



Living Well in Greater Manchester

A Guide



Part of the
Greater Manchester
Community Mental Health
Transformation

Version 1. Sept 2022

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Introduction

This Guide has been designed to help stakeholders design and implement Living Well (LW) systems, as a key priority within the Greater Manchester's Community Mental Health transformation.

It presents 15 key features including:

- Living Well distinguishing features and transformation enablers that build on learning, practice and evidence from existing Living Well sites (from within GM and elsewhere, including Lambeth, Derbyshire & Edinburgh).
- Features that have been standardised by GM, for example, to meet NHSE requirements.

For each feature, the Guide sets out 'core foundations' that are expected to be implemented in all 10 localities, and features that can be 'localised' to fulfil local ambitions and need. In time, it will be supported by additional resources, such as guidance, templates and case examples.

The Guide is intended to become a live document that is continuously reviewed and improved through learning and feels owned by key stakeholders in GM.

Note: In Tameside, the model is known as 'Living Life Well'.

For the sake of consistency GM has decided that most localities should use the name 'Living Well' and that is the name used throughout this Guide.

What is Living Well?

Living Well is an innovative approach to helping people achieve good mental health in community settings.

By bringing together new networks and putting people's strengths and lived experience at the centre of care and support, Living Well is designed to help adults, including younger and older adults with complex mental health needs, recover and stay well as part of their community.

Statutory and voluntary sectors work together with people with lived experience, both as a multidisciplinary LW team and LW network, creating a connected front door to community, mental health and practical support.

For this reason, Living Well needs be developed in conjunction with any other transformation linked to the Community Mental Health Framework.

“Living Well has really [got] us out of the ‘we always need clinical services to meet clinical needs’ kind of mind-set. And actually, peoples’ needs are often met by many other non-clinical services, whether that’s somebody in a nicer home, or a nicer job, or getting rid of some debt, or all those other things that make peoples’ lives better and keep us all well.”



Living Well Values

There are six values at the heart of Living Well.

They express what is most important about how we design Living Well systems, and they are key to the core features set out in this Guide.



Context for the GM Living Well Guide

Living Well is being rolled out across all 10 localities as part of Greater Manchester's community mental health transformation.

This is driven by a shared commitment to

1. Improve the **accessibility, quality and impact of care** and support for people who experience mental ill health across Greater Manchester;
2. **Meet expectations of the NHSE Community Mental Health Framework for Adults and Older Adults.**



Context for the GM Living Well Guide

The NHSE framework asks local areas to redesign and reorganise community mental health teams and move towards new place-based, multidisciplinary, open access health and social care services, aligned with primary care networks.

It promotes new relationships and practices which align closely with, and are well accommodated by, the key features of Living Well, such as:

- Active participation of people with complex mental health needs in the design and delivery of care and support
- Shared vision and collaboration between NHS, social care, VCSE and the wider community
- Open access and continuity of care and support where and when people need it.

People across GM have said they want to be able to access mental health support that offers more:

- Kindness, respect and open communication
- Acknowledgement of their individual strengths and preferences
- Integration between services and opportunities - connecting people's clinical and social needs
- Equity, inclusivity and cultural competence
- Support in the community and non-clinical spaces
- Support for carers.

These priorities align closely with the aspirations of Living Well and the NHSE Framework.

Aims of the Living Well Guide

At GM level

- Develop deeper understanding, commitment and shared ownership of Living Well
- Inform where development work needs to happen and decisions need to be made - improving clarity & reducing duplication
- Provide assurance that NHSE Framework expectations are being met
- Simplify the process of engagement for organisations spanning multiple localities (including MH trusts, VCSE organisations)

For GM population

- Confidence that everyone can expect a high quality minimum LW offer wherever they live in GM, when they need it

For localities

- Opportunity to learn from existing Living Well development work and practice e.g. signposting resources and examples
- Clarify core foundations and minimum expectations for GM
- Guiding & supporting fidelity to Living Well - enabling locality-based co-design in line with agreed values and GM-level vision

For local people

- Opportunity to shape their local offer
- Confidence that people can access local assets, responsive to local needs

Structure of the Living Well Guide

The Guide is intended to build understanding and alignment around the Key Features of GM Living Well, clarifying what needs attention at both GM and local levels.

