

# WORKING FOR SOMETHING BETTER

Stories of designing, testing and  
leading Living Well UK systems

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## About Living Well UK

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

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

Living Well UK systems put people's strengths and lived experience at the centre and help people recover and stay well as part of their community. The aim is that these new systems will help system leaders in the UK realise national policy ambitions to transform community mental health services, including for people with severe mental illness, and create genuinely integrated systems of care across primary and secondary, and statutory and voluntary sectors.



## About Innovation Unit

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

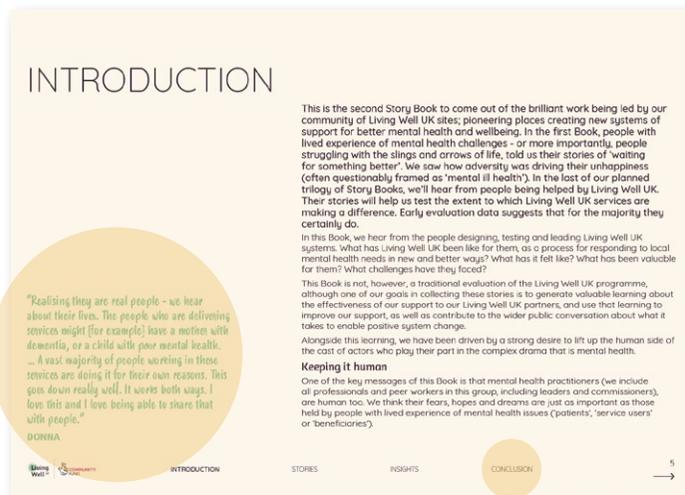
Design by **Ellie Hegarty**



# HOW TO USE THIS BOOK

'Working Towards Something Better' is an interactive PDF. This means that you can navigate anywhere in the Book without scrolling.

Click on the **buttons, panels or quotes** to revisit pages, discover more, or to skip ahead.



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# INTRODUCTION

This is the second Story Book to come out of the brilliant work being led by our community of Living Well UK sites; pioneering places creating new systems of support for better mental health and wellbeing. In the first Book, people with lived experience of mental health challenges - or more importantly, people struggling with the slings and arrows of life, told us their stories of ‘waiting for something better’. We saw how adversity was driving their unhappiness (often questionably framed as ‘mental ill health’). In the last of our planned trilogy of Story Books, we’ll hear from people being helped by Living Well UK. Their stories will help us test the extent to which Living Well UK services are making a difference. Early evaluation data suggests that for the majority they certainly do.

In this Book, we hear from the people designing, testing and leading Living Well UK systems. What has Living Well UK been like for them, as a process for responding to local mental health needs in new and better ways? What has it felt like? What has been valuable for them? What challenges have they faced?

This Book is not, however, a traditional evaluation of the Living Well UK programme, although one of our goals in collecting these stories is to generate valuable learning about the effectiveness of our support to our Living Well UK partners, and use that learning to improve our support, as well as contribute to the wider public conversation about what it takes to enable positive system change.

Alongside this learning, we have been driven by a strong desire to lift up the human side of the cast of actors who play their part in the complex drama that is mental health.

## Keeping it human

One of the key messages of this Book is that mental health practitioners (we include all professionals and peer workers in this group, including leaders and commissioners), are human too. We think their fears, hopes and dreams are just as important as those held by people with lived experience of mental health issues (‘patients’, ‘service users’ or ‘beneficiaries’).

(Click on quotes to read full stories)

*“Realising they are real people - we hear about their lives. The people who are delivering services might [for example] have a mother with dementia, or a child with poor mental health. ... A vast majority of people working in these services are doing it for their own reasons. This goes down really well. It works both ways. I love this and I love being able to share that with people.”*

**DONNA**

*“What attracted me to my role in the prototyping team is it’s an innovative way of working and a breath of fresh air compared to my previous role. What has been missing in services has been found in this project.”*

**PROTOTYPING TEAM MEMBER**

## Why is it important to recognise that our systems are made up of people?

Practitioners play a hugely influential role in determining and shaping what services and offers are made available and to whom, and how they are made available. They enact a diverse set of expectations and behaviours - often given to them by their seniors, and those who joined the sector before them - that both enable and constrain what is possible and what ultimately gets ‘delivered’.

The decisions of leaders and managers in particular have for decades been shaping the experiences and outcomes of people using services, and yet we know comparatively little about them. Seldom do we hear stories of why practitioners decided to work in mental health in the first place, what early experiences first helped them get in touch with the things that they care about most now.

For too long the human voice of professional and practitioner experience has been left unheard. This Book gives these voices a platform to challenge this culture and to help promote the importance of the humanness at the heart of our systems.

## Understanding transformation

Fundamentally, the stories in this book help us to see transformation not just as strategic intent, but also as a deeply human experience and process, one that moves between hope and despair, confidence and doubt, safety and risk, joy and distress, harmony and conflict.

The Living Well UK process that we have used to support our sites ([see the short summary below](#)) aims to carefully hold and encourage people through these alternating emotional positions. In doing so, it promotes the need for new kinds of leadership and new kinds of spaces that enable people to:

- **Connect back to their own personal call** to leadership, their energy and ambition for helping others
- Connect deeply to the voice of lived experience; both to connect with people’s suffering and with their often extraordinary resilience
- Hear and **equally value each other’s voices** and perspectives
- Collaborate across organisational boundaries in order to **unlock collective intelligence, wisdom and insight**
- **Test, challenge and leave behind** unhelpful ways of thinking and doing

- **Explore new possibilities** for how the real work of transformation is done and what it can achieve
- Exercise **shared accountability for the work of change**; the different kind of permissions and distribute authority required to get on and do the work

But we know from these stories and our wider work in Living Well UK that the process and experience of transformation is rarely easy or straightforward. Confidence and clarity take time to develop and can disappear overnight, especially when the work becomes difficult, is contested, or becomes disrupted by wider contexts.

Transformation is a near constant process of renewing energy, hope and commitment against a backdrop of often inhibitive ways of thinking and working - for example, the divisive way in which clinical and social approaches to mental health are held apart, rather than as complementary, or the way that specialist secondary care is seen as a destination for the few, rather than a resource in service of the system.

Transformation lies in people's capacity to make progress towards new and emerging ambitions by recognising and rethinking their own assumptions, by acknowledging current constraints and imagining new possibilities, and by developing as individuals and in relationship with others. This might mean being given permission to work with and on behalf of the system, rather than only working to meet the expectations of a single employer. It might mean trying out new practices and new tools in a spirit of learning and iteration. It might mean distributing power, risk and accountability more evenly across the system.

Critically, it requires the kind of leadership that the people in this book have shown in abundance - a leadership that puts people at the centre, that 'gives' the real change work to them, and that pays attention to the exhilarating but also sometimes distressing human experience of change itself. It is leadership that creates the conditions in which people can build the confidence and capabilities they need to hope for, imagine and test out new possibilities for a different and better system. But we know from these stories and our wider work in Living Well UK that the process and experience of transformation is rarely easy or straightforward. Confidence and clarity take time to develop and can disappear overnight, especially when the work becomes difficult, is contested, or becomes disrupted by wider contexts.

*“I think a lot comes down to giving ourselves the headspace and time to do the work that we wouldn't ordinarily have been able to do. It would have been difficult for me to have gone to the CCG and council and say, ‘I want to do this thing, and it's going to take three years. And you know, after a year and a half we will be only working with 12 people’ ... I think it would have been a hard sell.”*

**JUDD**

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### **The key role of intermediaries in enabling change work**

The stories from practitioners in this book show the value they've taken from being part of a movement that exists beyond their own locality. The significant time and emotional investment from them would not have been possible without National Lottery funding from The National Lottery Community Fund, and what they've been able to achieve is testament to the role this organisation plays in creating a better future for mental health services across the UK.

By creating the spaces and investment for this national movement to grow, The National Lottery Community Fund has been able, through its funding of Innovation Union, to foster a new imagination about what is possible in our mental health systems in the UK. This role of shaping and nurturing the UK's collective imagination is often one that is under supported in processes of system innovation and transformation. It requires a longer-term perspective, one that recognises change as a journey that starts with acknowledging how our current imagination might limit our ability to see beyond our existing systems, whilst

also recognising this same imagination is a resource that can be mobilised to collectively imagine and grow our systems anew.

We hope this Book starts to bring to life some of these subtleties, some of the critical human dimensions that enable, or hinder, transformation. Transformation ultimately must be about dramatic change and as such will often feel striking and sudden. Most of us can't cope with wholesale, instant change - it's just not manageable. System transformation takes a long time. It is delicate, fragile, and easily foiled. The stories in this Book convey good progress in our sites, as well as hopes for something even better to come. Living Well UK provides a process and methodology for change, it's the people in this Book who make it happen, day to day, person by person, inch by inch.

### **Summary of our approach to supporting transformation**

The storytellers in this Book are sharing their experience of the Living Well UK approach to system change. To help you make sense of their stories, here is a summary of the key elements in the process we have used to support transformation of community mental health:

#### **Adopting and adapting**

Fundamentally, the starting point for Living Well UK is adopting and adapting a powerful existing solution, which was first developed in Lambeth, south London, by a 'Collaborative' of local stakeholders who wanted to 'turn the system on its head' and start to redistribute resources towards prevention and primary care. They co-designed the 'Living Well Network Hub', which acted as the "front door" to mental health services, delivered by a multidisciplinary team from primary and secondary care and the voluntary sector. The Hub was an open access offer, with no thresholds or eligibility criteria, to help people who are experiencing mental distress.

In our methodology, we support Living Well UK sites to adopt key features of the original model, while also enabling adaptation to the current reality of local context and conditions. Both elements are critical in bringing existing innovations to life in new places.

#### **Story gathering and storytelling**

Reconnecting practitioners and leaders emotionally to why they work in mental health in the first place. We do this by providing training in ethnography, and by facilitating group storytelling and insight generation sessions.

*"Being part of the Programme has allowed us to make the shift ... they have taken us into a new space – metaphorically and physically".*

**PAT**

### **Movement building**

Enabling citizens and professionals to work side by side and non-hierarchically. We do this by facilitating Living Well UK Collaboratives - non-hierarchical groups that enable citizens and professionals to work side by side to jointly craft visions for change and develop new ideas.

### **Developing collaborative leadership across organisations and sectors**

Creating leadership communities based on dialogue and relationships. We do this through one to one leadership coaching, group leadership development and by facilitating cross-system leadership forums.

### **Co-design and co-production**

Ensuring that system change is built out of the voice of lived experience. We do this by facilitating Living Well UK Design Teams - groups that enable citizens and professionals to co-design new solutions. Design Teams are not like traditional meetings; they are collaborative spaces that help people connect over common values, listen to the voice of lived experience, and unlock imagination and creativity.

### **Prototyping (rather than ‘piloting’)**

Enabling fast-paced testing, learning and service development, and to avoid ‘right’ and ‘wrong’ thinking in complex systems where there is often no easy answer. Prototyping enables people to be the co-producers of new forms of support, and it enables innovation by creating space for managed risk taking. We do this by facilitating ‘Prototyping Labs’.

### **Developing and nurturing practice leadership**

Blending the best of clinical and social models and to recognise that real transformation happens in the work between professionals and between them and people using services. We do this by supporting Team Leaders to grow their practice leadership and by hosting Living Well Communities of Practice.

# STORIES

# STORIES

Explore different stories by clicking on the faces of our storytellers



**PAT**

Transformation Lead,  
Tameside & Glossop



**WENDY**

Chief Executive of  
Health in Mind,  
Edinburgh



**DONNA**

Chief Executive  
Officer of the  
Anthony Seddon Fund  
Tameside & Glossop



**TRUDY**

Team  
Coordinator,  
Luton



**SHAZ**

Peer Support Worker,  
Edinburgh



**LINDA**

Strategic Programme  
Manager for Mental  
Health and Wellbeing,  
Edinburgh



**JUDD**

Commissioner,  
Salford



**KATIE**

Senior Manager,  
Mental Health Trust

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

# PAT

**Transformation Lead, Tameside & Glossop**



# A LITTLE ABOUT PAT

*“I have always felt fortunate, in having an awful lot of autonomy and freedom.”*

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A hands-on and practical approach lies at the very heart of Pat’s work ethos and subsequent achievements, and can be traced back to the beginning of her career.

At 16 she took a two-week nursing programme during which she was introduced to the concept of Occupational Therapy (OT) that really appealed to her. From South Africa, Pat moved to the UK and trained as an OT, specialising in physical health, particularly children and young people. Looking back she says, “At the time I started my training I had no idea about mental health, no idea about Psychiatry.” Following her qualification and working her way through the OT ranks, a move to London saw Pat working in a Primary Care Trust in her first multidisciplinary leadership role. It was here that she first worked with a Commissioner, a role that fascinated her - as she says, “somebody on the outside of services, looking in. The appeal was the Commissioners’ ability to make a difference, to do more ... to shift resources to those who needed them.” It is a role that she still feels suits her. She also undertook a masters in health management and for the first time recognised how health policy can be used to make things happen.

It wasn’t until nearly 20 years later however that Pat moved into adult mental health – before this her work focused on children, young people, learning disability and mental health. This is where her passion lies, where she feels she can “fight for the underdog, pushing for recognition of the need, for the resources to expand.” Her approach is still very hands-on, “taking a problem solving approach. Even when you’re working with real complexities your glass is half-full and you’re looking forward rather than getting bogged down with the here and now.” Within her commissioning work, Pat values the learning from working with individuals where she feels she can make a positive difference. OT gave Pat very practical transferable skills, including clinical knowledge, and those now help her in her role as a commissioner. In her words, “they keep me moving forward.”

There is a really positive atmosphere when Pat speaks about her job. She tells us, “I have always felt fortunate, in having an awful lot of autonomy and freedom. Always felt supported and encouraged by my managers - given a lot of respect and given the freedom to make proposals and take things further.” During her career there have been

some significant moments. In January 2018 she created a business case that achieved £6 million of investment in mental health services to be invested over the next three years. “This felt like an amazing achievement and is where we got the money to do Living Well UK Programme.” In fact Pat’s creating another business case right now to further this work and has also just put in a bid for NHS England money. “If we are successful a significant amount will go to the voluntary sector supporting work in mental health.”

Achieving an award from the Association of Infant Mental Health in recognition of her work was also a high point, as she tells us is seeing Living Well UK starting to take shape, flourish and flower. “Watching clinicians buy into the whole system model and become advocates has been so rewarding.”

### Pat’s job

Pat’s actual title is ‘Strategic Lead’, but she prefers ‘Transformation Lead’. It is a unique role, sitting outside any one organisation. As such it gives her the freedom to analyse how things could be different, however the work is endless, and she has had to learn to prioritise.

With such an enormously heavy work load Pat tells us, “it is hard to carve out thinking time. I have a raft of plates that I’m spinning at any one time and they do fall off – so my day is a mixture of probably two or three of those plates having some good attention ... Every week I also have one-to-ones with people in the team and things come winging in from the left.” Pat describes each day as being massively different, containing anything from procurements, through legal representations to report writing. “It’s the constant change and the uncertainties that are tricky.” She wouldn’t be able to continue working at this rate if it weren’t for her plans to take partial retirement next year, “a space to concentrate on just one big thing associated with perhaps just community mental health, or eating disorders at Greater Manchester (GM) level ... and I’m keen to support VSCs to develop business cases.”

