Innovation Unit

Living Well Salford: summative evaluation report

July 2022

CordisBright

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We would also like to acknowledge the support of the Living Well team and commissioners, for participating in fieldwork, collecting data and supporting the evaluation throughout.

Executive summary

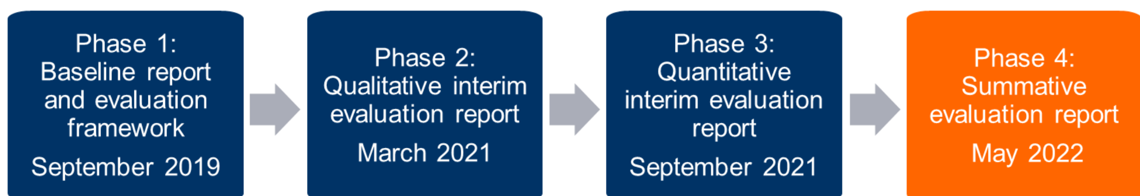
Overview

Living Well UK is a three-year programme to improve adult mental health. The programme received £3.4 million in National Lottery Funding, which was used to support three adoption sites across the UK to develop and adopt their own Living Well System that meets the needs of their local context. The programme is delivered by Innovation Unit in partnership with Living Well Lambeth, an independent evaluator (Cordis Bright) and the adoption sites.

Innovation Unit commissioned Cordis Bright as its evaluation partner for the Living Well UK programme. The evaluation ran between January 2019 and July 2022 and involved a local evaluation for each Living Well system.

This is the final report for Living Well Salford. It presents the evidence on the processes and outcomes of Living Well Salford since its inception and summarises recommendations and learning from the evaluation. It builds upon evaluation activity conducted as part of two interim evaluation reports and a baseline report.

Figure 1 Overview of evaluation research outputs



Living Well Salford is working well in Broughton

Living Well Salford has been successfully established in one neighbourhood of Salford, with plans in place to roll-out the service across the city. Despite the challenging circumstances that Living Well has been operating in (including national policy changes and the COVID-19 pandemic), the core components of the Living Well model have been implemented as planned.

There is an operational and fully staffed multi-disciplinary, multi-agency team in place, including a range of professionals from NHS and voluntary sector organisations (nursing practitioner, psychiatrist, social worker, social occupational therapist, recovery worker, peer mentors). The MDT is supported by the Living Well Network, which includes additional voluntary sector partners. This innovative partnership arrangement has allowed Living Well to offer a wide range of support to people, utilising the multi-disciplinary and multi-agency expertise at its disposal.

Stakeholders interviewed praised the design process. They highlighted that allowing enough time to co-design Living Well – including people with lived

experience – made it possible to develop a shared vision of Living Well Salford and to build the relationships which provide a strong foundation for the service. As one stakeholder described:

> *"We've not been rushed and its given space to think, allowed innovation to develop, to be creative but it's been luxurious to develop"*
>
> Living Well stakeholder

Outcomes data indicates that the service has been well targeted at a group who fall with the clinical range for needing support (average ReQoL score on entry: 14.2; score of 25 is threshold for requiring clinical support). Stakeholders corroborated this finding, identifying that Living Well Salford predominantly serves a group of people who would commonly fall between the gaps of existing services, and potentially escalate to secondary care. As one stakeholder described it:

> *"I'm Salford born and bred, I'm proud this is going to reach people that would end up in inpatient services. It's been a career highlight!"*
>
> Living Well Stakeholder

Living Well Salford has achieved positive outcomes, despite challenging circumstances

This evaluation has identified a number of successes, including in the implementation of the new service and positive outcomes that it has achieved for people who have accessed Living Well. It is delivering a high quality and timely service, with evidence that it is making a real difference to individuals. Although caution is required about drawing overarching conclusions based on the small numbers of people interviewed and data that includes a sub-set of all people who received support (181 people had matched outcomes data at two points in time, N=788[1]). Nevertheless interviews with people supported by Living Well do corroborate staff's views and outcomes data which point towards a range of positive outcomes.

Nevertheless, the impact of COVID-19 has been felt over the course of this evaluation. Stakeholders interviewed report it slowed the roll-out of the pilot, and created additional difficulties such as fewer services being available to introduce people to and more work being completed online rather than face-to-face. It has also resulted in some elements of the original model – such as the Listening Lounge or open access – not being taken forward during the pilot phase.

[1] Matched outcomes data was necessary to see changes over time. Not all participants had completed outcome measures at two points in time. We cannot make generalisations about Living Well's effectiveness for people without outcomes data.

Outcomes for people using Living Well

There is a range of qualitative and quantitative evidence that indicates Living Well Salford has supported people to achieve improved outcomes. People who accessed Living Well emphasised that they were given choice and control about their care, and it was focused on achieving the goals that mattered to them. Positive relationships with staff, who were caring and empathetic, and signposting to a wider network of support were important enablers, as was equipping people with more self-awareness and skills to manage their own mental health and wellbeing.

There was the following evidence in relation to Living Well Salford's intended outcomes[2].

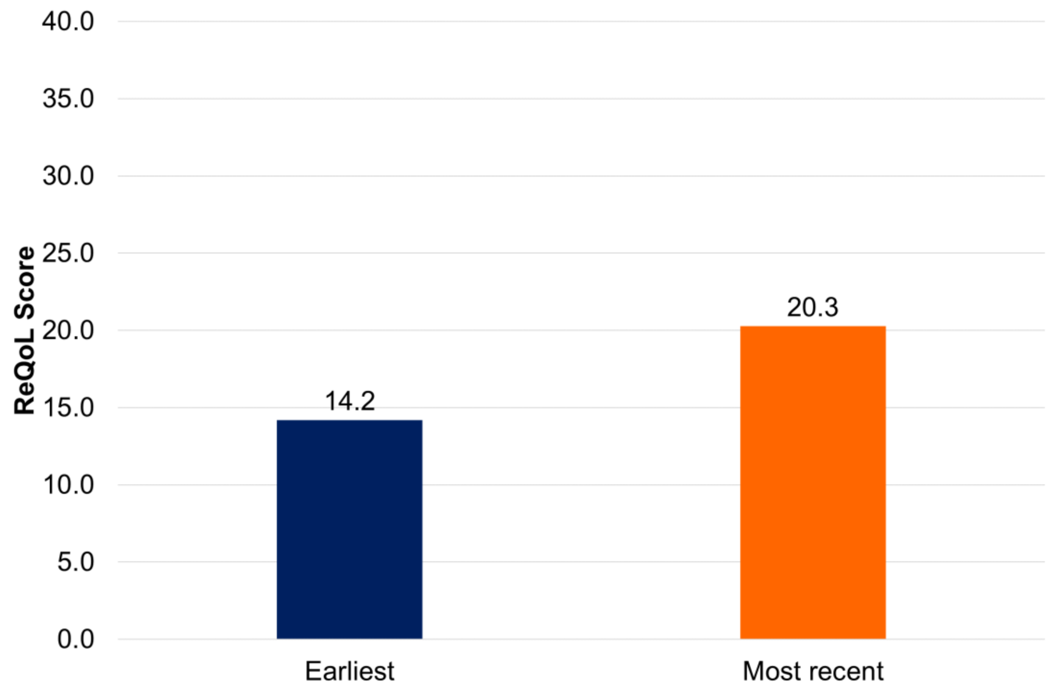
***Outcome 1**: 'People are recovering and staying well enough to live the life they want to lead' (positive evidence)*

There is evidence from quantitative and qualitative data that people are achieving the outcome of recovering, staying well and are more able to live the life they want to lead.

There was a statistically significant increase in the mean ReQoL score from 14.2 at the earliest point of support to 20.3 at the most recent measurement, suggesting. that people are on average making positive progress towards recovery.

[2] Outcomes evidence ratings include: Positive evidence= evidence that an outcome is being achieved; Some evidence= evidence that an outcome is being partially achieved; mixed evidence= evidence is not conclusive)

Figure 2 Mean ReQoL index score for people with earliest and most recent data (n=167)



Over half (95 people, 57%) saw a reliable improvement in their ReQoL score, (i.e. an increase of 5 five points or more), meaning that they experienced a meaningful improvement in their recovery and quality of life.

Additionally, people are also routinely making progress on one or more of their personal goals which is an indicator that people are leading the lives they would like to lead (see outcome 5).

People who accessed Living Well Salford gave their own individual examples of their progress that they had made towards recovery and what this meant to them. This included individuals who reported that they had gained the skills and understanding to effectively manage their emotional and mental and wellbeing. For instance, one individual said:

> *"Living Well has been life changing for me, they have helped me to understand why my brain moves so fast, and how to cope with it."*
>
> Person supported by Living Well

Outcome 2*: 'There is more self-care and independence and less reliance on services' (some evidence)*

There is positive evidence that people are engaged in more self-care, and examples of some people making less use of certain services (such as GPs). However, stakeholders also identified that some people require more, rather than

less, support from services on an ongoing basis and that this is also potentially a positive outcome.

> *"I'm aware I'm going to have some bad days but they're a lot less often now and Living Well helped me cope with my bad days"*
>
> Person supported by Living Well (quoted by stakeholder)

> *"There is a 'self-recovery' focus, there is a focus on the individuals being the main driver of their recovery, more about personal discovery and learning to live with difficult emotions, normalising the difficult emotions and giving people the skills to deal with it."*
>
> Living Well Stakeholder

Outcome 3: *'People have the person-centred help and support that they need' (positive evidence)*

Qualitative consultation shows that people have received person-centred help and support from Living Well Salford. There is evidence that the support they receive is personalised, well-coordinated, enabling and people are treated with compassion and respect.[3] As one member of staff remarked:

> *"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 the choice and control to realise how they are feeling"*
>
> Living Well Stakeholder

As one person described it, the support *"was more personal, more tailored to me".* This is reflected in the variety of interventions recorded by project management data. Another person supported by Living Well described their experience, highlighting how support was well coordinated and respectful:

> *"[my support worker] has put me in touch with other people but it wasn't a case of passing me on. They explained, 'we thought it could be good for you' and it wasn't just a hand off, not just like next customer."*
>
> Living Well Stakeholder

Outcome 4*: 'Timely access to help, information and support when and where it is needed' (positive evidence)*

Consultation with stakeholders and people supported by Living Well reinforces monitoring data to suggest that Living Well is offering timely support and providing information about how to access support.

[3] Health Foundation definition of the four principles of person-centred care.

Living Well Salford is able to respond quickly to introductions to its service. On average, people waited 14 days between being referred to Living Well Salford and their introduction to the programme. This was corroborated by people who accessed the service, who commented on the speed and also the ease of access:

> *"[Accessing Living Well was] so easy, I literally didn't have to do anything, everything was set up straight away, was very quick compared to other services I have used in the past, they were very clear with who I would be speaking to and where and when."*
>
> Person supported by Living Well

There is also evidence that people are better informed of the support that is available. Monitoring data recorded 221 '*onward referrals*' by the MDT to other services.

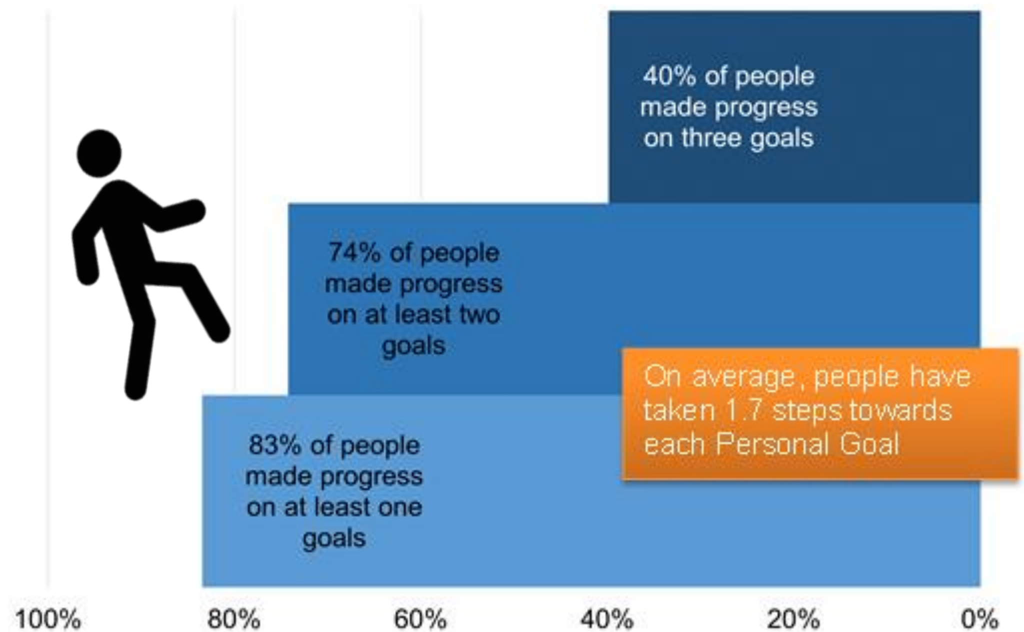
However, COVID-19 has delayed the development of Living Well's Listening Lounge (the physical space people can use to access support) and also restricted access to some of the wider Living Well Community. As a result, there have been times when Living Well has not been as accessible as intended.

***Outcome 5**: 'People have choice and control, and are empowered to direct their own care' (positive evidence)*

There is a range of qualitative and quantitative evidence that suggests people have choice, control and are empowered to direct their care. This includes significant proportion of people making progress towards their personal goals, as well as feedback by staff and people who access Living Well highlighting that care was self-directed.

The majority of the 163 people (83%) who have paired Personal Goals data made progress on at least one goal between their earliest and most recent, 121 (74%) made progress towards at least two, and 65 (40%) progress on three (Figure 3). Overall, the progress made by the group on their personal goals was statistically significant, with people making significant progress against their goals from a median score of 1 (having made "a little" progress towards their goal) at the start of support to a media score of 2.7 (the goal is "half way" achieved) at end of support

Figure 3 Progress on Personal Goals for people with matched data at start and end of support (n=52)



Qualitative consultation with people who had accessed Living Well also indicated that care is self-directed. People felt that as a result the support was better tailored to them and their needs. Some people reported that the process of setting goals was important to them in its own right:

> *"We've been talking about strategies around working towards my goals, it's lifted my mood by talking to them, got a lot from the CBT."*
>
> Person supported by Living Well

***Outcome 6**: 'People feel valued and are able to recognise and build on strengths and assets' (some evidence)*

There is some evidence to support this outcome. Stakeholders and people accessing Living Well described the process of building their self-awareness, strengths and assets rather than specifically utilising existing strengths and assets. People who accessed the service reported that they and their opinions were valued by Living Well staff.

As described in Outcome 5, the use of goal setting is an important part of Living Well's model, and through this process staff were able to help identify areas that individuals wanted to focus on.

Several people spoke about how support to access a diagnosis (e.g. autism or ADHD) helped them to better know themselves, and take steps to manage their own mental health wellbeing.

Other people highlighted the importance of having a peer mentor, or other staff who they connected with. One person described how this made them feel more able to achieve their aims, seeing that someone similar to them had done the same:

> *"I got matched up with someone who had the same condition as me, it was a peer mentor, and this made me feel at ease. Being with them made me see I could have this condition and still live a normal life."*
>
> Person supported by Living Well

***Outcome 7**: 'People feel comfortable, safe and secure' (mixed evidence)*

There is less evidence available to support this outcome. Quantitative data provides a mixed picture, and safety and security were not mentioned as prominent themes by interviewed stakeholders or people who had been supported by Living Well.

There was a statistically significant improvement in people's sense of safety but not in their satisfaction with their housing. Some stakeholders did question the extent to which this outcome accurately captures what Living Well Salford is for and what outcomes it can realistically influence.

While stakeholders were cautious about this outcome, monitoring data does show 49 individuals received housing support, which may contribute to this outcome. Further, the business case for the city-wide Living Well model will also include a housing options officer as part of the MDT. If this is implemented this may increase Living Well Salford's capacity to influence this outcome.

***Outcome 8**: 'People feel connected and have positive relationships, and feel they are making a meaningful contribution' (mixed evidence)*

There is mixed evidence about this outcome. The quantitative data suggests that people have made progress in terms of the quality of relationships with friends and family and the number of friends they had.

People also felt more satisfied with their work and leisure and community activities, and after accessing Living Well more people were participating in leisure and community activities but there was no change in the number of people in work, education or volunteering.

Nevertheless, there are potentially reasons to be cautious. At the interim evaluation stage, there was no statistically significant change with satisfaction around work and leisure activities, or increases in the number of people in work education or volunteering. These improvements have coincided with the end of COVID-19 restrictions on social distancing, so it is unclear to what extent policy change or Living Well is the driver of improvement.

Stakeholders reflected that while Living Well does aim to support people to access the types of support that may result in meaningful occupation or social interactions, it is not necessarily the primary focus of the service. Further

research may be required to understand the impact of Living Well on this outcome.

Outcomes for staff

There is evidence of positive progress for staff working in the Living Well MDT and network. This represents positive progress from earlier in the piloting phase when there were more mixed views about the work culture. Stakeholders report a positive and collaborative working environment, which they credit to improved structures of support and supervision and retaining a strong focus on Living Well's principles. Staff also emphasised the importance of having a full team in place to be able to work effectively.

Nevertheless, stakeholders did note areas for further development. This includes ensuring that all parts of the Living Well MDT and Network has a clear understanding of what support the MDT can provide. Similarly, VCS partners also highlighted that it is equally important that all partners in the Living Well MDT and commissioners understand about the operating pressures for the VCS, to ensure that enough support and resource is available to allow partners to play a full role in Living Well – either in the MDT or Network.

There was the following evidence in relation to outcomes for staff.

Outcome 1: *'Staff in the MDT and Living Well Network are satisfied in their work' (positive evidence)*

A majority of stakeholders (including staff working in the MDT and Network) who took part in interviews were highly positive about their work as part of Living Well. Staff were commonly enthused by the sense that their work was impactful, and they enjoyed the ways of working, for example:

> *"In the MDT, certainly 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."*
>
> Living Well stakeholder

This is supported by the results of the staff survey which highlight that people who took part in the survey are more likely to recommend Living Well as a place to work than staff across the NHS or in GMMH. Figure 4 shows a higher proportion of staff would both recommend Living Well as a service and also as a place to work.

Figure 4 Percentage of respondents who agree/strongly agree with the following questions about work satisfaction

	Living Well Salford staff survey (n=17)	GMMH NHS Foundation Trust staff survey 2021	NHS National staff survey results 2021
Would you recommend your organisation as a place to work?	82%	56%	59%
If a friend or relative needed treatment, would you be happy with the standard of care provided by the organisation?	94%	55%	68%

Outcome 2: *'Collaborative culture is developed between services and practitioners' (positive outcome)*

A majority of staff experience the Living Well working culture as collaborative. Stakeholder emphasised the progress the team has made, including how the staff operate as a team to deliver support to individuals. For example, a stakeholder described the culture:

> *"The culture in the team has been successful. All the values and principles in design have been implemented, the staff really hold on to those values, they are so on it. When we talk about being trauma informed, we have made a trauma informed pathway, have trauma informed supervision… we are a team and not separate services."*
>
> Living Well stakeholder

The positive culture includes staff from the VCS partners working in the MDT and network. For example, a stakeholder from a partner organisation reported:

> *"I feel extremely positive about this element [the culture] particularly, we have worked really hard on the relational part, that has been the foundation of the success of what we've got. We have felt frustrations naturally, but with the relationships there, we have trust that cuts across professional and organisational boundaries."*
>
> Living Well stakeholder

Nevertheless, a small number of stakeholders reflected that the collaborative culture could be improved if there was a deeper mutual understanding between the MDT and some Living Well Network partners.

System-level outcomes

There are a number of factors that have made it more difficult for Living Well Salford to be impactful on a system level. These have included:

- **The scale of roll-out prevents a system-wide impact:** At this stage, Living Well Salford's scale, operating in one area only, means that its impact on the health and care system is more limited. Only once Living Well is operating at scale is it more likely to be able to influence the wider system in terms of demand management, culture or practice.

- **A challenging environment to introduce a new service:** There has been significant disruption and uncertainty created first by COVID-19 and also forthcoming changes to the structure of health and care services. This creates an environment where it is both difficult to make an impact at system level and to measure what that impact might be, without a clear counterfactual to compare against.

Stakeholders were nevertheless confident that the available evidence does indicate how Living Well could have a more transformative impact once it is further embedded and rolled-out across Salford.

There was the following evidence in relation to outcomes for the system.

***Outcome 1:** 'There is more self-care and independence and less reliance on services' (some evidence)*

There is evidence from consultation with stakeholders and people who accessed Living Well that suggests at an individual level there are examples of people who are more independent, better able to care for themselves, and in some instances, less reliant on other services

However, there is limited evidence about whether this outcome is sustained once people leave the Living Well MDT or network and the number of people supported by Living Well is still relatively small. Therefore, at this stage, stakeholders were cautious to suggest that this outcome is being achieved at a system-level.

Stakeholders also called the outcome into question. On the one hand, they agreed that promoting self-care and independence was an aim of Living Well. On the other hand, they disputed that '*less reliance on services'* truly captures Living Well's purpose. Stakeholders suggested that another important aim is to ensure people get the right support, even if this means putting in place additional ongoing support.

Nevertheless, there is anecdotal evidence to suggest that individual people have required less support from their GP or CMHT. In particular, several stakeholders reported that overall, Cromwell House (CMHT service serving Broughton) has been able to redirect a large proportion of referrals to Living Well, compared to Ramsgate House (CMHT service servicing non-Living Well neighbourhoods).

Outcomes 2-4: *Access to services (positive evidence)*

There are three system outcomes that focus on access to support. These are:

- Timely access to help and support when and where it is needed
- More people are getting help
- More people getting the right help / getting help in the right place

Evidence from consultation with stakeholders and people who accessed Living Well suggests that there is a group of people with mental health conditions who previously would fall between primary care and secondary care services that now are **getting the right help**.