It includes:

- Core Foundations: What is required for fidelity to Living Well values, practice and culture (Living Well Distinguishing Features & Transformation Enablers) and what will be standardised across GM.
- Localisation: Clarifies what should be co-designed locally to fulfil or go beyond the Core Foundations.



Structure of the Living Well Guide

Living Well Features

Core Foundations

Localisation

Living Well Distinguishing Features

1. Person Centred Outcomes
2. Voice of Lived Experience
3. Access
4. LW MDT Model
5. LW Practice Model
6. LW Network
7. Community

- Rooted in Living Well evidence, experience & learning
- Supports fidelity to Living Well values, culture and practice
- Also agreed by the GM Living Well Coordinating Group

- Encourages local ambition - going beyond Core Foundations, where possible

GM Standardised Features

8. Cohort
9. Staffing
10. Evaluation

- Determined by the GM Living Well Coordinating Group
- Sets minimum expectations for GM

- Encourages localities to embrace and embed Living Well values and culture
- Builds on local relationships, assets and resources

Living Well Transformation Enablers

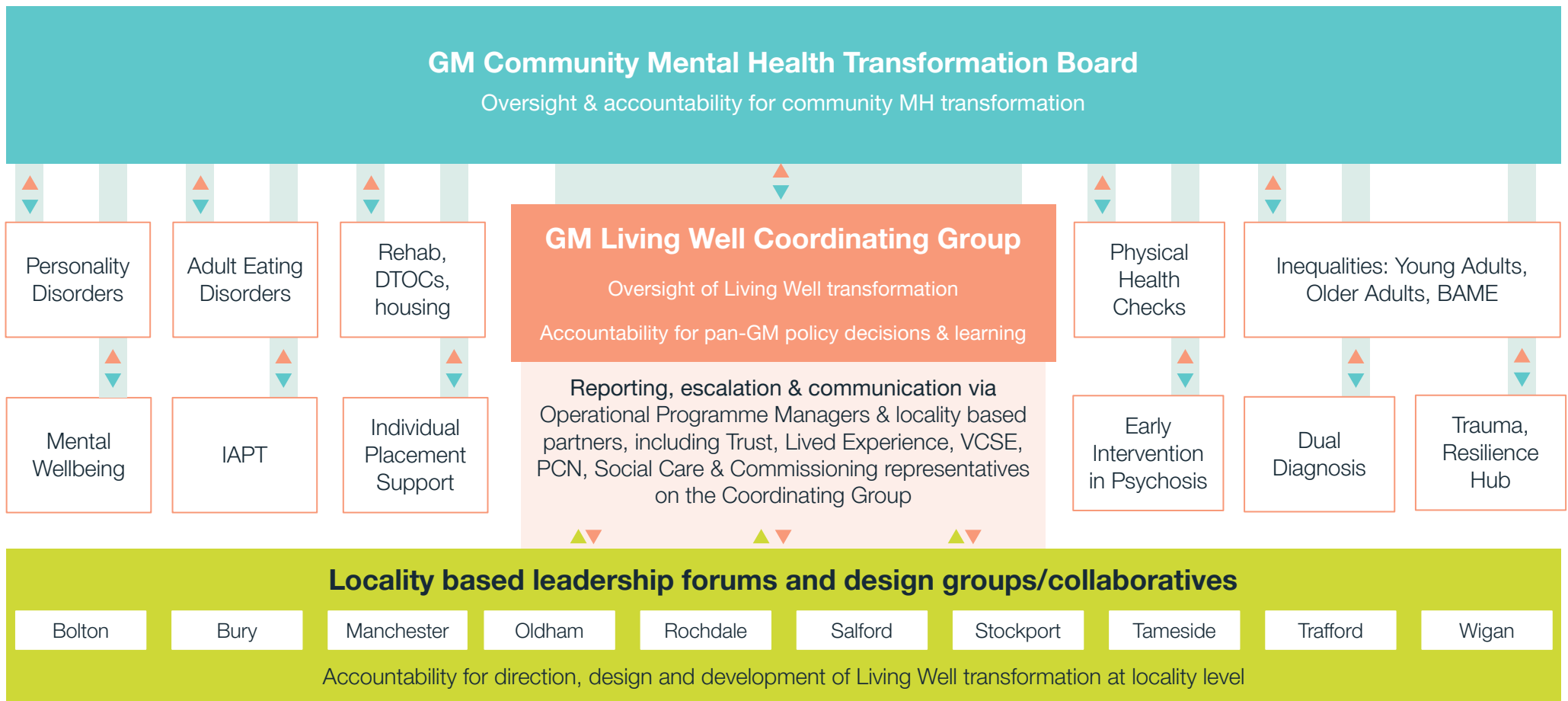
11. Approach to Change
12. Co-design
13. Collaboration
14. Learning Culture