*“It is hard to carve out thinking time. I have a raft of plates that I’m spinning at any one time”*

# THE LIVING WELL UK PROGRAMME

*“The Innovation Unit brought in a level of creativity, innovation and professionalism that we hadn’t ever experienced before.”*

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For a long time Pat had been concerned about people falling in the gap between services. “I’ve had to write a response to the coroner on two occasions when people in the gap have committed suicide ... that was immensely difficult.” On seeing the Lambeth model of the Living Well UK Programme, Pat knew it was absolutely what was needed to solve the gap, as she says, “it was crystal clear.” Prior to being part of the lottery funded Living Well UK Programme, Pat devised a business case to which every single person at the commissioning board agreed: “101 Days For Mental Health Project. It was an exciting piece of work, seeing everyone buy into it ... the Innovation Unit brought in a level of creativity, innovation and professionalism that we hadn’t ever experienced before.”

When funding from the Lottery for the Living Well UK Programme was sought T&G became part of the bid. Pat tells us this next step has been amazing, “although the work we did in 101 days got us to a certain point, being part of the Programme has allowed us to make the shift.” Pat talks about the value IU coaches brought by facilitating workshops and turning the outputs into something that made sense. “They have taken us into a new space – metaphorically and physically.”

For Pat the most important part has been hearing the lived experience stories. Also seeing the collaboration between the group of partners has also been significant plus learning about innovation and what has worked in other places.

The people she has met throughout the journey have had a great impact on her; for example, one such influence has been a woman who gave her time to join Collaborative coproduction sessions despite her daughter having committed suicide. Pat tells us that “she was in such a difficult place – and was immensely angry but came and taught us all so much.” She also recalls a man who was very unwell but took leave from the ward he was on in order to attend the coproduction sessions. These connections really made Pat

realise how amazingly capable and gifted people can be despite having such challenges and she valued immensely being able to meet them in a group, on an equal footing and learn from them.

As a Commissioner, Pat thinks that being a part of Living Well UK has made her a better listener and able to engage with people more effectively. She also finds herself better able to allow the time for things to naturally evolve. She is aware that nurturing an alliance model takes time. “It has been absolutely inspiring, and one of the most exciting things I have been involved in ... it’s broadened my thinking a lot ... I feel blessed to have worked with people who are really struggling with their mental health – talk about the golden nuggets that you get ... that you would never, never normally hear. Being able to talk to people about their experience - why don’t I do it more – what’s stopping us doing that?”

Pat adds that the Programme has inspired more energy across the site. “It’s been so embraced by T&G ... it’s been interesting to take that way of working into other parts of the work that they do.”

Pat is most proud of how far they’ve come, especially when she hears the team manager talking about the peoples’ lives and how different things are. “The work we did with lived experience, it was immensely powerful ... there were great people who came to support and work with us.”

### **The challenges they’ve faced**

It hasn’t all been easy and there are ongoing challenges. In the early days the collaborative had a clear role, however over time they’ve not successfully been empowered to hold the system to account. Pat thinks this is because they haven’t always had the right people in the room and while Living Well UK has been embraced by T&G it hasn’t as yet touched the sides of the Mental Health Trust. For Pat there also needs to be more engagement with social care.

Of course, COVID-19 has had an impact. It pulled everyone back based on their own organisations’ COVID-19 response and made Pat realise how fragile some of the arrangements are. Pat also recognises the skill set and tools that the IU have and realises that part of the challenge is to work on how they can continue to build them into “how we do things ... and at a level that is good enough. The learning through doing along with IU colleagues has had a huge impact, It’s about being brave - biting the bullet and doing it.”

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

# FINAL THOUGHTS

*"It's about being brave - biting the bullet and doing it."*

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**We ask Pat what she would like her legacy to be.**

She laughs, "Land the next big business case! In seriousness she adds "and shore up the direction of travel. I'm keen to make sure Living Well UK is set up and fully functional ... but the plans for that are in place already."



"It's about being brave  
- biting the bullet and  
doing it."

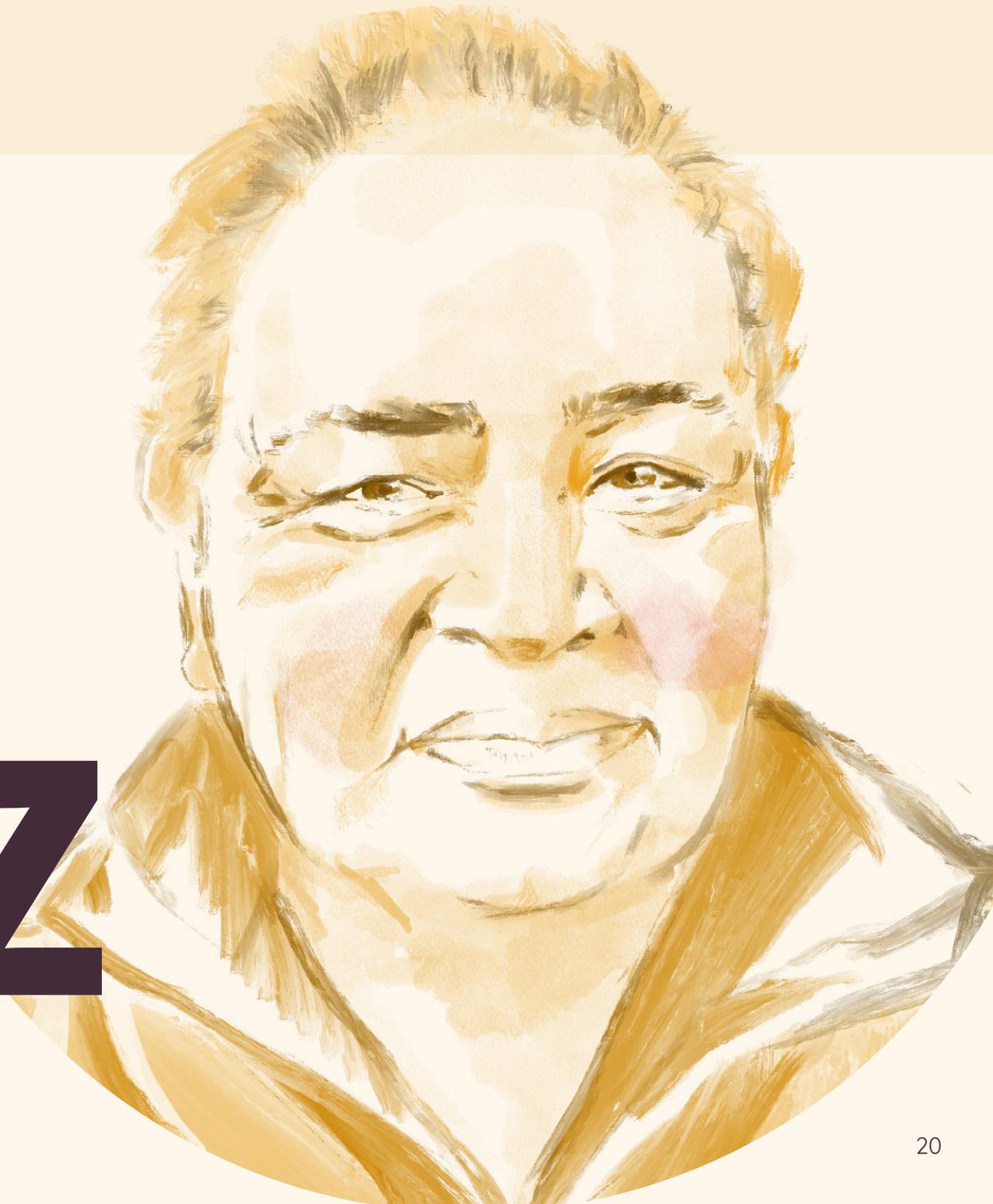
**PAT**

Next story:  
**SHAZ**

"I think lived experience is crucial to the Thrive [Living Well UK] model. I think the clinical model by itself doesn't work. It's having a mixed approach that does."

# SHAZ

Peer Support Worker, Edinburgh



# A LITTLE ABOUT SHAZ

*"I got really in an emotional mess without telling anybody. I had symptoms of PTSD but I didn't know it at the time."*

Shaz is a Peer Support Worker and has been since 2006. His skill originates from his own personal experience, "It's only called peer support because we use part of our story."

He is well qualified for the role having experienced many challenges during his lifetime. Shaz was fostered at a very early age to an Uncle in India; his mother - from Scotland - had mental health issues. Following a return to his mother aged 8 he subsequently experienced a period in a children's home. At 16 he joined the merchant navy followed by 9 years in the Army. Shaz then spent 13 years in the Prison Service. He tells us, "All this time, deep down I wasn't happy with my profession. I did it because all my life I had to stand up for myself ... During my prison service I got really in an emotional mess without telling anybody. I had symptoms of PTSD but I didn't know it at the time." With two young children Shaz then went through divorce, experienced a breakdown, and attempted suicide on more than one occasion with the accompanying hospitalisation. Eventually, after many years struggling with his mental health he found a Community Psychiatric Nurse (CPN) whom he really got on with. "Up until then I had lots of people who were helping me and it wasn't working. One day the CPN asked me what do you want to do and I said: 'Well, your job!'"

## Peer Support

Shaz then started studying, achieving an HNC (Higher National Certificate) before becoming the first peer support worker in Europe. He gained a position with Penumbra, a leading mental health charity in Scotland, and his career took off. "We started off as a pilot project called Plan to Change. Because of its success it was rolled out all over Edinburgh and then all over Scotland."

Shaz tells us that over the 14 years he has experienced more challenges with his colleagues than the people he has been supporting, "The challenge is employers think peer support is a good idea without doing proper research into who they employ. A lot of the peer supporters they took on weren't ready to take it on. They hadn't dealt with the things in their own life. And if you haven't dealt with your own stuff you can't help others. So it's more of a challenge with helping colleagues than the people I was helping."

Approximately 4 years ago Penumbra promoted Shaz to a senior role, “I’ve been doing that for about 4 years. I’ve been speaking on a lot of Boards and all over Scotland about peer support. That’s when I heard about Thrive. I’ve been with the team since January [2020].”

*“if you haven’t dealt with your own stuff you can’t help others.”*

# THE LIVING WELL UK PROGRAMME

*“Pay inequality is something ... people doing the same role getting paid differently.”*

## A power imbalance

When Shaz first joined the Thrive prototyping team in Edinburgh he thought there was a ‘power imbalance’, “That was the first time in 14 years I was in a multi disciplinary team. Getting used to colleagues. There was a bit of confusion around what they thought my role was, and what I thought my role was. I called that out early on and it was addressed. And since then it hasn’t been a problem and I can’t fault the team.”

However, Shaz does draw attention to tensions between the clinical and Voluntary Community Services, “Pay inequality is something ... people doing the same role getting paid differently.”

Having spoken to colleagues in other teams Shaz realises that role clarification is important, “It’s about gelling and people understanding what expertise we bring ... I think they didn’t know about my experience. I don’t think they knew all the courses I’d done. They thought I would do the menial tasks and I quickly said, ‘no’. That’s not what I joined the team for. It was ... them not knowing what I was bringing. But that got sorted very quickly. Now colleagues ask me for advice and I ask them too.”

## Team gelling

Shaz explains that at first as a new team they were unsure how it would work. People started off part-time, just 2 days a week, “but slowly everybody really wanted to be part of the team and get more days. Which has now happened and everybody is happy. They haven’t been told they have to work for Thrive. We all wanted to. ... The new challenge now is helping 3 new members settle in. ... once they arrive we’ll have 12 in the team.”

## Positive team moments

One of the most important things for Shaz has been his relationship with his team lead. “Lisa is wonderful. She’s always on the go collecting the data and keeps asking us to do our data and I can’t fault her in any way.”

## Testing a new model

“It was a new model but it didn’t change the way I worked. One positive thing I have said from week 6 is that the Thrive Plan worksheets - created by the design team - helped me ... kept me on the straight and narrow. It gave me a time scale. It helped give me structure.”

“It was helpful to remind them that this was a short-term service. Physically showing them and giving them the Thrive Plan really worked. It was like giving them homework and they bought into it. ... The best thing I think is the Wheel of Life because it breaks things down and it helps us find what we should concentrate on first. ... And of course the goal building exercises.”

## Challenges

Shaz shares with us that at first he had concerns about the length of the service, “Before I was working in peer support where you work with people for one to two years and now it’s working with people for around 12 sessions. But I’ve been proved wrong because I still built good relationships in a short time. ... I am more ‘pushy’ with people I see - in a friendly banter way! Like ‘come on, let’s try!’ It’s not worked for everybody, but there has been a lot of success. Having that time constraint is helpful.”

## How would you improve the process?

When we ask Shaz how he would improve the process he tells us, “The peer support role needs to have some life experience. It needs to be professional. The Public needs to know what peer support is. Even GPs don’t really know what peer support is. We discuss this in the team meeting quite a lot. Help doesn’t all have to be clinical. Using the [Thrive] tools we can help people. We can’t address everything and help everybody.”

“I think to do Thrive properly people need to do it full time. Two hats [and] it can get confusing for them. ... That way we can share more of our knowledge with each other on a daily basis.”

*“if you haven’t dealt with your own stuff you can’t help others.”*

## The post pandemic future: The place of lived experience and bridge with the clinical; the dual role

Shaz hopes that COVID-19 will change things in the future, “I tell the team that peer support can be brought into any profession; the human touch. Helping people start their journey. ... I don’t share all my stories. I share [the] certain bits that are relevant. It’s about not sharing the gruesome side, ... but acknowledging what they are going through and saying ‘I’ve been through something very similar.’”

“I think lived experience is crucial to the Thrive model. I think the clinical model [by] itself doesn’t work. It’s having a mixed approach that does. Humanistic lived experience side of any colleague is important. ... It won’t change overnight. I’ve delivered this training for a long time in my role and people have a reaction to sharing themselves. But if you don’t, how do you build trust? You need a dual role. I love the design of Thrive. I’ve seen it work. Sometimes I feel they don’t introduce it soon enough. They are more clinical. It’s just by talking about it that my colleagues have bought into it more.”

*It’s about ... acknowledging what they are going through and saying ‘I’ve been through something very similar.’*

# FINAL THOUGHTS

*“Because he came to Thrive we helped him.  
That’s what’s important to me.”*

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Shaz tells us that it is clear it is working when people move on and don’t refer themselves back, “I’ve seen over the years there are so many people who have vested interest in a person’s recovery process. There is a lot of duplication of work in the system. Thrive solves that problem because we have all the expertise in the team. So why do you need other 3rd parties also doing that work?”

We ask Shaz to share with us an example of when, in his opinion, Thrive has really worked. “A young man in his early 20s, uni graduate, who, when referred on to us, was very suicidal and had huge Obsessive Compulsive Disorder issues. It got so bad he had to give up his internship. Within ten sessions he went back to his internship. Decided to move down south. He had concrete goals. I was able to help him figure out what he wanted to get out of life. I’ve had a thank you text from him to say he was doing really well. He would have been on waiting lists for so long, but because he came to Thrive we helped him. That’s what’s important to me.”