This includes people who would not likely have received support otherwise, and people who might have received a sub-optimal service because they did not fit comfortably into the parameters of existing services. For examples, stakeholders highlighted that in the past, some people would have missed out on support:

> *"Has been massive for the Broughton GPs and CMHT, CMHT wasn't the place where the needs could be dealt with. [Living Well] really has been what we set out to do, to help the silent majority between care"*
>
> *"I think what happened before, they'd just go round and round the system or suffering in silence."*
>
> Living Well stakeholders

In terms of **more people getting help**, stakeholders highlight that people may get more support from non-mental health services than before, because Living Well is able to connect people with the wider Living Well network and community. For example, as stakeholder reported:

> *"People may have had some recommendations to go to the [Citizen's Advice Bureau, advisory stuff, but no actual connection [would be made]."*
>
> Living Well stakeholder

There is also evidence that Living Well offers **timely support** (see Outcome 4)**,** including support delivered via in-person and online mediums. It is not clear though whether the presence of Living Well is creating the capacity in other mental health services (e.g. CMHT or IAPT) to support people more quickly at a system level.

Outcome 5: '*Greater integration of support for individuals to provide holistic support across different disciplines and organisations, with greater collaboration between professionals' (some evidence)*

Holistic support that supports people while taking account of their lives as a whole, rather than treating an illness, is being delivered in a multi-disciplinary,

multi-agency way for people who are supported by Living Well – in particular, those who receive support by staff from the MDT and Living Well Network.

Stakeholders highlighted that Living Well has been held up as a good example of multi-agency and multi-disciplinary working in Salford, but were cautious about the extent to which this way of working is going on in the rest of Salford, or the extent to which Living Well has driven any change in collaboration. For example, a stakeholder commented:

> *"In mental health services, I think they feel more connected…much more information sharing… it feels more like a neighbourhood. With secondary care, I'm not sure we've made an impact."*
>
> Living Well stakeholder

By rolling out Living Well across Salford and creating strong links into PCNs, stakeholders were optimistic about the potential for Living Well to forge strong connections with Primary Care and to bridge the gap between PCNs and VCS services.

***Outcome 6:** 'Reduction in unplanned and crisis health and social care utilisation, including emergency response' (some evidence)*

The key consideration for stakeholders was whether or not Living Well helps people get to the right service, at the right time. As such, a reduction in the use of services may not reflect success for individuals supported by Living Well.

Stakeholders did believe that Living Well does provide an alternative to crisis services, however, due to impact of COVID-19 on patterns of service use, it is currently difficult to make any definitive claims about the extent to which Living Well is making an impact on service usage at a system level.

There will be opportunities and challenges as Living Well expands city-wide

Stakeholders are confident that based on the Living Well pilot in Broughton, there is a need for a Living Well system that covers all of Salford. With greater scale, stakeholders are confident that Living Well can influence good practice supporting people with mental illness and build stronger connections between primary care and the voluntary sector.

As Living Well expands, stakeholders also identified challenges. These include securing the right staff and maintaining fidelity to the principles and practices of Living Well that have served well so far. Ensuring that Living Well promotes the success of its model, and is not co-opted into the existing system will be an important challenge going forward.

There will be a challenge to build the same commitment to Living Well's principles without the same extended design period. Building on the pilot's successes will require continued strong leadership, effective relationships between Living Well and its partners, and a commitment to continue to monitor and celebrate good performance.

Recommendations

The following recommendations are intended for Living Well Salford to consider, with a particular focus on growing the service into a city-wide offer. Many of these recommendations were suggested by stakeholders and may already feature in existing plans. While stakeholders may not all agree with all of the suggestions, they are intended to provoke discussions intended to support on-going improvement. Figure 5 summarises recommendations and indicates the relevant passages of the report which support the suggestion.

Figure 5 Recommendations for the development of Living Well Salford

Recommendation	Section
Reflect on outcomes to ensure they accurately describe success for Living Well system. Living Well is aiming to deliver a wide range of nuanced outcomes for people, staff and the health and care system. Reflecting on outcomes and ensuring that the way they are articulated clearly and accurately reflects Living Well's aims is important to ensure continued focus on the things that matter. As Living Well expands, this will be important to ensure a city-wide shared understanding of what Living Well is for.	3.1 and 3.4
Continue to celebrate successes. Living Well has achieved significant success since its implementation and has made valuable differences to people's lives. It is important to share feedback and outcomes data with the wider team, Network and Community. This is an important tool to promote the work of Living Well, preserve its model of practice as it becomes more embedded in the wider system and maintain staff morale.	3.3
Invest time in building relationships and commitment to Living Well Values. The design phase of Living Well created opportunities to build relationships and commitment to a Living Well way of working. As Living Well is replicated in other neighbourhoods, consideration should be given about ways to encourage the development of relationships and commitment to Living Well to replicate the success of the design phase. This could include using stories from people with lived experience and on-going co-production. It should also include turning the spotlight on other services, and asking how they can take on the lessons of Living Well, to ensure what works is shared and Living Well is not seen as an 'add-on' to the current system.	4.2.1

Recommendation	Section
Focus on offering support in community settings. COVID-19 has prevented Living Well from fulfilling its ambition to deliver the Listening Lounge and restricted levels of support available in community settings. Living Well should focus on how it can deliver more support in community settings. This may include using spaces shared with PCNs or VCS partners.	2.2.2 and 4.3.1
Continue to invest in relationships and capacity of VCS partners. The breadth of expertise and support options that the Living Well MDT and Network offer is a strength. Continuing to invest in VCS capacity, as part of the MDT and Network is important. Where gaps are identified in the wider Living Well Community, investing in the VCS capacity is important to ensure people continue to receive the support they need after finishing Living Well.	2.3.3, 3.2 and 3.4
Collaborate as a place (and an ICS) on recruitment and retention of staff. Staff shortages are a national challenge for mental health services. In Greater Manchester, stakeholders identified that establishing Living Well in multiple places will increase competition. A lack of staff may prevent Living Well systems functioning or destabilise existing services. To prevent a '*race-to-the-bottom'* for recruitment, we recommend working with other services in Salford and the Greater Manchester ICS to ensure competing needs are balanced. Living Well should continue to explore opportunities to develop staff and utilise staff with less experience to create greater resilience.	4.4
Review options to increase the access to Living Well. Currently referrals to Living Well come via CMHT. This does not fulfil the original aims of Living Well and means they are dependent on the pathway via CMHT working well. Living Well may wish to review how to make access to Living Well more open. Stakeholders raised concerns about a fully open access service, including a self-referral option. Alternatives could include opening referral routes to a wider number of organisations or establishing a single entry point for referrals to mental health services, where people can be triaged to the appropriate service.	4.4
Improve the collection of activity and outcomes data by Living Well Network. The majority of outcomes data analysed as part of	1.5.1

Recommendation	Section
this evaluation has been collected by the Living Well MDT, supplemented by a smaller amount of data gathered by Living Well Network partners. Activity data was provided by the Living Well MDT only. Data was consolidated and analysed by Cordis Bright. Living Well Salford should review data collection and sharing practices to ensure there is an accurate and comprehensive picture of Living Well's activities and impact.	
Understanding the impact on the health and care system. While Living Well has operated as a pilot, due to its scale it has not been possible to measure impact at a system level with confidence. As Living Well grows there is an opportunity to better understand the impact Living Well has on other parts of the health and care system, including changing patterns of service usage. A service-user level data study (potentially using counterfactual data from statistical neighbours or other parts of the Greater Manchester ICS) could help to better illustrate the changes in patterns of service usage, and also the financial implications of these.	3.4.1

1 Introduction

1.1 Overview

Living Well UK is a three-year programme to improve adult mental health. The programme received £3.4 million in National Lottery Funding, which was used to support three adoption sites across the UK to develop and adopt their own Living Well System that meets the needs of their local context. The programme is delivered by Innovation Unit in partnership with Living Well Lambeth, an independent evaluator (Cordis Bright) and the adoption sites.

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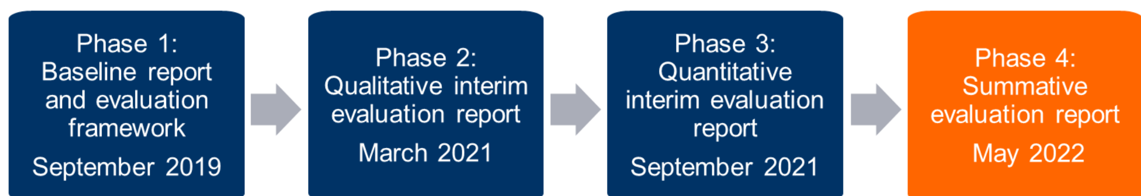


1.2 About the Living Well UK programme and Living Well systems

The Living Well model was originally developed by the Lambeth Living Well Collaborative. Over the last ten years, partners in Lambeth have worked to deliver a vision that is about helping everyone who experiences mental health difficulties to recover, stay well, make their own choices and participate on an equal footing in everyday life.

The programme is helping to build Living Well systems of support that put people's strengths and lived experience at the centre and are designed to help people recover and stay well as part of their community.

The baseline report produced by Cordis Bright in March 2020 outlines the key features, rationale and further details of the Living Well UK programme and Living Well systems.

1.3 Evaluation questions

1.3.1 Programme-wide evaluation questions

As evaluation partner to Living Well UK, we have been asked to answer the following evaluation questions:

1. What difference does the Living Well system make?

2. To what extent have the Living Well UK adoption sites adopted with fidelity the features of a Living Well system?

3. To what extent have the adoption sites adopted with fidelity the principles and values of collaborative leadership and commissioning?

1.3.2 Evaluation questions for Salford

This report also considers the below evaluation questions, which were agreed on for each of the three sites:

4. How and why have the specified **person-level outcomes** been achieved for people? What are the reasons for any outcomes not being achieved?

5. How and why have the specified **system-level outcomes** been achieved? What are the reasons for any outcomes not being achieved?

6. What are the **key challenges** faced by the sites implementing Living Well systems? How have they been overcome?

7. What have been the **key successes** for the Living Well sites? Why were they successful?

8. What would be the **key learnings** to share with other localities that are looking to develop a Living Well system?

1.4 Outcomes

This report considers outcomes for people who have used the service, for staff working as part of Living Well, and for the wider health and care system (Figure 7). Additionally, the report considers the process of implementing Living Well Salford (Figure 8).

Figure 7 Impact evaluation outcomes framework Living Well Salford[4]

	Outcomes	Quantitative outcome measures[5]	Consultation with stakeholders	Staff survey	Consultation with people who access Living Well	Programme management data
	Person-level					
a	People are recovering and staying well enough to live the life they want to lead	✓	✓		✓	
b	There is more self-care and independence and less reliance on services	✓	✓		✓	✓
c	People have the person-centred help and support that they need	✓	✓		✓	✓
d	Timely access to help, information and support when and where it is needed	✓	✓		✓	✓
e	People have choice and control, and are empowered to direct their own care	✓	✓		✓	✓
f	People feel valued and are able to recognise and build on strengths and assets	✓	✓		✓	
g	People feel comfortable, safe and secure	✓	✓		✓	

[4] Outcomes were developed collaboratively with stakeholders in Salford and Innovation Unit. They have been reviewed as part of the evaluation to reflect changing evaluation priorities.
[5] ReQoL, Questions About Your Life, Personal Goals

	Outcomes	Quantitative outcome measures[5]	Consultation with stakeholders	Staff survey	Consultation with people who access Living Well	Programme management data
h	People feel connected and have positive relationships, and feel they are making a meaningful contribution	✓	✓		✓	
	System-level					
a	There is more self-care and independence and less reliance on services		✓		✓	
b	Timely access to help and support when and where it is needed		✓		✓	✓
c	More people are getting help		✓		✓	
d	More people getting the right help/getting help in the right place	✓	✓		✓	
e	Greater integration of support for individuals to provide holistic support across different disciplines and organisations, with greater collaboration between professionals		✓	✓		
f	Reduction in unplanned and crisis health and social care utilisation, including emergency response		✓		✓	✓
	Outcomes for staff and volunteers working in the local system					

Outcomes		Quantitative outcome measures[5]	Consultation with stakeholders	Staff survey	Consultation with people who access Living Well	Programme management data
a	Staff in the MDT and Living Well Network are satisfied in their work		✓	✓		
b	Collaborative culture is developed between services and practitioners		✓	✓		

Figure 8 Framework for evaluating Living Well Salford processes

Process questions		Indicator/evidence gathering method
a)	How and why have the person-level outcomes specified above been achieved for people? What are the reasons for any outcomes not being achieved?	• People's experiences of how and why support has been effective or has not effective for them • Stakeholders' understanding of how and why support has been effective or ineffective for people • Consultation with people using Thrive • Stakeholder consultation
b)	How and why have the system-level outcomes specified above been achieved? What are the reasons for any outcomes not being achieved?	• Stakeholders' understanding of how and why the new system has been effective or ineffective at achieving outcomes for the system • Consultation with people using Thrive • Stakeholder consultation
c)	To what extent have the sites adopted with fidelity the features of a Living Well system?	• Extent to which description of local models and process of adaptation and implementation map on to description of Living Well system key features • Stakeholder consultation • Consultation with people using Thrive
d)	To what extent have the sites adopted with fidelity the principles and values of collaborative leadership and commissioning?	• Extent to which description of local models and process of adaptation and implementation map on to principles and values of collaborative leadership and commissioning • Stakeholder consultation • Consultation with people using Thrive
e)	What are the key challenges faced by the sites implementing Living Well systems? How have they been overcome?	• Challenges reported by stakeholders • Stakeholder consultation
f)	What have been the key successes for the Living Well sites? Why were they successful?	• Successes reported by stakeholders • Stakeholder consultation
g)	What would be the key learnings to share with other localities that are looking to develop a Living Well system?	• Key learnings reported by stakeholders • Stakeholder consultation

1.5 Methods

The information presented in this report is based on:

- **12 semi-structured telephone or video interviews with staff** involved in designing, commissioning and/or delivering Living Well in Salford, conducted in January-February 2022. Interview participants were identified through discussion with Innovation Unit and the Living Well management team.

- **6 semi-structured telephone or video interviews with people who have used Living Well Salford**, conducted in February-March 2022. Participants were identified and invited to take part by Living Well Salford staff. Efforts were made to ensure a spread of experiences with support, i.e. so we could speak to people who staff thought had had a good experience and some whose experience might have been less positive. Interview analysis has been supplemented by case studies provided by Health Watch and Society Inc. and feedback shared with the Living Well team.

- **Person-level demographic, activity and outcomes data** relating to 788 people who have been using the service between February 2020 and January 2022. It was collected by practitioners as part of the process of Living Well Salford, including by staff in the MDT and the network.

- **An e-survey for Living Well staff** conducted in February 2022. This was circulated by Living Well and was open to members of staff working in the Living Well multi-disciplinary team and network. It was completed by 17 members of staff.

This report also builds upon analysis conducted during the baseline and interim reports.

Measuring outcomes and experience

The evaluation uses the following tools for measuring the outcomes and experience of people supported by Living Well Salford:

Personal goals attainment scoring: As part of their support from Living Well Salford, people set at least one goal. At the start of support and at appropriate review points they assess how far they have progressed towards reaching each goal on a scale of 1 (“not at all”) to 5 (“achieved”).

ReQoL-10: This is a 10-item validated measure of quality of life for people with different mental health conditions. A score of 25 or below (out of a total of 40) indicates someone is within the clinical range for accessing mental health services. An increase of five points or more is considered a “reliable improvement”, i.e. people are seeing a meaningful improvement in their quality of life. A decrease of five points or more is considered a “reliable

deterioration", i.e. people are seeing a meaningful decline in their quality of life.[6]

Questions About Your Life: The Questions About Your Life (QAYL) tool is based on a larger validated scale, the Manchester Short Assessment of Quality of Life (MANSA).[7] We agreed in evaluation planning co-production meetings to reduce the burden of the tool by only including selected items from the MANSA. The QAYL is therefore not a validated scale and the single item satisfaction indicators cannot be considered as reliable as the insight from the Personal Goals and ReQoL data.

1.5.1 Limitations

Below we set out the key limitations and challenges for this evaluation.

In relation to the person-level data gathered from the people supported by the Living Well:

- Our approach to analysis looks at change in outcomes over time for people between their earliest and most recently available data point[8], rather than at a distinct start and end point. As a result, the analysis sample includes people who have completed support as well as those who are partway through support. This difference in 'dosage' means we must apply caution to our interpretations.

- As the analysis looks at the data at two points of time only, it does not provide understanding of people's trajectory prior to support. For some people, a positive outcome may be to experience no further decline in their recovery. However, without understanding of trajectory it is not possible to explore such nuance. We also cannot make any comments about how impact has been sustained.

- We do not know the extent to which the samples of people with paired outcomes data are representative of the wider cohort of people to have accessed the Living Well Salford, and therefore whether the outcomes achieved are representative of the wider cohort. People who have had a planned ending are over-represented in the analysis sample. An unplanned ending can be indicative of someone making positive improvements (and dropping out of support because they no longer feel they need it) or deteriorating. However, it is likely that people with a more positive experience

[6] University of Sheffield (no date). *Recovering Quality of Life.* Available online: https://www.reqol.org.uk/p/overview.html [Accessed 25/04/22]

[7] Priebe S, Huxley P, Knight S, Evans S. (1999). *Application and results of the Manchester Short Assessment of Quality of Life (MANSA),* Int J Soc Psychiatry, 1999 Spring; 45(1):7-12.

[8] A date of recording was not available for some of the outcomes data. Where there is no date of recording, we have used the date of assessment as a proxy date (likely a very accurate proxy), or if this was not available we have used the data entry creation date (likely to be less accurate).

may be more open to completing tools, and therefore the data may over-represent positive outcomes and experiences. The analysis presented in this report therefore relates only to the people on whom we have data available – no conclusions about the outcomes and experience of the wider group of people being supported by the Living Well team should be inferred from this analysis.

- The change over time analysis does not control for other potential causal variables. The scale of the contribution of Living Well Salford to any improvements in outcomes can therefore not be quantified (although qualitative data provides some insight into the likely contribution). Effect sizes for pre/post analysis can also therefore appear larger than effect sizes identified through randomised controlled trials or quasi-experimental designs for a range of reasons, including the role of other things affecting people's lives in improving outcomes, and regression to the mean.

- Outcomes data was collected from the Living Well MDT and the Network. Differences in support offered by the Network means some collected data at the end of the intervention and others at a point during the intervention. Therefore there is a potentially inconsistent dosage of support between people with paired data in the sample.

1.6 Structure of this report

This report is structured as follows:

- Chapter 2 presents the Living Well Salford model and implementation so far, including activity data on people who have accessed, received support, and ended support.

- Chapter 3 presents the outcomes achieved so far for people, staff and the system, and the enablers and obstacles to these.

- Chapter 4 discusses successes and enablers to implementation, and challenges with implementation of the model.

- Chapter 5 contains a summary of conclusions and recommendations from the evaluation.

This report is accompanied by a data appendix, which contains a full analysis of all data collected to inform the evaluation.

2 About Living Well Salford

2.1 Overview

This section describes the Living Well Salford model as it currently exits. It presents analysis of the activity data, the journey through Living Well and the characteristics of the people who have worked with Living Well so far.

Living Well Salford has been implemented in one neighbourhood of Salford so far. The model largely aligns with the original vision, and there is a strategy to roll-out Living Well to rest of Salford, building on the neighbourhood structure of Primary Care Networks.

2.2 About the Living Well Salford model

2.2.1 Living Well Salford vision

The original vision for Living Well Salford was to establish a mental health service that is open access where people can find holistic support in one place[9]. This would be provided directly from the **Living Well multidisciplinary and multi-agency team** (MDT) or from the wider **Living Well Network**. People would be able to self-introduce or be introduced to Living Well from primary care and other services.

The service was intended for the following groups:

- People who are deemed too complex for IAPT and GP, and sub-threshold for secondary mental health services.
- People who attend urgent care services including A&E, but whose mental health needs may be better met within a community service.

The service intended to be appropriate for and have a focus on people with mental health problems whose mental health is compounded by wider social determinants such as social stressors, mainly relating to housing, poverty, debt, and substance misuse. It is also intended to be appropriate for people who are experiencing emotional distress due to trauma.

It was intended that there should be a physical space in the community – known as the Listening Lounge – where people could access support.

The practice model was co-designed with experts by experiences, with a focus on building strengths and resilience and promoting wellbeing. It aims to focus on:

- Strengths-based approaches

[9] Living Well Salford: Our Future Vision.