- Rooted in Living Well evidence, experience & learning
- Supports fidelity to Living Well values, culture and practice
- Also agreed by the GM Living Well Coordinating Group

Governance for Living Well Transformation

Living Well Transformation is one of 12 priorities within Greater Manchester’s overall community mental health transformation.

There are **three levels** of governance for Living Well Transformation and each level includes cross sector representation, involving commissioners, MH trusts, VCSE providers, primary care, social care, and people with lived experience.



Living Well

Distinguishing Features

Design features rooted in Living Well
practice, culture and evidence



1

Person Centered Outcomes

Distinguishers | Standardisation | Transformation Enablers

“Person centred approach’ is something that we have talked about in Mental Health services for years, but this is the first time I’ve seen it in reality. Individuals are given choice and control”

Core Foundations

Ensures everything we do is focused on improving the lives of the people we support

- We have co-designed person centered outcomes that align with our vision and values
- We use these outcomes to ensure our system is making impact in people’s lives
- Outcomes also consider the health and wellbeing of our staff
- We use progress against these outcomes to prioritise system development and resource utilisation

Localisation

Enables localities to co-design and work towards outcomes that reflect local people’s priorities and experiences

- Localities develop relationships with local providers including voluntary sector organisations and communities and work together to co-design their local vision and outcomes
- Localities develop spaces to bring stakeholders together to consider the effectiveness of local offers toward achieving these outcomes

2

Voice of lived experience

“When the ethnographic stories started coming in ... that really started to make it very real ... we started to really see ... where things could have been different - the strengths people have and the assets people have, and the lives they lead...”

Core Foundations

Ensures that leaders and practitioners work in partnership with and are connected to the needs and experiences of the people they support

- People with lived experience are seen as vital stakeholders in the work and are at the heart of everything we do (supported by Feature 12. Co-design)
- Ethnographic approaches to story gathering are embedded in the design and continuous improvement of LW
- There are clearly defined and resourced mechanisms that support participation of people with lived experience in co-design, co-delivery and co-commissioning at GM and locality levels (using SDF funding available in all localities)
- Peer workers are active and engaged members of LW teams and the LW network
- People with lived experience (mental ill health, service use, caring, etc) are present and represented in all levels of governance and decision making
- Feedback and stories about the impact and experience of using Living well services are routinely collected and people are kept informed about how this information is used and the difference it has made

Localisation

Enables localities to build trust with local people and tailor their offer to meet local needs

- Stories of people with lived experience and staff play a key role in understanding the needs and experience of people locally
- Localities work with a co-design partner, such as IMHN, unless they can demonstrate they already have well-evidenced capabilities and relationships
- Localities explore moving toward peer research approaches to gathering stories of lived experience

3

Access

“In mental health we often create a lot of reasons why we aren't going to see people - you're not ill enough, you've got the wrong diagnoses... Living Well cut through a lot of that”

Core Foundations

Ensures that people can get the help they need, where and when they need it.