“He would have been  
on waiting lists for  
so long, but because  
he came to Thrive we  
helped him”

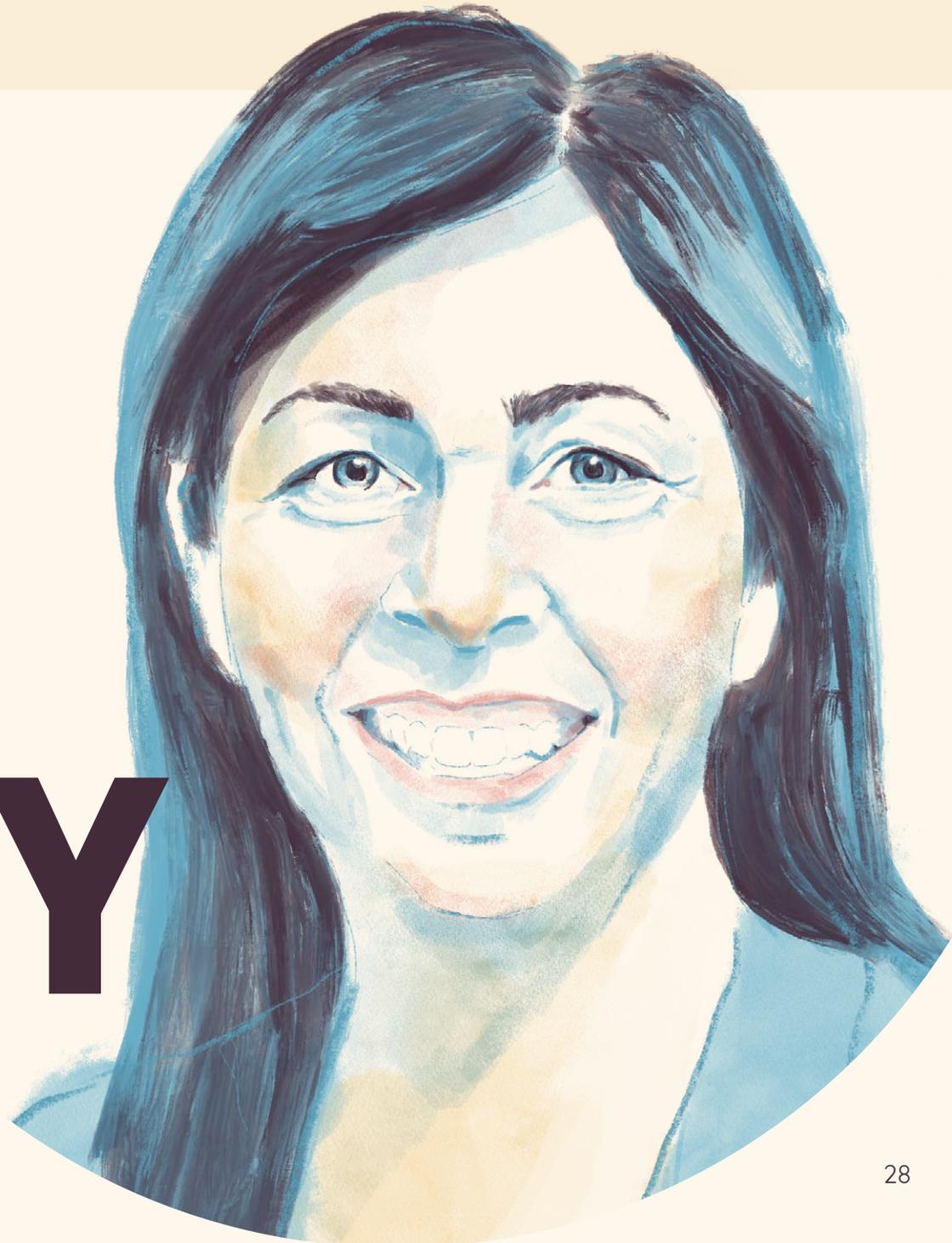
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Next story:  
**WENDY**  
→

“I think there is great importance and power in language. If we talk about ‘cases’ we are never going to see people as people.”

# WENDY

Chief Executive of Health in Mind, Edinburgh



# A LITTLE ABOUT WENDY

*“I learnt about the power of a shared ambition. I never went back to study for my doctorate as I had really loved the freedom of working with people.”*

Wendy is the Chief Executive of Health in Mind, a mental health charity in Edinburgh. She is also a member of the Living Well UK Edinburgh design team and manager to some of the Voluntary Sector (VS) staff in the prototyping team.

Wendy begins our conversation by sharing that in high school she attended a week’s work placement with an educational psychologist. This stirred her interest in psychology and after her exams she chose to study psychology with the aim of becoming a psychologist. Following successfully achieving her undergraduate degree Wendy worked in the voluntary sector, firstly as a volunteer then as a paid Support Worker, to gain experience before commencing her doctorate. “During this time I learnt about the power of a shared ambition. I never went back to study for my doctorate as I had really loved the freedom of working with people as a whole - having much more freedom to walk alongside people in a person centred way.” Throughout our conversation it is clear how this revelation has been a fundamental principle for Wendy, shaping her perspective, choices and career.

## Values and language

Wendy has been with Health in Mind since 2001. “I have grown so much as an individual. The organisation and I have grown on parallel lines rather than apart.” She tells us that there is a strong link between the organisation’s values and her own. Her utter belief in these values is reflected in difficult and courageous organisational decisions, “for example ending contracts because something hasn’t fit our values.”

Here Wendy reflects on the Thrive values (Living Well UK) and comments that she does not feel the Thrive values as deeply as she feels her own organisation’s values, but, after a little thought adds, “I guess it’s because there are several different organisational values coming together to work together within Living Well UK.” We discuss how challenging it can be for different organisations to coalesce under a common goal and Wendy refers, for example, to how language and the way her organisation uses some slightly different language to Thrive, for example “There is a Thrive value around having a ‘flattened hierarchy.’”

“My organisation would use a different language and frame around that, such as ‘realising potential’. However, I guess if I think about my colleagues in the NHS the language ‘flattened hierarchy’ would speak to them, whereas my organisation, which has a different structure, already has that.”

Some of the design team found it really hard to stop talking about patients and to talk instead about people, “I think there is great importance and power in language. If we talk about ‘cases’ we are never going to see people as people. It’s an important teller of culture change. Within the Design Group, we all came with a different language - voluntary sector, health and social work. We have to make a conscious effort to develop and speak a new language.”

*“Within the Design Group, we all came with a different language - voluntary sector, health and social work. We have to make a conscious effort to develop and speak a new language.”*

# THE LIVING WELL UK PROGRAMME

*“Within the Design Group, we all came with a different language - voluntary sector, health and social work. We have to make a conscious effort to develop and speak a new language.”*

## The positives

Speaking about the design team meetings Wendy tells us that attendance was consistent all the way through. “We were able to build something together, although some relationships were stronger than others.” From a personal point of view Wendy was able to build a close relationship with a colleague from another VS organisation. “This led to us submitting a joint bid when the work came up for tender. We wouldn’t have done that had we not worked together in the design team. That was a real positive.”

Discussing the different techniques used to help the design team reach the final goal Wendy says, “It was really positive. I felt that I was really able to trust the process because of the approach Matthew, etc., had. He was able to help when we met challenges - identify these and help us to see these in a way that helped us to get through them.” For Wendy this engendered trust in the process - “... also knowing others had been through a similar experience, and knowing what was happening in the other sites ... It helped how we always were coming back to the original map - the timeline.”

Wendy goes on to say that everybody, regardless of the organisation they were employed by, was up for it, for making a difference. “A recognition that the system was broken.” Wendy shares that, “if it hadn’t been for the facilitation - we would still be talking about who we wanted to work with - we got really stuck on that!” In fact, Wendy felt that enough trust was built so that she was happy for some decisions to be made outside of the room.

Wendy feels strongly that within the design team, especially in the early days, it was important that peoples’ identity still lay with their profession. “This is so important in bringing the different strengths, skills and experiences from each of the organisations

involved. However, this was also a challenge, at times, when asking people to work differently. For example, statutory staff within the prototyping team were working 2 days per week in the Living Well UK space and 3 days per week within their substantive posts. I think it was really challenging for them to be fully immersed in the new culture.” The question of profession and identity also arose when discussing roles from the statutory sector and those from the voluntary. “We didn’t fully agree on roles from the voluntary sector- and what they could be involved with- what skills and experience they could bring. We had a lot of conversations about this- to ensure the roles were equally valued.” However Wendy does feel an important recognition of the contribution of the VS to the Living Well UK work came right at the start when the Design Team received a contribution for their time (to enable time to be backfilled). “That was a really important marker right at the start - that there was respect there.”

### The challenges

Accompanying the positive aspects of the Living Well UK process Wendy shares with us glimpses of the challenges those on the design team faced; “some design sessions definitely felt more positive than others.”

“For example, in one session we were agreeing on roles in the welcome team. My group was focussing on the support worker. Our discussion felt like a very traditional view of what a Welcome Worker could do e.g. supporting someone to go to the Dentist rather than providing mental health support. ... Sometimes it could feel slow and like we hadn’t got that far. At other points it felt like we were making substantial progress. There were days when we came away thinking ‘this machine is too big it will never change. I can’t hold the responsibility of making this difference’. Other days we’re all in the same boat and it feels like we can do this!”

### Move from design to prototyping

The move from the design team to the prototyping caused Wendy some concern. She describes how a few of the design group were not able to attend the last meeting before the prototyping started.

“This was an important meeting. We should have done a proper hand over and agreed to regular contact. It was a missed opportunity - to explain to the prototyping team, why the design team made the decisions they did. ... Some people from the design team were still involved - but for me, I could only see and comment from afar; I did have some contact as

*“There were days when we came away thinking ‘this machine is too big it will never change. I can’t hold the responsibility of making this difference’. Other days we’re all in the same boat and it feels like we can do this!”*

I had employees in the prototyping team. Tensions were caused because communication had stalled. I think this could have been solved if the meetings between prototyping and design teams were continued.”

## COVID-19

Wendy makes the point that post COVID-19 the Living Well UK programme will be needed more than ever. The Government in Scotland are talking about a significant increase in need. “If we can support people outside of the statutory mental health system through accessing the Welcome Team and being supported within their community, we will make a huge difference for people. We don’t want folk trapped in this big machine, sitting on a waiting list when we can support people in other ways. I would say the Welcome Teams and Community Supports are needed now more than ever.”

Wendy continues; “COVID-19 has taught us that change can happen quickly if we’re all working in the same direction. If push comes to shove we can make these major changes together.” Ironically Wendy says communication improved - “because we are more mindful that we are spread apart.”

“I hope COVID-19 shows that people can access Thrive in different ways - not just buildings. ... I hope we continue to offer choice”.

## Diversity

Wendy has been concerned that we work to ensure that people from BAME communities feel comfortable accessing Thrive Welcome Teams.

“We were concerned about that and I am not sure we have got that right. But we don’t know this as yet as, during prototyping, we have been taking referrals from the PCMHT (Primary Care Mental Health Team) waiting lists. It’s something we need to not forget about. And be really mindful of how we are promoting - how we do that and where we do that. How can we meet people where they are at? The Thrive Teams are now in place and are really driven to make positive changes. “

Wendy speaks very warmly of **LINDA**, telling us she is so driven and passionate about Thrive - fully committed to working together - she leads by example.

“COVID-19 has taught us that change can happen quickly if we’re all working in the same direction”

# ON A PERSONAL LEVEL

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*"I would definitely do it all again."*

Living Well UK tested Wendy's compassion, she really had to 'dig deep' sometimes.

"It helped me learn what my own organisation could do better." Wendy tells us that she was impressed in the dedication for change, and the opportunity to work with people from different backgrounds was a real gift. "Being involved in these ways of working has been different to any other programme that I have been involved in. ... The overwhelming feeling of hope even during the days that were hard. The hope that things would change for people. ... I think what was achieved in the time was fantastic - to bring all these big and small systems together. I wouldn't have changed things. It was a great opportunity to be involved in. I would definitely do it all again. I have hope for the future."

*"We all came with  
a different language  
- voluntary sector,  
health and social work.  
We have to make a  
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**WENDY**

Next story:  
**LINDA**

“In mental health we often create a lot of reasons why we aren’t going to see people ... *Living Well UK* cut through a lot of that.”

# LINDA

**Strategic Programme Manager for  
Mental Health and Wellbeing, Edinburgh**



# A LITTLE ABOUT LINDA

*"I've always wanted to work on bigger and bigger things."*

Linda tells us that she has worked in mental health for a long time.

"I've always wanted to work on bigger and bigger things. Sometimes people see mental health as something that not everyone has. There is a false belief that exists that people with mental illness can't have good mental health." Linda is interested in how social determinants all come together to influence mental health, and she is really committed to social justice and addressing inequalities. "I sometimes believe we get into these places where we are in friction because it's one or the other - health or social. I believe in a more bio-psychosocial model rather than one or the other."

## Career

Linda's background is in communications and media and also health promotion, social science and sociology that mean that she has a range of broad skills that she brings to her work. In June 2019 Linda was really keen to get the city of Edinburgh to sign up to a wellbeing strategy. "I took it to this civic leader group and they endorsed the strategy. This was brilliant. It brings all our leaders together."

In her post as Strategic Programme Manager for Mental Health and Wellbeing in Edinburgh Linda is responsible for adult health and social care. Sharing with us that she wrote the commissioning plan that detailed how Edinburgh would commission services for adult mental health across the city Linda tells us that out of this came the idea for the Thrive welcome teams, "and this is where we linked in with the Living Well [UK] bid as we could see connections between the two. ... Having had conversations with **Matthew** and **Nick** we were delighted to be included."

## Linda's job and how she feels about it

Linda has been in her post for 2 years. "I have the role of a commissioner but it is just one of my responsibilities." Before this she worked for 15 years in strategy in the Lothian region. "I've always had a problem with the title, 'Commissioner'. I've come from the background of creating a strategy, where we create strategic priorities and then realise these by working

*“I sometimes believe we get into these places where we are in friction because it’s one or the other - health or social. I believe in a more bio-psychosocial model rather than one or the other.”*

through different channels or a collaboration of different partners. Commissioning can sometimes feel quite remote and top down. So I’m pleased I don’t have this title.”

### Highlights during her work

The main highlight for Linda has been achieving endorsement for a citywide strategy. “It was a 10 year road map across the city. I used my academic links and university partnerships. I worked with colleagues at Strathclyde University who had a partnership with Yale University and I had good links with Columbia University. We visited the Mayor’s office in NY. They had a citywide strategy called NY Thrive. I thought it would be great to bring that here and learn from them ... This was a big achievement.” Linda also hoped that they would be able to collaborate on joint initiatives in the future. “There is still a lot to do. Imagine the potential. I try to keep it as ‘learning together’. So we’ve committed to a yearly conference. This will mean there is input from our partners in New York and Thrive London.”

