.
- There are disciplined, collaborative innovation processes that equalise power and embrace all voices.
- The principles of co-production underpin action across the system (services, delivery, commissioning, governance, budget setting).
- There is collaborative governance and performance management frameworks around shared principles - e.g. unanimous decision making and empowering the VCSE and people with lived experience to own and access service data.
LEADERSHIP
We lead together as one system, for people

What is it?
A culture in which anyone can lead, and everyone can exercise leadership towards a shared vision for change.

In a Living Well system, leadership is shared and actively encouraged from any person and any organisation. It is not held exclusively by leaders in formal positions of power and authority. Leadership is values-based, not technocratic or managerial. Leaders model positive behaviours and try to “be the change they want to see.” Formal leaders create an authorising environment that gives others the permissions and resources they need to do the work of change and try new things. Lived experience leadership is seen as critical to meaningful change and it is actively supported and resourced.

What might this involve?
• Living Well Collaboratives
• An authorising environment in which staff and people with lived experience can lead change work on behalf of the system
• Structures that enable collaborative governance across organisations - e.g. Alliance contracting and performance management
• A strategy for promoting lived experience leadership

Driving questions
How might we:
• Build a culture in which everyone can lead?
• Distribute power and authority?
• Lead collaboratively across organisational boundaries and regardless of professional status?

SLEEPING
Leadership, and the resources required to develop leadership, are reserved for those in formal positions of power and authority. Staff in services wait for instruction and direction and permissions are not negotiated. People with lived experience are not recognised as leaders and their leadership is not nurtured or supported. Leaders in formal positions of power and authority have not considered how they might start to enable leadership in others. Power and influence to change is not distributed, and is held by statutory sector organisations with no collaboration with voluntary and community partners.

AWAKENING
Leaders in formal positions of power and authority have started to recognise the need to unlock leadership in others, as an essential part of change work. A Living Well Collaborative has been established that is starting to recognise the idea that anyone can lead. Stakeholders in the Collaborative are starting to practise leadership, for example by leading discussion or leading story gathering work. Forgotten and marginalised voices are starting to be heard. Some people with lived experience are given opportunities to exercise their voices and deploy resources. The voluntary sector is represented but does not enjoy shared opportunities to lead.

ENABLING
Formal leaders create an authorising environment that gives others the permissions and resources they need to do the work of change and try new things. Leaders and their staff bring themselves, their values, and their personal motivation, to their work. Leadership is values-based, not technocratic or managerial. Leaders model positive behaviours and try to “be the change they want to see.” Job titles and lanyards don’t matter. Senior level decision making is retained, but power and influence are distributed across designations and shared with the voluntary and community sector. Leadership from people with lived experience is visible across the system.

THRIVING
Stakeholders are united around a common purpose and shared vision for change. They are signed up to a shared process for achieving the vision. They define and measure success together. There is belief in the idea that anyone in a system can be a leader and that insights and intelligence can come from anywhere. Different kinds of authority are recognised and celebrated. There is collaborative governance and performance management frameworks that exemplify partnership working with the voluntary sector. Formal leaders influence other areas of mental health - for example crisis care and care for children and young people - as well as the wider health and social care system.