- We see access as a function of our entire system and we work collaboratively with partners across the LW Network (Feature 6) towards open access, making sure there are known places where people can introduce themselves or a loved one, have an initial conversation and get help to reach the support they need, when they need it
- Partners across the LW Network, and in the Community (Feature 7), understand the LW Offer, and make warm introductions to the LW team for anyone who could benefit from their multidisciplinary support (Feature 8)
- Once introduced to Living Well, everyone is supported to find the right care or support through the Living Well MDT (Feature 16), Network (Feature 18) or Community (Feature 19)
- As we work towards ‘a no wrong door’ approach across our system, we support people to move flexibly between and within support offers. We do not simply refer or signpost and we avoid people being moved from one offer to another without receiving help or without knowing how to re-access support
- We embed trusted assessment practices to identify people’s strengths, preferences and needs, and we avoid unnecessary repeat assessments
- People can access support where they need it, in accessible and welcoming community spaces, at home or online

Localisation

Enables localities to develop shared practice and a collective approach to responding to demand

- Within localities, partners work together to understand their local provision and develop a plan to move towards open access
- This includes agreeing priorities for joint working, including shared policies and practice, and a plan to communicate and help people move between offers
- Localities develop their own narratives and approach to marketing and opening up the offer to local people
- Localities explore opportunities for different services to share and build on existing assessments so that people do not have to repeat their stories multiple times

4

Living Well MDT

“There isn’t a person on the team that wouldn’t be able to offer advice, professional or otherwise. No matter role or hierarchy, we’re all treated equally and supported”

Core Foundations

Ensures the right group of people work together to provide holistic support, addressing clinical needs and wider social determinants of mental health

- LW teams consist of a balanced complement of staff from the statutory and voluntary sectors, including peer workers (in line with Feature 9. Staffing)
- LW teams work as one multi-agency team, using shared practice toward a common goal to improve the lives of local people
- LW teams are colocated within communities and community networks
- LW teams work with a flattened hierarchy supported by collaborative decision making that values all experience and expertise
- LW teams have integrated functions, including team huddles, keyworking relationships and care planning, and they hold risk collaboratively in the team, not by one profession or person
- Arrangements are in place to support peer workers (and volunteers) and to help them make connections with peers in other neighbourhoods or localities
- Leadership and management of the Living Well offer includes representation from all sectors and organisations involved

Localisation

Enables localities to develop their LW team structures and roles in response to local context and need

- Staff can be drawn from any relevant local providers depending on which VCSE organisations are active in each locality
- The roles and skill mix included in LW teams can be defined locally depending on the needs of the local population e.g coaches, recovery workers, social prescribers, social workers, OTs, nurses etc
- The number and structure of LW teams can be defined locally (e.g. place based, hub and spoke, population group etc) taking into account existing service offers and other MDT arrangements
- LW teams develop their own working practices (e.g. daily huddles, learning huddles, core approaches, information sharing) and ways of working with other MDTs
- LW teams develop their own approaches to staff recruitment, induction, training and career progression

5

Living Well Practice Model

Distinguishers | Standardisation | Transformation Enablers

“They made me feel like they wanted to genuinely help me, and it wasn’t just a job but that they genuinely wanted to help people”

Core Foundations

Ensures that LW teams work to a shared practice model which is strengths based, person centered, trauma informed and solutions focused

Teams are offered training and support to develop shared practice that is strengths based, person centered, trauma informed and solutions focused

Support is co-productive not prescriptive e.g people are given a choice about their care and support

Continuous quality improvement and practice development is built in through prototyping and reflective practice

Key offers include:

- Easy in, easy out (in line with 3. Access)
- Initial conversations
- Goal setting
- Co-produced care planning
- Coordinated packages of support (based on people’s goals and care plans)
- Warm introductions to Living Well Network
- Connection to Living Well Community
- Carefully planned transitions from Living Well support
- Peer support
- Medication support and prescribing
- Outreach for inequalities