### Challenges

Linda tells us that what they were trying to do with Thrive Edinburgh was create a ‘citywide vision around health and wellbeing’ - “So everyone is thinking about their own contributions.” However, although Edinburgh is a rich city there is a massive amount of poverty. “Around the same time that I was developing this strategy, colleagues were developing a Poverty Commission. The synergy between that and what we are doing with Thrive is really good. Trying to align everything that is happening across our Council, for example, undertaking educational work and regeneration strategies. We’re trying to make it all move in the same direction. It is tricky but worthwhile doing. ... There are a lot more opportunities and more that we could be doing; sometimes things get bogged down by bureaucracy and committee structures, particularly with the impact of COVID-19. ... But we’ve done a lot of communication and connecting work. ... For example online arts events - I run a big arts programme for mental health.”

### Impact of COVID-19

Linda shares that it has been incredibly busy in her job and she has been given a lot of new responsibilities within the health and social care partnership. “In June last year [2020] I got permission to take forward the Edinburgh pact work in a different way. That involved me doing interviews with 23 of our Civic leaders across the city. For example our Chief Executive Council, elected members, Head of Police, lots of very senior people - about how

they had reacted to COVID-19 on a personal and public level. What do they want to hold onto and what have they learned? I did a public survey using the same kind of questions - 'What does health and care mean to you?' Then we also did a series of focus groups with staff from partnerships. We also got people to send photos of what health means to them. Then we did an exhibition of the photos in Edinburgh train station. That was between June and September. One of the themes that came out of this work was community mobilisation. This had been so great and impactful during COVID-19, so how can we continue this?

During COVID-19 they improved their collaboration with the voluntary sector, and began discussions on how they could sustain community anchor. "It's our opportunity to embed mental health and wellbeing within that context."

*"One of the themes that came out of this work was community mobilisation. This had been so great and impactful during COVID-19, so how can we continue this?"*

# THE LIVING WELL UK PROGRAMME

*“I loved it, I thought it was great - it chimed with what we were trying to do.”*

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“In mental health we often create a lot of reasons why we aren’t going to see people - you’re not ill enough, you’ve got the wrong diagnoses, you’re still taking drugs ... It becomes a really confusing and complicated landscape, and then we create a bunch of new jobs for people to navigate themselves around the landscape instead of changing the landscape. What I really liked about Living Well UK is that they cut through a lot of that - we will open up our doors and we will welcome everyone. I thought, this is what I want for the Thrive welcome teams!”

Linda has had this ambition for a number of years, but never been able to ‘get it over the line’. “There were too many complicated and complex discussions and barriers. However, being able to be in a partnership with others doing the same thing, having shared learning, shared practice - this was really, really attractive to me.” Also Linda shares that having external people to be the critical friend appealed - “to give advice and offer reflections. I thought it would be amazing and it has been. Realising that we couldn’t do it ourselves. We actually couldn’t do it ourselves because there is no external validation and this is really important.”

## Scotland

Linda drew our attention to the need to be more aware of the different structures that operate in Scotland. “When we met with Living Well UK colleagues from different sites it became obvious to me that our policy and commissioning context is very different in Scotland. For example the 5-year plan doesn’t apply to Scotland, or the 10-year forward vision. A lot of people in England didn’t realise this. Our health system has gone further in terms of integration - health is completely devolved. It’s quite a complicated relationship we have. So colleagues would bring documents, for example a vision for mental health in England, and this wasn’t applicable for us. Sometimes it felt like we were a bit of a lone

voice. However, for me I didn't want to get stuck in the 'structures' and 'job titles', the behaviour and the human side, the change of management context was still the same. For this the adaptive leadership work [provided by IU] was really helpful. Also the design work, time with **Ella** and **Matthew**, at which we had carers, people with lived experience, third sector individuals and others coming together to produce the design."

### External evaluation

The Living Well UK sites have recently completed an interim evaluation. Referring to this and four local Edinburgh teams who carried out the prototyping Linda tells us, "These can be quite different in terms of assets. The teams were small and part-time but they have worked with over 300 people. Only about 6 of those people needed to be referred to formal therapy. For us, that was like Wow! If we can extrapolate what does that mean for our whole system?"

"The conversation 'can we help you', 'what is important to you', 'what do you want to get out of this conversation'. It is just a whole different starting point. So people aren't coming to you asking for therapy. It's a different way of framing the conversation so therefore you get different responses. What would have happened to these people if they hadn't come through the Thrive welcome team? The answer is many would be on a waiting list for psychological therapies."

### Co-design to prototyping

We move on to talk about the transition from the co-design team to prototyping. "The issues have mainly been practical like IT systems, setting up email accounts that are accessible to council staff, sorting data governance. Because we have had such strong values we've been able to come back to these and hold ourselves accountable - I can't underestimate how powerful that is, in terms of being explicit about what your values are."

"Each of the teams did a celebration of their learning event. It was overwhelmingly positive - it made my year! ... it really inspired me to keep going and it really validated a lot of the pain that we had been through. ... all the endless governance I had to do, writing papers, etc. Ok, so it was all worth it! ... seeing what it's been like - really powerful quotes from staff. For example 'This is why I went into nursing or occupational therapy in the first place ...' and 'I'm looking forward to coming to work in the morning'. Hearing this in the midst of the pandemic, hearing their motivation and commitment. It made me feel like we are doing it right. ... and the stories of people who have used the service."

*"Sometimes it felt like we were a bit of a lone voice"*

## Co-design to lived experience

“In my job I’ve always had a commitment to involving people with lived experience. We fund a number of independent collective advocacy groups, and we fund them to carry out their own research. I would find it weird to have meetings without people with lived experience. I chaired the welcome core group. This happened every month and this was where the “design group would present back and get feedback. We were there to unblock stuff to help them if needed and to oversee the commissioning process - because at the same time we were also commissioning £2.4 million annually of third sector services. These would then provide our Thrive collective. The Thrive collective would be working across the city to provide a whole range of support for people and that support was built around Thrive locality teams.”

## Particularly useful tools

“The ethnographic stories - when we created personas and the design team were using them. This was also useful for me for drawing up specifications for commissioning.”

“I think the learning labs that we have just been establishing - the feedback I got from people was that it was really, really great. Sustaining us going forward. I know when I went to the learning session in London - again it was the personas that I really liked doing. That was really key.”

## Diversity in the Living Well UK programme

“We got a bit of a push back when we asked people to talk about sexuality or gender from the staff. When we have looked at the demographic information, completion rates for ethnic origin are low. I think people still make assumptions about people’s ethnic origin. In Edinburgh we have a high population of Polish and Asian - BAME population. People are not collecting that data - we have some learning to do with our staff around understanding why it is important to collect this data.”

“I don’t think we have really thought about diversity when I’m looking back. Maybe there being a social justice lens within the context of mental health would be really interesting. Maybe some things around cultural constructions around diagnoses and that being linked to BAME communities would be fascinating. Around gender. I guess it’s been a bit gender blind and race blind ... Class is another thing ... we still have a very entrenched class system in the UK I’d say. ... How do you connect with someone when that is just so far beyond your experience of where you’re coming from?”

*“It really inspired me to keep going.”*

## Things that haven't worked

We ask Linda if there are things that have not worked? "Not really. In terms of the process itself - it's never going to be finished is it; you're always going to be assessing it in that way. But I don't think anything has failed, it could always be better, but I don't think it's failed."

## If you went through a similar design process in the future what would you change?

"Varying degrees of commitment within the group was difficult. Some people really embraced it while others just showed up. Being more explicit about rules and responsibilities. Being a member means that you have to do 'this', but you will gain 'this'... There could be a bit more time spent on that at the start."

"I think doing too many things at once - doing a commissioning process ... we were working all together but then I had to step back because I was in this commercial procurement exercise. It shows when the power imbalance comes into play ... and more theory ... for example the theory Jo [IU] touched on in the Adaptive Leadership. More choice around what people could do. A little more tailoring, as I know not everyone would be interested in this."

"Could Living Well UK have been more explicitly upfront about different roles? For example getting people to consider what they're hoping to get out of their role? I wish that I had got coaching from the start. There have been parts of this process that have been really difficult and coaching has really helped me with this. Having done this earlier could have saved a lot of personal pain."

It's been a shame that we haven't seen each other over COVID-19. For example I had previously gone to dinner with **Matthew** and **Tally** [IU]. It is nice to have a relationship with people rather than when we just meet formally."

*"We still have a very entrenched class system in the UK I'd say. ... How do you connect with someone when that is just so far beyond your experience of where you're coming from?"*

# ON A PERSONAL LEVEL

*"I'm bringing in a lot of my learning from Living Well UK."*

"I have been having some coaching from **Siobhan**. I have found that really, really valuable in terms of just being clear about roles and responsibilities; 'Applying Adaptive Leadership and Practice'"

"The IU also established adaptive leadership for our mental health and substance misuse managers. They're all in a leadership cohort at the moment with **Nick** and **Jo** and they're finding that incredibly helpful. The learning and the knowledge will be sustainable for other things that we have to do - so it's a bit of a legacy."

"In terms of my job, I'm bringing in a lot of my learning from Living Well UK. In particular from my coaching and the adaptive leadership training. Especially around being overwhelmed, making sure I'm clearer about roles and responsibilities ... Some of the principles we did with the design group around being clear about values - I'm bringing this into other spaces. I'm getting people to talk more explicitly about their values. If you reset your own values and priorities - this has an impact on how you reset your priorities around work as well."

"I always work hard, this year even harder - this has made me think, what should I be prioritising, setting my boundaries? This has come in more recently through the coaching. I think it's helped to validate some of the work that I've been doing. ... It's given me a greater understanding of change management. ... It's given me an opportunity to develop good peer relationships with people outside of my immediate surroundings."

## **When we ask Linda for some highlights she tells us:**

"Going to Lambeth, that was great. I met **Stacey** [IU] at this event and I was so impressed by her commitment and her in-depth understanding of practice. I think she has been a real support for the team coordinators and practice teams. Also I think doing the session in London with the personas and thinking about how can we make things different for people"

## What would you tell others considering taking on Living Well UK?

“It’s been great working with people who are bright and intelligent; that sense of having the critical friend aspect. Knowing that you can have confidential conversations and that the people that you are talking to know enough about your system so that they know where you are coming from. They’re coming from an informed place, so you’re not talking in the abstract. It can be quite grounding.”

*“I always work hard, this year even harder  
- this has made me think, what should I be  
prioritising, setting my boundaries?”*



We will open up our  
doors and we will  
welcome everyone  
... This is what I  
want for the Thrive  
welcome teams!

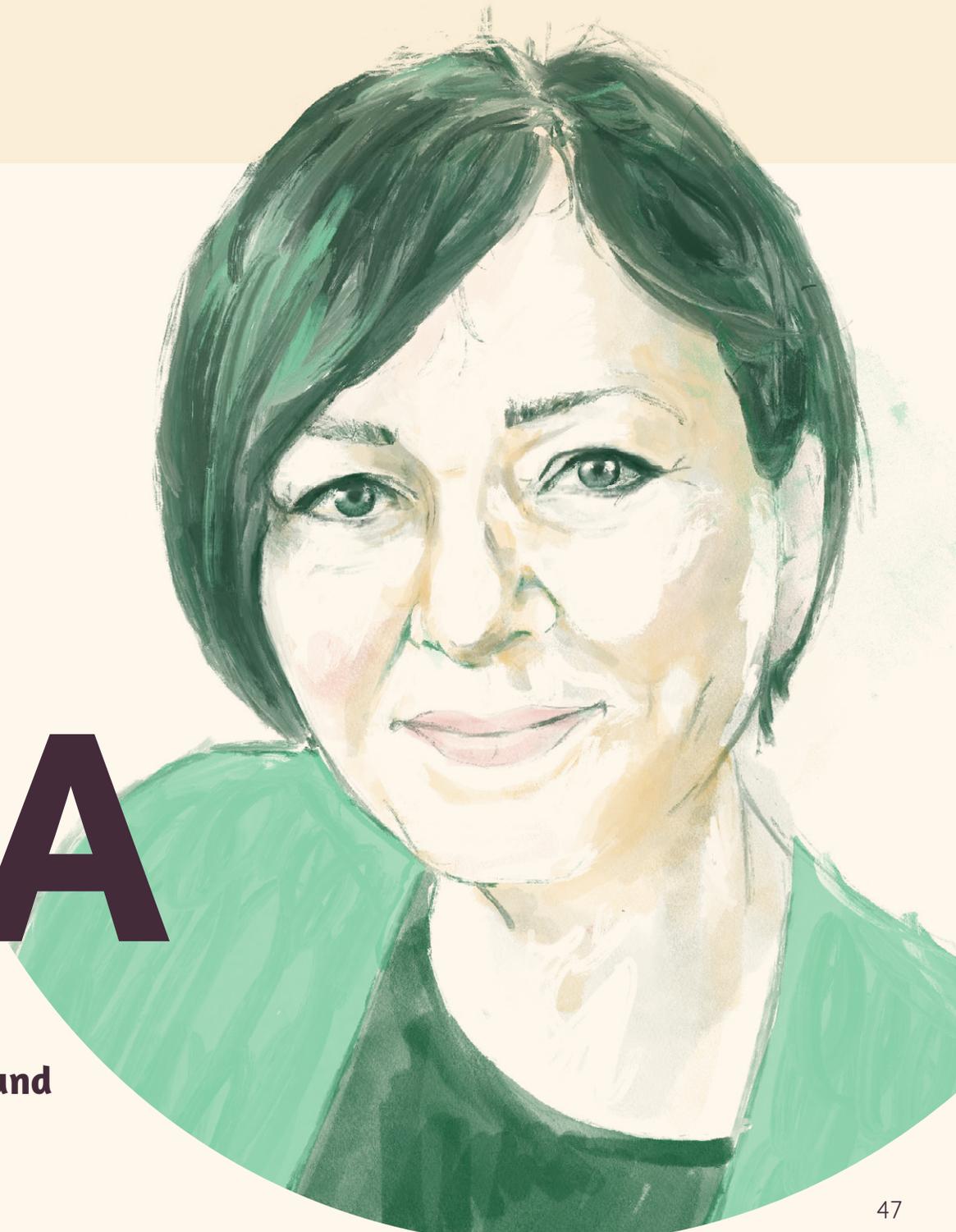
**LINDA**

Next story:  
**DONNA**

“Joint working, partnership working, giving people the opportunity to trust each other ... has been so, so powerful.”

# DONNA

**Chief Executive Officer of the Anthony Seddon Fund  
Tameside & Glossop**



# A LITTLE ABOUT DONNA

*“It wasn’t a career, it was never a choice”*

Donna is the CEO of The Anthony Seddon Fund (ASF). When we ask her to share a little about her life, her work and the ASF, Donna tells us, “it wasn’t a career, it was never a choice. My eldest son died seven years ago ... at 30 ... he took his own life.” With these words one immediately appreciates her passion and deep commitment to improving mental health services.

Her exposure to services began at a young age as a result of her brother’s mental health. Donna grew up in the 60s and 70s and her brother, as a young gay man, lived through the very worst of the rise of HIV; as the years passed increasingly losing friends to the virus. He also suffered from the homophobia, hostility and stigma that surrounded gay men at the time. “It was a time when you didn’t know what mental health was, or speak about it. I remember my brother trying to take his own life.” Donna has also lost other relatives to suicide. “I have always been around people with mental illness. It’s never ever scared me. I instantly sense what’s happening when someone has a psychotic episode.”

