

Lambeth Council Cabinet – 19 March 2018
NHS Lambeth CCG Governing Body – 7 March 2018

Report title: Living Well Network Alliance

Wards: All

Portfolio: Councillor Jim Dickson Cabinet Member for Healthier and Stronger Communities (job-share)

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Report summary

This report recommends proceeding with the implementation of the Living Well Network Alliance (LWNA) from 1 July 2018.

The report is therefore seeking Cabinet approval for Lambeth Council ('the Council') to enter into a S75 Partnership Agreement with NHS Lambeth Clinical Commissioning Group ('the CCG') and to enter into an Alliance Agreement with the CCG and provider partners outlined in this report from 1 July 2018. It is proposed that the Council delegates final sign off on the terms of both Agreements to the Council Strategic Director for Adults and Health and CCG Accountable Officer and Chief Financial Officer. The report is also seeking approval to extend the Integrated Personalised Support Alliance (IPSA) and existing S75 Partnership Agreement until 30 June 2018.

The Alliance Agreement is the contractual form for the LWNA and will have a term of 7 – 10 years, in a 7 plus 3 structure. It will be underpinned by a S75 Partnership Agreement between the Council and CCG which will run for the full length of this term. The signatories to the Alliance Agreement will be Lambeth Council, Lambeth CCG, South London and Maudsley NHS Foundation Trust (SLaM), Thames Reach and Certitude.

Commencement of the LWNA is dependent upon a number of factors. Firstly, proposals are going through the governance processes of all Alliance partners and all boards must be in agreement with the plans. Secondly, a number of pieces of due diligence work are being completed and these must be satisfactorily concluded, without any undue concern. Finally, NHS England (NHSE) and NHS Improvement (NHSI) require novel and complex contracts to go through its Integrated Support and Assurance Process (ISAP). As NHSE and NHSI are the regulators of the NHS, commencement of the Alliance will also be dependent on satisfactorily passing the final two checkpoints of the ISAP process and obtaining NHSE and NHSI's approval to proceed. This process will include SLaM providing self-certification by its Board of the impact of this material transaction, which will be externally assured by commissioners.

Finance summary

The LWNA will comprise the majority of the Council and CCG mental health budgets for adults of working age, which, in the current year, is a total of approximately £66.1m. This amount consists of approximately £9.5m of Council budgets and £56.6m of CCG budgets for 2018/19. These budgets include costs for contracts only and do not include any staffing across the CCG and Council. The projected total funding envelope for the LWNA over 7 years is £458m and £652m over 10 years (including the optional 3 year extension).

The Council and CCG are required to achieve approximately 14% efficiency savings over the initial seven years of the contractual term. It is expected that the alliance contracting approach will provide a realistic opportunity to meet the savings and efficiency challenge, while also delivering better outcomes for people. Savings proposals for year 1 and 2 of the Alliance include remodelling and integrating community and crisis pathway services, removing duplication and handoffs, reducing staff agency costs, reducing poor value placements and reducing demand for inpatient beds by implementing better, more responsive community services.

This contract also needs to be considered in the context of the NHS requirement to deliver the Mental Health Investment Standard (MHIS), whereby CCGs are required to increase investment across mental health services by the level of CCG growth. The Council is committing to inflationary growth over the lifetime of the contract and to funding mental health services at the levels set out in this report over the period of the agreement. The overall package of savings and investment in the funding envelope will be used to fund demographic and non-demographic growth, deliver the Mental Health Five Year Forward View, mainstream services where value can be demonstrated and meet other services pressures.

Recommendations

1. To agree to the extension of the Integrated Personalised Support Alliance (IPSA) and existing S75 Partnership Agreement (covering IPSA) for the period 1 April to 30 June 2018. The contract value for this period will be £2.395m, of which the Council will contribute £982,000.
2. To agree to enter into a new S75 Partnership Agreement with Lambeth CCG from 1 July 2018 for the length of the LWNA term and to delegate final sign off on the terms of the Agreement to the Council Strategic Director for Adults and Health and CCG Accountable Officer and Chief Financial Officer.
3. To agree to enter into the LWN Alliance Agreement from 1 July 2018 to 31 March 2025 (with an optional extension to 31 March 2028) with Lambeth CCG, South London and Maudsley NHS Foundation Trust, Thames Reach and Certitude and to delegate final sign off on the terms of the Agreement to the Council Strategic Director for Adults and Health and CCG Chief Officer and Chief Finance Officer. The projected total funding envelope over 7 years is £458m and £652m over 10 years.
4. To note that all of the recommendations above are subject to attaining approval from all Alliance partner boards, the satisfactory conclusion of due diligence work and approval from NHS England and NHS Improvement through the Integrated Support and Assurance Process (ISAP).

1. Context

Progress and track record of alliancing

- 1.1. Since June 2010, the CCG and Council, through the Lambeth Living Well Collaborative partnership platform, have been working collaboratively with service users, carers and a wide range of mental health service providers in the borough in order to improve services for people experiencing mental health issues.
- 1.2. We have seen some extremely encouraging progress. The Living Well Network (LWN) was formed in 2015 following a prototype which started in 2013, providing people with open access to holistic support on a range of 'social' as well as 'health' issues, such as housing and employment support. To date this multi-agency, multi-disciplinary service has helped to increase the numbers of people accessing support, accepting over 500 introductions per month and reducing the number of referrals into secondary care by 43%.
- 1.3. The Integrated Personalised Support Alliance (IPSA) commenced in April 2015 following agreement between the Council and CCG to enter into a Section 75 Partnership Agreement (under the provisions of the Health and Social Care Act 2012) to create a pooled fund arrangement to support improved outcomes. This first Alliance contract involving the CCG, the Council and three Voluntary Sector providers has been very successful in supporting people with complex, serious mental health issues to live more independent lives in the community, and at reduced cost. It has also allowed for the testing out of this relatively new (in health and social care) contractual form, which requires providers to align on a single set of outcomes and share risks and responsibilities, thereby taking collaboration to a whole new level.
- 1.4. The IPSA delivered a 20% saving in its second year on an original budget of around £12m and has significantly improved outcomes for the people it has supported at the same time. These achievements have been made possible through the use of an Alliance contracting approach, which it is now proposed to apply at a larger scale within the mental health system in Lambeth.

Drivers for change

- 1.5. Despite promising progress there are still major challenges facing the mental health system including:
 - **High Demand** - Lambeth has one of the highest levels of mental health conditions of any CCG in England. It has the highest number of estimated people with a psychotic disorder in England and the 5th highest number of new cases of psychosis. It also has the 38th highest (upper quartile) number of people estimated to have a common mental health condition¹. Furthermore, the working age population of Lambeth is projected to increase by 9% over the next 10 years², putting further demand on services and support.
 - **Fragmentation of Services** - The fragmentation of services continues to frustrate both service users and staff. Currently, there are over 40 different services across the system with numerous access points, separate assessment processes and significant duplication. This is compounded by a divide between primary and secondary services.
 - **Lack of Collective Focus on Common Outcomes** – Services are currently commissioned separately by different commissioners, often with different sets of performance measures and outcomes. This can mean providers not taking 'best-for-system decisions'.
 - **Inequalities** - Lambeth has an overrepresentation of black communities in the acute part of the mental health system. Furthermore, people with serious mental health needs are at risk of poor physical health and their life expectancy is reduced.