Localisation

Enables localities to go further than the minimum, to co-design an offer that responds to local people’s preferences and needs

Teams co-design tools and processes to support their shared practice model

Service offers can be tailored to local need and may include:

- Information, signposting & education
- Advocacy
- Coaching
- Extended peer support
- Recovery workers
- Volunteering
- Culturally competent services
- Carer support

Local systems agree whether to offer the following within the Living Well Team or the wider Living Well Network

- Social prescribing
- Physical Health checks
- Psychology and Psychiatry
- Occupational Therapy
- Social care
- Community development / connectors
- Housing, employment, welfare support, financial advice

6

Living Well Network

Distinguishers | Standardisation | Transformation Enablers

“We worked really hard on the relational part, that has been the foundation of the success. We have felt frustrations naturally, but with the relationships there, we have trust that cuts across professional and organisational boundaries.”

Core Foundations

Ensures that statutory and VCSE organisations work together to create a seamless offer that collectively meets people’s health and wider support needs

- Networks of commissioned services work together to offer seamless support to people
- Networks offer holistic person centered support that considers wider determinants of mental health
- People are facilitated to move through different intensities and types of support depending on their needs
- Providers have strong relationships where collaborative working, including introductions and warm handovers, replaces referrals and signposting
- Commissioning arrangements support networks to develop

Localisation

Enables localities to draw on local assets and tailor their support offer in response to local priorities and needs

- Partners work collaboratively to identify and build relationships with potential network members
- Localities develop partnership working arrangements, including drafting and agreeing Partnership Agreements and agreeing communication and information sharing arrangements
- Networks build on local assets and respond to local needs
- Joint working is the norm between offers and networks may consider developing joint pathways, assessments and handover practices and tools
- Local organisations collaborate to identify gaps in provision and build bespoke solutions
- Where required, local systems look to identify budgets and commission new solutions to meet gaps in provision

7 Community

“It can be quite liberating being part of [Living Well] because it enables me to think about [...] how we help people feel more integrated in the community and in a more holistic way than just specific treatment”

Core Foundations

Ensures that local communities and resources can be mobilised to help people live good lives (relationships, meaningful occupation etc)

- LW teams help people draw on their personal networks friends, family, carers, communities etc.
- The local community is seen as a resource to support people to feel a sense of connection and belonging and to live better lives
- Support is offered in community spaces and places, and this is seen as an opportunity to build awareness of LW and encourage access
- Mental health and distress are de-stigmatised and seen as everyone's business

Localisation

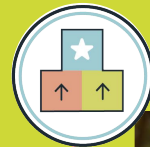
Enables localities to build on local assets in line with people's priorities and needs

- Localities work with diverse communities to identify the places and spaces where people feel safe and at ease
- Localities explore opportunities to engage and mobilise the support of local businesses
- Localities work with community partners, including Public Health teams, to learn how to mobilise community assets and coordinate health narratives
- Localities resource and agree roles and responsibilities of key individuals to lead the work of identifying, supporting and coordinating work with communities
- Localities develop education and training offers to enable community partners to fully engage with the LW vision, values and offers

GM

Standardised Features

Policy decisions determined by GM



8 Cohort

“Living Well has been massive for the Broughton GPs and CMHT. [Living Well] really has been what we set out to do, to help the silent majority between care”

Core Foundations

Ensures equity of access for key target groups, in line with GM priorities and the NHSE Framework

The target cohort for LW is adults, including younger & older adults, with complex mental health needs that:

- Require a multi-agency approach
- Can not be fully supported by IAPT services in primary care
- Do not require a more intensive or specialist offer (e.g. current CMHT or inpatient services)
- May or may not have a mental health diagnosis

Access is inclusive for everyone, irrespective of age (adults), race, ethnicity, gender, sexuality, disability, caring responsibilities

Referrals are not rejected and everyone is supported to find the right support within the system (in line with 3. Access)

Localisation

Enables localities to expand their provision and target access and support in line with local priorities and representation