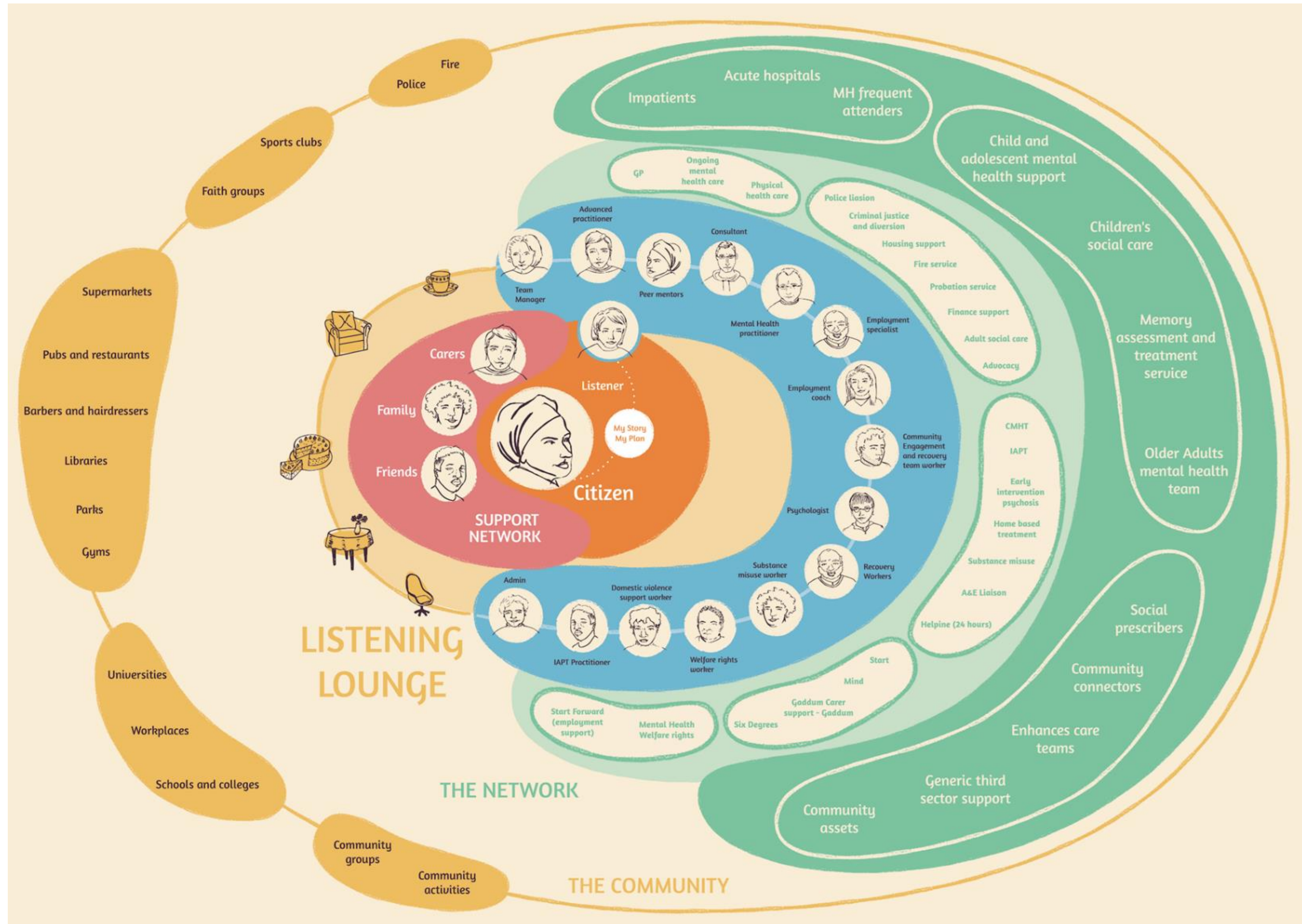
- Trauma-informed care
- Being solution focused
- Reflective practice

Definitions

- Living Well MDT: the core team including operational manager, nursing practitioner, psychiatrist, social worker, social occupational therapist, recovery worker, peer mentors, and administrative staff. This includes a mixture of NHS and VCS staff.
- Living Well Network: a group of additional commissioned voluntary sector organisations who work with the Living Well MDT to directly support people accessing Living Well. They may work in parallel with the MDT or with individuals separately.
- Living Well Community: the wider array of services such as housing, debt, loss/grief counselling, welfare, education and health provision who Living Well can introduce individuals to.

The model is summarised in Figure 9, which illustrates how the Living Well MDT, Living Well Network and Living Well Community are intended to provide holistic wrap-around support for individuals, alongside the individual's own existing network of support.

Figure 9 Overview of the Living Well Model



Source: Salford Handbook; Design: Innovation Unit

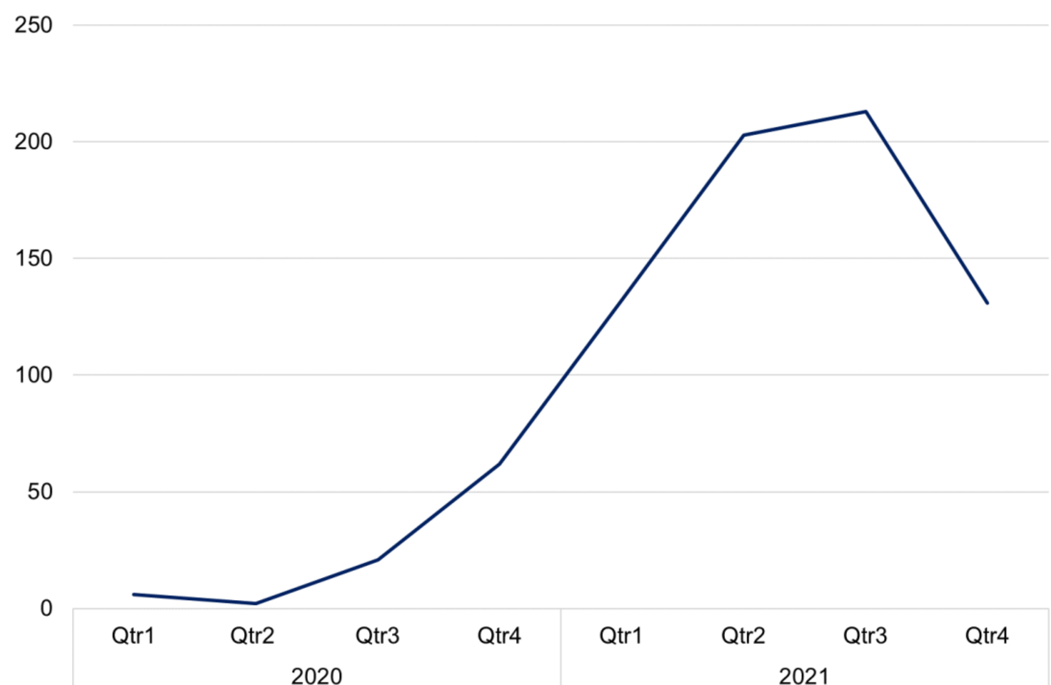
2.2.2 Implementation so far

Living Well Salford has made significant progress to implement its model, despite a challenging backdrop of reforms to health and care services and the COVID-19 pandemic. A prototype model is currently operational in one neighbourhood (Broughton), with a partial model also in place in the other four neighbourhoods across Salford.[10]

Living Well Salford is operating with a full Living Well MDT (including partners such as MIND Salford, Six Degrees and START, in partnership with the Living Well Network including Society Inc and GM Lingua. Besides the commissioned Living Well Network, Living Well is also continuing to grow its links with services in the community.

The success of the roll-out can be measured by the growth in the number of introductions to the service over time (Figure 10).

Figure 10 Number of quarterly introductions to Living Well Salford, February 2020 to December 2021



Not all features of Living Well Salford have been fully implemented. For example, it does not yet offer an open access referral pathway at present. Instead, referrals are made to the Community Mental Health Team, and are triaged to Living Well. Plans for Living Well to operate a physical 'front door' and Listening Lounge

[10] Neighbourhoods operating the partial model are: Ordsall & Claremont; Eccles, Irlam & Cadishead; Swinton; and Little Hulton & Walkden.

space have also been delayed. Interviewed stakeholders attributed these delays to the impact of COVID-19 and challenges to identify appropriate estates space.

In addition to the full prototype service operating in Broughton, a mental health practitioner has been included in the Primary Care Network in each of the other four neighbourhoods. These staff can link into Living Well Salford and its network of supporting agencies. The intention of this was to provide some interim support to the other four neighbourhoods, in response to increased levels of need during the pandemic, before the whole Living Well model can be rolled out. At the time of writing, people outside Broughton cannot access direct support from the MDT.

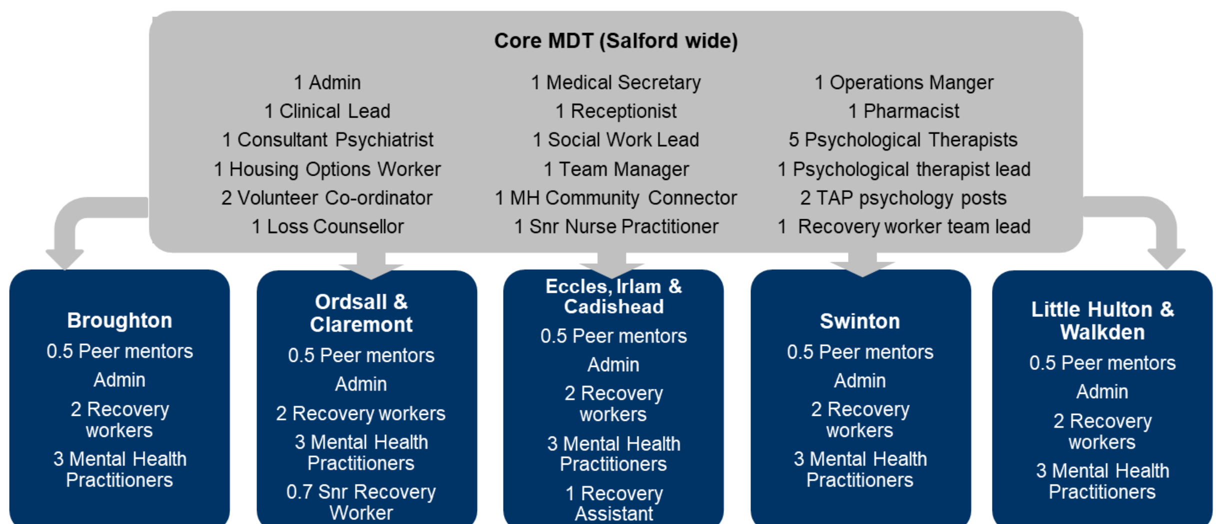
Further details about the lessons, enablers and obstacles to implementation are included in chapter 4.

2.2.3 Future implementation plans

A business case for the future funding of Living Well Salford was approved in February 2022, including provisions to expand the service in full to the whole city.

The future model will operate a hub and spoke design, with an enlarged MDT serving the whole city, and a combination of peer mentors, admin support, recovery workers and mental health practitioners operating in conjunction with primary care networks (PCNs).

Figure 11 Summary of Salford-wide Living Well model



Source: Living Well Business Care (2022 – adapted)

Stakeholders interviewed reported that it is intended for Living Well Salford to be effectively incorporated within the PCN structures going forward, to support strong links between Living Well, primary care, and the other services in the Living Well Community.

Stakeholders interviewed were not clear to what extent it remained a strategic objective to introduce an open access, self-referral front-door for Living Well.

Several stakeholders did identify potential challenges that an open access service might face, especially while trying to roll-out the service more widely. These potential future implementation challenges are discussed in section 4.4.

2.3 Journey through Living Well Salford

The following sections outline the service pathway for people accessing support from Living Well Salford in the **Broughton neighbourhood only**, where the full service model is operating.

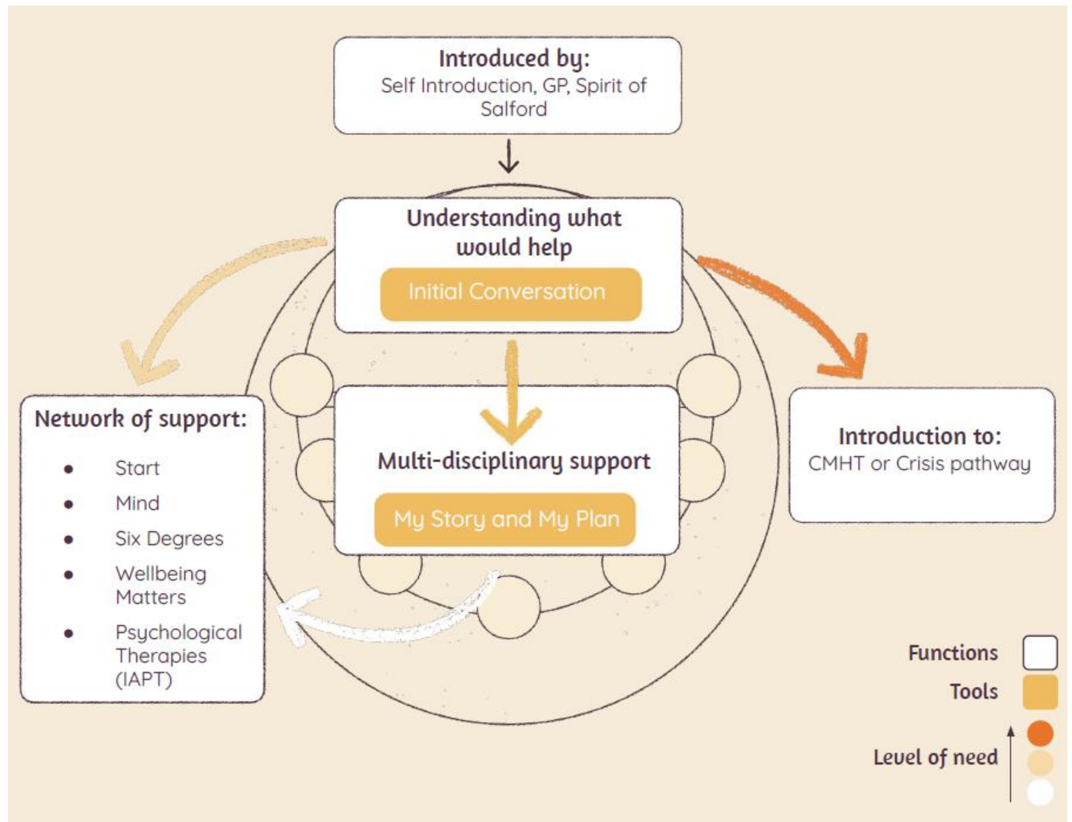
2.3.1 Access to Living Well Salford

The primary referral pathway into Living Well is via a referral to the CMHT which triages people to Living Well. In practice, stakeholders and service users report that a person's journey into Living Well Salford typically starts with their GP, who will make the referral to CMHT before the onward referral to Living Well. However, referrals to the CMHT may also come from other sources such as Mental Health liaison services based in Accident & Emergency Departments. This stands in contrast to previous plans for an open-access service that people could self-refer into.

Once referred to Living Well Salford, a peer mentor contacts the individual to explain the service and arrange an initial conversation. Living Well Salford offers three broad pathways, based on the needs and circumstances of the individual (see Figure 12), which include:

- **Pathway 1:** The focus of this pathway is ***practical and social support***. It is for individuals with lower levels of need, and involves connecting and introducing an individual to the Living Well Network and leaving them with an offer of ongoing support.
- **Pathway 2:** The focus of this pathway is ***crisis management and safety support***. This is the core cohort and would be characterised as likely having a combination of risk factors but also strengths and support networks. It includes individuals who may not yet be clear about what support they would like or who are experiencing a crisis that prevents them engaging with the full Living Well offer. They receive support by the MDT including work on formulation and better understanding an individuals' challenges and goals. Following a period of support by the MDT, they may also be introduced to the wider Living Well Network, before moving onto practical and social support.
- **Pathway 3:** The focus of this pathway is ensuring access to ***therapeutic and clinical support.*** Those who are at greater risk of harm and who would benefit from secondary care or crisis support are introduced to CMHTs or are helped to access crisis pathways.

Figure 12 Salford's vision for Living Well in the future



Source: Salford future vision

For individuals who complete the initial conversation and are directed towards the multi-disciplinary support pathway, a member of the MDT will work with them to complete *My Story and My Plan.* This is a tool for helping people to set a plan and identify what goals they would like to achieve with Living Well's support. This process has been conducted both in person and virtually/by telephone, depending on the COVID-19 physical distancing requirements and service user preferences.

Depending on the person's plans and goals, Living Well Salford is then able to offer a wide range of different support and connections with other services (see below and the Technical Appendix for further details).

2.3.2 Reasons for seeking support

Monitoring data and qualitative stories from staff and people accessing Living Well Salford indicates that the service is well targeted towards individuals whose needs align with the original vision for Living Well. Evidence also shows that people are introduced to Living Well for a wide variety of reasons.

Figure 13 shows that the primary reason for introductions were due to individuals being in crisis (79%, n=887), which aligns with the stated aim of the programme. Additionally, the mean ReQoL score for individuals with paired data at the start of

support was 14.2, which indicates a person within the clinical range for needing mental health support. This further confirms that Living Well Salford is successfully targeting the correct group of people.

Living Well Salford also recorded additional referral reasons. Most people (63%) did not have an additional reason recorded. 39 people had one additional reason; 69 had two; 82 had three; 60 had four; and 45 had five or more (n=592). Most additional reasons for referral were related to mental health or mental wellbeing, specifically depression and anxiety / feeling nervous (see Figure 14). A detailed breakdown is included in the Technical Appendix.

Figure 13 Primary reason for introduction to Living Well Salford[11] (n=887)

Primary reason for introduction	Number of people	Proportion of people
In crisis	697	79%
Depression	64	7%
Anxiety	56	6%
Personality disorders	24	3%
Total	**841[12]**	**95%**

Figure 14 Additional reason for introduction to Living Well Salford (n=592)

Additional reason for introduction	Number of people	Proportion of people
Mental health	309	52%
Mental wellbeing	402	70%
Social	115	19%
Health (physical)	24	4%
Other	75	13%
Total	**925[13]**	**-**

[11] Includes selected data only. Excludes all reasons >1%. Full analysis is available in Technical Appendix.

[12] It should be noted that some people have been introduced to Living Well Salford multiple times, and therefore their presenting issue may be recorded more than once.

[13] The total number of additional reasons for introduction to Living Well Salford totals more than 887 because individuals often had more than one reason.

Stakeholders interviewed corroborated the message from the data, highlighting that there has been positive progress since the early stages of piloting to build a strong shared understanding about who Living Well should work with. During the initial phase of prototyping, some stakeholders reported that there had been differences of opinion about who the service was meant for, including a minority of staff who had understood the service to be more similar to an early intervention service. However, stakeholders were confident that there is now a stronger understanding throughout the team.

While management records and stakeholders are broadly positive about how Living Well is targeted, there is data to suggest some further refinement may be necessary. A relatively high proportion of people do not complete support because they "*declined, disengaged, or failed to attend*" or they were "*not suitable for service*" (see Figure 17). This may indicate that, although these are the right people to target, there has been a challenge to maintain engagement in some instances.

2.3.3 Receiving support

Support provided by Living Well Salford is prompt, person-centred and adaptable to the needs of individuals. Living Well Salford is able to respond quickly to introductions to its service. On average, people waited 14 days between being referred to Living Well Salford and their introduction to the programme.

Living Well places emphasis on listening to the individual to learn about them as a rounded person, underscoring its person-centred approach. As one staff member described it:

> *"In terms of our offer, it's listening. We have learnt to allow that to happen, to not instantly start with 'fixing'."*
>
> Living Well stakeholder

Once the initial conversation has taken place and a plan has been agreed, an individual may be supported by a combination of the Living Well MDT, the Living Well Network and introductions made to the wider array of services operating in Salford. Within the Living Well MDT and Network, individuals can flexibly access a range of professionals without having to complete additional assessments or referral processes.

Interventions may include a wide range of support including care planning, employment support, peer support, social prescribing or community activity, strengths-based support, and trauma specific support. Service users and stakeholders also identified support such as loss counselling, art therapies, and support to access diagnosis (e.g. for ADHD or Autistic Spectrum Disorder) (see Figure 15).

Figure 15 Interventions provided by Living Well Salford[14]

Intervention provided	Number of people	Percentage of people to receive (n=788)
Trauma Enquiry	367	47%
Social prescribing / Community Activity	278	35%
Strengths Based Support (Personal, Social and Community Strengths)	271	34%
Trauma Specific Support	239	30%
Completed My Story / My Plan	159	20%
Mental State Examination (MH Practitioner)	108	14%
Peer support	92	12%
Employment support	20	3%
Other[15]	722	92%

Introductions to other agencies

Evidence shows that Living Well Salford frequently supports individuals to connect with a wider range of services, in line with its intended model. Intervention monitoring data includes 221 ‘onward referrals’ to a range of services, including for medical, care and other support (see Figure 16).

During the pandemic, stakeholders noted that the opportunities for Living Well Salford to connect people with a wider range of services – particularly in the voluntary sector – was limited due to physical distancing restrictions and temporary reductions in service or closures (see 4.3.3).

Figure 16 Summary of 'onward referrals' by Living Well Salford

Referral to:	No. of people
IAPT / primary care	118

[14] N/B monitoring data was completed by the Living Well MDT. It does not capture activity by the Living Well Network, or the actions taken by organisations that individuals are introduced to.

[15] There were 248 different interventions listed under “other” which were categorised into 12 further categories. Further analysis in Appendix 1.

Referral to:	No. of people
Other support agencies	30
Social Care	23
GP / primary care services	22
Community connector	8
Mental Health services	7
Signposted to other services	6
Gateway (safeguarding information)	2
Drug and alcohol services	2
A&E	1
Advocate services	1
Dentist	1
Grand Total	**221**

2.3.4 Ending support from Living Well

Living Well Salford offers a flexible, person-centred approach to ending support from Living Well. While it does not offer indefinite, ongoing support, there are no set limits on the length of support. Stakeholders report that ending support is typically framed in the context of introductions to other services. This is necessary because, although people make progress in their recovery from beginning to end of support (see 3.2.1), the mean ReQoL score at exit is 20.3. This is still within the clinical range for requiring support, and therefore it is necessary to avoid a cliff-edge of support.

Following the end of support, stakeholders reported that individuals could return to the service at any point should they need further assistance. Of the 788 people supported by Living Well Salford, 91 people accessed the service at more than one point in time (12%).

Of the 788 people to have been introduced to Living Well Salford during this report's data period, 586 people were recorded as having exited the service by 16th February 2022.[16] 43% of people who ended support exited when their

[16] This is based on the number of people with an exit date after their most recent introduction to the service (i.e. it does not include people who have returned to the service.)

treatment was completed. However, a similar proportion (41%) ended due to not engaging or being unsuitable.

Figure 17 Reason for support ending

Reason for support ending	Number of people	Proportion
Completed treatment	290	43%
Declined, disengaged, or failed to attend	238	35%
Not suitable for service	43	6%
Transferred to another service	35	5%
Referred to another service	35	5%
Client and professional mutual agreement	19	3%
Referral to wider Living Well Network	13	2%
Discharged	4	1%
Advice given (wider Living Well Network)	1	<1%
Total	**678**[17]	**100%**

2.4 Characteristics of people accessing Living Well Salford

There is encouraging data to suggest that Living Well Salford is working with a diverse range of people, including groups who are traditionally under-represented[18]:

- The service mainly supported adults of working age (97%) which aligned with Living Well's target cohort. Very few people (3%, n=788) introduced to Living Well Salford were aged 65 or older.

- The service has supported a relatively equal number of men and women, supporting slightly more women (53% compared to 46%, n=788).

[17] There is a higher number of exits than people that have finished support. This is because people have ended a session of support and then been reintroduced to Living Well Salford.

[18] See Appendix A for full analysis.

- Almost three quarters (74%, n=788) identify their ethnicity as White, with people from Asian, Black, mixed and other ethnic groups representing 25% of the people introduced to Living Well Salford.
- 60% identify their sexual orientation as heterosexual, 9% gay or lesbian, 5% bisexual, 5% as “other”, and 19% did not say (n=788).
- Just under one quarter (24%, n=788) had an existing mental health diagnosis.