## Anthony

Anthony, Donna’s son, was first sectioned aged 18. Following this a pattern developed whereby Anthony would spend a couple months in hospital, be okay for a little while and then spiral back into ill health - there was only one year between 18 and 30 when he wasn’t sectioned.

Donna tells us she dealt with her son’s death, firstly by volunteering for Mind and by fundraising. “My sister and I wanted Mind to go into schools and talk to young people about mental health. This wasn’t being done. We funded some of this.” She and her sister ran a market for a year to raise funds. “We ended up attracting people who just wanted to talk. ... This was a huge success for us. ... We then decided to set up a shop so that we could have proper chats with people. Each year I got a bigger shop, so I could have more and more rooms. Now we are open Monday to Friday for support.”

## Perspective on services

Donna tells us she is very vocal and has always attended public meetings, raising the issue of mental health - especially services at A&E. Describing the fights she has had over the years to locate resources for the people who need them Donna shares that she feels the way people are treated is 'unbelievable'.

"I had appalling experiences with my son. ... I would take Anthony to A&E when he was on the cusp of an episode. You had to go through A&E ... to be triaged. My son would get more and more hyper. [I've] lost count of the number of times security tried to get him kicked out of the hospital. ... It's not like 'Casualty' [TV Programme], what actually happens is "Can you keep it quiet please!" and then the security come."

*"I had appalling experiences with my son"*

# THE LIVING WELL UK PROGRAMME

*"We have had a hell of a fight to get services for people who need them."*

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When Donna became involved with the Living Well UK programme on behalf of the ASF it wasn't only her who took a role, it was also some of the people that use the ASF centre.

"It was the people I've had conversations with every single day, people whose dignity has been shattered. ... We have had a hell of a fight to get services for people who need them." Referring to Living Well UK Donna tells us, "I'm positive about things like this ... when it started I was excited."

Donna was part of the Design Team. "Sometimes it would take me a long while to get my head around what we were doing, but someone like Jo [IU] would manage to pull something from what we were all saying."

She feels that anything that gives people the opportunity to speak to others involved in mental health is vital, such as talking to the providers of services. "Realising they are real people - we hear about their lives. The people who are delivering services might [for example] have a mother with dementia, or a child with poor mental health. ... A vast majority of people working in these services are doing it for their own reasons. This goes down really well. It works both ways. I love this and I love being able to share that with people." Donna expands her thoughts. Sitting around a table with other organisations was important ... it takes away the fear ... no one was too big to be sat around that table ... it was absolutely the right thing to do ... a level playing field."

Moving on to talking about the importance of hearing from people with lived experience Donna tells us, "some of the Living Well UK team came to Tameside & Glossop for lived experience interviews. This was really important for us; we really appreciated Living Well UK's flexibility. It empowered those people so much that the IU team came to their homes ... to where they felt comfortable. It made them feel really, really important ... people with

lived experience trusted Living Well UK – the willingness from the IU to do the work.” She feels that getting an outside organisation to actually do the work gave everyone a fair hearing. “When you’re involved in the local services, you’re protecting your reputation and you have your own motives. This came out at first, but mellowed over time. Having a third party made me feel like I could trust them - not like I was saying something in the wrong context.”

### The influence of COVID-19

We talk to Donna about the effect that lockdown has had on the ASF. “The lockdown has been so challenging. We’ve had very tight restrictions in lockdown. The reality has been very stark for us for a long time. I don’t think there is another organisation that has maintained a face-to-face group like we have. We are also going online. ... Therapy translates digitally fine. Peer support is more difficult - we have tried to do the digital thing. Vast amount of people we work with have very severe mental conditions (e.g. personality disorder). Nearly everyone is under secondary support. ... It’s difficult to get mental health support - we all know that. It’s even harder to get social services for people with mental health needs. Social and mental - there is no link whatsoever.”

### Challenges with the programme: A need to ‘tweak’

Amid the positive aspects Donna has felt that there are areas that could be worked on to improve the Programme. “Some parts felt rushed, we [referring to herself and people within her organisation] take time to nurture.” Donna also feels strongly that there needs to be more attention to lived experience as the programme moves from design into prototyping. “People with lived experience were wanting to come, [but] ... once we had the prototype, the opportunities just seemed to get less and less.”

Also, at this moment in time the principle of the Open Door isn’t working in the way Donna imagined. “I struggle just as much to get support for people. ... I’m well aware it was a prototype, I get and understand the purpose of testing”.

However, Donna tells us, “I haven’t been included in the reviewing [post prototyping]. ... My understanding was that this wasn’t how it would be, that there would be public review through prototyping.” She has found this frustrating and difficult. “Especially for me as I have such high expectations. Where do we get the chance to tell you that it hasn’t worked? ... I’d love the opportunity for the whole team to look back on what we said we’d do.”

*“A vast majority of people working in these services are doing it for their own reasons ... I love this and I love being able to share that with people.”*

# FINAL THOUGHTS

*"This has been so, so powerful."*

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For Donna, always having been a volunteer this was the first time that she has been involved in the management side. One of the things that shocked her, was how 'insular' organisations are.

"Joint working, partnership working, giving people the opportunity to trust each other and a basis for organisations to work together. ... Recognising what individual organisations do and acknowledging it. It's really important that we don't forget this - this has been so, so powerful."

"It empowered those people so much that the IU team came to their homes ... to where they felt comfortable. It made them feel really, really important."

**DONNA**

Next story:  
**JUDD**

“I’ve been in health and social care for over 25 years and it’s without a doubt been the best and **life changing** piece of work that I’ve been involved in.”



# JUDD

**Commissioner, Salford**

# A LITTLE ABOUT JUDD

*"I guess I ended up in this role ... it was a fairly long route ... there was never really a plan."*

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"I came to Salford in 2005 and worked in the Voluntary Sector for seven years, before that running advocacy services ... this is why Living Well was just so timely for me."

"My first job in Salford was as an engagement worker, making sure people with mental health problems were engaged in the way we commissioned services. I was going out and about engaging people with lived experience, trying to ensure that we had some level of accountability and involvement in what we did. ... [since then] I've moved into different roles, but I came back into mental health commissioning in 2011 as the Lead Commissioner for Mental Health and then, a couple of promotions later, Assistant Director for Integrated Commissioning, which included mental health. So it's been a real passion I guess for me mental health, and social care in general."

"I first came to Manchester to do a psychology degree ... while doing that I volunteered as a friend to a man with learning disabilities. That opened up social care as a world that I was more interested in than psychology, and in terms of looking at the social determinants of why people are where they are, and how we can enable people to become the people they can be and support them to do so. After graduating I then worked in the Voluntary sector and learning disabilities and did my diploma in social work alongside work. I now see myself in a position that uses my social work experience, psychology experience, work in the Voluntary Sector as well as health and social care, and academic work in research (for a year or so) as a research officer doing research around older carers of adults with learning disabilities and what their needs were. Living Well kind of felt like a sort of accumulation of all that really, it just came around at the right time."

"In 2018 I made the decision to go back to university. I had started a counselling and psychotherapy training course 20 years before, which I never got around to finishing because life just sort of happened, and I have always said that I want to get back into it. Then as a result of a few significant life experiences and loss it made me think about what I wanted to get from life. So I went back to university to do the course - counselling psychotherapy - that hopefully this time next week, I'll qualify in."

“One of the key things around experiencing loss is finding meaning and I think I was quite keen to get some meaning from what had happened and use it as a catalyst to change things.”

“In terms of, I guess, a sort of self-actualising kind of way for me - so yeah, it’s been ... I don’t know, you couldn’t write it in terms of how it’s come along at the right time and the right point for me to be able to lead it in the way I want.”

### **Have you found Living Well UK and the psychotherapy course complementary?**

“Yeah, very much. So, I think it’s because any sort of person centred counselling, which is very much around the counsellor not being the expert - the person is the expert - I guess that’s the approach we’ve taken with Living Well around engagement with lived experience. There’s been lectures I’ve sat in where I’ve been thinking about Living Well, and meetings for Living Well, where I’ve been thinking about counselling and, you know, I guess that doing that module around person centred counselling just fitted really well and I think helped me be in the right place.”

“The past decade of austerity has been pretty tough. If I’m honest it’s meant we’ve not been able to engage and involve as much as we would like, because we’ve had to make some pretty tough decisions about what we can do and what we have to do. ... To come out of that, and to do that from a person centred perspective, ... I think it’s been really complementary to me in terms of keeping on checking in with myself and reminding myself that, you know, I might be in this role, I might be leading it, but I’m not the expert in this. In terms of equalising that, equalising the power I guess, in the room, when we have our Design Team conversations it was really important to me. So yeah, I think obviously, the right space to do it.”

*“I might be in this role, I might be leading it,  
but I’m not the expert in this.”*

# THE LIVING WELL UK PROGRAMME

*"I've got to a position where I can influence lots of other areas"*

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## Living Well UK improvements

"I think what Living Well has done is really get us out of the 'we always need clinical services to meet clinical needs' kind of mind-set. And actually, peoples' needs are often met by many other non-clinical services, whether that's somebody in a nicer home, or a nicer job, or getting rid of some debt, or all those other things that make peoples' lives better and keep us all well. So, it's really good."

"It's been a really positive thing ... It's nice doing it when I've got to a position where I can influence lots of other areas as well, because it's not then just about what I'm taking from it being confined just to this area of mental health. It's absolutely been taken out into how we do all the other pieces of work around learning disability, or around autism or anything like that ... it's in terms of the ethos, I guess, of designing together and not getting yourself back into that headspace of using 'what we have' - a kind of a blunt instrument - the, 'we haven't got time to engage. We haven't got time to involve and co-design'."

## Commissioning approach and Living Well UK

"I think it's the way I worked back in the day as an advocate. There are different types of advocates; some advocates would always take a very adversarial approach ... my approach was always, with services and others, advocating on behalf of a family to a service that we both want the same thing here. We are all three parts of one and the same thing. So how are we all going to get to that point? And I guess I've taken that approach into commissioning, which was never a, 'I'm a commissioner, you're a provider' attitude. The 'I'll say do this and then you must go away and do it'. We're jointly responsible for whatever this service or area is. If things aren't working, we need to talk about how we can do that together. So I don't think Living Well was a challenge in terms of not fitting."

*“The motto for Salford Council translates as ‘the welfare of the people is the highest law’. I think that’s something that’s kind of given us quite a sense in Salford of just who it is we are accountable”*

“We had a good culture of Voluntary Sector involvement ... We’ve also got a good integrated approach across health and care, we’ve got pooled budgets, ... which means we have conversations in the Clinical Commissioning Groups (CCG), about social care and employment and housing. And it means we have conversations in the council about, say, the hospital and things like that. So it sort of flattens the land a little bit in terms of having those conversations.”

“There’s been a couple of times where I’ve known that I’ve needed to do things at a quicker pace than the Living Well programme would traditionally allow. An example is when we were trying to secure an investment of about a million pounds to extend Living Well, and I had to speak to the Design Team and say, ‘Look, let’s crack on with this. I’ll keep you informed, and I’ll get a couple of you involved. But we can’t do the sort of work by committee on this one, because we need to try to get this done by November so we can get jobs out to advertise and we can hit the ground running’.”

“What was helpful by then was that because of the Living Well process, we developed real trust, there wasn’t any suspicion that I would go off and do something that didn’t speak to all our Living Well values. And every moment, I’d say, ‘This is what it’s looking like so far. What do you think? Give me feedback. And then I will go away and carry on with that work’. I think people were okay with that: I guess it’s keeping that bit of me in check. Because the risk is that you can say okay, I know exactly what I need, and go off and sort of design something. So I guess the role of the collaborative and the design team is to manage, I guess ... equalising that power, remember that they’re my bosses as well, and I’m accountable to them all.”

“The motto for Salford Council translates as ‘the welfare of the people is the highest law’. I think that’s something that’s kind of given us quite a sense in Salford of just who it is we are accountable to. So, we’re accountable to the public, spending public money, and accountable to elected politicians who are elected by the public. So everything goes back to the public, the people we serve. Salford has had quite a strong history of that type of approach and that type of mind-set. So it’s a good place to work, to keep your feet on the ground.”

## Advice to other Commissioners

“We had a good relationship with our Mental Health Trust - that was really, really key - and we had a head of ops in that service who ‘got’ Living Well, and was prepared to absolutely buy into it and say, ‘This is the way we need to do things’, in a way that others might not quite have embraced so readily.”

“It might be because she’s an Occupational Therapist [OT]. I think it’s unusual to have a head of ops in mental health who is an OT. So OTs see the world in different ways, and that’s really important. I don’t know, whether it’s that, or just who she is, and her values, but that was really important to me and that partnership has been absolutely crucial.”

“I also think your Voluntary, Community and Social Enterprise (VCSE) structure is really important. Again, I don’t know what that’s like in other areas. It’s almost like I felt we maybe could hit the ground running a bit quicker with Living Well, because of our relationships and our integrated ways of working.”

“That other areas might need a year of prep work to be able to say, ‘Okay, here’s a checklist of the type of the things you will need in place. So we’ll need your Voluntary Sector to be mobilised, feel valued, and be an equal partner, this will need a good form of engagement around peoples’ lived experience, etc. We’ll need this, this and this’. ... I guess probably if people had that as a start, i.e. you’ve got 12 months to try and pull those things together, ... that might be helpful from the off because then people could say, ‘Okay, we’ve got a real challenge here ... we’ve got good engagement and Mental Health Trusts, we’ve got a good Mental Health Forum, but our Voluntary Sector needs a bit of work. So maybe that’s something we can do over the next 12 months’, almost like pre Living Well. ... What we had was the foundations I think, and I knew that what we were doing ticks so many boxes across our integrated arrangements.”

“So I guess for the Innovation Unit to have a sort of checklist - this is what the soil needs to look like for us to grow Living Well - so people can go away and then stick in whatever extra compost they need to make things right for the IU to then come back and say, ‘right, we can now start to grow this thing.’”

*“I think it’s going to be so interesting to hear the different stories from the four different sites in terms of how people engage.”*

## Living Well UK positives

“I think our first meeting will always stick out in my mind. We decided on a person centred planning tool that’s used in learning disabilities. It stands for planning alternative tomorrows with hope [PATH] and you use it to plan people’s lives for the year.”

“We decided to do one of those and spend the day doing this path about ‘where are we now?’ ‘Where do we want to be?’ ‘What’s the dream and vision?’ I think that will always stand out because I remember at the end of that, just feeling a real buzz that everyone was ready ... up for this, you know, and there must have been about 20 - 25 people in the room. Everyone was really, really up for it. The time was really right and there was a real buzz. I remember that really clearly, and coming away just really hopeful that, you know, I knew that we had a big job to do over the next three years, but I knew that doing that work at the beginning would keep us anchored, and give us something to keep coming back to. Reminding us, ‘what was our vision?’ ‘What was our dream?’ That was really, really key.”