Localities consider if there is a need to target and tailor Living Well support for specific communities (e.g. ethnic groups, migrants, homeless people) and/or for people with specific care needs, including, but not limited to, people who also have:

- An additional diagnosis (learning disabilities, ADHD and autism)
- ‘Personality disorders’ or ‘eating disorders’ (in coordination with aligned transformation workstreams)
- Complex psychological needs - ‘emotional and behavioural instability’
- Complex social needs - drugs, alcohol, ‘chaotic’ behaviour, homelessness
- Experienced trauma - including childhood abuse, neglect, domestic violence
- Histories of family and maternal mental ill health
- Caring responsibilities
- Transitioned from young people’s services
- Long-term physical health conditions

Localities agree how they will introduce people to other parts of the system, if they can better meet their needs (for example, if they do not need multi-agency support)

9

Staffing

“This is so important in bringing the different strengths, skills and experiences from each of the organisations involved.”

Core Foundations

Ensures that each Living Well team includes a balanced complement of key staff and roles

Trust, PCN, VCSE and local authority partners work together to identify, recruit and deploy staffing needed to deliver the agreed LW offer

Partners agree how to organise and deploy MH practitioners (using available ARRS funding and matched MHIS funding) and additional team members (using SDF funding and other income sources where possible), and bring them together as part of a single multi-disciplinary team (see Feature 4. Living Well MDT).

By end Mar 2024:

- Each neighbourhood should expect to have access to a minimum of 3 MH practitioners (Any combination of OT, Social worker and/or MH nurse) with at least one band 7 (or band 6 with support to develop), 1 recovery worker and 1 peer worker (connected to a wider peer offer)
- Each locality should also expect to have access to an Operational manager, Psychiatrist, Psychologist, Social worker (Safeguarding lead) and a balanced complement of VCSE staff

Partners work together to design and deliver joint recruitment, induction and training for all staff, enabling them to work in new ways, in line with LW values, Features 4. Living Well MDT and 5. LW Practice Model.

Localisation

Enables localities to build out their teams, in line with local ambitions and the principles of Living Well MDT working (outlined under MDT model)

Staffing should build out from minimum requirements, in line with local priorities, need, and the expectations set out in Features 4. Living Well MDT, and 5. LW Practice Model.

Localities decide which MH practitioners to appoint according to focus of their model (e.g. OTs, social workers and/or MH nurses)

Localities decide which other roles to include within the team e.g.:

- Pharmacy
- Employment support
- Housing support
- MH coaches
- Well-being workers

Localities decide the naming convention for staff, for example, some places may choose to call everybody a Living Well practitioner, irrespective of role or professional qualification

10

Evaluation

"I've never worked in such a positive service as this - we all think we have to keep this. We get so lifted by the positive stories, keeps us grounded, and feels like we're making a difference"

Core Foundations

Ensures a coherent and consistent approach to accountability, learning & improvement

Co-design of a GM evaluation framework is in progress, leading towards shared measures and reporting linked to key aspects of the Guide. This will include some outcomes and measures that will be standardised across localities

All stakeholders should be involved in evaluation and learning

Localisation

Enables localities to develop additional measures to continuously adapt and improve their local offer

Localities develop additional measures, where needed, in response to local vision and priorities

Localities develop their own communication and learning strategies, with opportunities for stakeholders (people with lived experience, public and staff) to engage with evaluation, learning and improvement

Living Well Transformation Enablers

Features rooted in experience and learning from Living Well early adopter sites, as well as the wider field of innovation adoption and systems change practice



11

Approach to Change

"It has been absolutely inspiring, and one of the most exciting things I have been involved in ... it's broadened my thinking a lot"

Core Foundations

Ensures that the culture and practice of change is collaborative and inclusive, that it unites people behind a shared vision and embeds an openness and commitment to diverse perspectives, real world testing, learning and continuous improvement.