¹ Source: NHS Rightcare Commissioning for Value Mental Health Tool

² GLA Housing Led Interim 2015 Base Projections

- **Financial Pressures** – Available funding for the next 7 years is forecast to be fairly flat in cash terms (that is reducing in real terms). Over this 7 years, savings of some £17.7m will need to be found to cover forecast increases in demand, increases in investment in mental health services in line with national requirements and efficiencies required by government.
- 1.6. This all means that it will be increasingly difficult to fund services in their current form and to deliver the necessary levels of support to people in the borough. As such, services will need to change and develop in order to meet demand within budget and it is expected that there will need to be a significant shift in the investment pattern toward the provision of preventative and early intervention support.
 - 1.7. Building on the success of IPSA and the LWN, the Council and CCG agreed to commence a procurement process in January 2017 to identify a group of providers willing to work with commissioners to establish a whole system Alliance. The proposed Alliance would bring the Council's and CCG's total spend on adult mental health (supporting people of working age) into a single Alliance contract framework: the Living Well Network Alliance (LWNA). The first part of this process involved publishing a Prior Information Notice as Expression of Interest. Following review of these expressions, only one out of the five received was identified to meet the requirements. This was the provider grouping consisting of Certitude, Thames Reach, South London and the Maudsley NHS Foundation Trust and Lambeth Council (Social Care), who are the IPSA provider grouping. In July 2017, the second phase of the procurement process was completed which entailed serving a VEAT (Voluntary Ex Ante Transparency) notice, which was a signal to the market of commissioners' intention to establish the LWNA. Following this, in September 2017, work commenced between commissioners and providers to develop plans to deliver major changes to service provision which will improve outcomes for people.
 - 1.8. A shadow Alliance board comprising providers and commissioners was formed in September 2017 in order to take forward the development work and negotiation process. The director from Black Thrive joined the shadow board in October 2017, thereby cementing the strong working interface between Black Thrive and the Alliance.

Scope

- 1.9. The proposed scope of the LWNA is services and support targeted at adults of working age. The target population includes all those people registered with a Lambeth GP and those ordinarily resident in the borough.
- 1.10. People under the age of 18 and over the age of 65 are outside of the scope, although people in transition between services will be included. However, we recognise that the divide that exists between young people's, adult's and older adult's services is somewhat artificial and is primarily driven by a separation of budgets rather than a disconnection between services. Given our ambitions to provide earlier, preventative, holistic support to all people with mental health issues, there is a strong case to widen the scope of the LWNA in future. The adult mental health services that will be encompassed within the LWNA are:
 - Mental health information and advice provision;
 - Mental health promotion;
 - Adult mental health secondary care services provided in Lambeth, including all inpatient and community care;
 - Living Well Network Hub service;
 - Enhanced primary care offer (GP Plus);
 - Improving Access to Psychological Therapies (IAPT);

- Crisis support;
- Peer support;
- Supported housing services and domiciliary care;
- Supported Living services;
- Supported employment services;
- Early discharge services;
- Mental health social work;
- Mental health rehabilitation services (IPSA) which includes residential care home and inpatient rehabilitation placements; and,
- Specialist services (including but not limited to ADHD / ASD, Chronic Fatigue Syndrome / Medically Unexplained Symptoms, Eating Disorders and Psychosexual services).

1.11. Children and young people's services, older adult's services and addiction services will be excluded. While these services will not come under the remit of the LWNA, there will nevertheless be significant interdependencies between them and the Alliance. The LWNA will be expected to work closely with these services in order that people moving between them receive a coordinated and joined up care offer. Additional services may be added to the scope of the Alliance as it progresses.

2. Proposal and Reasons

Alliance Agreement

- 2.1. It is proposed that the CCG and Council enter into a 7 year (plus option to extend by a further 3 years) Alliance Agreement, commencing on 1 July 2018. The signatories to the Alliance Agreement will be Lambeth Council, Lambeth CCG, South London and Maudsley NHS Foundation Trust, Thames Reach and Certitude.
- 2.2. The Alliance Agreement is the contractual form for the LWNA. It describes the purpose, principles, functions and governance as well as clauses such as liabilities and termination. There are schedules on scope and functions, performance and financial arrangements. In addition, there will be linked 7 year NHS Standard Contracts as these are statutory requirements for all NHS contracts. The proposed Alliance is a virtual organisation, as in the case of the current IPSA. The Alliance organisations (as above) retain their sovereignty whilst having the following responsibilities:
- a. Joint accountability for delivery of outcomes across the system;
 - b. Shared responsibility for overarching service strategy development and implementation;
 - c. Shared risk including financial risk sharing between commissioners, commissioners to providers and providers to providers;
 - d. Individual service contracts (statutory NHS requirement) refer to alliance agreement scope and overall funding;
 - e. Commitment to Alliance principles; and,
 - f. Adherence to the Alliance values and behaviours.
- 2.3. It is proposed that final sign off on the terms of the Agreement, including finalisation of the service and financial plan and associated risk share arrangements, is delegated to the Council Strategic Director for Adults and Health and the CCG Accountable Officer and Chief Financial Officer.
- 2.4. While there is no provision for voluntarily exiting the Alliance, there are a certain situations which would lead to a provider being excluded. These are wilful default (acts by a member which

demonstrate a lack of commitment to the Alliance or Alliance principles), termination of a services contract (following a breach or default on the part of the provider) and insolvency.

Contract Term

- 2.5. The LWNA is planned to commence on 1 July 2018 and the contract term will be 7 - 10 years, in a 7 plus 3 year structure. The first year will be a period of 9 months, running from 1 July 2018 to 31 March 2019. This is a major change from annual contract negotiations or 2 - 3 year contracts. It will enable the partnerships to develop and evolve, focusing on delivery of the outcomes and innovation in transforming care. It should also be noted that a longer contract term also presents the opportunity for providers to bring in additional resources, both revenue and capital.

Contract Value and Performance Pain and Gain Share

- 2.6. The proposed total funding for 2018/19 will be approximately £66.1m, with a projected total funding envelope of £458m over 7 years (£652m over 10 years). This is set out in more detail in section 3.
- 2.7. A proportion of the LWNA funding will be allocated to incentive payments, payable on achievement of better than expected performance in relation to a number of key outcomes. This is included in the overall financial envelope/plan. Should outcomes not be achieved, incentive payments will not be made and corrective action will be taken by the Alliance Leadership Team.

IPSA

- 2.8. The current contractual term for IPSA expires on 31 March 2018. Given the proposed 1 July 2018 start date for the LWNA, approval is being sought for the current IPSA to be continued from 1 April through to 30 June 2018. The contractual value for this period will be £2.395m, of which the Council will contribute £982,000.