“I think when the ethnographic stories started coming in ... I think that really started to make it very real, and I think when we started to really see and hear not only the points in people’s lives - where there had been some sort of support intervention, where things could have been different - but the strengths people have and the assets people have, and the lives they lead and the things they’ve dealt with that haven’t derailed them! But it’s just ... eventually something’s come along. That’s just one thing too many. They were really, really helpful and again, real anchors to us when we were doing our design process about ‘how would this have helped such and such a person?’ Picking out and recognising that whatever we do need ... it needs to be something that addresses some of those times in people’s lives. Not just that people needed more support, but something that really embraced all their skills and strengths.”

“They also gave us some really key themes about what are the crucial things that are cropping up in people’s lives ... things around loss, things around family support, and benefits. ... So they’re the type of things we’ll need to then build into our Living Well model, so that when we come across a future ‘Sandra’, or a future ‘James’, we can say, we have something immediately that supports them to deal with the loss that they’re experiencing, or supports them to raise the child in a way that perhaps they weren’t raised. So, yeah, they were just really, really powerful.”

*“The time was really right and there was a real buzz.”*

*“A lot comes down to giving ourselves the headspace and time to do the work that we wouldn’t ordinarily have been able to do ... having the Innovation Unit alongside us just helps that.”*

“I could just go on and on really, I mean, I remember we came to a Leeds conference as a team, and again it was brilliant to be in a room with four other Living Well sites. Everyone brought their sort of tribe down from wherever they were coming from. Being in a room where everyone was speaking the same language, and everyone’s getting it, and I guess coming away, chatting with some of the people with lived experience who came with us and them saying, ‘God, you know, we’re doing some really good stuff here.’”

“So yeah, there have been some key, key milestones along the way, but I think a lot comes down to giving ourselves the headspace and time to do the work that we wouldn’t ordinarily have been able to do. It would have been difficult for me to have gone to the CCG and council and say, ‘I want to do this thing, and it’s going to take three years. And you know, after a year and a half we will be only working with 12 people’ ... I think it would have been a hard sell. But I think having the Innovation Unit alongside us just helps that and yeah, people were bought into it from the off.”

### Living Well UK challenges

“COVID-19 is the obvious one. We were 3 weeks into our Prototyping when COVID-19 hit so we took the decision very quickly to pause Living Well. Had we been 6 months in we might well have kept it going, but we were so early on, and the future seemed so uncertain, that it made sense to pause.”

“And the staff that we had in post, we needed to get them back on the front lines to support. So that derailed things a little bit, and I guess it continues to. I mean for four months we did nothing but COVID-19. Gradually things came back online. We started to get things moving again, but it took a bit of time. I think what had happened was that everyone during COVID-19 retreated to protect what they knew ... to protect their bit of the system and rightly so.

“Adult social care retreated to protect that, so did the Trust and so did the Voluntary Sector, so everyone needed coaxing back into that middle ground a bit. It’s important to protect our areas, but we need to reclaim the middle ground and our integrated structure and I think that took more time than we would have liked. And I think it’s changed since then, particularly since December (2020). It’s meant that we’ve carried on with Living Well but we’ve had to be more efficient about how we run things because people need to be elsewhere.”

“That’s been a challenge and will continue to be. I think what we’ve noticed in the second wave is that we need to position Living Well as one of the many services we need in order to build back a better world after COVID-19. So Living Well is not seen as something separate to COVID-19, but something that is crucial to meeting the increased mental health demand that will arise from it.”

“Finance hasn’t been a huge challenge because we invested £x a year to supplement Living Well - solely for our VCSE Sector. I think sometimes there were times in the process when we needed to focus more on some of the operations ... The less interesting, but absolutely essential stuff around policy, data protection, information sharing, how we work together and so forth. There were times because of the Living Well design process when we were just having a conversation about how these things are going to work. There were not many times, but sometimes it felt like the IU wanted us to be thinking in the sky, but we needed our feet to be on the ground a little longer to work things through.”

### How can the IU facilitate this?

“There would be a risk that if we spend too long with our feet on the ground that we wouldn’t get back in the space of thinking differently. I’ve shared those thoughts with Nick [IU] at times and he’s understood that and he’d already picked up on that. I think over time we’ve found a good way forward with our Design Team where every quarter we have more of a thinking session. Not that the other meetings are devoid of that, but it’s one that IU run that gives us the space to really think differently about key areas. Then the other two meetings in that quarter are more about ‘here are some of the things that are going on that we need to start working through.’”

“Because there is so much going on if we don’t do it there we have to set up another meeting and I’ve been really keen since the start of COVID-19 that we need to minimise meetings. If the people are in the room then we need to have the operational conversations while they are there rather than set up another meeting. It’s been really important to minimise the meetings and be more practical at times and ensure that the meetings have a mixture of coming away with things that have moved on and there’s been enough doing and clarity created; I think we’ve got to that space now and found that balance. Ultimately I say to our team manager that the meeting has to be useful. You have to come to those meetings with things, and as a result leave those meetings feeling like you’ve got more of a direction or a solution. So the meetings are giving you that more practical outcome because things have got to start translating now into the doing.”

*“Things have got to start translating now into the doing.”*

“Another challenge that has come to mind is the changing roles that people may have in Living Well ... and the support they will need. I think the position people take within the Design Team, for example those with lived experience, to taking a role in operations is very different. I think for those of us working in services, many of our roles didn't change, but for people not originally working in services it may do. I do think it would be good learning for other sites to say that the people you involve at the beginning you need to support and check in with them as their roles evolve. And what that means for them because that's something we probably took our eye off the ball with because I think we assumed we had such a good ethos and Design Team that we were protected from that. That will be the big learning for us. Not anyone's fault, but it's only afterwards that you look back and think wow some peoples' roles have changed massively.”

“I said at the beginning of Living Well that when people with lived experience become peer workers and mentors, yes there is professionalism they will be expected to have in these roles, but we mustn't let that dilute the value of their lived experience and the value they can bring. So we need to harness the lived experience within something that still brings professional expectations. There's always a tension there because we don't want people with lived experience to change the way they fundamentally communicate as that's the value they bring and we don't want to over-professionalise them, but we need to recognise they are working within a professional structure. Same with the VCSE. We don't want to statutorise them, they need to continue to work in the way that makes them so valuable, but at the same time they need to own the risk in the same way our Trust owns it.”

“Everyone needs to share things as equal partners. You know we need our VCSE colleagues to come into the middle ground and equally we need the Trust to recognise the VCSEs value, and that's happening day by day. I think colleagues in different sectors may have had fixed views of other parts of our system but that's been really challenged and it's interesting noticing that as it goes on there has been a growing respect. The VCSE respect the level of risk on the Trust side more and the Trust respects the skills and expertise that the VS have that they don't have. So we are getting there, but it's something to always keep an eye on.”

*“We need to harness the lived experience within something that still brings professional expectations.”*

## Key issue facing a Commissioner today

“Commissioning is going to change massively in the next 18 months. CCGs will be gone from the 1st of April next year, there won't be ten CCGs in Manchester, there will be one entity that is looking more like an integrated care system.”

“The conversation for this was started before COVID-19 and it increased during. It was around removing a lot of the governance that commissioning creates. Which is sort of this mantra, “provider led and commissioner assured”, but I guess the things we need to understand is what we mean by leading and assuring as everyone has a different understanding. So that's a challenge because no one right now is sure what commissioning will exactly look like in the future. It's probably one where it's more strategic than transactional and one where commissioning will be done in a more collaborative way with the provider. But in a way that is how we work in Salford. Commissioners here have never sat in an ivory tower banging out a service spec that we then get a provider to go and do. It's always been one where we come up with a solution together. And I think Living Well lends itself to that really well because if we talk about creating integrated care systems that's exactly what we've got in the Design Teams. It's a micro integrated care system made up of people from social care, mental health trust, hospital, GPs, lived experience, VCSE, and commissioners and it isn't one person. It isn't me going away and commissioning something, it's us all designing something. So I think the approach of Living Well lends itself nicely to a more integrated way of doing things.”

“The challenge I guess for local commissioners is, if things are done at a more regional level, there could be risks that we lose the local flavour that's required. For me something like Living Well couldn't be done at a regional level. You couldn't do it once across Manchester and then take a blueprint and say ‘do that in all localities’ because everyone's demographics are different, everyone's VCSE structures are different. So you're not starting from a level playing field. So while there are things you can do at a regional level – i.e. you can do lots of things around crisis, hospital based care, IAPTs even at a regional level - things like Living Well to me have to be done locally and that's the challenge. All commissioners are working in a world where none of us know what commissioning is going to look like in 12 months time. There's not going to be 150 CCGs anymore ... there might be 20 that will be dealing with 10 localities each and that's a challenge.”

*“No one right now is sure what commissioning will exactly look like in the future.”*

“Another challenge rolling out Living Well nationally is I started these conversations with Nick [IU] in 2018 and then got the funding in the summer, which was brilliant. And then of course in 2019 was the long-term plan about transforming community mental health services and we said, ‘well great because Living Well fits with that’. But you now have the challenge of exploring rolling out Living Well elsewhere in areas who will have already started that work. We were fortunate in Greater Manchester because we had Salford and Tameside, because we had lots of learning but that’s because we’d already started. You might go to a lot of areas now and they’ll say we’ve already started this, and your challenge is that it might be difficult to wind the clock back a bit and find out why we got here? You know now you’ll be approaching them at a different stage in the journey.”

### What might these sites be missing?

“I think it would probably be lived experience, social care and VCSE. And you ignore those three at your peril because otherwise you’re just tinkering around the edges of a community mental health team. It’s been said that we are just bridging the gap with Living Well and what we need to do is transform the Community Mental Health Teams [CMHTs]. But I don’t think it’s either or. Whether you call it bridging the gap or creating more capacity, you have to grow capacity in the system if you want to open doors to mental health services. People underestimate the challenge in transforming CMHTs.”

“They’ve sat unchanged for 30 years while everything around them has changed and they are dealing with higher demand and acuity and may also have seen reductions in staffing through austerity over the years. So if you go to them they may interpret any new ask as you’re just asking us to do more. So you have to create more system capacity to show our commitment to this.”

“My fear is that people who want this done may cut corners because they won’t have time to have the conversations. They won’t have the luxury of having a year to design it like we did and they have to make some decisions and start working back from that. So speaking to other sites that had to get cracking ... their design process was about two months and then they were straight into delivery and that created challenges. You’re building the airplane while it’s flying and that is difficult and that is where the challenge of Living Well adoption will be. They might say if only you came to us 3 years ago, but we’ve now started. Sometimes the challenging timescales impact on the design process time and the ability to take people with you. Again, we were starting from a good base in Salford because we already had people on the same page and we still needed time.”

*“You’re building the airplane while it’s flying and that is difficult and that is where the challenge of Living Well adoption will be.”*

# FINAL THOUGHTS

*"It's been the best piece of work I've been involved in my entire career."*

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**"Once I start talking about Living Well I just ... honestly it's been the best piece of work I've been involved in my entire career."**

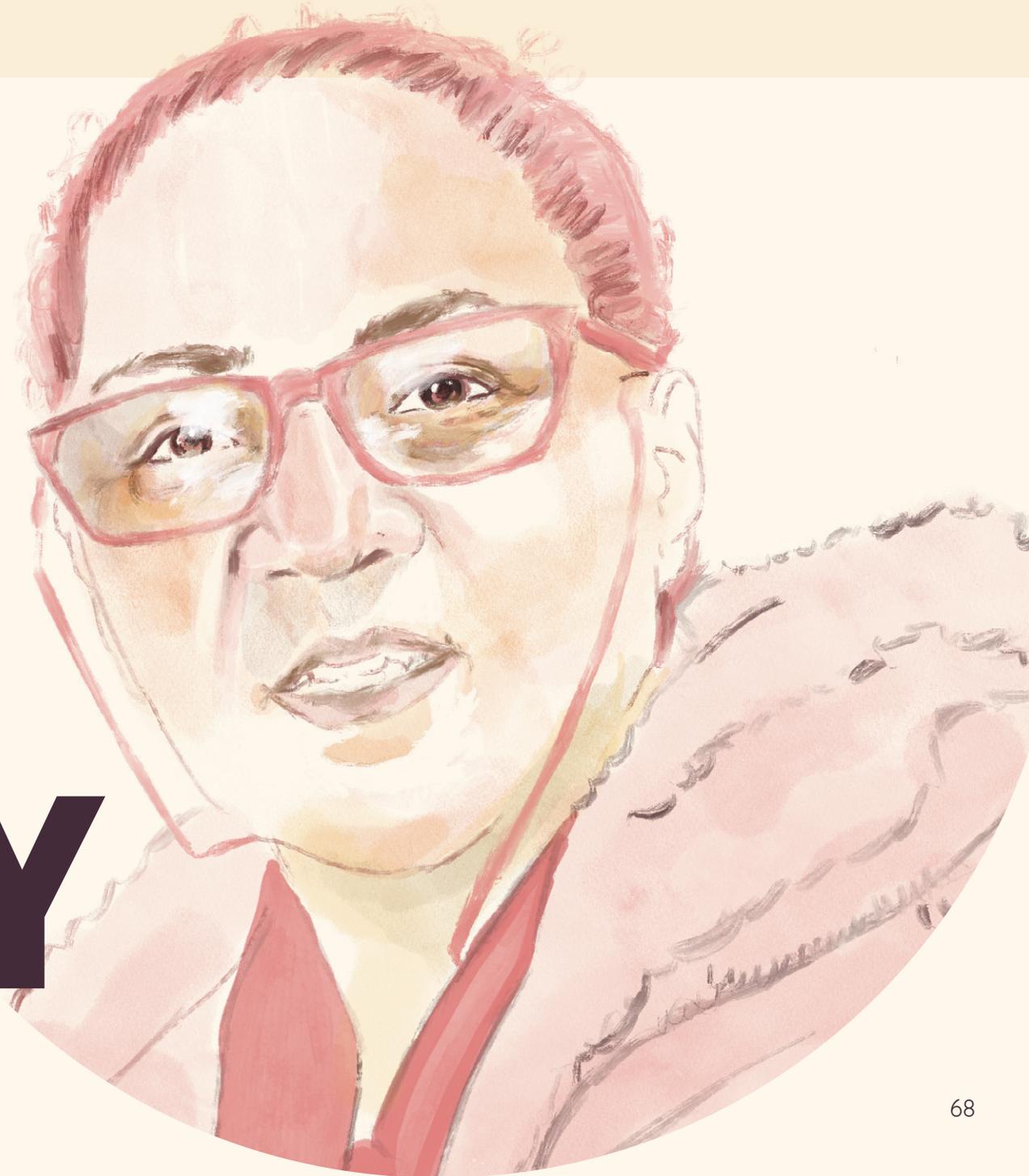
"I've been in health and social care for over 25 years and it's without doubt been the best and life changing piece of work that I've been involved in so I just wax lyrical about it for ages ... and that's the frustration for other areas whose train is moving at such a pace, they may not have the time to do things and we can't let that impact on what support people can access though the new model. I am just glad that in Salford, people will be getting a radically different offer."

“Everything goes back  
to the public, the  
people we serve.”

JUDD

Next story:  
**TRUDY**

The big impact though is a feeling of relief. Because I know we are providing the right service ... It's still a bit messy, but I see a light. We need to stick to it ... I hope this goes National. *We need to change the way we treat people*"



# TRUDY

Team Coordinator, Luton

# A LITTLE ABOUT TRUDY

*“I became fascinated and decided to do training in mental health. My career just rocketed then.”*

Having been good at art, Trudy left school for the fashion industry. Whilst fun she noticed the use of drugs and alcohol and became interested in addressing drug abuse. So Trudy took a course in counselling.