Representativeness of the Broughton demographics[19]

Demographic data indicates that the Living Well Salford appears to be working with:

- A higher proportion of women (53% compared to 48% of the population)
- A more ethnically diverse group of people (74% people accessing Living Well Salford identified as White, compared to 88.1% of the population)
- A higher representation of LGBT people than Salford (14% people accessing Living Well Salford identified as LGBT, compared to 4.6% of the population) [20]

[19] https://www.salford.gov.uk/people-communities-and-local-information/my-local-community/ward-profiles/

[20] Public Health England (2017) *Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf [N/B Broughton specific figures not available].

3 Outcomes

3.1 Overview

This section discusses the outcomes achieved by Living Well Salford for people, staff and for the wider health and care system so far. In summary:

- There is positive evidence that Living Well Salford is helping people to progress in terms of recovery and other outcomes. Quantitative evidence is corroborated by the consultation with people who used Living Well and stakeholders. Stakeholders did question whether some outcomes wholly fell within Living Well's remit.
- Staff also achieved positive outcomes, including a strong, collaborative work culture. This area showed significant improvement as the Living Well MDT has developed over time.
- The evidence for impacts at a system level were more limited. Living Well Salford is still limited to one neighbourhood and not yet fully embedded in the wider system, which limits the likelihood of system change at this stage.

Overall, Living Well Salford has made significant positive progress, despite operating during a challenging and unpredictable environment.

3.2 Outcomes for people accessing Living Well

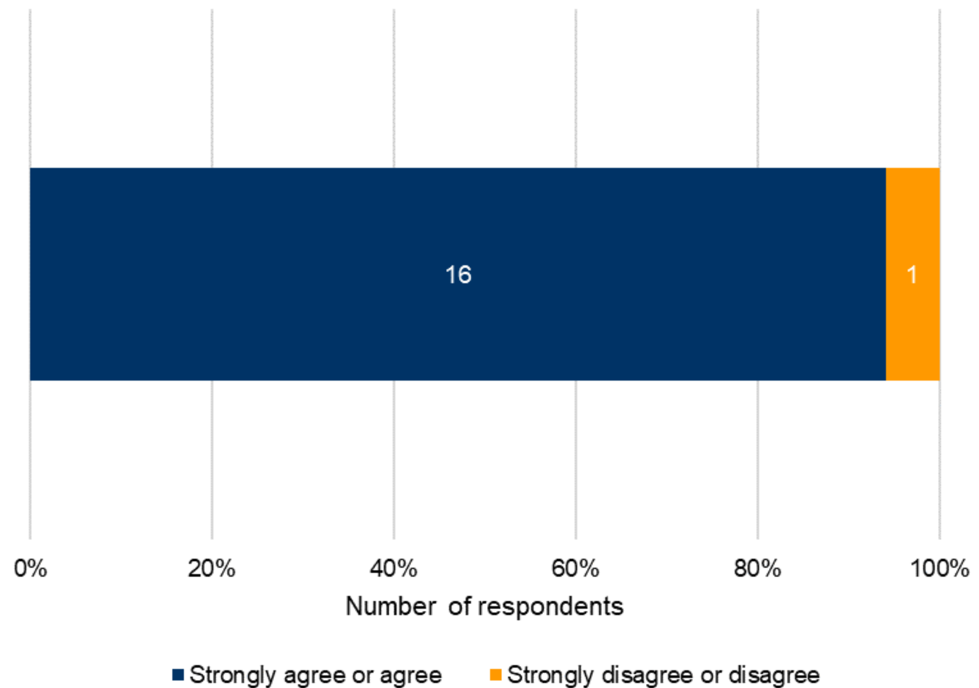
3.2.1 Summary of outcomes

This evaluation found evidence for several improved outcomes for people who have been supported by Living Well Salford. Service users most clearly experienced improvements in their mental health (Outcome 1) and recovery, and have more skills and confidence to manage their own mental health and well-being.

There is also evidence that the service is person-centred, timely and offers people greater control of their care. A number of stakeholders expressed their pride at what the service has been able to achieve for people – reflected by the fact that 16 out 17 people who completed the staff survey strongly agreed that they would recommend the service to a friend or relative. As one stakeholder described it:

> *"I'm Salford born and bred, I'm proud this is going to reach people that would end up in inpatient services. It's been a career highlight!"*
>
> Living Well Stakeholder

Figure 18: A breakdown of respondents who agree with the statement, 'If a friend or relative needed treatment I would be happy with the standard of care provided by the Living Well team' (n=17)



A minority of stakeholders reflected that some of the outcomes did not capture the nuance of Living Well's purpose or were outside its scope of influence. For example, they questioned the extent to which Living Well was focused on improving relationships or if less reliance on services reflected would always be regarded as a positive outcome. Further refinement of these outcomes may be beneficial as Living Well is rolled-out more widely.

Overall, qualitative and quantitative research provides promising evidence that people are making progress against a range of outcomes.

Figure 19 Summary of progress on outcomes for individuals[21]

Outcome	Evidence rating
People are recovering and staying well enough to live the life they want to lead	Positive evidence
There is more self-care and independence and less reliance on services	Some evidence

[21] Outcomes evidence ratings: Positive evidence = evidence that an outcome is achieved; Some evidence = evidence that an outcome is partially achieved; Mixed evidence = evidence is not conclusive.

Outcome	Evidence rating
People have the person-centred help and support that they need	Positive evidence
Timely access to help, information and support when and where it is needed	Positive evidence
People have choice and control, and are empowered to direct their own care	Positive evidence
People feel valued and are able to recognise and build on strengths and assets	Positive evidence
People feel comfortable, safe and secure	Mixed evidence
People feel connected and have positive relationships, and feel they are making a meaningful contribution	Mixed evidence

***Outcome 1**: 'People are recovering and staying well enough to live the life they want to lead' (positive evidence)*

There is evidence from quantitative and qualitative data that people are achieving the outcome of recovering and staying well enough to live the life they want to lead.

ReQoL data showed positive progress for this outcome area

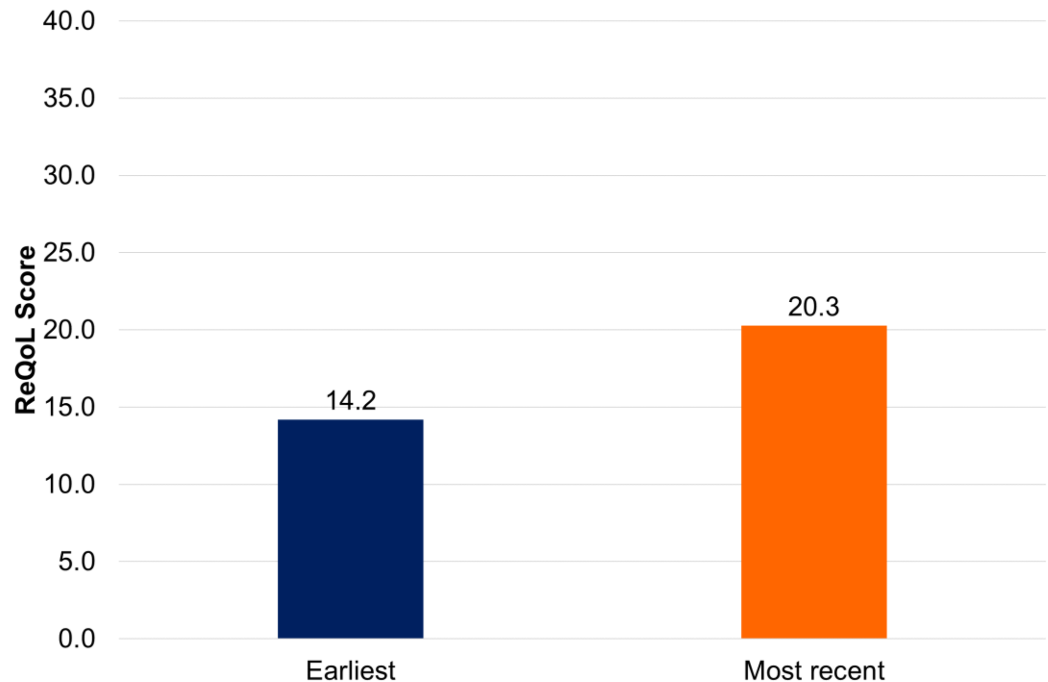
The mean ReQoL score increased from 14.2 at the earliest point of support to 20.3 at the most recent measurement. This is a statistically significant increase ($p<0.05$, medium effect size=0.65) and suggests that, on average, people are making positive progress towards recovery.[22]

The ReQoL data indicates that, on average, people accessing support from Living Well are within the clinical range for needing mental health support (i.e. they have a ReQoL score below 25). On average, people tend to improve, as over half of people made reliable improvements (86 people, 55%). This included 41 people who made a reliable improvement from below the clinical threshold to

[22] Based on paired T-test.

the non-clinical threshold. Nevertheless, the average ReQoL score still remains within the clinical range when people exit the service.

Figure 20 Mean ReQoL index score for people with earliest and most recent data (n=167)



In terms of individual changes in scores as a proportion of the sample (n=167):

- Over half (95 people, 57%) saw a reliable improvement in their ReQoL score, (i.e. an increase of 5 five points or more), meaning that they experienced a meaningful improvement in their recovery and quality of life.
- 35% (59 people) saw no reliable change in ReQoL score.
- 8% (13 people) saw a reliable deterioration in ReQoL score, i.e. a decrease of five points or more, which indicates a reduction in their quality of life (a decrease of 5 points or more) – see Figure 49 .

Additionally, people are also routinely making progress on one or more of their personal goals (see Outcome 5 for further analysis), which is an indicator that people are leading the lives they would like to lead.

Qualitative consultation with stakeholders and people accessing Living Well Salford also suggested that people were recovering well, and this was resulting in greater ability to lead the sort of life that an individual would like.

People who accessed Living Well Salford gave their own examples of progress that they had made towards recovery, and what this meant to them. This included individuals who reported that they had gained the skills and understanding to

effectively manage their emotional and mental and wellbeing. For instance, one individual said:

> *"Living Well has been life changing for me, they have helped me to understand why my brain moves so fast, and how to cope with it."*
>
> Person supported by Living Well

Stakeholders were confident in the impact of Living Well, highlighting that only a small proportion of people had been re-referred to Living Well, which they suggested was an indicator that people had made progress and did not require further such support:

> *"In terms of people recovering and staying well, the majority of the people who we see don't come back."*
>
> Living Well Stakeholder

Outcome 2*: 'There is more self-care and independence and less reliance on services' (Some evidence)*

There is evidence that people are engaged in more self-care, and examples of some people making less use of certain services (such as GPs). However, stakeholders also identified that some people require more, rather than less, support from services on an ongoing basis.

Qualitative consultation with people supported by Living Well and stakeholders suggests that people have gained the skills and confidence to independently manage their own health (and other challenges). For example:

> *"I've got some activities and skills and things to help my mood, different things that help me recognise issues. Things like walking and yoga even, I made a positive board for my creative side."*
>
> Person supported by Living Well

> *"I'm aware I'm going to have some bad days but they're a lot less often now and Living Well helped me cope with my bad days"*
>
> Person supported by Living Well (quoted by stakeholder)

> *"There is a 'self-recovery' focus, there is a focus on the individuals being the main driver of their recovery, more about personal discovery and learning to live with difficult emotions, normalising the difficult emotions and giving people the skills to deal with it."*
>
> Living Well Stakeholder

Stakeholders and service users placed considerable emphasis on learning techniques that support emotional wellbeing and regulation.

However, stakeholders debated whether the current formulation of this outcome accurately reflects what Living Well is trying to achieve. They highlighted that an

important part of the model is to connect people with the services that they might need to achieve and sustain positive outcomes. Therefore, people might use more services, instead of less.

Nevertheless, stakeholders did also reflect that some people have previously relied on inappropriate services (including GPs and A&E) due to the lack of an appropriate alternative. For these people with complexities linked to their mental health needs, stakeholders were confident that the outcome had been achieved.

Outcome 3: *'People have the person-centred help and support that they need' (positive evidence)*

Qualitative consultation shows that people have received person-centred help and support from Living Well Salford. There is evidence that the support they receive is personalised, well-coordinated, enabling and people are treated with compassion and respect.[23] As one member of staff remarked:

> *"A 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 the choice and control to realise how they are feeling."*
>
> Living Well Stakeholder

There is a range of evidence for the personalisation of support. People who were supported by Living Well reported a range of different combinations of support including with diagnosis, medication support, therapeutic interventions, and access to wider services focusing on mental wellbeing or education. As one person described it, the support *"was more personal, more tailored to me".* This is reflected in the variety of interventions recorded by project management data (see Figure 15).

Interviewees provided examples of effectively coordinated support, for instance the ways that introductions were managed. A person supported by Living Well described their experience, highlighting that they did not feel passed onto a new person:

> *"[My support worker] has put me in touch with other people but it wasn't a case of passing me on. They explained, 'we thought it could be good for you' and it wasn't just a hand off, not just like next customer."*
>
> Person supported by Living Well

Several people who were supported by Living Well also praised the staff they worked with for the compassionate way they treated them. One person described

[23] Health Foundation definition of the four principles of person-centred care.

it as "*more like talking to a friend*", while another highlighted the enabling approach:

> *"What [staff] said was whatever I needed, she could try give me some help, it was what I wanted and not what they said."*
>
> Person supported by Living Well

This was also reflected in stakeholder interviews, where stakeholders stressed the importance of taking the time to understand people's aims and motivations, and creating a plan to support those aims.

***Outcome 4**: 'Timely access to help, information and support when and where it is needed' (positive evidence)*

Consultation with stakeholders and people supported by Living Well reinforces monitoring data to suggest that Living Well is offering timely support and providing information about how to access support. However, due to delays in implementation and COVID-19, support has not always been available in person or where it is needed.

Living Well Salford is able to respond quickly to introductions to its service. On average, people waited 14 days between being referred to Living Well Salford and their introduction to the programme. This was corroborated by people who accessed the service, who commented on the speed and also the ease of access:

> *"[Accessing Living Well was] so easy, I literally didn't have to do anything, everything was set up straight away, and it was very quick compared to other services I have used in the past, they were very clear about who I would be speaking to and where and when."*
>
> Person supported by Living Well

> *"It was through my doctors, I got sent to Ramsgate and Living Well at the same time, I just needed help at that point. It was my third time in touch with my doctor. I think it was pretty quick actually to get in."*
>
> Person supported by Living Well

There is also evidence that people are better informed of the support that is available. Monitoring data recorded 221 '*onward referrals*' by the MDT to other services. This was confirmed by people who explained how Living Well had helped them identify what sort of support they might need and where they could find it:

> *"[Member of staff] helped identify what sorts of things I needed help with, to get some kind of therapy, and also an English qualification so I could go on to do some art. I did some things with meditation too."*
>
> Person supported by Living Well

However, COVID-19 has delayed the development of Living Well's 'Listening Lounge' (a physical space people can use to access support) and restricted access to some of the wider Living Well Community. As a result, there have been times when Living Well has not been as physically accessible as intended.

***Outcome 5**: 'People have choice and control, and are empowered to direct their own care' (positive evidence)*

There is a range of qualitative and quantitative evidence that suggests people have choice, control and are empowered to direct their care. This includes a large proportion of people making progress towards their personal goals, as well as feedback by staff and people who access Living Well.

Personal Goals outcomes data shows positive progress for this outcome

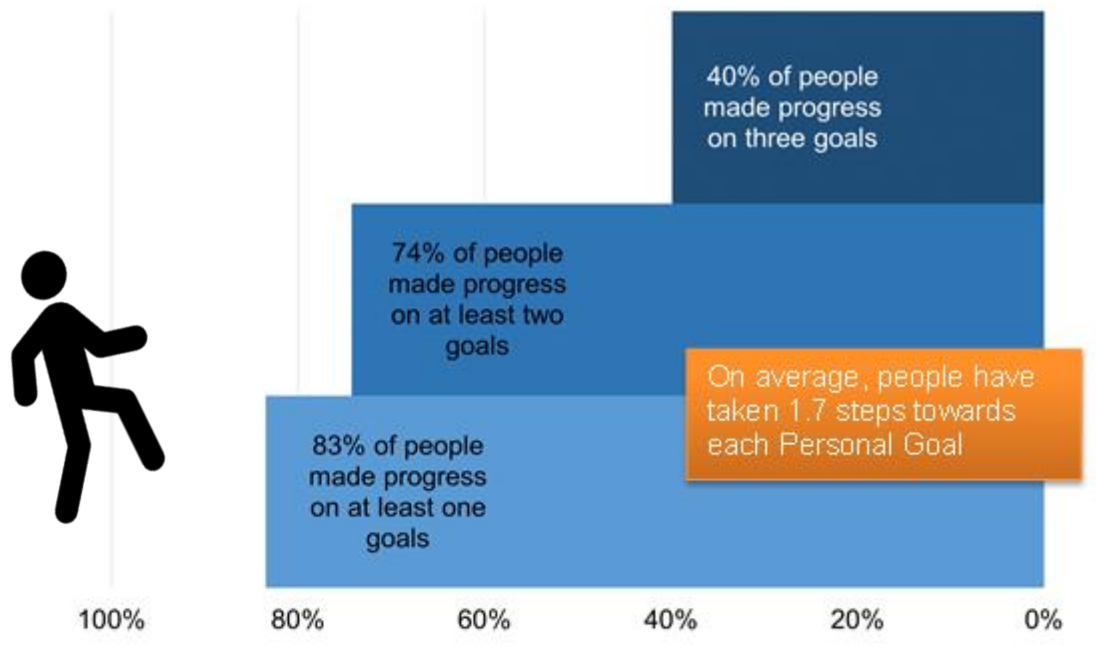
The majority of the 163 people (83%) who have paired Personal Goals data made progress on at least one goal between their earliest and most recent, 121 (74%) made progress towards at least two, and 65 (40%) made progress on three (Figure 21).

- 35 of the 163 people 48%) mostly or fully achieved at least one goal by the end of support and 35 (21%) had fully achieved at least one goal.
- Only 3 people (6%) moved backwards on a goal.

Overall, the progress made by the group on their personal goals was statistically significant,[24] with people making significant progress against their goals from a median score of 1 (having made "a little" progress towards their goal) at the start of support to a median score of 2.7 (the goal is "halfway" achieved) at end of support ($p<0.05$, large effect size =0.71).

[24] Based on Wilcoxon signed rank.

Figure 21 Progress on Personal Goals for people with matched data at start and end of support (n=163)

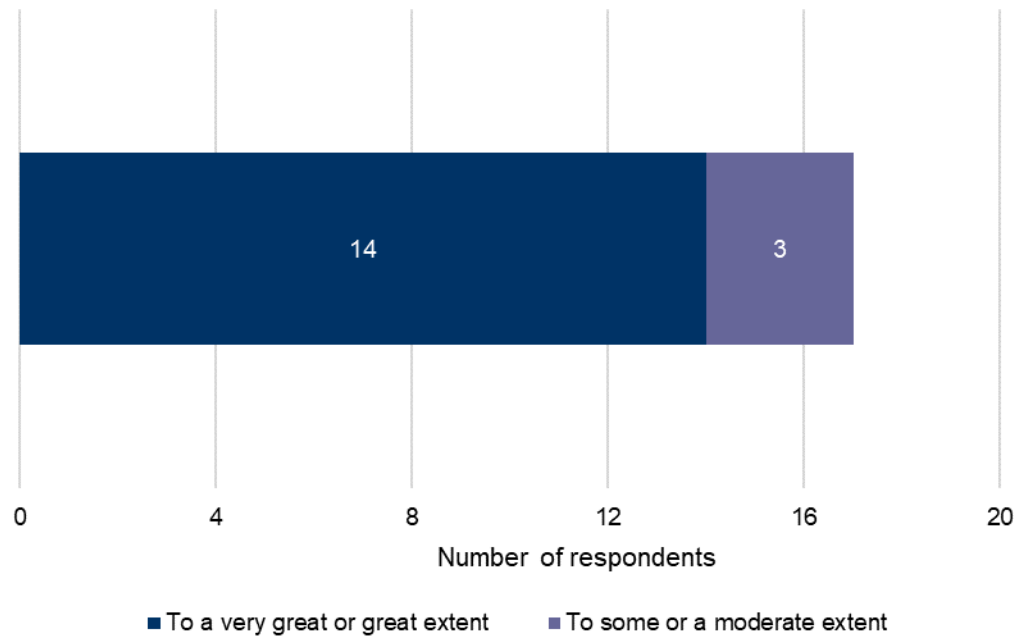


Qualitative consultation with people who had accessed Living Well also indicated that care is self-directed. As a result, people felt that support was better tailored to them and their needs. Some people reported that the process of setting goals was important to them in its own right:

> *"We've been talking about strategies around working towards my goals, it's lifted my mood by talking to them, I have got a lot from the CBT."*
>
> Person supported by Living Well

All 17 respondents to the staff survey agreed that they felt encouraged to share ownership of people's support and co-produce solutions with them: 14 said that they felt this to a very great or great extent, and the remaining 3 reported that they felt this to some or a moderate extent.

Figure 22: A breakdown of respondents' answers to the question, 'Do you feel encouraged to share ownership of people's support and co-produce solutions with them?' (n=17)



Outcome 6: *'People feel valued and are able to recognise and build on strengths and assets' (some evidence)*

There is some evidence to support this outcome. Stakeholders and people accessing Living Well described the process of building their self-awareness, strengths and assets, rather than specifically utilising existing strengths and assets. People who accessed the service reported that they felt Living Well staff valued them and their opinions.

As described in Outcome 5, the use of goal setting is an important part of Living Well's model. Through this process, staff were able to help people identify areas that they wanted to build upon.

Several people spoke about how support to access a diagnosis (e.g. autism or ADHD) helped them to get to know themselves better. This, in turn, allowed them to utilise more appropriate strategies for managing their mental health or other challenges.