Section 75 Partnership Agreement

- 2.9. In order to support the implementation of the LWNA, it is proposed that the current S75 Partnership Agreement (covering IPSA) is extended to cover the period from 1 April to 30 June 2018. From 1 July 2018, it is proposed to enter into a new S75 Partnership Agreement between the Council and CCG for the duration of the LWNA.
- 2.10. The S75 Partnership Agreement allows for a pooled fund between the Council and the CCG and the current agreement covers the following areas. Planned 2018/19 financial contributions are included where available:
- Better Care Fund (BCF) – total pooled fund of £35.3m, which is funded by the CCG, the directly allocated £10.695m 'improved BCF' (iBCF) contribution, and a £1.371m contribution from the Council, from its allocation of the government's Disabled Facilities Grant. The agreement contains payments to the Council of £10.011m which are used as a contribution to a range of adult social care services as detailed in the agreement. The risk share is limited so that each organisation will only pay for overspends for activities that are their own responsibility e.g. the Council retains the financial risk for social care schemes and the CCG retains the financial risk for health schemes. This therefore does not represent an increase in the financial risk that either organisation would have without the risk share.
 - Integrated Personalised Support Alliance (IPSA) – pooled fund of £9.581m of which the Council contributes £3.929m. The pooled fund is paid to the IPSA providers and there is a risk share between the Council and the CCG in which overspends are met proportionately to their respective financial contributions. The Council's contribution is funded from the mental health budget. The risk of an overspend occurring is mitigated through provisions in, and management of, the IPSA contract.

- Children’s Community Services – the Council pays the CCG £11.151m in 2017/18 (2018/19 TBC) which the CCG pays to Guys and St Thomas’ Trust in order to carry out services for the Council. There is no risk share in relation to this aspect of the agreement and the sum represents the contractual cost of Council services. The payment for these services is funded from the Public Health Grant.
- Alignment of Mental Health and Older People Budgets – the agreement aligns budgets for mental health and older people for both organisations until 30 June 2018. There is no financial risk share in relation to this aspect of the agreement and no financial contributions made by either organisation as a result of the agreement.

2.11. From 1 July 2018, it is proposed that a new S75 Partnership Agreement commences, with the majority of the mental health budgets across the Council and CCG pooled to support the LWNA (including IPSA budgets). In 2018/19, this consists of £9.5m of Council funding and £56.6m of CCG funding. The Agreement should last for the duration of the LWNA.

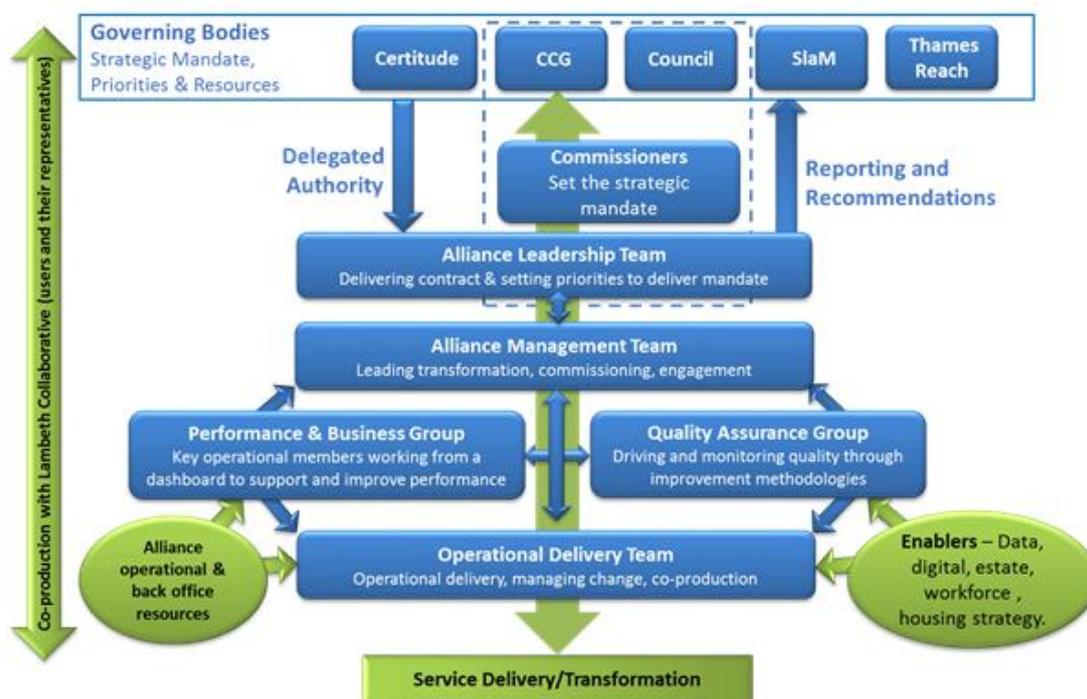
2.12. It is proposed that final sign off on the terms of the Agreement, including finalisation of risk share arrangements between the Council and CCG, is delegated to the Council Strategic Director for Adults and Health and the CCG Accountable Officer and Chief Financial Officer.

Living Well Network Alliance (LWNA) Governance

2.13. It is crucial to the success of the Alliance, and for the transformation of mental health services in Lambeth, that there is a shared strategy clearly linked to change ‘on the ground’, there is best use of resources and decisions are made quickly and correctly. To achieve this requires a governance framework that satisfies the needs of the individual Alliance organisations to manage statutory, financial and other responsibilities and risks whilst being agile enough to facilitate the changes required in a timely fashion; avoiding unnecessary bureaucracy.

2.14. The Alliance will be governed by an Alliance Leadership Team (ALT) who will be accountable for ensuring delivery of the outcomes. Each ALT member will be authorised to represent and bind their respective participant on any matter relating to the Alliance. Figure 1 below sets out a draft governance framework.

Figure 1: LWNA - Draft Governance Framework



2.15. Lambeth Council is represented from an operational perspective by the Director of Adult Social Care and both the Council and CCG are represented by the Director of Integrated Commissioning (Adults). The Committee in Common will continue to provide governance oversight in relation to the commissioning of services underpinned by a Section 75 partnership agreement.

2.16. The ALT will confirm the final governance and accountability arrangements for the LWNA, including a mechanism for user, carer and citizen input into governance. It will recruit an independent chair and appoint an Alliance Director and an Alliance Management Team to provide day-to-day leadership and management of the LWNA activities. Delegated authority to the Alliance Leadership Team will be based on the delegation levels within organisations to the individual members who sit on this team.

Proposed New Service Model

2.17. The strategic service objectives underpinning the LWNA are to:

- Improve access to support – including easier early access and a rapid crisis response;
- Integrate and coordinate care and support for people and their networks across Lambeth;
- Reduce the inequalities experienced by people experiencing mental health problems;
- Manage demand and resources effectively, and;
- Drive culture change – including leadership and asset-based working.

2.18. Following an intensive co-design process (November/ December 2017), a high level service model has been developed, which is in the process of being finalised. The design team included representatives from Black Thrive and Healthwatch working together with multi-agency staff, clinicians and managers. The key features of the new service model are:

- An open, accessible (extended 7 day service) and integrated front door to mental health services, which will be physically based in three Living Well Centres (LWCs) aligned with Local Care Networks;
- For those with moderate and severe needs a Key Person, best matched to the person;
- Integrated support services, co-located in LWCs and commissioned for outcomes and built around the needs and assets of the service user;
- An extended hours urgent response service, to include safe spaces, crisis accommodation and rapid response within four hours of the referral;
- A fixed term case manager to reduce tertiary placements;
- A redesigned and re-commissioned housing support service that is more flexible and outcome focussed; and,
- Modern inpatient services which admit less people because of the extensive community offer, which acts in the least restrictive way.