- LW teams and partners are aligned under a shared vision for change, developed collaboratively, in line with GM vision for mental health and Living Well values
- Leadership at GM and locality levels work collaboratively to create permissions and a supportive environment for change
- The contribution of all stakeholders is seen as vital to the change
- Change builds on our collective assets and strengths, as well as best practice from elsewhere
- Transformation is seen as a continuous process of systemic and emergent change and improvement
- Changing practice and culture are central to the transformation (not just restructuring teams)

Localisation

Enables local stakeholders to feel ownership of the change process and to develop shared vision and priorities, in response to local context and need

- Localities have room to develop their own approach to change, in line with the principles set out in the Core Foundations
- Localities decide their local priorities and develop their own design, development, test and learn plan (in line with GM targets)

12

Co-design

“The work we did with [people with] lived experience, it was immensely powerful ... there were great people who came to support and work with us”

Core Foundations

Ensures that everything we do is co-designed and co-delivered in partnership with the people who use and work in our services

- Co-design is the core mechanism to develop, deliver and appraise Living Well
- Co-design should be evident with all stakeholders across sectors and inclusive of staff, experts by experience and carers, in line with Feature 2. Voice of Lived Experience
- Design teams are open about which aspects of the model have already been agreed across GM and/or the locality and what can be co-designed and adapted locally
- Opportunities to co-design, co-deliver and co-evaluate the success of models are evident and extend beyond the implementation period
- Practice models utilise coproduction to plan and deliver care and support

Localisation

Enables localities to co-develop offers that use local strengths and are responsive to local people's needs

- Spaces are created locally to allow local people to come together to codesign, coproduce and make sense of learning
- Partners are encouraged to work together and with local people to localise where and how Living Well operates in local systems
- A culture of co-design exists with defined mechanisms to continue iterating the model with local people

13 Collaboration

“There is a great sense of equality. It was great having [people with lived experience] there. We were able to dream big with them!”

Core Foundations

Ensures that stakeholders at every level are open to each other’s perspectives, build on each other’s strengths and work together as equal partners

- Leadership at GM and locality levels is collaborative and involves stakeholders from across the system acting as equal partners
- Spaces for working together and decision making are inclusive and accessible to relevant stakeholders, including experts by experience, carers and local people
- Commissioned services are encouraged to work together and explore opportunities for new joint endeavours
- Communities are invited to participate in living well
- Governance is collaborative and inclusive of all partners

Localisation

Enables localities to identify the right local stakeholders and establish the structures and mechanisms for collaboration that work best for them

- Localities develop their own inclusive leadership, governance and co-design structures, membership and approaches (e.g. Planning Groups, Collaboratives, working groups)
- There are spaces that allow local providers and people to come together and explore joint initiatives e.g the Collaborative and the Living Well Network
- Practitioners are empowered to work together in new ways to create bespoke local responses to meet the needs of local people

14 Learning Culture

“It’s an innovative way of working and a breath of fresh air compared to my previous role. What has been missing in services has been found in this project”

Core Foundations

Ensure that we are always learning about the needs of our local people, best practice and the efficacy of the offer

- Learning is a key function of all stakeholders within Living Well
- Prototyping is used (as a behaviour, not a one-off phase) to implement and test changes, making sure they are developed and evaluated in partnership with people, informed by real world practice and learning
- We are constantly appraising our efforts toward our vision, with a particular focus on the experience of people using and working in services
- We collect data and information to support practice development and learning, at GM and locality levels - in line with Feature 10. Evaluation
- We share this data and information openly and publish in ways that enable different audiences to engage with it, including the public and people with lived experience
- We work together to consider data, stories, feedback and information so that we can respond to learning and are proactive about improvement

Localisation

Enables localities to build trusting relationships which support honesty, critical reflection and continuous improvement

- Localities build on the GM evaluation framework to consider what matters most to them and what else they want to evaluate and learn about
- Collection of quantitative, qualitative and ethnographic data is core business in local systems
- Spaces which bring together local stakeholders including people with lived experience and carers enable shared reflection on data and opportunities to learn
- Learning is demonstrated locally within collaborative spaces, governance initiatives, network and LW team practices