> *"I've got lots of quotes that help pick me up, I'm not as low or anxious as I was. I understand it more, and knowing I can pick myself up helps."*
>
> Person supported by Living Well

Other people highlighted the importance of having a peer mentor, or other staff who they connected with. One person described how seeing someone similar to them had achieved their aims made them feel more able to do the same:

> *"I got matched up with someone who had the same condition as me, it was a peer mentor, and this made me feel at ease. Being with them made me see I could have this condition and still live a normal life. The people I was around before made me feel like I might not be able to. I got help with my medication with Living Well, and 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."*
>
> Person supported by Living Well (via ethnographic research)

***Outcome 7**: 'People feel comfortable, safe and secure' (mixed evidence)*

There is less evidence available to support this outcome. Quantitative data provides a mixed picture, and safety and security were not mentioned as prominent themes by interviewed stakeholders or people who had been supported by Living Well. Some stakeholders did question the extent to which this outcome accurately captures what Living Well Salford is for, and what outcomes it can realistically influence.

Questions About Your Life data suggested some people's satisfaction with their accommodation has improved.

30% of people with matched data reported increased satisfaction in relation to their accommodation, compared to 44% who reported no changes and 26% who reported a deterioration. The median satisfaction scores for accommodation remained at five and any change was not statistically significant.

Similarly, 39% of people with matched data reported increased satisfaction with their personal safety, compared to 39% who reported no changes and 22% who reported a deterioration. For the domain of personal safety, the median satisfaction score remained at six, however, the overall improvement in satisfaction was statistically significant ($p>0.05$, Medium affect size=0.32).

While stakeholders were cautious about this outcome, monitoring data does show 49 individuals received housing support, which may contribute to this outcome. Further, the business case for the city-wide Living Well model will also include a housing officer as part of the MDT. If this is implemented this may increase Living Well Salford's capacity to influence this outcome.

***Outcome 8:** 'People feel connected and have positive relationships, and feel they are making a meaningful contribution' (mixed evidence)*

There is mixed evidence available about this outcome. While the quantitative data does suggest that some people have made progress in terms of the quality of relationships with friends and family, there is limited qualitative evidence to suggest that this a prominent outcome.

Questions About Your Life data suggested some people's satisfaction with friends and family had improved.

40% of people with paired data reported that they were more satisfied with their relationships, compared to 32% who reported no change and 28% reported a deterioration. The median satisfaction score increased from 4.5 to 5.0 which was statistically significant ($p>0.05$, Small effect size=0.26)

Similarly, 37% of people with paired data reported that they were more satisfied with the number and quality of friendships, compared to 38% who reported no change and 25% who reported a deterioration. The median satisfaction score increased from 4.0 to 5.0 which was statistically significant ($p>0.05$, Small effect size=0.21).

There was also a statistically significant increase in the number of people who reported:

- Having anyone to call a close friend ($p<0.05$, medium effect size = 0.33)
- Visiting a friend in the last week ($p<0.05$, medium effect size =0.29)

This is an improvement from the interim report.

Additionally, the mean score for the individual ReQoL item of "*I felt able to trust others*" increased from 1.65 to 2.03, and analysis shows that 48% saw an improvement, 26% saw no change and 26% saw a deterioration.[25]

There is also increased satisfaction with regards to people's circumstances in relation to work, study or other occupations. 47% of people with paired data reported they were more satisfied with their job/volunteering/studies compared to 28% who reported no change or 25% who reported deterioration. The median response increased from 3 (mostly dissatisfied) to 4 (mixed satisfaction) and was statistically significant (($p>0.05$ medium effect size=0.32).

Nevertheless, there are potentially reasons to be cautious. At the interim evaluation stage, there was no statistically significant change with satisfaction around work and leisure activities, or increases in the number of people in work education or volunteering. These improvements have coincided with the end of COVID-19 restrictions on social distancing, so it is unclear to what extent policy change or Living Well is the driver of improvement.

Stakeholders reflected that while Living Well does aim to support people to access the types of support that may result in meaningful occupation or social interactions, it is not necessarily the primary focus of the service. Further research may be required to understand the impact of Living Well on this outcome.

3.2.2 Enablers and obstacles to achieving person-level outcomes

The evidence from consultation indicates that there have been a number of factors which have enabled Living Well Salford to be impactful. These include

[25] The single-item analysis of a ReQoL response is not a validated measure.

promoting choice and control, strong client-staff relationships, helping people to better understand their mental health challenges, and access to a wide-support offer. Conversely, there have also been some obstacles. These include instances where signposted services have not been available or difficulties managing the end of support. This section discusses the main enablers and obstacles to achieving outcomes.

Choice and control and focusing on people's own goals

While promoting choice and control is one of Living Well Salford's intended outcomes (see Outcome 5), it also enables people to achieve other objectives. Despite a longstanding focus on person-centred care across health services, stakeholders gave examples of how Living Well Salford has put this into practice more effectively.

- **Choice and control:** People who had accessed the service identified that they could access support in an environment that they felt comfortable in. This was especially important for those individuals struggling with anxiety. For example, people highlighted that they had met Living Well staff for walks, at gardening centres, in libraries and other community spaces. For example,

  "I had a choice of where to have the support and I chose to have it in-person, I like where I have it."

  Person supported by Living Well (collected via ethnographic research)

  Others highlighted how support was provided online or by telephone initially until they felt more comfortable to engage in person. People highlighted that this compared favourably to support available in other places they had lived. For example, one person mentioned that previously they had received *"a few conversations over the phone [with my GP] on a fortnightly basis"*.

- **Focusing on what the person wanted / their own goals:** As described in Outcome 5, people also highlighted that they were provided with opportunities to direct their support. Individuals identified their goals through the initial conversation, and were introduced to different potential offers of support. Individuals could then choose the things that they wanted to do. As one person described:

  "They really go off what I say, and they always asked what I would want to do, never forced me to do anything. They always asked, let me lead."

  Person supported by Living Well

A stakeholder reported an example of an individual, "*they had never been asked what he wanted from support*."

This helped to build ownership and commitment to the solutions, and contributed to a feeling of control, both in terms of the support that people received and in their lives more generally.

Relationships with staff

The quality of relationships with staff was important to people supported by Living Well Salford. This included:

- **Staff came across as kind and caring.** People were overwhelmingly positive about their treatment by Living Well staff, highlighting numerous staff who made a positive impression. These include:

> *"[Staff] is absolutely amazing, nicest and most genuine person!"*
>
> Person supported by Living Well

> *"The best part was [staff], she was very supportive, bent over backwards, and made me think about what I wanted to do."*
>
> Person supported by Living Well

- **Listening carefully to people.** People valued being listened to by staff. For many people, the simple act of feeling heard was an important outcome in its own right and contributed to people feeling better.

> *"I find it is very helpful to get things off my chest, [the staff member is] a good listener."*
>
> Person supported by Living Well

> *"I did look forward to the call, having someone to speak to and they seemed as though they were bothered about me."*
>
> Person supported by Living Well (collected via ethnographic research)

- **Staff were empathetic and relatable.** People felt that they could connect with the Living Well staff, because the staff were empathetic and relatable. This contributed to building trusting relationships, which in turn enabled staff to encourage people to try different forms of support.

> *"I would rate Living Well 10 out of 10, the staff were so sympathetic and understanding."*
>
> Person supported by Living Well (collected via ethnographic research)

People highlighted a number of factors that made staff easy to relate to. For some (including peer mentors or recovery workers), relatability was based on shared experiences. Others highlighted that staff were knowledgeable about their health conditions or even their culture.

> *"The people with who I've spoken with have been young. Previously, I felt that they couldn't connect to my experiences. But [staff] is in my*

> *age range and can relate and understand in a way that someone older may not be able to understand."*
>
> Person supported by Living Well

> *"[Staff] understood my disability well, she had great understanding. We really connected."*
>
> Person supported by Living Well

Improved self-awareness and skills

Stakeholders and people supported by Living Well both identified that helping people grow their knowledge about their mental health (and factors that influence it) and develop skills for managing this made a difference for a number of people.

For some people, it was the process of goal setting that helped people to better formulate an understanding of what they felt their challenges were and how they wanted to tackle them.

> *"[Staff] really got me thinking about things, what I want and what direction I want, and what I need."*
>
> Person supported by Living Well

Some service users were put in contact with professionals who could provide an assessment and diagnosis for conditions such as ADHD or autism. People accessing Living Well identified that a diagnosis was an important starting point for better understanding their own mental health and to explore different approaches to managing their mental health more effectively.

> *"I feel I understand a more myself… She has really helped me understand what ADHD means to me."*
>
> Person supported by Living Well

Building on a greater sense of direction or self-knowledge, people identified that they had worked on skills and strategies that helped them to achieve their desired goals. As a person explained:

> *"I've got some activities and skills and things to help my mood, different things that help me recognise issues. Things like walking and yoga even, I made a positive board from my creative side. Things I could all do to help me, even just taking time for myself."*
>
> Person supported by Living Well

Signposting to wider network of support

Accessing a wider network of support has been both an enabler and in some instances a challenge, according to people supported by Living Well.

Those who had a positive experience reported that Living Well has helped them by acting as an advocate and guide, supporting them to receive the right support from other medical services.

> *"They have been great, they did an assessment with the psychiatrist who reviewed my case, and they sent letter to my doctor."*
>
> Person supported by Living Well

Other people commented upon the breadth of support that was on offer, including support from the voluntary sector partners, who can offer different types of support in a range of different settings. This was true of the support provided by Living Well as well as the wider range of support that people were connected to.

Service users highlighted the way that Living Well approaches onward referrals, by providing a supported introduction to another service, as an enabler. It helped people to access a service that they might not otherwise have engaged with (for example, due to anxiety).

However, some people were not able to access all the support that they had hoped to access. Stakeholders reported that during COVID-19 there were fewer services available (see 4.3.1) but people supported by Living Well also spoke about their experience of referrals that were not successful.

> *"Of the people we were contacted, the mindfulness was good, but the English refresher [classes] wasn't so good - they said no, that was a disappointment. It doesn't work without the connections - that is the frustration. I did tell [staff], it wasn't her fault."*
>
> Person supported by Living Well

As Living Well continues to develop and work with more partners, this may be an area that requires additional consideration to make sure that beyond the Living Well MDT and Network, the transition into support by the Living Well Community is smooth.

Ending support

An area for potential development is the onward journey from Living Well. Stakeholders highlighted that ending support is a challenge for many services, as they balance the aims of supporting people with the challenge of not creating dependency on a particular service. Several stakeholders identified this dynamic, and reported that the onward journey could be improved.

> *"Endings will always be an area which is difficult, [there is] no final space to end it. [People supported by Living Well] may push back and start saying risky things because they do not want to be left, which is not a great outcome."*
>
> Living Well Stakeholder

This is linked to concerns that some stakeholders and people accessing the service have had about gaps in the wider service offer in Salford – either caused by COVID-19 or more generally.

Some people supported by Living Well highlighted that at the end of support they felt disconnected from other people, and in some instances, being unable to connect to other services, had resulted in feeling let down.

> *"[Connecting to other services] didn't work for me. I only got one of the three things I wanted. Nothing gets done - it can make you feel worse off."*
>
> Person supported by Living Well

> *"Living Well was good and I felt fine when I was there but now, I feel like I have nobody to confide in."*
>
> Person supported by Living Well (collected via ethnographic research)

This may highlight the need for a more phased step-down from support to ensure onward referrals are secure and that progress towards goals is being maintained.

3.3 Outcomes for staff

3.3.1 Summary of outcomes for staff

There is evidence of positive progress for staff working in the Living Well MDT and network. This represents positive progress from earlier in the piloting phase when there were more mixed views about the work culture. Stakeholders report a positive and collaborative working environment, which they credit to improved structures of support and supervision and retaining a strong focus on Living Well's principles. Staff also emphasised the importance of having a full team in place to be able to work effectively.

Nevertheless, stakeholders did note areas for further development. This includes ensuring that all parts of the Living Well MDT and Network have a clear understanding of what support the MDT can provide. Similarly, VCS partners also highlighted that it is equally important that all partners in the Living Well MDT and commissioners understand about the operating pressures for the VCS, to ensure that enough support and resource is available to allow partners to play a full role in Living Well – either in the MDT or Network.

Outcome 1: 'Staff in the MDT and Living Well Network are satisfied in their work' (positive evidence)

Most stakeholders (including staff working in the MDT and network) who took part in interviews were highly positive about their work as part of Living Well. Staff were commonly enthused by the sense that their work was impactful, and they enjoyed the ways of working, for example:

"In the MDT, certainly 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, it keeps us grounded and feels like we're making a difference."

Living Well stakeholder

This is supported by the results of the survey which highlighted that people who took part in the survey are more likely to recommend Living Well as a place to work than staff across the NHS or in GMMH. Figure 23 shows a higher proportion of staff would both recommend Living Well as a service and also as a place to work.

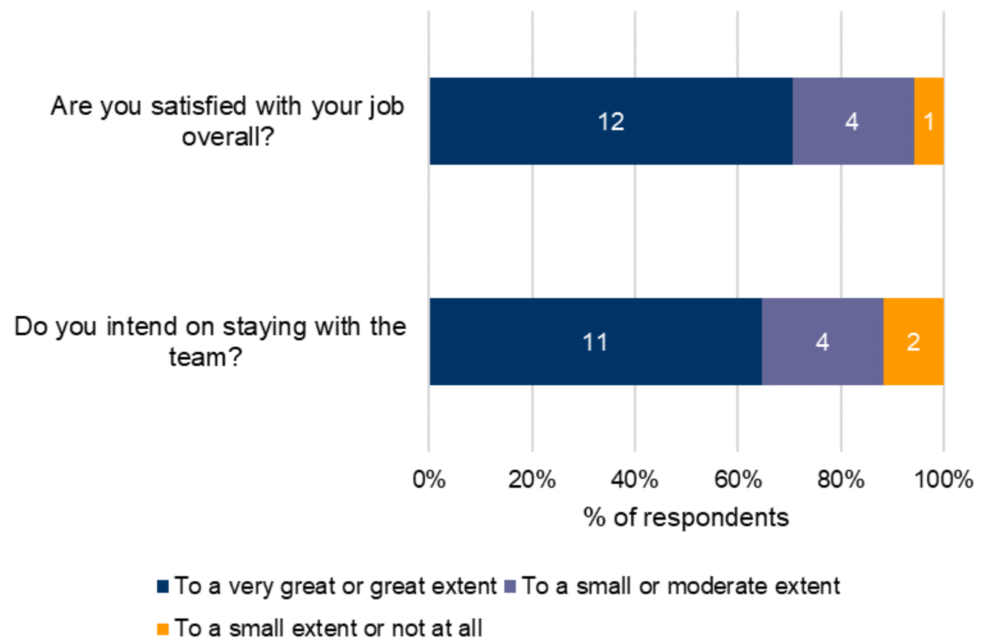
Figure 23 Percentage of respondents who agree/strongly agree with the following questions about work satisfaction

	Living Well Salford staff survey (n=17)	GMMH NHS Foundation Trust staff survey 2021	NHS National staff survey results 2021
Would you recommend your organisation as a place to work?	82%	56%	59%
If a friend or relative needed treatment, would you be happy with the standard of care provided by the organisation?	94%	55%	68%

The staff survey indicated that the majority of staff (17 of 18) were satisfied with their job to some or a moderate extent. and only 1 participant reported that they only felt satisfied to a small extent or not at all.

Similarly, 15 of the 17 staff surveyed reported that they intend on staying with the team; 11 people reported that they intended this to a very great or great extent, and 4 members of staff reported that they intended this to some or a moderate extent.

Figure 24: Staff views on staff satisfaction and career planning (n=17)



However, there was more mixed evidence about the opportunity for individual career growth and development. 9 of the 17 participants reported that they believed that there is an opportunity for individual career growth and development within their team to a very great or great extent. 3 members of staff reported that they felt this to some or a moderate extent, and 5 respondents reported that they felt this only to a small extent or not at all. This may reflect that there are different opportunities for career development depending on the individual role and may be an area for further consideration.

Outcome 2: Collaborative culture is developed between services and practitioners

Most staff experience the Living Well working culture as collaborative. Stakeholder emphasised the progress the team has made, highlighting that the improved culture influences how the staff operate as a team and how they deliver support to individuals.

The positive culture includes staff from the VCS partners working in the MDT and network. For example, a stakeholder from a partner organisation reported:

> *"I feel extremely positive about this element [the culture] particularly, we have worked really hard on the relational part, that has been the foundation of the success of what we've got. We have felt frustrations naturally, but with the relationships there, we have trust that cuts across professional / organisational boundaries."*
>
> Living Well stakeholder

This is reflected in the staff survey responses which showed:

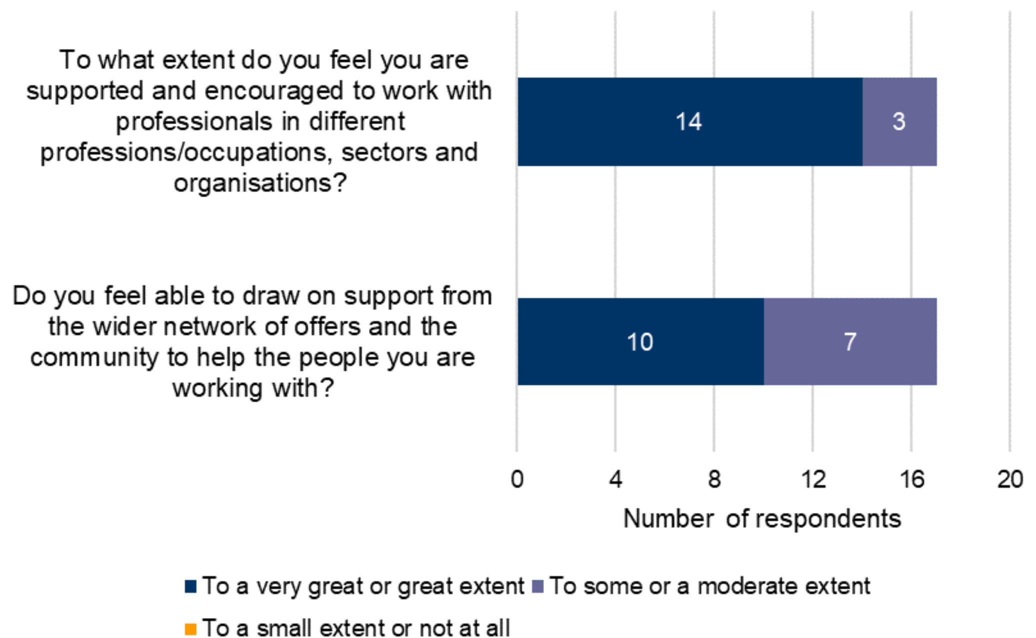
- 11 out of 17 staff who responded felt that team members trust and collaborate with each other to a very great or great extent, with the rest feeling this to some or a moderate extent (Figure 25). 13 out of 17 staff also said they felt agency in exercising their judgement in supporting people to a very great or great extent.

- Staff viewed wider multi-agency working as positive. The survey found staff generally felt supported and encouraged to work with professionals in different professions/occupations, sectors, and organisations, with 14 of 17 people feeling this to a great or very great extent (Figure 26).

- The survey found that staff generally felt they could draw on support from the wider network of offers and the community to help the people they were working with, although to a lesser extent (10 of 18 staff felt this to a very great or great extent, Figure 26).

Figure 25: Staff views on working culture (n=17)

Figure 26: Staff views on multi-agency support (n=17)



Nevertheless, a small number of stakeholders reflected that the collaborative culture could be improved if there was a deeper mutual understanding between the MDT and some Living Well Network partners.

- Some MDT staff identified examples where staff from the Network have sought support from the MDT for individuals or situations that are outside its focus. They gave the example of someone who should have been referred to A&E, but instead was referred to Living Well.

- Some staff in the Network suggested that the MDT and commissioners do not take account of the high demands that being part of Living Well places on their services. In particular, some reported that the number of meetings is a challenge to commit to, especially for smaller organisations who operate their other services independently of Living Well.

3.4 System-level outcomes

3.4.1 Summary of outcomes at the system-level

Evidence suggests that while Living Well has made significant progress supporting outcomes for individuals, changes at a system level are less evident. There are a number of factors that have made it more difficult for Living Well Salford to be impactful on a system level. These have included:

- **The scale of roll-out prevents a system-wide impact:** At this stage, Living Well Salford's scale, operating in one area only, means that its impact on the health and care system is more limited. Only once Living

Well is operating at scale is it more likely to be able to influence the wider system in terms of demand management, culture or practice.

- **A challenging environment to introduce a new service:** There has been significant disruption and uncertainty created by COVID-19 and also forthcoming changes to the structure of health and care services. This creates an environment where it is difficult to make an impact at system level and difficult to measure what that impact might be, without a clear counterfactual to compare against.

Stakeholders were nevertheless confident that the available evidence does indicate how Living Well could have a more transformative impact once it is further embedded and rolled-out across Salford. Over time, stakeholders felt confident that if they continue to highlight the successes of the Living Well model, more services will be attracted to work with them or take on features of Living Well practice.

Further monitoring of the service usage by people accessing Living Well, including monitoring access to non-NHS or local authority services, is required for greater understanding of how Living Well is impacting on behaviours at a system level.

Lastly, stakeholders reflected that some of the system-level outcomes did not necessarily reflect current thinking in terms of Living Well aims. Stakeholders were cautious about emphasising any impacts that Living Well has on demand management, highlighting instead that the service aims to connect people to the *right* services, even if this means adding more support. Reviewing the intended outcomes at system level may be helpful as Living Well rolls out more widely.

Outcome 1: There is more self-care and independence and less reliance on services (some evidence)

Consultation with stakeholders and service users suggests that, at an individual level, there are examples of people who are more independent, better able to care for themselves, and in some instances, less reliant on other services.

However, there is limited evidence about whether this outcome is sustained once people leave the Living Well MDT or network, and the number of people supported by Living Well is still relatively small. Therefore, at this stage, stakeholders were cautious to suggest that this outcome is being achieved at a system-level (especially considering Living Well is operating within a limited geography). Stakeholders highlighted how changes in service usage driven by the response to COVID-19 also mean it is very difficult to judge whether Living Well is impacting on service usage, and if it has, whether this will be sustained under non-pandemic operating conditions.