2.19. The services themselves will be integrated, co-located and organised in multi-disciplinary teams that work with users, their families and carers to develop single asset-based support and development plans. Those who need it can also expect a Key Person to build a trusting, mutual relationship with them and support them to navigate the help they need from a menu of targeted support.

2.20. There will be an extended hours crisis response with alternative safe options to hospital admission. Hospital support for those that need it will only be as long as clinically required. People can expect asset-based housing options which work flexibly to support them within a home of their choosing. People who previously may have been supported in more restricted settings can expect to be

supported through a community rehabilitation pathway. Figure 2 below provides a summary of the proposed key changes:

Figure 2: Key Proposed Changes to Lambeth's Mental Health System

	Current System	Proposed System
1	A system focused on response to crisis.	A preventative model which empowers and builds the capacity of local GPs and communities to support people earlier when experiencing mental distress.
2	A system largely focused on a silo response to support.	An integrated system that focuses on personalised support from health, clinical services, social care and voluntary and community sector provision. A greater emphasis on co-production and the greater use of peer support. A system which makes maximum use of all commissioned and mainstream services and focuses on the whole health of the individual, including supporting people across their multiple long term health conditions.
3	Multiple access points: <ul style="list-style-type: none"> • IAPT • The Hub • Emergency Department (ED) • Primary Care 	Standardised ^[5] single points of access in each of the three Living Well Centres with embedded "Right First Time Principles" and clear routes to treatment and care with holistic personalised outcomes.
4	Limited Care Coordination capacity that is heavily clinical in focus.	A mixed model of care that identifies a Key Person based on needs, risks and outcomes. Incorporating a wider range of key persons will produce a flexible model of care that will provide support for people within and outside of statutory Care Programme Approach (CPA) duties.
5	Fragmented services operating in separate locations.	Co-location of multi-agency (clinical and social support) services into three locality based Living Well Centres.
6	Multiple points where people first show signs of distress or may breakdown, with variable knowledge of what to do when these occur.	To be a leading borough in championing mental health awareness in Lambeth: "Psychologically Informed Borough (PIB)". Skilling up schools, housing providers, employers, major public sector services (Police, Fire, Ambulance, Other NHS) all council run services. Development of a Lambeth 'PIB' Standard.
7	'Hit and Miss' access to Information and poor access to care records.	New Information and digital strategy linked to Lambeth PIB Standard.
8	Multiple treatment and care services and variation of treatment on offer.	Well defined standardised (NICE) clinical treatment pathways within personalised recovery networks and provide assertive engagement and support when needed to enable people to receive appropriate support
9	Core services offered 9am-5pm, 5-days per week.	Moving to services open on an extended 7 day basis

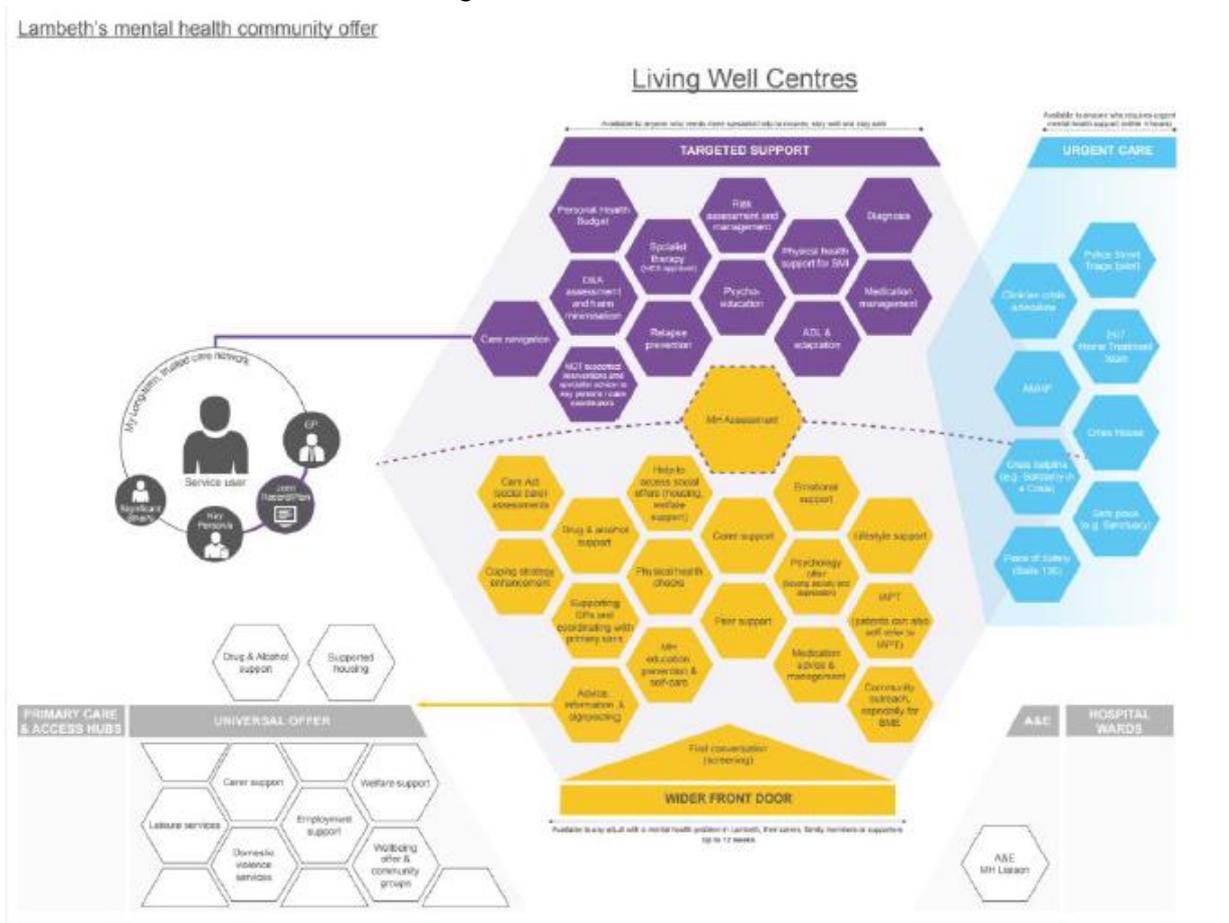
^[5] Working to agreed standards and guidelines (protocols) to ensure that practice is safe and consistent with NICE guidance

10	High use of A&E and Mental Health Act, section 136 pathways and consequently high use of acute inpatient offer.	Development of community crisis pathway and strong Key Person role targeted at admission avoidance. Standardisation of acute care pathways with new Length of Stay standards
11	Variation in the quality of care planning, traditional risk assessments and crisis plans	Standardisation of care plans all with advanced statements of care and embedded crisis recovery plans
12	System which forces people to engage with it or not get support – especially BME communities.	Living Well Centres will have targeted outreach support to BME communities and Key Person will be tailored to people’s cultural needs and focus on building trust.