“I met some wonderful people on that course and they encouraged me to come and work with them at Drug Line in Luton. I then spent a lot of time working with teenagers on their drug related issues. At the time it was the ‘Just Say No’ era.”

This was when Trudy had her first experience of working with people with mental health problems. “I became fascinated and decided to do training in mental health. My career just rocketed then. Started as a junior then went to lead and then deputy manager. I think I worked on all units in Luton. I ended up as a CPN [Community Psychiatric Nurse]. Those were the good days. Then the role kind of changed when nurses and social workers became the same. I found that quite distressing. We all had specialist areas, now that wasn’t relevant. For example I worked with a lot of deaf people and I learned sign language, but these specialisms got lost. And then it became a care coordinator role and it became more like a production line. No specialisation.”

Trudy tells us she was getting frustrated doing this. There was lots of paperwork, helping with benefits ... nothing she trained for. “At that stage mental health support changed. It all became paid by performance. So sitting there and talking to people for an hour - how I used to work - couldn’t be measured. They kept saying we were improving, but I couldn’t see it. Service kept being cut.”

At the time Trudy couldn't get her head around if someone experienced trauma, why would you send them to mental health? "Are we saying well, maybe it's in your mind? How would that person feel if something happened to them in their life and then you send them to mental health?" An opportunity then came up for Trudy to work closer with GPs. "They said, 'set yourself up in a GP practice. Get a room and work with people. Get them in fast, make sure they are triaged to the services they most need.' The idea was to prevent the crisis before it happened. It's about trying to get to people first and steer them in the right direction, and to educate the GPs - because not everyone should be referred to mental health."

Trudy worked at a GP practice for 6 years, but felt that she needed to work more in the community and "be connected to the services that do great work. Not just sorting people into services." Consequently, Trudy went to her manager. "He said there was an opportunity coming along (Living Well UK) where you'll be working with people, not just referring them. I thought that sounds good, but how will we bring all these organisations together because there are a lot of challenges and politics so I knew it was going to be a challenge. I went for the job and got it."

*"We all had specialist areas, now that wasn't relevant. For example I worked with a lot of deaf people and I learned sign language, but these specialisms got lost."*

# LIVING WELL UK

*“I believe in the cause, so it came along at the right time for me.”*

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The Prototyping Team in Luton started in February 2020. “I came in and had some training with IU team. It was good because it’s something I truly believe in ... I believe in the cause, so it came along at the right time for me. And we had a great team. Everyone involved. It worked.”

“If we didn’t understand something we were just able to express our views. There was lots of trust [in the prototyping team]. I think everyone in it had the same beliefs.” The only thing Trudy says they had issues with was the Partners [Steering Group] coming together and making decisions around operations. “If one of us is used to working with postcodes, and someone else isn’t, we need the Partners to make decisions on how we will work.” However, Trudy feels that in the prototyping team huddles they were able to come together and figure it out, “I think we’ve achieved quite a lot in the huddle versus the Steering Group.”

Trudy shares an example of the team working well. “We had one guy come in diagnosed with schizophrenia. He was living life normally and then had a big operation in his 50s and was left with the idea that something was left inside him. This is quite common in people after serious operations, people develop these feelings. I still doubt the diagnosis of schizophrenia, but it’s hard to remove a diagnosis like that. This person was living with a lot of health anxiety and he kept getting bounced around between the CMHT and his GP, so we got hold of him. I brought his case to the huddle. One thing we were able to sort out quickly was an assessment so he could receive psychological therapies and this has worked well. He also had housing issues and we were able to connect him to the housing service because he needed that. That person’s key issue was health anxiety and we identified that in the huddle, and we got him help and now he’s thriving.”

However, Trudy shares that there are situations that by their nature sit at the edge of Living Well UK. For example asylum seekers. “A few people have introduced them to us as if we can provide housing and financial support. We don’t like to say ‘no’. We can give advice and connect them to these services, but we can’t provide them. I think when you open services up they can get flooded. We want to be open to everybody, but we have to be realistic about the support we can provide. We discuss this in the huddle, ‘how can we send this person away but still help and give them advice?’”

*“We want to be open to everybody, but we have to be realistic about the support we can provide. We discuss this in the huddle, ‘how can we send this person away but still help and give them advice?’”*

## Prototyping Team

Talking about the prototyping team Trudy smiles and says the huddle works well. “Regardless of our backgrounds it’s about how we can work together to help this person. It’s really important we have trust and respect for each other. I encourage the team to speak up and if they need something, or have a problem, to bring it to the team so we can talk. What’s interesting is when we tell someone’s story ... regardless of our roles we think about all the things that can help that person even if it’s not our role. It’s hard to explain. You kind of have to see it. We work as a team.”

“We don’t want it to be a clinical setting, we want it to be a communal setting. If we have a consultant come in we don’t call him ‘doctor’ ... same with the psychologists. We call them by their first name. That’s how we try to get away from that (notion of a clinical setting). It’s worked extremely well. That’s why we invite them to the huddle so they can see it. You have to see it. You would come in and you wouldn’t know which professional is which. It’s a complete mixing bowl and that’s how we like it. Yes we have specialisations, but it’s about the team.”

## Prototyping and learning

Thursday was the prototyping team’s learning day. “We did a lot of reflection. The reflection day was very important because we were able to identify things that weren’t working and take that to the steering group. For example when we weren’t getting enough people into the service we were able to bring that to the steering group and figure out why. It’s not been easy with the steering group. There were anxieties between the organisations.”

“If I was to do things differently looking back, I think I would have been more demanding in the steering group. I wasn’t in the steering group meeting initially. We had a manager that was connecting us, but they left. So I joined about halfway through, so I didn’t know how it worked. I think there was a bit of conversion around my role so I wasn’t really heard. It was more about management conversations in those meetings. I think looking back I would have been clearer about my role and representing the huddle (prototyping team) and what we need.”

Trudy shares that one of the problems has been the transformation work in Luton that has distracted from the open access (Living Well UK) work. “At first I don’t think they understood us and the role we can play in the transformation.”

## Expectations about the Living Well UK programme and COVID-19

Trudy tells us that the training she received from the IU team and the huddles all met her expectations, but that COVID-19 has made everything harder. “COVID-19 came in just as we were getting started. We started training in February and it was just coming to an end when COVID-19 hit in March. We then didn’t get going again until August. It’s all happening via Zoom, but basically it still works. COVID-19 has made it hard to see people and work with them. Other services have been closed. It’s limited what we can do. We wanted to go for walks and see people face-to-face and that’s been hard. We are excited to do more of that after lockdown.”

We ask Trudy whether she would have designed Living Well UK differently had it been conceived during the pandemic, “I don’t think I would design things differently now COVID-19’s happened. I do however think things like video calling is something we’ll keep. Not all the time, but it can be useful.”

## Advice to others setting up a Living Well UK system

Trudy’s advice to new sites is to keep the motivation going: “Explore what you can do and explore new ways to connect with the people you support. It’s a hard one. Definitely connect with your team and stay motivated within the huddles [team meetings]. They do help. Having daily huddles are really beneficial. Both for the person we support, but also the team members.”

## Educating others

Trudy tells us it is so important to have an understanding of what works and what doesn’t. “Being truthful and admitting we got it wrong. The hardest thing is educating people, ... especially from the clinical world. ... Risk assessment for example. We still do that, but it’s a conversation. If you do it in the clinical way ... ‘are you this, are you that, etc.’, it doesn’t get to what is needed. That can be in the conversation, but it doesn’t have to be ‘military’, you still do a risk assessment but it’s embedded in the conversation. We will do all that, but let’s start with the person and get to know their journey. If you are experienced you can ask those same questions but in a conversation. You just need the confidence.”

*“It’s a complete mixing bowl and that’s how we like it.”*

*“I wasn’t really heard. It was more about management conversations in those meetings. I think looking back I would have been clearer about my role.”*

## Co-designed tools

We move on to talk about the tools developed with IU. “The tools developed are really good. We have individuals come to us and say, ‘I don’t know what help I want’. So we use the designed tools to help those individuals to think for themselves. The thing about the care coordination I used to do was they became dependent, whereas I want to help individuals to help themselves. The tools help do this. Now we talk differently. It’s about goals and it’s for a short period. They take ownership for these goals.”

However, Trudy tells us some people were dismissive about them at first, “But the thing is you actually get more information than if you were doing an assessment clinical style. The tools also open up more with the people we worked with. They help them reflect on their needs more. It’s like a light bulb moment for some when you see them working with it.” However, that does not mean that some people did not struggle. “They don’t have the confidence. ‘I can’t do this’, they say. And that’s the perception that the system has given off. We have to change the way we think because we’ve got it so wrong in the past. People have become dependent. We have to empower people and change this.” Trudy tells us with a grin that she’s already working on getting other professionals introduced to the service - explaining the conversational approach.

## Challenges in Luton

There are certain challenges in bringing Living Well UK to Luton. Language barriers are one. “Some African and Asian communities have different perceptions of mental health. A lot of them initially present it as physical health problems. So it’s hard at first convincing them to try mental health support therapies etc.”

## Believing in the approach despite the personal struggle

Trudy tells us she really enjoyed the new way of working and working in the community with other organisations. “I want to help people coming into the system. I know there are services that fit better for individuals that come for help and I know I can help them. It’s about educating people now. GPs, etc., so they understand what our services do. Some are so far down the clinical mind-set that they don’t get it at first.”

Personally, it has been something of a struggle. “Physically and mentally because of the lack of support from my organisation, but I’ve expressed that now. **Stacey** and **Jessie** knew what was going on and they supported me really well (the team from IU was amazing). You see when I started I was still doing my band 7 role and managing the primary service too. There was a lot of politics going on so I was left doing three jobs. Also trying to motivate the huddle when we kept ‘stopping and starting’ and not getting referrals - sitting there ready to go ... waiting ... that took its toll - emotionally and physically. But it’s got sorted now.”

“The big impact though is a feeling of relief. Because I know we are providing the right service. How we treat people when they come for help. We haven’t got it 100% but we are trying to get it right. It’s still a bit messy, but I see a light. We need to stick to it. It’s about education. Once the steering group agrees ... we can get stuff together and define the service, then we can start educating everyone else about what we do.

“We are now starting to get more people referred to us. Slowly it’s growing ... I think slowly we’re going to introduce more services to connect into us ... We had a conversation in the steering group about housing, social services, work and pension because those are the things that cause so much mental health.”

### **Connecting with other services**

Following on from this point an important issue that Trudy raises is the difficulty they have working with the Council. “At the moment working with them [the Council] we’re still sending paper referrals ... we do it more personally with the other services that are connected to us. So it’s like how can we ‘get through’ ... because the Council works in a different way. The Council are involved in the service, but they are not present in the huddle, or doing the practical work, so we’re not as joined up with them.”

*“I want to help individuals to help themselves.”*

# HOPES FOR THE FUTURE

*“He told me his story and I brought it into the huddle.”*

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“I think working in this service [Open Access/Living Well UK] is preventing [the downsides] of people from being referred between services.

For example one person we worked with, he went upstairs and unexpectedly found his father dead – an unexpected death. After that he closed his door and didn’t see anyone for three months. Couldn’t go to the funeral because of lockdown. Three months after he gets a letter from the Council saying you have to leave your house. I spoke to him then and he said he couldn’t stop shaking. He was thinking of taking some pills that were on his table to try and stop it. He told me his story and I brought it into the huddle. We helped him with his housing, his benefits, psychological therapies and we sorted it.”

“My hope for the future is a new way of working for people. I hope this goes National. We need to change the way we treat people.”



*"We haven't got it  
100%, but we are  
trying to get it right.  
It's still a bit messy,  
but I see a light."*

**TRUDY**

Next story:  
**KATIE**

"I was sceptical of the ethnographic stories ... about romanticising mental health needs, I wanted to ensure they were focusing on serious needs ... but I was bowled over. They really challenged what we thought was going on."

# KATIE

Senior Manager, Mental Health Trust



# A LITTLE ABOUT KATIE

*“Working in this area [is] an exciting challenge.”*

We meet Katie online. The light filled room, her smile and the crowded, yet organised, pin-board a glimpse of the person we are about to get to know. Katie has a clinical background. She is well travelled and creative – in her own words “highly relevant to how I respond to the Living Well programme.”

Katie had no ambition to end up in management, but following a successful initial post many years ago found her niche in management. Knowing that the local commissioning scene was aligned with her own values has helped enormously. “This with a financially sound Clinical Commissioning Group [CCG], who sees mental health as a priority, makes working in this area an exciting challenge.”

## **Katie’s job**

Currently Katie feels like she has three roles, together contributing to a very long day. Firstly there is business as usual involving patient care, ensuring a flow through the system. Essential to this is regular liaison with the CCG.

Managing the crisis caused by COVID-19 has produced a second role. Losing patients to the virus was distressing and a huge learning experience for all and Katie feels that at the beginning they all felt like they were out of their depth. They had to learn, and then train others to be able to offer quality end of life care often with lower staffing levels. The emotional impact has been great. “It’s been hard.”

The third element of Katie’s job is building strategy for the future and Living Well UK falls under this umbrella. Katie loves this work, but confesses it is a balancing act between that and the other two roles.

It can get overwhelming at times and Katie has to manage herself by, in her words, “using coaching, phoning a friend, in fact lots of stuff in order to sustain the level of work, especially since COVID-19 struck.”

## The importance to Katie of caring; service users and staff

Coming from a family who have experienced mental health challenges has made empathising with service users much easier. Katie has striven to build up a management team with personal experience of mental health because she believes it lends itself to sound decision making based primarily on the needs to service users and carers. Along with the welfare of service users, the welfare of staff is hugely important to her and she spends hours working on well-being and staff engagement and strong annual staff survey results indicate she must be doing something right.

One particular challenge for Katie is aligning with the organisation around what is considered a priority. For example, during COVID-19 people have found the volume of emails and communications overwhelming – so Katie stopped forwarding the 100's of emails and did a one-page briefing for her staff daily. A simple measure to protect staff yet keep them well informed.

Despite challenges there are many elements of management that Katie positively enjoys, like collaborating on creating vision with everyone, getting people to engage with the 'how' and importantly the details. One of the most enjoyable parts of the job is the people. Networking and noticing other people's strengths is clearly one of Katie's skills. "I needed a temporary manager. I knew that if I picked up the phone to Vivien and explained the job they would love it and it turned out they did! So I like coaching. I like to see people grow and develop."

*"I like coaching. I like to see people grow and develop."*

# THE LIVING WELL UK PROGRAMME

*“We realised we would be the group who were going to make it happen!”*

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We ask Katie if they would have taken up Living Well UK if she had been introduced to it during COVID-19, not before. “If it came along now I would have appreciated more how needed this service is, because it is pitched at a group of people who might have been more ‘okay’ before COVID-19, but now, with COVID-19, it’s needed because so many people will fall into needing it.”

## **First impressions and co-design**

Katie and the site commissioner “think very similarly”. Two years ago when the possibility of engaging with Living Well UK was raised the Trust were unsure of their role in developing primary care models Katie felt that they should “try it out.”