Stakeholders also called the outcome into question. On the one hand, they agreed that promoting self-care and independence was an aim of Living Well. On the other hand, they disputed that '*less reliance on services'* truly captures Living Well's purpose. Stakeholders suggested that the principal aim is to ensure people get the right support, even if this means putting in place additional ongoing

support. They acknowledged that there has previously been an issue of people relying on primary care services or seeking access to CMHT when this may not be the right service, and therefore, at an individual level, less reliance on certain services may be a positive outcome. However, when expressed as a system outcome, it is less straightforward than measuring, '*fewer people access GP services or CHMT*'.

Nevertheless, there is anecdotal evidence to suggest that individuals have required less support from their GP or CMHT. In particular, several stakeholders reported that, overall, Cromwell House (CMHT service serving Broughton) has been able to redirect a large proportion of referrals to Living Well, compared to Ramsgate House (CMHT service servicing non-Living Well neighbourhoods). For this reason, stakeholders expect that Living Well will reduce dependence on other mental health services in the future.

Outcomes 2-4: Access to services (positive evidence)

Living Well aimed to achieved three system outcomes focused on access to support. These were:

- Timely access to help and support when and where it is needed
- More people are getting help
- More people getting the right help / getting help in the right place

Evidence from consultation with stakeholders and people who accessed Living Well suggests that there is a group of people with mental health conditions who previously would fall between primary care and secondary care services that now are **getting the right help**, including people who struggled to access mental health services due to extenuating challenges. This includes people who would not likely have received support otherwise, and people who might have received a sub-optimal service because they did not fit comfortably into the parameters of existing services. For examples, stakeholders highlighted that in the past, some people would have missed out on support:

> *"There isn't much room to explore people's needs in other services, there is usually quite a lot of criteria, so people who would never have got any help are getting that now. There feels like a place for them to land now."*
>
> Living Well Stakeholder

Quantitative evidence of people's progress towards recovery (see 3.2.1, Outcome 1) and achieving their personal goals (see 3.2.1, Outcomes 1, 3 and 5) also give confidence that the support available is the right support. At this stage however, stakeholders were not confident to claim that this outcome has been achieved at a Salford-wide system level, since Living Well is limited to Broughton.

In terms of **more people getting help**, stakeholders highlight that people may get more support from non-mental health services than before, because Living

Well is able to connect people with the wider Living Well network and community. For example, a stakeholder reported:

> *"People may have had some recommendations to go to the [Citizen's Advice Bureau, advisory stuff, but no actual connection [would be made]."*
>
> Living Well Stakeholder

> *"[It] has been massive for the Broughton GPs & CMHT, CMHT wasn't the place where the needs could be dealt with. [It] really has been what we set out to do, to help the silent majority between care."*
>
> Living Well Stakeholder

This is in addition to those who would not have received any support without a service like Living Well available, as described above.

However, it is questionable whether the impact of this extends beyond Living Well to the wider system at this stage. Stakeholders highlighted that the future model of Living Well Salford would be embedded with PCNs, which may result in better connections between the CVS and primary care, and therefore greater access to support for a wider number of people.

As discussed at 2.3.1, there is also evidence that Living Well offers **timely support,** including support delivered via in-person and online mediums, and at a range of venues. As stakeholder reported:

> *"I think what happened before, they'd just go round and round the system or suffering in silence."*
>
> Living Well Stakeholder

While COVID-19 placed some restrictions on what support was available (including from Living Well and in the wider community) and the Listening Lounge has not yet been established, stakeholders agreed timely support was broadly achieved at a service level.

It is not clear though whether the presence of Living Well is creating the capacity in other mental health services (e.g. CMHT or IAPT) to support people more quickly. For example, it is unclear if additionally capacity for Living Well is reducing waiting times for other services – theoretically it would not, as it serves a different target group. In reality, it may have helped prevent instances of people being referred wrongly to a service.

Outcome 5: Greater integration of support for individuals to provide holistic support across different disciplines and organisations, with greater collaboration between professionals (some evidence)

Holistic support that supports people while taking account of their lives as a whole, rather than treating an illness, is being delivered in a multi-disciplinary, multi-agency way for people who are supported by Living Well – in particular,

those who receive support by staff from the MDT and Living Well Network. Stakeholders highlight how practitioners take account of the individual as a rounded person, rather than prioritising diagnosis. Evidence of this can be seen in the number of different interventions carried out by the MDT, including the introductions it has made for people to other organisations (see 2.3.3).

Stakeholders highlighted that Living Well has been held up as a good example of multi-agency and multi-disciplinary working in Salford, but they were also cautious about the extent to which this way of working is going on in the rest of Salford, or the extent to which Living Well has driven any change in collaboration. For example, a stakeholder commented:

> *"In mental health services, I think they feel more connected…much more information sharing… it feels more like a neighbourhood. With secondary care, I'm not sure we've made an impact."*
>
> Living Well stakeholder

Stakeholders reflected that Living Well still faces the ongoing challenge of ensuring that the purpose of Living Well is widely understood before it can facilitate greater collaboration.

Stakeholders noted the ongoing changes within Greater Manchester in relation to becoming an ICS and the growth of PCNs, which should both aim to deliver the sort of holistic support that Living Well is currently delivering. In this regard, Living Well is well aligned with the national and local agenda. However, this means it is hard to attribute changes to Living Well above and beyond other changes in the system.

Nevertheless, by rolling out Living Well across Salford and creating strong links into PCNs, stakeholders were optimistic about the potential for Living Well to forge strong connections with Primary Care and to bridge the gap between PCNs and VCS services. By connecting more services on a routine basis, stakeholders suggested that they would expect more collaboration to follow in other areas.

Outcome 6: Reduction in unplanned and crisis health and social care utilisation, including emergency response (some evidence)

This outcome was another which stakeholders felt, on reflection, did not fully capture the nuance of Living Well's aims at this stage. For example, while they agreed that Living Well should provide an alternative option for people experiencing a crisis linked to their mental health, they did not envisage that Living Well would necessarily lead to a reduction in use of specific services. As outlined above, the key consideration for stakeholders was whether or not Living Well helps people get to the right service, at the right time.

Nevertheless, there is promising evidence that people accessing Living Well have subsequently required less support from crisis services. For example, contacts with the Mental Health Liaison service based in Salford Royal significantly reduce after people have been referred to Living Well. Data shows that in the 12 months prior to a referral to Living Well, there were 653 instances by 238 people of

contacts with the Mental Health Liaison service, which reduced to just 7 instances by 6 individuals in the period up to 12 months post-referral to Living Well.[26]

The extent to which this is making an impact at a system level is challenging to quantify. In the context of the pandemic, analysis of service usage between 2019-2022 may be unrepresentative of any long-term impact Living Well is having. Service user level data about service usage, including a counterfactual group, would provide a more reliable understanding.

Over a longer period of time, stakeholders reported that they were confident that Living Well could contribute to reduced use of unplanned and crisis services, by providing support at an early point for people with complex mental health needs.

[26] N/B this data should be treated with additional caution. It includes data for people 12 months prior to their referral to Living Well. However, some people have not gone 12 months since their referral. Therefore it is likely that data underestimates use of Mental Health Liaison services. Nevertheless, the scale of changes suggests that Living Well is likely to have had an impact.

4 Implementation of the Living Well Model

4.1 Overview

This section discusses successes and enablers to Living Well Salford's implementation so far, which relate in particular to creating a positive work culture; effective support structure for staff; utilising the design period to build relationships; listening to people with lived experience; and effective leadership by managers and commissioners.

It then discusses challenges with implementation. The key challenges relate to COVID-19; dependence on CMHT for referrals; managing gaps in local service provision; and recruitment and retention of staff. It also reflects on potential challenges that stakeholders identified for the future roll-out of Living Well as a city-wide service.

4.2 Successes / enablers of implementation

4.2.1 Investment of time for service design forged a strong commitment to Living Well

Allowing enough time to co-design Living Well was an important enabler. Stakeholders were unanimous that time made available for different partners to come together made it possible to develop a shared vision of Living Well Salford and to build the relationships which provide a strong foundation for the service. As one stakeholder described:

> *"We've not been rushed and its given space to think, allowed innovation to develop, to be creative but it's been luxurious to develop."*
>
> Living Well stakeholder

Examples of the benefits of a long design phase included allowing time for the initial ethnographic research to be fully understood, creating the space for the service to be co-designed with a wider group of stakeholders, and building stronger working relationships within the wider Living Well Network.

Stakeholders also praised the amount of time allocated for ongoing reflection about how to improve the service, through forums such as the Collaborative. Having time to reflect on performance and whether Living Well was delivering in line with its principles was seen as important for embedding the service ethos. While this process is time consuming for partners to engage with, stakeholders reported it had resulted in a strong commitment to the values of Living Well.

4.2.2 Shared Values and ethos

Stakeholders also highlighted that the values and principles of Living Well Salford had received widespread acceptance and buy-in from staff, which has been a cornerstone for developing the service offer. Staff reported strong commitment to the Living Well approach, looking beyond traditional medical models of support,

towards a person-centred approach that considers a person's life as a whole. Stakeholders reported that the shared belief in the values and principles has driven the delivery of the service, with stakeholders reporting strong clarity of purpose and motivation.

> *"The values and principles of the service are embedded: people at the centre, working with people, setting smart goals, being collaborative, thinking about spaces and places, the bread and butter of the service is in place – I regard that as a win"*
>
> Living Well stakeholder

> *"The values and principles in design have been implemented, the staff really hold on to those values, they are so on it. When we talk about being trauma informed, we have made a trauma informed pathway, have trauma informed supervision, have been continually asking ourselves to continue the learning and our values."*
>
> Living Well stakeholder

Stakeholders stressed that values have been important as the service has grown and developed over time, emphasising that they provide a framework for supporting effective team working and practice.

> *"With each phase comes new relationships and challenges… my personal learning is that it gets worse before it gets better, as long as you have some compassion you can work through anything… if you arrived in Living Well you would get a sense of team and ownership."*
>
> Living Well stakeholder

4.2.3 Listening to people with lived experience, including people using the service

A focus on listening to people with lived experience was highlighted as a strength and enabler during the design and delivery of Living Well.

Stakeholders reported that the process of collecting people's stories at the beginning of the design process and the subsequent co-design process involving people with lived experience were effective. For example, based on the ethnographic research conducted by Health Watch, Living Well has recruited a member of staff with a specialism in supporting people with issues relating to loss.

Listening to people is an important part of the service's delivery model as well as the design process. Stakeholders highlighted the importance of taking time to listen to people who access Living Well to really understand their needs and aspirations. This was confirmed by individuals who had accessed the service, such as one individual who said:

> *"I understand how stretched the NHS is but [Living Well] really took the time to listen and understand what was going on for me."*

Person working with Living Well

The key role of peer mentors was emphasised by stakeholders, although it was agreed that it is important for all staff to practice good listening skills. Including peer mentors has helped people during the introduction to the service, as they are able to empathise with people using the service.

4.2.4 Empowering leadership and commissioners

Stakeholders were widely complimentary of the Living Well programme's leadership and commissioners. This has been a consistent theme throughout the evaluation.

The difference between Living Well Salford and some other services that stakeholders have been involved with (in Salford and elsewhere) is that the commissioners have shown greater flexibility allowing the service to develop over time. They have achieved a balance between offering guidance, while allowing other voices to input into the development of the service. As one stakeholder explained:

> *"We've not been rushed and it's given space to think, allowed innovation to develop... Trust has also been key, between commissioners and team, to bend and to flex to try new things."*

Living Well Stakeholder

Other stakeholders highlighted that the programme's leadership and commissioners placed a greater focus on values than outputs during the early implementation. This was considered helpful to creating the ethos of Living Well.

While stakeholders praised the role of leadership and commissioners supporting Living Well, they did also acknowledge that locally there is a history of services collaborating which may have made this easier here than it would be elsewhere.

4.2.5 Effective support structure for staff

Stakeholders reported a stronger support structure for the Living Well MDT.

This is in contrast to previous interviews. In the early stages of the prototyping phase, ensuring the correct support was in place for staff was a challenge. This was the result of an imbalance in the mix of professionals in the MDT. In particular, stakeholders felt that the level of risk that some staff were being asked to hold was too great at a time when there were not enough mental health practitioners. Additionally, staff had felt unclear about the oversight of Living Well – particularly staff seconded to the MDT from the voluntary sector.

Stakeholders reported that staff had access to the resources used within the wider Living Well Network. Despite the fast paced and challenging nature of the work, staff felt that their wellbeing was being protected and that they had space to air any worries or issues. Several team members highlighted that the morning team huddle was a good regular means of keeping in touch and tracking challenges in the team.

Stakeholders also reported that the arrangements for line management and clinical supervision have made clearer, and that staff feel more supported as a result.

Nevertheless, stakeholders did still highlight that staff experience a lot of challenges and that this was an area for ongoing attention and further development. For example, a stakeholder explained:

> *"I think a lot is expected of the non-qualified staff, but I'm not sure how well its recognised - some have left, it puts pressure on us, but we can't do it all so the balance is still something we need to keep looking at carefully. The experience as a non-qualified and resilience required is quite high"*
>
> Living Well Stakeholder

4.3 Challenges with implementation

4.3.1 COVID-19 impacting access to Living Well Network and Community

COVID-19 had a significant impact on the development of Living Well Salford. It impacted the roll-out of key features of the service, limited the opportunities for in-person contact during the periods of physical distancing, and limited the number of available services in the community that Living Well could connect people to.

Stakeholders emphasised that, in addition to the operating challenges created by COVID-19, the pandemic (and policy responses) also contributed to increased levels need in the community and put the rest of the health and care system under stress. All this contributed to a more challenging environment to launch a new service.

- **Impact on team working:** Living Well staff reported that that COVID-19 made it more challenging to cultivate a unified team atmosphere, whilst working across different places and spaces. Staff reported that they had worked hard to use technology to preserve effective team working during this period.

- **Impact on roll-out of the pilot service:** Stakeholders reported that the Listening Lounge was not progressed due to COVID-19 and the associated physical distancing restrictions that were imposed. Stakeholders reported challenges promoting Living Well to the wider system (including CMHT and primary care staff) due to the additional pressure COVID-19 placed on those services. This may have prevented some referrals in the early part of the piloting phase.

- **Restricted in-person support:** The role of peer mentors was more restricted during COVID-19. This is because peer mentors could not meet people in person, and there were fewer supported services that they could connect people with. In response, peer mentors did use video calls and (when permitted) met people in outdoor spaces. The latter was particularly highlighted as a success.

- **Restricted services available:** During the pandemic, a number of services – particularly VCS services – operated only a partial service or in some instances were closed. As such, there were fewer service options available during a large portion of the pilot phase that recovery support workers or peer mentors could recommend to people accessing the service.

4.3.2 Dependence on CMHT for referrals

As described in 2.3.1, the referral pathway into Living Well Salford is via the CMHT at Ramsgate House. Living Well is reliant on the referrals from Ramsgate House being managed effectively, and if there is an issue, it can result in people not being correctly referred to Living Well. There were examples mentioned when changes or shortages in staff in Ramsgate House resulted in challenges for Living Well. As a stakeholder explained:

> *"We have been reliant on duty team at Ramsgate House, it works well when there are no staffing problems, we usually take around 90% of their referrals. When this becomes inconsistent, due to staffing issues, we see a change in that… [the number of referrals] drops when staff have gone off sick or have left."*
>
> Living Well stakeholder

As Living Well becomes a more established presence available across the city, it may be less vulnerable to issues like this, where it relies on a handful of professionals for referrals. This would be true also if the number of referral routes is expanded.

4.3.3 Managing gaps in Living Well Community

Living Well Salford has received some referrals for individuals whose primary need is not connected to complexity around their mental health. Stakeholders report that where there are gaps in service provision in Salford, sometimes people have been referred to Living Well because it has a wide range of professionals and connections to other support who might be able to help. Stakeholders agree that it is important to manage these referrals carefully to prevent Living Well from drifting from its aims.

For example, several staff working in the MDT identified that people with autism had been referred to Living Well. Staff explained that, for these people a mental health need was not their primary challenge, and therefore they are not necessarily the group that Living Well is designed to support. However, since there was not an appropriate service available, they were referred to Living Well. A stakeholder described the situation as follows:

> *"It's really important to be very clear that the primary presenting need needs to be complexity around their mental health. It might be that someone with autism is struggling with IAPT, and that the IAPT offer isn't correct. We must make sure we don't just take people into Living Well, … if there are gaps, commissioners can discuss this. The Living*

> *Well team need to have confidence saying there is a better offer for these people, [and not accept a referral] just because there are workers within the MDT who could help. The trigger must be their mental health."*
>
> Living Well stakeholder

The MDT has given feedback when they felt inappropriate referrals are being made to Living Well and noted that feedback has been taken on board by commissioners. Staff agreed that it was important to continue to monitor this challenge to avoid the risk of mission drift and losing the mental health focus.

4.3.4 Staff recruitment and retention

While interviewed stakeholders and the staff survey are broadly very positive about staff experience and outcomes (see 3.3), stakeholders nevertheless did highlight that there have been challenges relating to staff recruitment and retention.

Stakeholders recognised that for some staff, particularly in the non-clinical roles, retention challenges may have been a consequence of failing to articulate the types of challenges that people accessing Living Well might be experiencing – including people with more complex challenges than some staff were expecting. This was particularly a challenge before the full team was recruited and the qualified clinicians were in post to provide more support.

In terms of recruitment, stakeholders noted that finding mental health professionals with the right levels of experience is a national and local challenge. They noted that this challenge may become more difficult if the service expands in Salford and across Greater Manchester (see 4.4.1).

4.4 Potential future challenges

Interviewed stakeholders, including Living Well staff, commissioners and partners, reflected that there may be challenges as Living Well is rolled-out city-wide.

4.4.1 Workforce challenges

Stakeholders were uncertain whether it would be possible to recruit the right staff to deliver the city-wide roll-out. They noted that there is a national and local shortage of certain professionals including Band 6 Mental Health Practitioners and Band 7+ Psychologists. This challenge would likely become more acute if Living Well systems were introduced across Greater Manchester, creating competition for the same staff.

Additionally, as the service grows, staff reported that there would be a challenge to make sure that new recruits were properly inducted into the Living Well approach, taking account for the service's specific values as well as its practice model.

Stakeholders indicated that this issue is under review and that contingency plans are being considered, including deploying different combinations of staff and exploring how less experienced staff could potentially play a greater role if needed.

4.4.2 Expanding the service without a design phase

The role out of Living Well to all of Salford will not benefit from the same extended design phase as the prototype. Stakeholders emphasised that Living Well depends on the quality of relationships between different practitioners and organisations and the shared ethos. Since these were fostered during the extended design phase, a faster roll-out would be more challenging.

Connected to this, the future model will be more closely integrated with PCNs. Whereas the Living Well MDT had a blank canvas to develop its own ways of working, the expanded teams will be working closely with existing teams. Stakeholders were keen that that the ethos, principles and values of Living Well should not be diluted and that all teams based in the wider neighbourhoods should share the same core values.

Lastly, stakeholders reflected that Living Well had successfully developed over time by being flexible and agile, making changes as required. They highlighted how this would be more difficult once the service was embedded with other service, as Living Well will need to agree its approach to operating in partnership with other parts of the system (e.g. PCNs).

4.4.3 Effectively managing open access

Stakeholders interviewed were still supportive of the principle of open access to Living Well, however they were cautious about how any future move in that direction would function. Challenges that were identified include:

- **Demand management:** Stakeholders were cautious about whether Living Well would be able to manage the potential demand for an open access service. As one stakeholder explained:

  "I don't know how open access would work in practice, the idea of open access provokes anxiety in practitioners… the sheer amount of cases that would come through is unknown and it's unclear what our offer would be?"

  Living Well stakeholder

- **Mission drift:** Stakeholders reported that if Living Well was open access, it would be important to make sure that its purpose does not become diluted. Stakeholders recognised that open access could create significant pressure to support people with a lower level of mental health need, who may struggle to access an alternative service. Similarly, it could lose its distinctiveness as a mental health service, if open access resulted in people without a mental health need referring themselves to Living Well to access support from the Living Well Network and community.

- **Appropriate facilities:** Stakeholders highlighted that an open access service would require a physical space. This may be possible to accommodate via the VCS or PCNs, but there isn't currently an estates solution to facilitate this.

5 Conclusion and recommendations

5.1 Summary of key findings

There is evidence to suggest Living Well Salford is providing support to a group of people who previously were unlikely to access an appropriate service, and who are now making positive steps towards recovery and enjoying the type of life they would like to lead.

After using Living Well, people have improved recovery and quality of life and have made progress towards their own personal goals in life. Over half (55%, n=155) of people with matched data recorded a reliable improvement in their ReQoL score, while all of the 52 people who have paired Personal Goals data made progress on at least one goal; 94% made progress towards at least two, and 79% made progress on three.

The model that is currently in place in Broughton includes the majority of the features that were included in the original design. This includes a multi-disciplinary team offer, supported by a network of CVS providers and a wider community of services that it can introduce people to. While COVID-19 has delayed the wider roll-out of Living Well in Salford and prevented the implementation of features such as the Listening Lounge, establishing against such a challenging backdrop is an important success.

Stakeholders emphasised the importance of having generous time to co-design the service, supported by commissioners, and informed by the insights of people with lived experience. The experience of bringing people together built a foundation of trust and genuine commitment to the aims of Living Well that have driven its implementation. Maintaining this energy, and finding ways to replicate it in other parts of Salford when Living Well rolls-out further, will be an important challenge for all stakeholders to engage with.

People using the service said that what helped them was the choice and control they were given, the strong relationships with staff (who showed empathy and listened to them), gaining greater understanding of their mental health needs and the skills to cope and manage them, and also the access to a wide range of support. Stakeholders and people using the service both acknowledged that there are challenges around the exit from the service, especially where services in the Living Well Community cannot offer the same levels of support.

For staff working in the MDT or network, there is positive evidence that they experience a positive and collaborative work culture. Many of those interviewed spoke with evident enthusiasm and passion for Living Well, which was supported by the results of the staff survey which showed high levels of staff satisfaction. Staff reported that stronger line management and clinical supervision had helped, as well as a strongly held commitment to the values of Living Well throughout the team. This represents significant progress from the start of the pilot, when achieving a strong team culture was initially a challenge. Taking lessons from this experience and applying them in the future team will be important.