What will be different for service users?

2.21. Service users will find it much easier to access services, closer to where they are, and when they need them. When they do access services, those that need them will be supported by a Key Person who will stay with them throughout their treatment, building a trusting relationship, reducing and minimising crises and ensuring a consistent and sustained focus on the person’s needs and aspirations. Support will be joined up and asset or recovery based, seeking to build on a person’s strengths, collaborating with carers, enlivening networks and aspirations and engaging wider services such as housing, welfare advice and substance misuse to take a ‘whole person’ approach. If people do experience a crisis they can expect a rapid response from a multi-disciplinary team that will seek to avoid the use of A&E or hospitalisation with safe and appropriate alternatives. Where hospital based services are needed the system will work to minimise their length of stay and find safe and effective community based alternatives.

Figure 3: New Service Model



Performance Framework

- 2.22. Underpinning the LWNA are the core outcomes which have built on the Lambeth Living Well Collaborative's holistic 'Big Three Outcomes'. They have been developed and tested with key stakeholders (including Black Thrive). These outcomes define the direction of the LWNA, the aligned goals and the expected results for the LWNA as a whole. Failure to achieve the outcomes in any area means that the LWNA will have failed to deliver the 'value' expected by commissioners. The proposed high level outcomes are contained in Appendix 1. A small number will be used to support the pain and gain share element of the Alliance Agreement as highlighted above.
- 2.23. Performance against the outcomes will form the basis of monthly reporting to the ALT of which Lambeth CCG and Council are members. They will be incorporated into the Alliance Agreement and form part of all subcontractor agreements. The Alliance is committed to pursuing outstanding performance in each of the outcome areas. A performance spectrum for selected measures is in development. The minimum level of performance that must be achieved by this Alliance is the Minimum Conditions of Satisfaction (MCOS). This refers to best practice currently available in the Mental Health sector. Descriptions of game-breaking performance will be set. These will be aspirational, beyond the predictable, and will require a paradigm shift and new way of thinking and working.
- 2.24. The Lambeth Living Well Collaborative (LLWC) – our partnership platform which brings together stakeholders across the whole system – will have a dual role in relation to the LWNA. It will continue to provide the space and platform where policy, service development and transformation are discussed as well as providing support to progress initiatives and projects and playing an active role in helping to address and resolve challenges across the system. It will also have a more formal role of receiving and commenting on performance reports from the LWNA. The detail is yet to be worked through but is most likely to take the form of quarterly reports to the Collaborative, with formal feedback given to the LWNA Alliance Leadership Team and through the Council and CCG governance processes.
- 2.25. We are in discussion with a number of academic institutions with a view to carrying out formal evaluation of the LWNA. This will build on the current evaluation of the LWN Hub led by Kings Improvement Science. This should help the LWNA to better understand its impact with a view to tailoring and improving the services and support it is providing on an on-going basis. It should also help to disseminate any good practice and evidence of impact more widely.

NHS England - Integrated Support and Assurance Process (ISAP)

- 2.26. Given the scale and complexity of the Alliance proposal it will need to satisfy the recently introduced assurance process developed by NHS England and NHS Improvement. The London Region of NHSE is managing a shadow ISAP process in relation to the proposed LWNA. This involves a series of 3 checkpoints along the development process. The proposed LWNA completed the first checkpoint successfully in August 2017 and is due to go through checkpoint two after finalisation of the service and financial plan. This is likely to take place over the March/April period and as such provides a further element of assurance for both commissioners and providers.

3. Finance

- 3.1. Building on the success of the existing Alliance contract established between the Council and CCG for the IPSA, it is proposed to establish a whole system alliance comprising the majority of the Council and NHS Lambeth CCG mental health budgets for adults of working age, which, for 2018/19 is a total of £66.1m. This amount consists of approximately £9.5m of Council budgets and £56.6m of CCG funding for 2018/19. These budgets include costs for contracts only and do not include any staffing across the CCG and Council. The Council and CCG are committed to funding

Mental Health Services to the value of the contract throughout the long term arrangement of the contract. This is set out below:

Figure 4: LWNA Financial Envelope

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	£000s							
NHS Lambeth CCG	56,622	56,296	56,501	56,421	56,092	55,728	55,604	393,264
LB Lambeth	9,498	9,422	9,340	9,308	9,309	9,305	9,293	65,474
Total	66,120	65,717	65,841	65,729	65,402	65,032	64,898	458,738
includes pain share/gain share %	0.0%	0.0%	0.5%	1.0%	1.0%	2.5%	2.5%	
includes pain share/gain share £	0	0	329	657	654	1,626	1,622	

- 3.2. Mental health services in the Council are currently forecast to overspend the budget by around £1.5m in 2017/18. As part of the agreement the Council has committed to increase the base budget for Mental Health services by £500,000 which is incorporated in the Council's financial planning. The alliance contract incorporates savings which are expected to reduce expenditure over the life of the contract and provide funding for inflationary and demographic growth. However, it will take time to change services and make savings in order for the budget to become sustainable. As a result, the Council will be committing to funding services at £410,000 over the existing budget in 2018/19 and by £205,000 in 2019/20, on top of the £500,000 increase agreed. In future years it is expected that services will be delivered within the funding available and the financial benefit of the contract is to contain cost increases and bring expenditure down to the level of the budget. In 2018/19 and 2019/20 the expenditure above budget that will be spent on the alliance contract will be funded from a grant received as part of the 'improved Better Care Fund (iBCF)'.
- 3.3. The CCG financial envelope includes funding for 2017/18 cost pressures, mainstreaming of GSTT Charitable Funding, implementation of the Five Year Forward View and delivery of the Mental Health Investment Standard (MHIS). Inflation and demographic growth is included over the course of the contract.
- 3.4. The Council and CCG are required to achieve approximately 14% savings over the initial seven years of the contractual term. The funding that the savings release will be used primarily to bring expenditure in to line with historic budgets and to fund inflationary and demographic growth over the period of the contract. It is expected that the alliance contracting approach will provide a realistic opportunity to meet the savings and efficiency challenge, while also delivering better outcomes for people.
- 3.5. Savings proposals over year 1 and 2 of the Alliance include remodelling and integrating community and crisis pathway services, removing duplication, reducing staff agency costs, reducing poor value placements and by reducing demand by implementing better more responsive community services.
- 3.6. The CCG and Council have commissioned PwC and Grant Thornton, respectively, to undertake a cost convergence audit and review of the financial model, and financial due diligence of Thames Reach and Certitude. We have engaged RMS to provide external assurance of SLAM's self-certification of this transaction which assesses the impact of the LWNA on the trust.

- 3.7. There are arrangements in place to share risk between the partners in the agreement. In general, the risk shares are designed so that the largest commissioners and the largest providers bear the risk in proportion to the size of their financial transaction in the alliance. There are some transitional arrangements in the first 2-3 years where there are mechanisms in place to limit the amount of risk that is shared. Risk shares have been developed to ensure that no one organisation bears significantly more risk than current arrangements. The scope of the LWNA enables partners to have control of the whole system resource across health and care for working age adults and they have the levers to manage risk more effectively.
- 3.8. This contract also needs to be considered in the context of the NHS requirement to deliver the Mental Health Investment Standard (MHIS), whereby CCGs are required to increase investment across mental health services by the level of CCG growth. The Council is also committing to inflationary growth over the lifetime of the contract and will be committed to funding mental health services at the levels set out in this report over the period of the agreement. The overall package of savings and re-investment will be used to fund demographic and non-demographic growth, deliver the Mental Health Five Year Forward View, mainstream services where value can be demonstrated and meet other services pressures.

4. Legal and Democracy

- 4.1. The proposed LWNA will comprise of commissioners (NHS Lambeth CCG and Lambeth Council) and the four providers (Certitude, Thames Reach, South London and the Maudsley NHS Foundation Trust and Lambeth Council (Social Care)). Lambeth Council has a role within the Alliance as both a commissioner of social care services but also as a provider of social care services through direct delivery of social work. The Alliance Agreement is designed to work alongside the NHS Standard Contract which will set out specific requirements in relation to regulatory requirements.
- 4.2. In order to support the commissioning arrangements of the Alliance Agreement a Section 75 (of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)) partnership agreement will be necessary. This will support the ambitions of both NHS Lambeth CCG and Lambeth Council to achieve integrated care through the adoption of a pooled fund and lead commissioning between both organisations. The Agreement specifies the respective service and financial contributions and the risk share arrangements. It is proposed that NHS Lambeth CCG takes on the lead commissioning responsibility on behalf of Lambeth Council.
- 4.3. The Committee in Common established between Lambeth Council and NHS Lambeth CCG to provide over-arching governance for all Section 75 related initiatives will have oversight for the LWNA. Decisions for Lambeth Council will be taken within the Council's scheme of delegation on the advice of the Council's representatives on the Committee in Common.
- 4.4. The LWNA project has been receiving on-going advice and guidance from an Alliance Contracting consultant, LH Alliances Ltd. Gowling WLG solicitors who have experience of alliance contracting elsewhere have advised the CCG and Council on the development of the Alliance Agreement.
- 4.5. NHS England and NHS Improvement have been involved in reviewing the procurement approach and are providing further assurance by requiring the LWNA proposals to be evaluated using the recently established Integrated Support and Assurance process, which was set up to review new care models and associated contracting arrangements.
- 4.6. Lambeth Council Legal Services have reviewed both the Alliance Agreement and Section 75 Agreement. Capsticks solicitors have provided the legal advice (on behalf of NHS Lambeth CCG

and Lambeth Council) and support in relation to the Section 75 agreement and its link with the Alliance Agreement. The Agreements are still in draft form and the recommendation is that the Strategic Director is authorised to approve the final terms on the advice of the Council's Legal Services.

- 4.7. Procurement considerations are outlined in paragraphs 9.3 and 9.4. If a contracting authority considers that the proposed contract award (without prior publication of a contract notice) to be permitted by the Public Contracts Regulations 2015, the authority may publish a voluntary transparency notice in the Official Journal indicating its intention to enter into the contract, and if it then observes a standstill period of at least ten days, the contract award cannot be declared ineffective under the Regulations.
- 4.8. This proposed decision was entered in the Council's Forward Plan of Key Decisions on 12 January 2018 and the statutory 28 clear days' notice has been given. The report will be published for five clear days before the decision is considered by Cabinet. Should it be approved, a further period of five clear days, the 'call-in period', must then elapse before the decision becomes effective. If the decision is called-in during this period, it cannot be enacted until the call-in has been considered and resolved.

5. Consultation and Co-production

- 5.1. The application of co-production principles to the design and delivery of services and support for people with mental health problems has been a key feature of the work of the Lambeth Living Well Collaborative since its inception in 2010. It will be a key requirement underpinning the proposed alliance.
- 5.2. Extensive, on-going involvement and engagement with users and carers of people using services, together with the full range of partners and stakeholders has been pivotal to the development of the range of initiatives outlined in section 1.
- 5.3. In order to support the development of the Alliance proposition commissioners facilitated a series of three workshops during November and December 2016 which focused on three key enabling themes (digital, demand management and working with communities) which 180 people attended, including service users, carers, voluntary sector providers and organisations, social care, primary care and secondary care. The outputs from these events will be used to help develop the service proposition and specification.
- 5.4. An on line survey seeking views from stakeholders on key elements of the LWNA proposition was undertaken over the March/April 2017 period. This resulted in a total of 90 responses with 94% of people stating that they supported the vision and 82% agreeing with the suggested outcomes. Respondents placed workforce development, community networks and self-management as top enablers.
- 5.5. The shadow Alliance has formed a communication and engagement work stream to support and underpin its commitment to co-production with local stakeholders that include Lambeth Healthwatch and Black Thrive (our local partnership which is striving to reduce inequalities experienced by black communities in Lambeth). Joint work is progressing well between the Alliance and Black Thrive in relation to the development of outcome measurement and capture.
- 5.6. Lambeth Healthwatch are working with the Alliance to facilitate workshops (targeting people who use services, carers and members of the public) during February / March 2018 to outline the proposals and agree how best to involve them in the on-going development work.

5.7. As outlined in section 2 it is proposed that the Living Well Collaborative adopts a formal performance monitoring/appraisal role. This is intended to make contract performance and monitoring more transparent and accessible to all stakeholders across the system, including those people using services.

6. **Risk Management**

6.1. Strategic risks fall under 8 main headings:

- 1) Scale of the transformation;
- 2) Workforce buy-in and cultural change;
- 3) Integration;
- 4) Evidence based practice and Quality Improvement;
- 5) Leadership and governance;
- 6) Enablers;
- 7) Financial; and,
- 8) Contractual.

Details of these risks and proposed mitigations are presented in the table below:

Risks	Mitigations
<p>1. Scale of the transformation Not achieving what we set out to do through ineffective design and mobilisation Failure to manage business and usual and steady state Failure to manage transition Increase in serious incidents and complaints Risk of losing and building on skills of the voluntary sector gained via the Living Well Network Hub, IPSA and GST prototypes. Risk of unsafe practice of extending their role by lack of agreed protocols and governance processes.</p>	<p>Transformation programmes are underpinned by processes and methodologies that ensure effective design and delivery plans - particularly an ethos of co-production Transition plans in place to ensure BAU and management of change and will be accompanied by resource where appropriate All incidents and complaints will be centrally scrutinised for themes that require an action plan Compliments will also be gathered to identify themes to enhance practice. All service level changes will be underpinned by operational protocols that manage access, continuity of care and risk The Alliance Senior Management Team will scrutinise transformation plans on a monthly basis. A Senior Responsible Owner (SRO) will be accountable and responsible for specific transformational schemes. Existing prototypes demonstrate the benefits of the voluntary sector, health and social care working together to deliver safe and effective care.</p>
<p>2. Workforce buy-in and cultural change Failure to effectively engage and include the workforce with the proposed transformation Workforce across the system are not sufficiently skilled to deliver the new model Failure to communicate the vision and change process to deliver the transformation</p>	<p>Communications to the combined workforce will be supported by a plan and provided at regular intervals. This shall be supported by directors across the Alliance, to support engagement of their staff. We will share the learning and culture change that has already taken place with the existing IPSA, LWN Hub service. We will ensure redesign is described by what users themselves have said about what works and what doesn't work to ensure users are at the heart of the process. The design process for service reconfiguration will have a six month lead in time and a representative sample of staff will be actively involved in design. The Alliance Senior Management Team will be visible and engage the combined workforce about the vision and how we are going to get there. This will be supported by the communication plan.</p>