Evidence of impacts on the local health and social care system is limited so far. This is in part due to the relatively small scale of Living Well's pilot, which is limited to one area. It is also a consequence of the volatile environment it is operating in, which makes attributing changes at system level more complex. One area it can have confidence is that there is a group of people who previously did not access support, falling in the gap between primary care and CMHT, who do now receive more help.

Nevertheless, as Living Well grows and embeds into the neighbourhood networks alongside PCNs, it will have the opportunity to influence practice throughout Salford.

Lastly, stakeholders identified that as Living Well Salford grows in scale, there will be challenges to secure the right staff and to maintain fidelity to the principles and practices of Living Well that have served well so far. Ensuring that Living Well promotes the success of its model, and does not becoming co-opted into the existing system, will be an important challenge going forward. This will require continued strong leadership, effective relationships between Living Well and its partners, and a commitment to continue to monitor and celebrate good performance.

5.2 Recommendations

The following recommendations are intended for Living Well Salford to consider, with a particular focus on growing the service into a city-wide offer. Many of these recommendations were suggested by stakeholders and may already feature as part of current plans. While stakeholders may not all agree with all of the suggestions, they are intended to provoke discussions intended to support on-going improvement. Figure 27 summarises recommendations and indicates the relevant passages of the report which support the suggestion.

Figure 27 Recommendations for the development of Living Well Salford

Recommendation	Section
Reflect on outcomes to ensure they accurately describe success for Living Well system. Living Well is aiming to deliver a wide range of nuanced outcomes for people, staff and the health and care system. Reflecting on outcomes and ensuring that the way they are articulated clearly and accurately reflects Living Well's aims is important to ensure continued focus on the things that matter. As Living Well expands, this will be important to ensure a city-wide shared understanding of what Living Well is for.	3.1 and 3.4
Continue to celebrate successes. Living Well has achieved significant success since its implementation and has made valuable differences to people's lives.	3.3

Recommendation	Section
It is important to share feedback and outcomes data with the wider team, Network and Community. This is an important tool to promote the work of Living Well, preserve its model of practice as it becomes more embedded in the wider system and maintain staff morale.	
Invest time in building relationships and commitment to Living Well Values. The design phase of Living Well created opportunities to build relationships and commitment to a Living Well way of working. As Living Well is replicated in other neighbourhoods, consideration should be given about ways to encourage the development of relationships and commitment to Living Well to replicate the success of the design phase. This could include using stories from people with lived experience. It should also include turning the spotlight on other services, and asking how they can take on the lessons of Living Well, to ensure what works is shared and Living Well is not seen as an 'add-on' to the current system.	4.2.1
Focus on offering support in community settings. COVID-19 has prevented Living Well from fulfilling its ambition to deliver the Listening Lounge and restricted levels of support available in community settings. Living Well should focus on how it can deliver more support in community settings. This may explore using spaces shared with PCNs or VCS partners.	2.2.2 and 4.3.1
Continue to invest in relationships and capacity of VCS partners. The breadth of expertise and support options that the Living Well MDT and Network offer is a strength. Continuing to invest in VCS capacity, as part of the MDT and Network is important. Where gaps are identified in the wider Living Well Community, investing in the VCS capacity is important to ensure people continue to receive the support they need after finishing Living Well.	2.3.3, 3.2 and 3.4
Collaborate as a place (and an ICS) on recruitment and retention of staff. Staff shortages are a national challenge. In Greater Manchester, stakeholders identified that establishing Living Well in multiple places will increase competition. A lack of staff may prevent Living Well systems functioning or destabilise existing services.	4.4

Recommendation	Section
To prevent a '*race-to-the-bottom'* for recruitment, we recommend working with other services in Salford and the Greater Manchester ICS to ensure competing needs are balanced. Living Well should continue to explore opportunities to develop staff and utilise staff with less experience to create greater resilience.	
Review options to increase the access to Living Well. Currently referrals to Living Well come via CMHT. This does not fulfil the original aims of Living Well and means they are dependent on the pathway via CMHT working well. Living Well may wish to review how to make access to Living Well more open. Stakeholders raised concerns about a fully open access service, including a self-referral option. Alternatives could include opening referral routes to a wider number of organisations or establishing a single entry point for referrals to mental health services, where people can be triaged to the appropriate service.	4.4
Improve the collection of activity and outcomes data by Living Well Network. The majority of outcomes data analysed as part of this evaluation has been collected by the Living Well MDT, supplemented by a smaller amount of data gathered by Living Well Network partners. Activity data was provided by the Living Well MDT only. Data was consolidated and analysed by Cordis Bright. Living Well Salford should review options for information sharing that will allow activity and outcomes data to be shared across the Living Well system. This will provide practitioners and commissioners with the clearest understanding about what Living is achieving and how.	1.5.1
Understanding the impact on the health and care system. While Living Well has operated as a pilot, due to its scale it has not been possible to measure impact at a system level with confidence. As Living Well grows there is an opportunity to better understand the impact Living Well has on other parts of the health and care system, including changing patterns of service usage. A service-user level data study (potentially using counterfactual data from statistical neighbours or other parts of the Greater Manchester ICS) could help to better illustrate the changes in patterns of service usage, and also the financial implications of these.	3.4.1

6 Appendix 1 – person level data

6.1 Overview

This report provides analysis of person-level outcomes data that has been collected by staff from the Living Well Salford. This report includes analysis of: (1) characteristics of people accessing Living Well Salford; (2) their journey through Living Well Salford; and (3) the outcomes people achieved.

The information presented in this document is based on individual-level demographic, activity and outcomes data relating to 788 people who have been using the service between February 2020 and January 2022. It was collected by practitioners as part of the process of Living Well Salford, including by staff in the MDT and the network.

6.2 Data quality

This report includes data provided by Living Well Salford MDT, Society Inc, and Six Degrees. It included data from 788 individuals – a significant increase on the previous interim report (June 2021) which included data for 355 people. This represents positive progress, particularly in relation to collecting demographic data.

Data was provided to Cordis Bright in February 2022 and includes data covering the period from February 2020 to January 2022. At the point data was shared with Cordis Bright:

- The positive progress in the collection and recording of demographic information has been maintained. Everyone in the dataset had demographic information recorded for age and gender, and for other demographic characteristics the vast majority had data recorded. Nevertheless, for certain characteristics there has been an increase in the proportion of missing data – for religion this has increased from 0% to 18%.

- There has also been positive progress in relation to the gathering of Personal Goals, ReQoL and Questions about your life outcomes data. As shown in Figure 28, the number of people we have paired data from these key outcomes measures has increased greatly since our earlier report.

Figure 28 Number of people with valid outcomes data for March 2021, June 2021 and final report

Data type	Sample size in February 2021 interim report	Sample size in June 2021 interim report	Sample size in final report
Number of people in dataset	52	355	788

Data type	Sample size in February 2021 interim report	Sample size in June 2021 interim report	Sample size in final report
Paired Personal Goals	0	61	163
Paired ReQoL	26	56	167
Paired Questions about your life	13	57	145

Where there is outcomes data available, this tends to be from people who had a planned exit from support. For example, paired outcomes data is only available for 16 people (16%) with an unplanned exit support of the 101 people with paired ReQoL data. In comparison, paired ReQoL data was available for 76 people (75%) who had a planned exit from support.

Figure 29 Number of people with paired ReQoL data by nature of exit from support

Data status → Nature of exit ↓	Paired ReQoL	No paired ReQoL	Row total
Planned	133	220	353
Unplanned	13	211	224
Still being supported	2	183	185
Missing data	19	7	26
Grand total	**155**	**633**	**788**

6.3 Limitations and challenges

The key limitations and challenges of this report are:

- As described above, we have paired outcomes data for a small proportion of the total number of people who have ended support. This poses two challenges:

  - People who have a planned end to support are far more likely to have paired outcomes data than people who have an unplanned exit. It is likely that the people on whom we have data had better than average outcomes and experience of support and are not representative of the wider cohort of people introduced to the Welcome Teams. Therefore, we are unable to make inferences about the outcomes and experience of the

cohort of people supported by the Welcome Teams as a whole, based on analysis of this data.

- The sample sizes themselves are relatively small. This reduces the statistical power of the analysis and also reduces the likelihood that observed differences between start and end of support will be statistically significant.

- Our analysis looks at change in outcomes over time for people between their earliest and most recently available data point, rather than at a distinct start and end point. This means that the sample includes a mix of people who are either partway through support, or have completed support and potentially returned to Living Well. This difference in 'dosage' means we must apply caution to our interpretations.

- We do not know the extent the samples of people with paired outcomes data are representative of the wider cohort of people to have accessed Living Well Salford, and the extend that the outcomes achieved are representative of the wider cohort. It is likely that individuals with a more positive experience may be more open to completing tools, and therefore the data may over-represent positive outcomes and experiences.

- The analysis looks at the data at two points of time only. This does not provide understanding of people's trajectory prior to support. For some people, a positive outcome may be to experience no further decline in their recovery. However, without understanding of trajectory it is not possible to explore such nuance. We also cannot make any comments about how impact has been sustained.

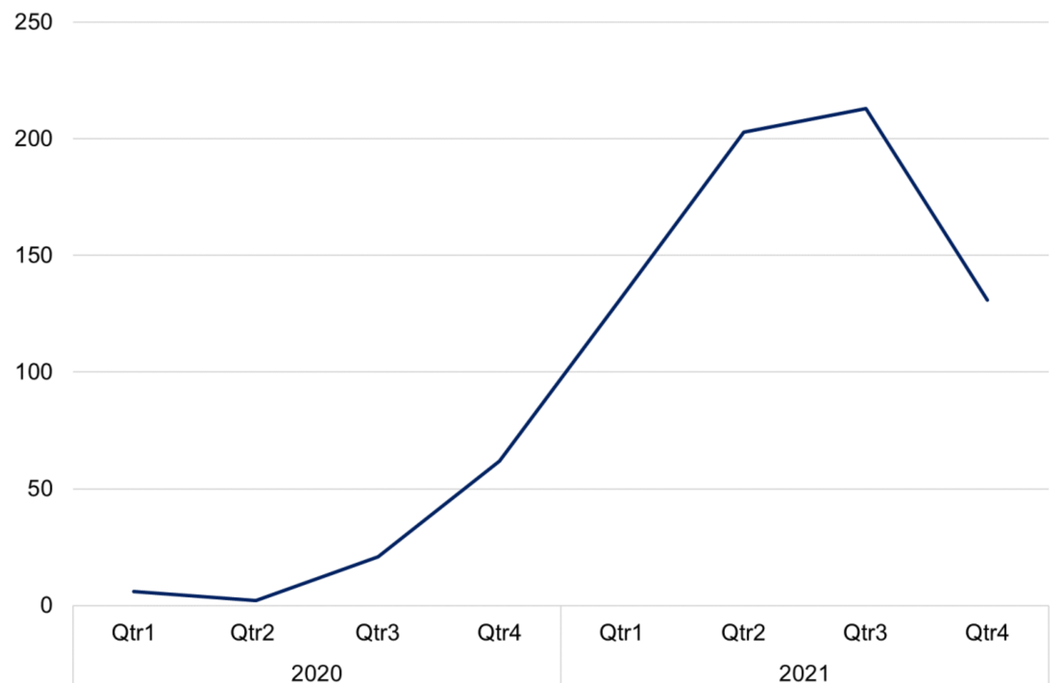
- This analysis has measured the change in outcomes over two periods of time for people whom we have data on that have been supported by the programme, and has not involved a counterfactual analysis, which is a comparison between what has happened for people with support from Living Well Salford and what also happened for people in the absence of the intervention. Therefore, we cannot directly attribute any changes in outcomes to Living Well Salford.

6.4 Characteristics of people accessing Living Well Salford

There were 887 introductions to Living Well Salford between February 2020 and January 2022, of which 788 unique people were introduced as 91 of these people were introduced to the service more than once.[27]

[27] Of the 788 people introduced to Living Well Salford, 697 people were introduced once 91 people were introduced more than once (84 people were introduced twice, six people were introduced three times, and one person was introduced four times).

Figure 30 Number of quarterly introductions to Living Well Salford, February 2020 to December 2021



The amount of demographic data received about protected characteristics was encouraging, as every unique individual had some demographic information recorded such as age and gender. Figure 31 to Figure 38 summarise the demographic information about the people introduced to Living Well Salford. Based on the people with relevant data available the charts indicate that:

- The service mainly supported adults of working age (97%) which aligned with Living Well's target cohort. Very few people (3%, n=788) introduced to Living Well Salford were aged 65 or older.
- The service has supported a relatively equal number of men and women, supporting slightly more women (53% compared to 46%, n=788)
- Almost three quarters (74%, n=788) identify their ethnicity as White, with people from Asian, Black, mixed and other ethnic groups representing 25% of the people introduced to Living Well Salford.
- 60% identify their sexual orientation as heterosexual, 9% gay or lesbian, 5% bisexual, 5% as "other", and 19% did not say (n=788).
- Just under one quarter (24%, n=788) had an existing mental health diagnosis.
- Additionally, 97% of people introduced to Living Well Salford had a disability. Stakeholders connected with the project suggested that people

supported by Living Well Salford view their current mental health distress as a disability.

These statistics suggest that Living Well Salford may be effectively engaging some traditionally under-represented groups, such as ethnic minorities.

Figure 31 Age

Age group	Number of people	Valid percent
18-24	195	25%
25-34	236	30%
35-44	146	19%
45-54	116	15%
55-64	73	9%
65+	22	3%
Valid total	**788**	**100%**

Figure 32 Gender

Gender	Number of people	Valid percent
Female	421	53%
Male	363	46%
Non-binary	4	1%
Valid total	**788**	**100%**

Figure 33 Ethnicity

Ethnicity	Number of people	Valid percent
Asian / Asian British	29	4%
Black / African / Caribbean / Black British	26	3%
Mixed / Multiple Ethnicities	26	3%
Refused to disclose	4	1%

Ethnicity	Number of people	Valid percent
White - Any other white background	45	6%
White - English / Welsh / Scottish / Northern Irish / British	526	67%
White - Irish	11	1%
Any other ethnic group	115	15%
Valid Total	**782**	**100%**
Missing data	6	
Total	**788**	

Figure 34 Sexuality

Sexuality	Number of people	Valid percent
Heterosexual	474	60%
Not stated (declined to say)	153	19%
Gay or lesbian	73	9%
Bi-sexual	42	5%
Not appropriate to discuss	8	1%
Person asked and does not know	2	<1%
Other	36	5%
Valid total	**788**	**100%**

Figure 35 Religion

Religion	Number of people	Valid percent
No religion	340	53%
Christian	219	34%

Religion	Number of people	Valid percent
Muslim	33	5%
Jewish	23	4%
Refused to disclose	3	<1%
Buddhist	2	<1%
Hindu	2	<1%
Any other religion	25	4%
Valid total	**647**	**100%**
Missing data	141	
Total	**788**	

Figure 36 Disability

Disability	Number of people	Valid percent
Yes	761	97%
No	27	3%
Grand Total	**788**	**100%**

Figure 37 Other coexisting condition

Other coexisting condition	Number of people	Valid percent
No	776	98%
Yes	12	2%
Valid total	**788**	**100%**

Figure 38 Existing mental health diagnosis

Existing mental health diagnosis	Number of people	Valid percent
No	600	76%
Yes	188	24%
Valid total	**788**	**100%**

6.4.1 Reason for people accessing Living Well Salford

Figure 39Figure 13 shows that the primary reason for the majority of introductions were due to individuals being in crisis (79%, n=887). Additional referral reasons were also recorded. Most people (63%) did not have an additional reason recorded. 39 people had one additional reason; 69 had two; 82 had three; 60 had four; and 45 had five or more (n=592). Most additional reasons for referral were related to mental health or mental wellbeing, specifically depression and anxiety / feeling nervous (see Figure 40).

Figure 39 Primary reason for introduction to Living Well Salford

Primary reason for introduction	Number of people	Proportion
In crisis	697	79%
Depression	64	7%
Anxiety	56	6%
Personality disorders	24	3%
Post-traumatic stress dis.	11	1%
Adjustment to health issues	10	1%
Obsessive compulsive dis.	5	1%
Bipolar disorder	5	1%
Drug & alcohol difficulties	5	1%
Diagnosed autism	3	<1%
Perinatal mental health issues	1	<1%
1st episode psychosis	1	<1%
Neurodevelopmental condition excluding autism	1	<1%

Primary reason for introduction	Number of people	Proportion
Relationship difficulties	1	<1%
Self-care issues	1	<1%
Eating disorders	1	<1%
Gender discomfort issues	1	<1%
Total	**887**[28]	**100%**

Figure 40 Additional reason for introduction to Living Well Salford (n=592)

Additional reason for introduction	Number of people
Mental health	**309**
Depression	136
Anxiety	48
Less suicidal/ reduced levels of self-harm	41
Less paranoid	13
Post-traumatic stress disorder	9
Low mood	8
Suspected autism specific disorder	8
Neurodevelopmental condition (excluding autism)	6
Personality disorders	5
In crisis	5
Self-harm behaviours	5
Neuropsychological assessment	4
Obsessive compulsive disorder	4
Psychosis	4
Anxiety/stress management training	3

[28] It should be noted that some people have been introduced to Living Well Salford multiple times, and therefore their presenting issue may be recorded more than once.

Additional reason for introduction	Number of people
Anger management	3
Diagnosed autism specific disorder	2
Psychotherapy	2
ADHD - adult transfer	1
Learning disability excluding ASD	1
Assessment of mental state	1
Mental wellbeing	**402**
Feel less anxious or stressed.	143
Coping with feelings	139
Feel in control of life	105
Help with nerves	12
Emotional dysregulation	3
Social	**115**
Meet people	51
Feel more confident	38
Find/keep work or education	23
Relationship difficulties	3
Health	**24**
Drug & alcohol reasons	17
Adjustment to health issues	3
Eating disorders	1
Care/self-care issues	3
Other	**75**
Coping with bereavement	33
Find somewhere to live	18
Counselling	3

Additional reason for introduction	Number of people
Motivation to change	2
Risk management	5
Activities of daily living	3
Safeguarding	2
Engagement problems with CMHT	1
Goal planning	1
Other	7
Total	**925**[29]

6.5 Journey through Living Well Salford

6.5.1 Source of introductions to Living Well Salford

Figure 41 shows that the most common source of introduction to Living Well Salford was the Community Mental Health Team (88%, n=887), followed by GP / Primary health care referral (9%). In previous reporting, it was identified that this was effectively a single pathway (i.e., GP refers individuals to CMHT, who triage to Living Well as appropriate), as part of ongoing development of a single entrance to community mental health services locally.

Figure 41 Source of introduction to Living Well Salford

Source of introduction	Number of people	Proportion
Community Mental Health Team	782	88%
GP / Primary health care	78	9%
GMMH team	10	1%
Voluntary sector	5	1%
Self-referral	4	<1%
IAPT services	2	<1%
Other charitable organisation	1	<1%

[29] The total number of additional reasons for introduction to Living Well Salford totals more than 887 because individuals often had more than one reason.

Source of introduction	Number of people	Proportion
Alcohol and drug services	1	<1%
Housing department	1	<1%
Occupational therapist	1	<1%
MDT	1	<1%
Other	1	<1%
Valid total	**887**	**100%**

6.5.2 Support provided by Living Well Salford

On average, people waited 14 days between being referred to Living Well Salford and their introduction to the programme, as shown in Figure 42. The time between referral and introduction spiked greatly in quarter one 2021 to 58 days, after which the time remains fairly stable.

Figure 43 shows that a wide variety of support has been provided by Living Well Salford, including support for trauma and mental health, as well as a range of specific interventions depending on need. The majority of people (92%) received support in the “other” category which included 248 types of intervention, an overview of which can be seen in Figure 15.

Figure 45 shows the frequency of interventions per person, highlighting a large range in the intensity of support. The data recording approach results in individual sessions of a course of support being recorded and suggests that some people have received over 100 interventions, whereas other people have received far fewer.[30]

Figure 42 Average number of days between date of referral and date of introduction by quarter (Quarter two 2020 has been excluded as there were no referrals)

[30] Caution should be applied when interpreting these results as a course of support has been recorded as multiple interventions i.e. multiple counselling sessions or completing ‘My Story / My Plan’ multiple time.

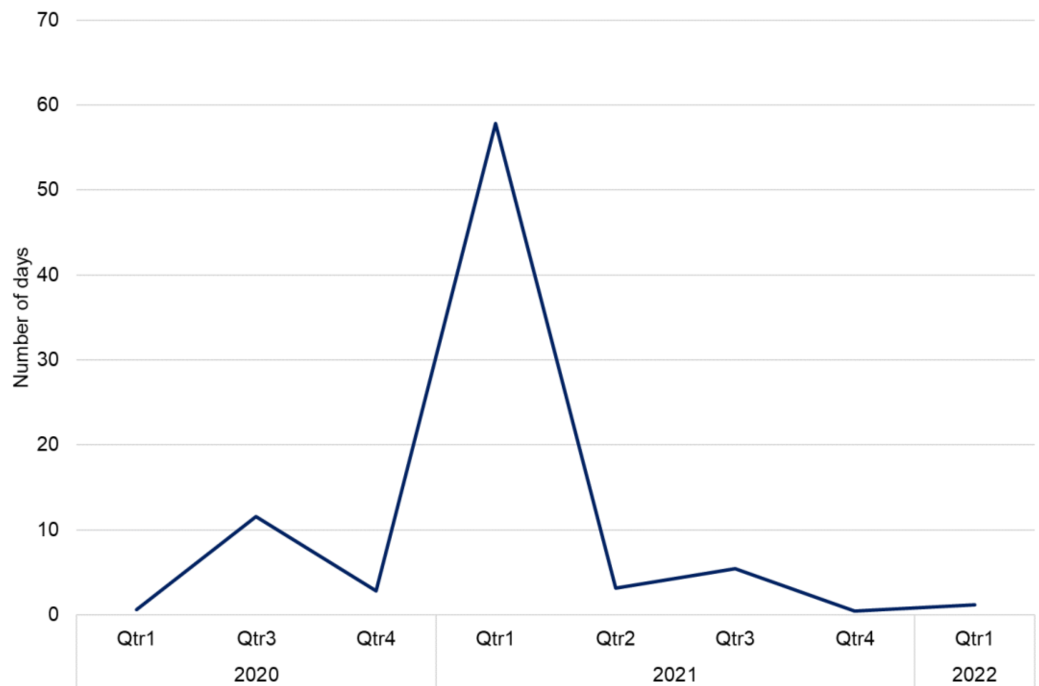


Figure 43 Number of people that have engaged with specific interventions so far (n=788)

Intervention provided	Number of people	Percentage of people to receive (n=788)
Trauma Enquiry	367	47%
Social prescribing / Community Activity	278	35%
Strengths Based Support (Personal, Social and Community Strengths)	271	34%
Trauma Specific Support	239	30%
Completed My Story / My Plan	159	20%
Mental State Examination (MH Practitioner)	108	14%
Peer support	92	12%

Intervention provided	Number of people	Percentage of people to receive (n=788)
Employment support	20	3%
Other[31]	722	92%

Figure 44 Interventions provided so far

Interventions	Number of interventions
Completed My Story / My Plan	673
Employment support	45
Mental State Examination	411
Peer support	304
Social prescribing / Community Activity	1322
Strengths Based Support (Personal, Social and Community Strengths)	991
Trauma Enquiry	753
Trauma Specific Support	700
Other:	14702
Therapeutic interventions	6065
Clinical interventions	2541
Care planning	2069
Social interventions	1739
Miscellaneous	990
Clinical assessments	430
Safeguarding	299

[31] There were 248 different interventions listed under “other” which were categorised into 12 further categories, as displayed in Figure 44.