	<p>A Senior Responsible Owner (SRO) will be accountable and responsible for specific transformational schemes.</p>
<p>3. Integration</p> <p>Failure to co-produce the new model with primary care so that they can support demand management and build a robust primary care offer.</p> <p>Failure to meet the Local Care Network priorities</p> <p>Failure to engage living well network agencies and the wider community in service redesign.</p>	<p>Primary care and the Local Care Network chairs will be part of the design process</p> <p>The communication plan will reflect on going engagement with primary care and the Local Care Networks</p> <p>A Senior Responsible Owner (SRO) will be accountable and responsible for specific transformational schemes.</p> <p>The PAG will be redefined to support greater communication with those services commissioned by the CCG and Local Authority i.e. housing, employment services.</p> <p>The development of a housing strategy and resultant engagement in delivery will ensure greater buy in.</p>
<p>4. Evidence based practice and Quality Improvement</p> <p>Failure to embed National Institute of Clinical Excellence (NICE) guidance with in future integrated offers</p> <p>Failure to achieve Quality Improvement (QI) culture and implement methodologies in the proposed transformational change.</p> <p>Failure to achieve Care Quality Commission (CQC) regulatory requirements across inpatient, crisis and community pathways</p>	<p>Design and future principle of the transformation will be underpinned by NICE concordance and regulatory requirements where appropriate.</p> <p>The leadership teams and workforce will be trained in Quality Improvement (QI) methodologies to support future change</p> <p>QI driver diagrams will support the delivery and measurement of change</p> <p>The Alliance Senior Management Team will work with our services to achieve an outstanding CQC across all pathways</p> <p>The designing of all partnership protocols will encompass NICE and regulatory requirements</p> <p>Evaluation and audit cycles will be embedded as all stages of the transformation and beyond.</p> <p>A Senior Responsible Owner (SRO) will be accountable and responsible for specific transformational schemes.</p> <p>User feedback will be central to checking our progress and success</p>
<p>5. Leadership and governance</p> <p>Failure to implement a shared leadership approach across the whole Alliance and at every level of the providers.</p> <p>Creating parallel processes between the Alliance and providers.</p> <p>Failure to implement an Alliance assurance framework</p> <p>The partnership cannot deliver what it has set out to do due the governance frameworks of the providers</p>	<p>The principles of the Alliance will be incorporated at all levels of leadership and appraised.</p> <p>The Alliance Quality Assurance and Business and Performance Groups will ensure that future systems are joined up</p> <p>The Alliance Senior Management Team will scrutinise the development and implementation of the assurance framework</p> <p>The Alliance Managing Director will be responsible and accountable for these risks.</p>
<p>6. Enablers</p> <p>Failure to deliver a realistic estates strategy that will meet the needs of the service offer.</p> <p>Failure to access a coherent data set to inform decision making</p> <p>Failure to deliver a realistic digital strategy that supports communication, continuity of care, digital “interventions” and access to services.</p> <p>Failure to engage and bring along the workforce.</p>	<p>Rapid development of an estates strategy that reflects the resources available and future estate requirements to deliver the service model.</p> <p>Business and Performance Group to design and mobilise a shared data set with the support of provider organisations and the Alliance Senior Management Team.</p> <p>Quality and Business and Performance Groups to rapidly develop a digital strategy with support of providers and the CCG with a stepped implementation over two years.</p> <p>A Senior Responsible Owner (SRO) will be accountable and responsible for enablers.</p>
<p>7. Financial</p> <p>Providers will face double running / transitional costs in the move to the new service offer</p>	<p>The phased mobilisation and implementation plan has been developed recognising transition, many of the proposed service changes have been already signalled and mobilisation has commenced</p> <p>Service and financial modeling has been undertaken and subjected to</p>

Savings are not delivered in accordance with the expected plan	<p>stress testing and scenario planning.</p> <p>Convergence Audit to be undertaken to test the financial robustness of the provider model.</p> <p>NHSE/ I are testing the robustness of the service and financial model as part of ISAP.</p> <p>The financial envelope agreed reflects the commissioner and provider negotiations on a service model that will deliver 14 % savings and take account of the time needed to review and remodel existing services.</p> <p>Grant Thornton are carrying out due diligence on Thames Reach and Certitude to test their financial stability and RMS are providing external assurance of SLaM's self-certification of this transaction, which assesses the impact of the LWNA on the trust.</p>
<p>8. Contractual</p> <p>NHSE/I ISAP process may result in delays to finalising the Alliance Agreement</p>	<p>The Shadow ALT has been in regular contact with the NHSE/I team and proactively sharing draft plans so as to ensure key ISAP criteria are being addressed.</p>

7. Equalities Impact Assessment (EIA)

- 7.1. The proposed Alliance will be required to address the inequalities experienced by people with mental health problems and by parts of the population including people from black communities who are over represented in acute mental health services.
- 7.2. An EIA has been completed, which was considered at the Council's Corporate EIA Panel and CCG Equalities Committee in May/June 2017.
- 7.3. The report highlighted the potential positive impact that the LWNA could have across a range of protected characteristic areas, such as race, gender and disability. The emphasis on delivering earlier, more personalised interventions and increasing access to preventative services in the LWNA was described as central to better meeting the needs of people from a range of different backgrounds.
- 7.4. However, it was also highlighted that while no negative impacts were identified, it was challenging to fully quantify the impact of the LWNA at that early stage. It was therefore recommended that further equalities impact assessments should take place as the service transformation initiatives are formalised. This recommendation has been adopted by the LWNA, with an Alliance Quality Assurance Group to undertake quality and equality impact assessments for all service transformation work.
- 7.5. It was also recommended that the LWNA explores ways to capture information about the groups where there is a lack of full understanding. In relation to this, the LWNA has committed to collecting equalities information across its range of outcome measures, developing new means of data collection where necessary. This work is being carried out in close partnership with Black Thrive and its Shared Measurement System work, which is aiming to develop key targets and indicators its outcome framework.

8. Community Safety

- 8.1. People using mental health services may sometimes be linked with anti-social behaviour but are more likely to be at risk of exploitation and violence from other people in the community. Through the integrated approach to service delivery proposed it is expected that the likelihood of such

exploitation will be reduced through the provision of more accessible early accessible support, improved urgent care and via more effective multi-agency working.

9. Organisational Implications

9.1. This contract will not have any immediate impact on London Living Wage compliance as it is bringing a number of existing contracts together into an Alliance arrangement. However, as current services are reconfigured and new services procured throughout the length of the contractual term, compliance with the London Living Wage will be reviewed and considered.

9.2. Several existing services within the LWNA scope provide social value through employment and training opportunities for local people and people with mental health issues. However social value will be a key consideration for Alliance partners as services are redeveloped and procured throughout the contract term of the LWNA.