Interventions	Number of interventions
Onward referrals	221
Reporting	133
Physical healthcare	91
Medicines management	57
Group therapy	34
Clinical correspondence	33
Total	**19901**

Figure 45 Frequency of interventions provided so far

Interventions	Number of People	Percentage of People (n=788)
100+	30	4%
75-99	23	3%
50-74	74	10%
30-49	85	12%
20-29	77	11%
10 to 20	135	18%
1 to 9	306	42%
Total	**730**	**100%**

6.5.3 Exit from Living Well Salford

Of the 788 people to have been introduced to Living Well Salford during this report's data period, 586 people were recorded as having exited the service by 16th February when the data was downloaded for analysis.[32] 43% of people who ended support exited when their treatment was completed. However, a similar proportion (41%) ended due to not engaging or being unsuitable.

[32] This is based on the number of people with an exit date after their most recent introduction to the service.

At the time when the data was downloaded 202 people continue to be supported by Living Well Salford.

Figure 46 Reason for support ending

Reason for support ending	Number of people	Proportion
Completed treatment	290	43%
Declined, disengaged, or failed to attend	238	35%
Not suitable for service	43	6%
Transferred to another service	35	5%
Referred to another service	35	5%
Client and professional mutual agreement	19	3%
Referral to wider Living Well Network	13	2%
Discharged	4	1%
Advice given (wider Living Well Network)	1	<1%
Total	**678**[33]	**100%**

6.6 Outcomes of people supported by Living Well Salford

6.6.1 Personal Goals

Paired Personal Goals data was available from earliest and most recent for 163 (90%) of the 181 people we have some matched data for. This represents a total of 489 paired goals (as some people had data for more than one goal). The data shows that:

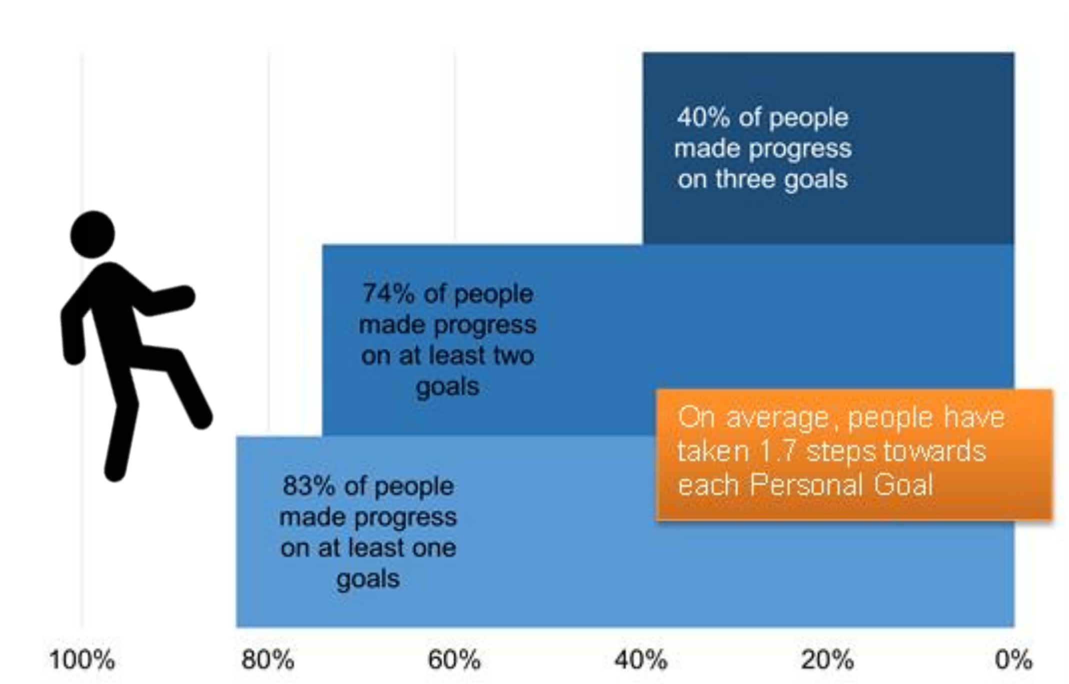
- Most of the 163 people (136 people, 83%) who have paired Personal Goals data made progress on at least one goal between their earliest and most recent, 121 (74%) made progress towards at least two, 65 (40%) made progress on three (Figure 21).
- 78 of the 163 people (48%) mostly or fully achieved at least one goal by the end of support; and 35 (21%) had fully achieved at least one goal.

[33] There is a higher number of exits than people that have finished support. This is because people have ended a session of support and then been reintroduced to Living Well Salford.

- 24 people (15%) moved backwards on a goal.

- Overall, the progress made by the group on their personal goals was statistically significant,[34] with people making significant progress against their goals from a median score of 1 (having made “a little” progress towards their goal) at the start of support to a media score of 2.7 (the goal is “halfway” achieved) at end of support ($p<0.05$, large effect size =0.71).[35] [36]

Figure 47 Progress on Personal Goals for people with matched data at start and end of support (n=163)



6.6.2 ReQoL

Paired ReQoL data was available from earliest and most recent for 167 (92%) of the 181 people with some matched outcomes data.

In terms of mean scores for the cohort as a whole:

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[34] Based on Wilcoxon signed rank.

[35] $p<0.05$ and large effect size=0.71

[36] Effect sizes for pre/post analysis can appear larger than effect sizes identified through randomised controlled trials for a range of reasons, including the role of other things affective people’s lives in improving outcomes, and regression to the mean.

- The mean ReQoL score increased from 14.2 at the earliest point of support to 20.3 at the most recent time. This is a statistically significant increase ($p<0.05$, medium effect size=0.65) – see Figure 20.[37]

- This indicates that, on average, people accessing support from Living Well Salford Teams are within the clinical range for needing mental health support (i.e. they have indicated by a ReQoL score below 25). Although they tend to improve, the average score still remains within the clinical range when they exit the service.

In terms of individual changes in scores as a proportion of the sample (n=167):

- Over half (95 people, 57%) saw a reliable improvement in their ReQoL score, (i.e. an increase of 5 five points or more), meaning that they experienced a meaningful improvement in their recovery and quality of life.

- 35% (59 people) saw no reliable change in ReQoL score.

- 8% (13 people) saw a reliable deterioration in ReQoL score, i.e. a decrease of five points or more, which indicates a reduction in their quality of life (a decrease of 5 points or more) – see Figure 49 .

- Three quarters (125 people, 75%) saw improvement in their ReQoL score; seven people (4%) experienced no change; and 35 people (21%) saw a deterioration.

[37] Based on paired t-test.

Figure 48 Mean ReQoL index score for people with earliest and most recent data (n=167)

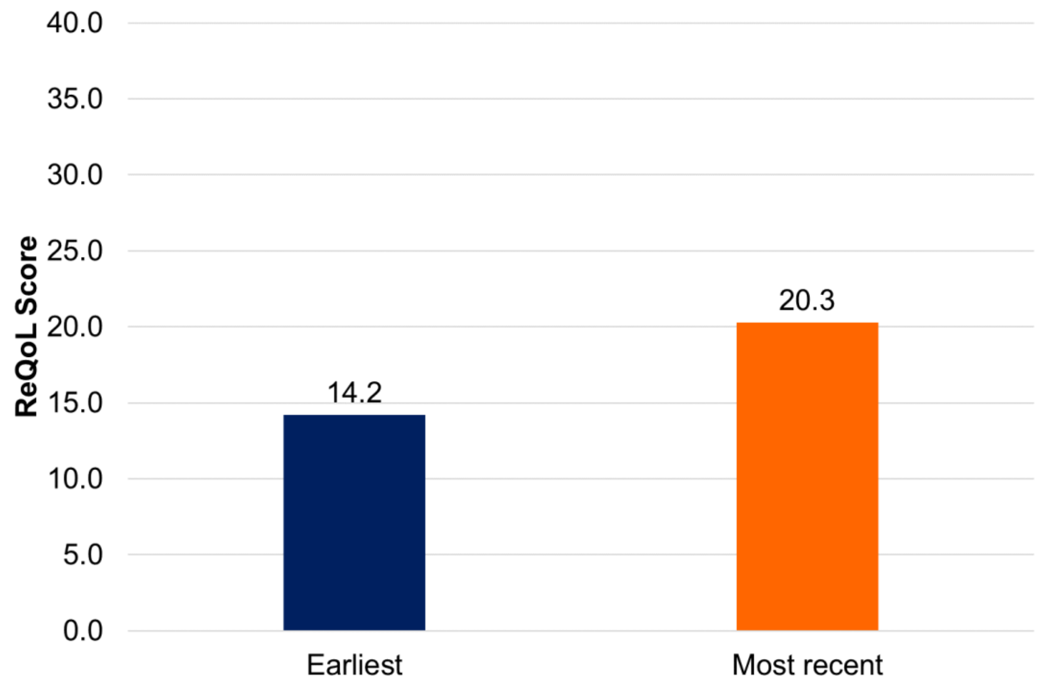


Figure 49 Change in ReQoL index score between earliest and most recent support (n=167)

Change over time	Number of people	Proportion
Reliable improvement (change in index score ≥5)	95	57%
No reliable change (change in index score >-5 and <5)	59	35%
Reliable deterioration (change in index score ≤-5)	13	8%
Valid Total	**167**	**100**

6.6.3 Questions about your life

The Questions About Your Life tool is not a validated scale.[38] The following results should therefore be considered less reliable than the insight from the

[38] Questions about your life is, however, based on a larger validated scale, the Manchester Short Assessment of Quality of Life (MANSA).

Personal Goals and ReQoL data and should be triangulated against other qualitative and quantitative data for more robust findings.

Paired Questions About Your Life data was available for 145 (80%) of the 181 people with some matched outcome data.

People were asked to rate their satisfaction to a series of domains, including employment, leisure activities and accommodation. Analysis of the data for these people shows that: (see Figure 50 and Figure 51)

- There was a statistically significant[39] increase in satisfaction scores for five of the six domains.
- For the domain of personal safety, the median satisfaction score remained at six, however, the overall improvement in satisfaction was statistically significant.
- The median satisfaction scores for accommodation remained at five and any change was not statistically significant.
- For job/studies/other occupation, leisure and community activities, and relationship and family, the most common response was an improvement in satisfaction. Leisure and community activities had the largest number of people seeing an improvement in satisfaction (71 people, 50%). For the remaining three life domains, the most common experience was no change in satisfaction (Figure 52).

Figure 50 Change in Questions About Your Life satisfaction scores between earliest and most recent point of support (n=143 to 145)

Domain	Earliest median	Most recent median	Statistically significant (p>0.05)	Effect size
Job/studies/other occupation	3 “mostly dissatisfied”	4 “mixed satisfaction”	Yes	Medium = 0.32
Leisure and community activities	3 “mostly dissatisfied”	4 “mixed satisfaction”	Yes	Small = 0.23
Relationship and family	4.5 “mixed satisfaction” / “mostly satisfied”	5 “mostly satisfied”	Yes	Small = 0.26

[39] Based on Wilcoxon signed rank.

Number and quality of friendships	4 “mixed satisfaction”	5 “mostly satisfied”	Yes	Small = 0.21
Personal safety	6 “pleased”	6 “pleased”	Yes	Medium = 0.32
Accommodation	5 “mostly satisfied”	5 “mostly satisfied”	No	n/a

People were also asked to respond to a series of “yes/no” questions about aspects of their lives. Analysis of the data for these people shows: (Figure 53)

- There was a statistically significant[40] change in the following life domains:

- Participation in leisure and community activities (p<0.05, medium effect size =0.29)
- Having anyone to call a close friend (p<0.05, medium effect size = 0.33)
- Visiting a friend in the last week (p<0.05, medium effect size =0.29)

- There was no significant change in employment status (whether people were in paid or voluntary work, education or training, unemployed or retired).

[40] Based on Chi-Square test.

Figure 51 Median satisfaction scores at the earliest and most recent point of support (n=143 to 145)

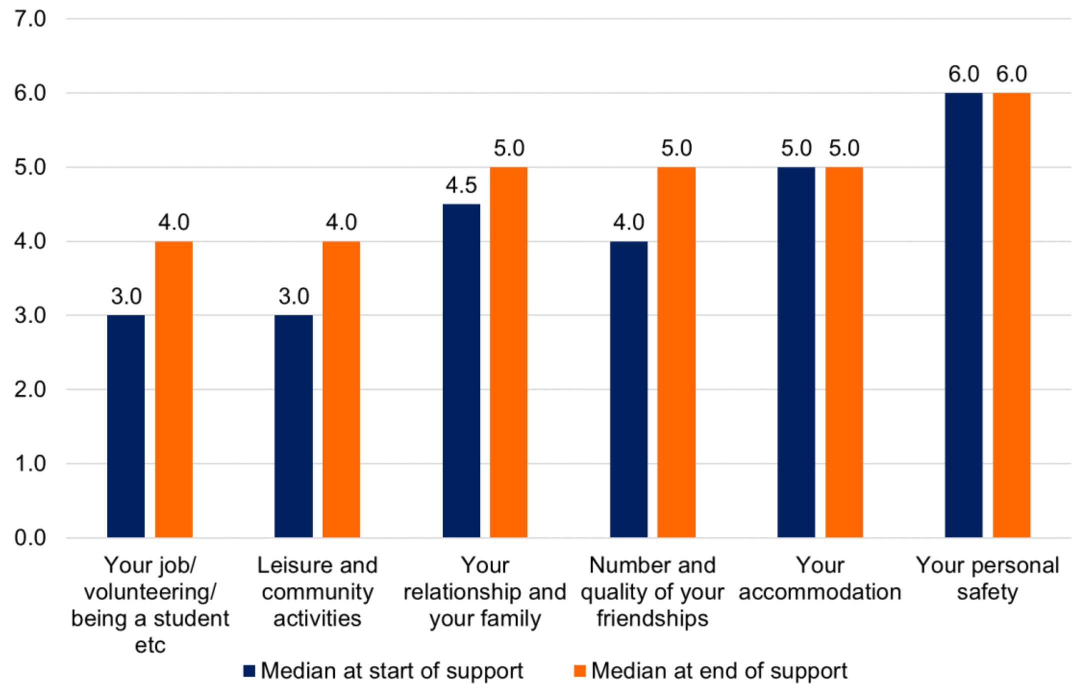


Figure 52 Change in Questions About Your Life satisfaction scores (n=143 to 145)

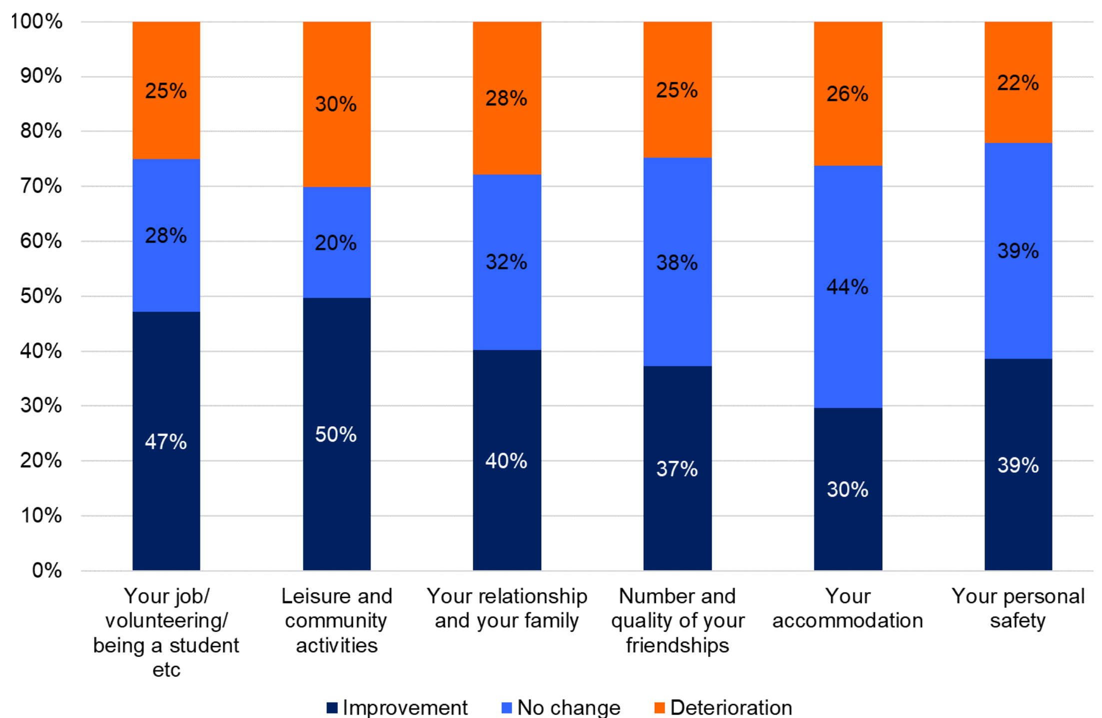
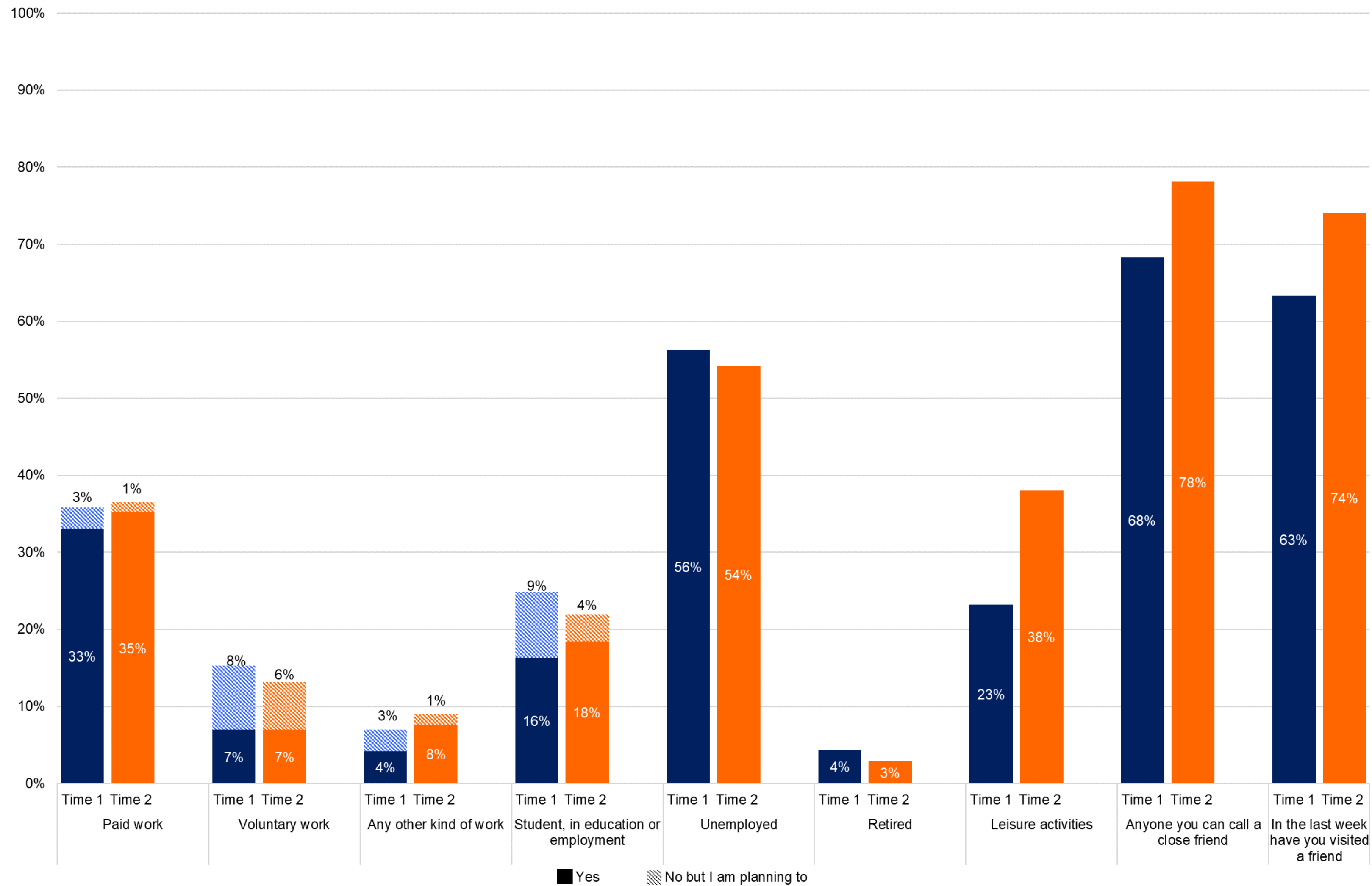


Figure 53 Change in answers to an array of Questions About Your Life (n=139 to 145)



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