Environmental

9.3. None for purposes of this report.

Staffing and accommodation

9.4. None for purposes of this report.

Procurement

9.5. The estimated annual value of this contract is circa £66.1 million (2018/19 budget figures). As such and per the Public Contracts Regulation 2015 (where the total value of the contract exceeding £589,148), the 'Light Touch Regime' applies. Contracts which are subject to the 'Light Touch Regime' must be tendered, with the Contract and Award Notices published in the Official Journal of the European Union (OJEU).

9.6. Following approvals by the Council and CCG (and NHSE), a Prior Information Notice (PIN) (as an Expression of Interest rather than as a Call for Competition) was issued on March 8 2017 and five expressions of interest were received. Following review of these expressions, only one of them was identified to meet the requirements. Following further approvals received from the Council and CCG Board and NHSE on 4 July 2017 a further market notice was served (a Voluntary Ex Ante Transparency (VEAT) notice). Negotiation process commenced September 2017 as outlined in section 1 of this report.

Health

9.7. This initiative is being jointly undertaken by the Council in collaboration with NHS Lambeth CCG as part of both organisations commitment to integrated care and support being the optimum means of improving the health and well-being of the population. It builds upon a strong history of integrated working including the existing IPSA (in context of adult mental health) and Better Care Fund in relation to older people services.

9.8. The proposed LWNA will be the first proposed delivery alliance within the Lambeth Together Strategic Alliance which encompasses the wider whole system including adult and children health and social care services and support.

9.9. Addressing the mental health needs of the population is an explicit priority within the Health and Wellbeing strategy and Joint Strategic Needs Assessment (JSNA).

10. Timetable for Implementation

10.1. Timetable:

- CCG Governing Body Meeting in Public – March 7 2018
- Lambeth Council Cabinet – March 19 2018
- Provider Trust Board Approvals – March/April 2018
- NHSE/I ISAP Process – March/April 2018
- Mobilisation / Implementation Plan Development – On-going to 1 July 2018
- Alliance Agreement Goes Live – 1 July 2018
- Co-design Process – July – September 2018
- Prototype Living Well Centre (LWC) – October 2018 – March 2019
- All Living Well Centres Go Live – April 2019.

Audit Trail				
Consultation				
Name/Position	Lambeth directorate/department or partner	Date Sent	Date Received	Comments in para:
Councillor Dickson & Councillor Seedat	Cabinet Members for Healthier and Stronger Communities	28/02/18	07/03/18	
Councillor Jackie Meldrum	Cabinet Member for Adult Social Care	28/02/18	28/02/18	
Helen Charlesworth-May	Strategic Director for Adults and Health	15/02/18	07/03/18	
Fiona Connolly	Director of Adult Social Care	15/02/18	15/02/18	
Moira McGrath	Director of Integrated Commissioning	15/02/18	27/02/18	
Christine Caton	Chief Financial Officer – NHS Lambeth CCG	15/02/18	27/02/18	
Pete Hesketh, Finance & Guy Swindle	Corporate Resources	15/02/18	06/03/18	
Dr Harpal Harrar	Clinical Lead – NHS Lambeth CCG	15/02/18	01/03/18	
Rachel Willsher	Head of Procurement	15/02/18	07/03/18	
Sasa Glisic	Procurement Team	15/02/18	07/03/18	
Alison McKane, Legal Services	Corporate Resources	15/02/18	02/03/18	
David Thomas/ Andrew Pavlou, Legal Services	Corporate Services	15/02/18	02/03/18	
Henry Langford, Democratic Services	Corporate Resources	15/02/18	05/03/18	
Adrian Bentley, Policy Officer	Adults and Health	15/02/18	05/03/18	

Report History	
Original discussion with Cabinet Member	September 2017 and Ongoing
Report deadline	07.03.18
Date final report sent	09.03.18
Part II Exempt from Disclosure/confidential accompanying report?	No
Key decision report	Yes
Date first appeared on forward plan	12.01.18
Key decision reasons	Financial and Community Impact
Background information	Lambeth Living Well Network Alliance: Proposition August 2017 Cabinet report – Jan 17  LWN Cabinet Report Jan 2017
Appendices	Appendix 1 – Draft LWNA Outcomes

Appendix 1 – Draft LWNA Outcomes

Draft LWNA Outcomes				
Big Three Outcomes	Outcome Area	Number	Outcome	Person Statement
Recovery and staying well	Mental Health	1	Improvement in people's rating of their own mental health	<i>I feel that my mental health is better</i>
		2	Increase in the number of people able to live independently	<i>The support that I receive helps me to live independently</i>
	Crisis reduction	3	Reduction in the number of people reaching crisis point	<i>I receive early support that helps me to avoid reaching crisis point</i>
		4	People in crisis receive prompt and appropriate support	<i>If I experience mental health crisis, I can access support quickly and am treated with dignity and respect</i>
	Physical Health	5	Reduction in the premature mortality rate for people with mental health issues	<i>I live equally as long as the rest of the population</i>
		6	Reduction in the physical health issues experienced by people with mental health issues	<i>I am supported to improve my physical health</i>
	Equality	7	Improvement in the mental health outcomes for people from black communities in Lambeth	<i>I achieve the same outcomes for my mental health regardless of my ethnic or cultural background</i>
Own Choices	Access	8	Increase in the number of people able to access support in their own homes	<i>I receive support in my own home as much as possible</i>
		9	Increase in awareness of available support	<i>I know where to go if I feel that I need support</i>
		10	Increase in the range of care and support offers in Lambeth	<i>I can choose support that I feel is suitable for me and my network from a range of different offers</i>

Draft LWNA Outcomes

Big Three Outcomes	Outcome Area	Number	Outcome	Person Statement
	Style of Delivery	11	Support is delivered in an asset-based way	<i>I receive support which builds upon my strengths, abilities and aspirations</i>
		12	Service users, families and carers feel involved in shared decision making about their care	<i>My support networks and I feel respected as key partners in decision making</i>
		13	Support and services are co-produced with people using services	<i>I feel that I have an active and equal role in the design and delivery of services</i>
Participation	Housing	14	Increase in the number of people living in stable and appropriate accommodation	<i>I have a stable place to live which is suitable for me</i>
	Employment	15	Increase in the number of people in education, training, volunteering or employment	<i>I have a meaningful day-to-day role in society that suits me</i>
	Social Networks	16	Increase in the number of people with strong social networks	<i>I feel connected to and supported by other people in my community and networks</i>
	Stigma reduction	17	Reduction in the stigma around mental health and increase understanding of mental wellbeing	<i>I feel well informed and am comfortable to talk about mental health and wellbeing</i>
Workforce		18	Increase in staff ability to innovate and influence change	<i>I feel empowered to influence change wherever I work in the system</i>
		19	Increase in staff ability to do their jobs effectively	<i>I have the necessary tools, resources and training to carry out my role effectively</i>
Finance		20	Investment is shifted towards early support	<i>I receive early support that helps me to avoid reaching crisis point</i>
		21	There is increased investment in community organisations	<i>I can choose support that I feel is suitable for me and my network from a range of different offers</i>