They visited the Lambeth site. “That turned out to be ‘massive’. We bonded as a group on the train journey. We realised we would be the group who were going to make it happen!” Following this the co-design group had very open, creative sessions, held at a voluntary sector building. Katie remembers going to Leeds with all the other Living Well UK sites and the impact of the ethnographic posters of the stories. “I particularly remember two staying with me. They were powerful. I was sceptical of the ethnographic stories ... about romanticising mental health needs, I wanted to ensure they were focusing on serious needs ... but I was bowled over. They really challenged what we thought was going on.”

Katie tells us they have fantastic service users involved in the process. “There is a great sense of equality. Others often came in with the perspective of service users and the everyday crisis they were experiencing; I have a perspective of the people with more complex needs, Police, Ambulances, involved, people who weren’t getting into the Community Mental Health Teams [CMHT]. I was trying to weave in the more difficult story, so it was great having the service users there. We were able to dream big with them.”

However, being pragmatic Katie adds, “I’m not sure how transparent we were at managing their expectations but I also wanted to run with the creativity because within that there were little gems that we are using.”

Katie adds that staff have got more comfortable with their own vulnerability. “I tell service users that we are all on this continuum of mental wellbeing at any given time. I like to show that we all have mental health experiences.”

We ask about diversity and Katie tells us that the area is not the most diverse of places in the UK. “Probably a bit more now with students but on the whole it’s very White. I don’t think we’ve done much. We’ve talked about it. It’s something I feel strongly about. ... I would be fighting it slightly differently if the population were different. ... Black Lives Matter has had a big impact on me personally ... but in terms of Living Well UK it has gone a bit more back to business as usual. ... We’ve mentioned it but we haven’t got our hands dirty and done anything.”

Regarding commissioners Katie has no need to rehearse or align before meetings. “The trust has grown enormously ... we absolutely know we will have the same tune ... And on a completely personal level, during COVID-19, when we became very data driven and the human catastrophe under it was getting lost, the supportive relationship with our commissioner became a very sustaining place.”

In terms of the Voluntary Sector (VS), Katie tells us that she didn’t know them particularly well at the beginning “but ... during COVID-19, when people knew I was having quite a hard time, one of the managers of the voluntary sector ... sent me her Grandmother’s recipe for gingerbread and I made it and sent her a picture over the weekend ... so that gives you a sense of the connection that has developed.” Displaying sensitivity and understanding Katie adds, “the voluntary sector is so vulnerable to money exchanges that they understandably always have to have that ‘hat’ on. It has to have affected them around the table.”

*“I tell service users that we are all on this continuum of mental wellbeing at any given time. I like to show that we all have mental health experiences.”*

## Challenges they've faced after co-designing Living Well UK

Katie is aware there needs to be patience, to let the process flow, and does trust the process, but adds there was frustration at things when in her view we were moving too slowly. "I wanted to get into the nitty-gritty in those meetings. We had the vision and the model and ... we wanted to get started. ... I loved the process of co-designing but it was the movement to operations that was frustrating."

Talking about trust, Katie adds that there are still the teething problems of different organisations providing a joint team; different contracts, different employment practices and standards for contracting and so forth. Speaking about how this will work out, Katie continues, "I don't know yet. Ask me in a year's time!"

COVID-19 has delayed the progress of Living Well UK. The site has now been in the prototyping phase for 9 months - "and we haven't got the Front Door quite right yet! "

*"I loved the process of co-designing but it was the movement to operations that was frustrating."*

# ON A PERSONAL LEVEL

*“The proof was in the pudding”*

The impact of Living Well UK on Katie has been to affirm that her natural way of wanting to do things, in a very creative and engaging way, is shared by others. “Being labelled as the creative one ... was often slightly derogatory. ... Because the alternative is you are the one who comes with the data and the spreadsheets and if you are at an organisation that values that, I’m not your person! So stepping into the Living Well world and being like ‘Oh my! this is exactly how I like to do it and here is another world that agrees with me!’ So if anything it was affirming.”

On learning through the process Katie tells us, “if I think back to the design meetings I learned how to be more patient; to be less vocal. I have started saying ‘we’ rather than ‘I’ ... COVID is not a good time to measure. It changes things because you need to lead firmly.”

When we ask about the positive things about the process Katie tells us: “Positive energy. Engaging. Fun. The proof was in the pudding - we all kept coming back. We’ve had the same cohort working on the project for 3 years or so.”

And Katie’s final thoughts ... she tells us about a moment when they all knew they would make the decision on the needs of the population, not the cohort most visible to Katie nor to the GPs. “You have to take an aerial perspective and that’s the whole population ... I remember one time we had a meeting ... with a big glass window that looked over our area and that reminded us who this is for.”



*"I remember one time  
we had a meeting ...  
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us who this is for."*

**KATIE**

# INSIGHTS

What we hear from the people working to design something better

# INSIGHTS

1

Great mental health support is enabled by passionate individuals and the sense of purpose, meaning and commitment they bring to their work

4

The shared experience of co-designing and prototyping a new service builds trust and nurtures the relationships needed across organisations for system change

7

Growing and sustaining new ways of working requires collaborative leadership

2

The experience of collecting and sharing stories provides emotional connection and empowers people and teams, drawing them together around a shared vision for change

5

Developing shared practice and co-producing new tools with people with lived experience is key to positive change

3

Innovation and transformation are enabled when there is equality of voice and when all contributions are valued

6

A more holistic way of understanding and supporting people is being developed that challenges and overcomes inhibiting mindsets

# INSIGHT 1

## **Great mental health support is enabled by passionate individuals and the sense of purpose, meaning and commitment they bring to their work.**

The human stories we have heard behind the lanyards of our mental health service providers have given us a glimpse into what drives the people who are working in the mental health system today. Each person we spoke with has different reasons for working in mental health, and many allude to the connection between their drive and passion to work in this field and their identity, their sense of moral conviction and way of seeing the world. Although their experiences and pathways have been varied, they are essentially connected by their desire and commitment to harness outrage, create something better, and imagine new possibilities. Importantly, each person's insight, experience and particular strengths contribute to the quality of the new system that is being forged.

**What can be done to enable people to connect, and stay connected to, their personal story as a source of moral and professional drive, compassion, outrage and commitment to change?**

Click on the quotes to read our full stories

### **JUDD**

*"I now see myself in a position that uses my social work experience, psychology experience, work in the voluntary sector as well as health and social care, and academic work ... Living Well kind of felt like a sort of accumulation of all that really ... In terms of, I guess, a sort of self-actualizing kind of way for me - so yeah, it's been ... I don't know, you couldn't write it in terms of how it's come along at the right time and the right point for me to be able to lead it in the way I want."*

### **KATIE**

*"Being labelled as the creative one ... was often slightly derogatory. ... Because the alternative is you are the one who comes with the data and the spreadsheets and if you are at an organisation that values that, I'm not your person! So stepping into the Living Well world and being like 'Oh my! this is exactly how I like to do it and here is another world that agrees with me!' So if anything it was affirming."*

### **DONNA**

*"It wasn't a career, it was never a choice. My eldest son died seven years ago ... at 36 ... he took his own life."*

# INSIGHT 2

## The experience of collecting and sharing stories provides emotional connection and empowers people and teams, drawing them together around a shared vision for change.

During our conversations with practitioners, many described powerful experiences near the beginning of the design phase when they gathered together to hear stories of people who'd struggled to gain the support they needed from the mental health system. They told us of the unexpected impact of these stories, and of how they helped describe and bring to life a reality that no medical record could ever capture. Individual stories reminded them of why they are here and who they are helping. It is clear that the voice of lived experience is essential to Living Well UK and it must continue to play a key role in the vision and drive to transform. Listening to the practitioners we can see that the challenge they are now facing is building the capabilities and resources to maintain the voice of lived experience at the heart of change

How do we continue the process of gathering and sharing stories and better integrate it into our practice? Who in the system drives this and what incentivises them to do so?

Click on the quotes to read our full stories

### PAT

*"I feel blessed to have worked with people who are really struggling with their mental health ... some of the people who gave their time to us – talk about the golden nuggets that you get ... that you would never, never normally hear. Being able to talk to people, hear from them and engage with them about their experience - why don't I do it more – what's stopping us doing that?"*

### JUDD

*"I think when the ethnographic stories started coming in ... that really started to make it very real, ... we started to really see and hear not only the points in people's lives - where there had been some sort of support intervention where things could have been different - but the strengths people have and the assets ... and the lives they lead and the things they've dealt with that haven't derailed them!"*

### KATIE

*"I particularly remember two staying with me. They were powerful. I was sceptical by the ethnographic stories ... about romanticising mental health needs, I wanted to ensure they were focusing on serious needs ... but I was bowled over. They really challenged what we thought was going on."*

### LINDA

*"I know when I went to the learning session in London - again it was the personas that I really liked doing. That was really key. I think people talking about doing ethnographic research has been great and having the skills around that."*

# INSIGHT 3

## **Innovation and transformation are enabled when there is equality of voice and when all contributions are valued.**

Equality of voice is key when creating a new and better mental health system that depends on people and organisations working together to provide support. The stories we heard confirm that positive change can happen when we create safe spaces that allow people to listen and be heard, to connect, appreciate each others' roles and nurture trust. Enabling equality however gets harder as you move into implementation, where old ways of working and making decisions 'creep' back into the system. Implementation of a new system brings about uncertainty, it rocks the sense of stability that we are all drawn to. It requires trust and a willingness to work through challenges openly and honestly. People need to feel valued and the human experience of change, such as the inevitable dips in energy and focus, need to be acknowledged and actively worked with. Faced with the operational demands of service delivery, implanted institutional structures tempt a default back to old systems of decision making that render equality of voice more difficult.

In Living Well UK systems, responsibility, risk and practice models are shared and people learn from each other. The stories told in this book show that in order to achieve this culture, people need to see the value that each team member brings as well as feel that their own expertise is understood. We hear that moving to a Living Well UK system confronts established ways of perceiving and 'marking' expertise and value. For example, how much trust is placed in a particular individual's expertise, the power they are given to make decisions, the risks they feel empowered to take, through to the level of remuneration they receive.

**How can systems build a stronger understanding around the value of the different expertise they have and learn how to nurture each other's contributions? What needs to be done to re-imagine and address forms of disparity? How can system leaders continue to nurture equality and inclusion of all voices as a system behaviour, not just as a time limited phase?**

Click on the quotes to read our full stories

### **JUDD**

*"I guess the role of the collaborative and the design team is to manage, ... equalising that power, remembering that they're my bosses as well. And I'm accountable to them all."*

### **KATIE**

*"There is a great sense of equality. Others often came in with the perspective of service users and the everyday crisis they were experiencing. I have a perspective of the people with more complex needs, ... who weren't getting into the Community Mental Health Teams (CMHT). I was trying to weave in the more difficult story, so it was great having the service users there. We were able to dream big with them."*

### **SHAZ**

*"That was the first time in 14 years I was in a multi-disciplinary team. Getting used to colleagues. There was a bit of confusion around what they thought my role was, and what I thought my role was. I called that out early on and it was addressed. And since then it hasn't been a problem and I can't fault the team."*

### **WENDY**

*"This is so important in bringing the different strengths, skills and experiences from each of the organisations involved. However, this was also a challenge, at times, when asking people to work differently."*

### **TRUDY**

*"Regardless of our backgrounds it's about how we can work together to help this person. It's really important we have trust and respect for each other. I encourage the team to speak up and if they need something, or have a problem, to bring it to the team so we can talk. What's interesting is when we tell someone's story ... Regardless of our roles we think about all the things that can help that person even if it's not our role. It's hard to explain. You kind of have to see it. We work as a team."*

# INSIGHT 4

## The shared experience of co-designing and prototyping a new service builds trust and nurtures the relationships needed across organisations for system change.

The level of trust and the strength of the relationships between people in a Living Well UK system is a key predictor of its success. The stories told to us have shown the importance of building and nurturing relationships in the system as early as possible. The nature of the co-design and prototyping experience has a special power in building trust. The existence of a safe environment in which to test out new ideas without fear of retribution or failure is particularly enabling. People are able to draw on their experience and reconnect with lived experience and the emotional experience of doing this with others. This is incredibly powerful in rooting people to shared purpose and moral cause and positively channeling the outrage they feel toward a system that is failing. People need trusting relationships to support themselves, maintain collaboration, and hold on to the vision for change when they meet tough challenges.

What experiences and rituals can you create to nurture strong relationships and build new ones as you grow new models of care? How can we better understand the strength of relationships in our system at any given time?

Click on the quotes to read our full stories

### DONNA

*“Joint working, partnership working, giving people the opportunity to trust each other and a basis for organisations to work together ... Recognising what individual organisations do and acknowledging it. It’s really important that we don’t forget this - this has been so, so powerful.”*

### KATIE

*“The trust has grown enormously ... we absolutely know we will have the same tune. ... And on a completely personal level, during COVID-19, when we became very data driven and the human catastrophe under it was getting lost, the supportive relationship with our commissioner became a very sustaining place.”*

### KATIE

*“During COVID-19, when people knew I was having quite a hard time, one of the managers of the voluntary sector... sent me her Grandmother’s recipe for gingerbread and I made it and sent her a picture over the weekend ... so that gives you a sense of the connection that had developed.”*

### LINDA

*“It’s given me a greater understanding of change management ... It’s given me an opportunity to develop good peer relationships with people outside of my immediate surroundings.”*

# INSIGHT 5

## Developing shared practice and co-producing new tools with people with lived experience is key to positive change.

Shared practice can be hard to define and capture. Even more so when it's been designed by practitioners from different professional backgrounds and people who have lived experience. A key takeaway from these stories is the importance of bringing people together to discuss practice, and then capturing it visually so that a shared understanding and vocabulary can be built. Furthermore, we hear that the work the design and prototyping teams have done with people with lived experience to create new and enabling assessment, planning and support tools has been vital in engaging and supporting staff through the adoption of a new way of working.

As teams scale and the practice model develops, how do we capture and share these evolving understandings of better practice? How do we hold these accounts of practice against the vision and values?

[Click on the quotes to read our full stories](#)

### DONNA

*"Sometimes it would take me a long while to get my head around what we were doing, but someone like Jo [IU] would manage to pull something from what we were all saying."*

### SHAZ

*"It was a new model but it didn't change the way I worked. ... the Thrive Plan worksheets (created by the design team) helped in e... It helped give me structure and a time scale. It was helpful to remind them [service users] that this was a short-term service. Physically showing them and giving them the Thrive Plan really worked. It was like giving them homework and they bought into it. ... The best thing I think is the Wheel of Life. Because it breaks things down and it helps us find what we should concentrate on first. ... And of course the goal building exercises."*

### TRUDY

*"The tools developed are really good. We have individuals come to us and say, 'I don't know what help I want'. So we use the designed tools to help those individuals to think for themselves. The thing about the care coordination I used to do was they became dependent ... Now we talk differently. It's about goals and it's for a short period. They take ownership for these goals ... you get more information than if you were doing an assessment clinical style. The tools ... help them to reflect on their needs. It's like a light bulb moment for some when you see them working with it."*

# INSIGHT 6

## A more holistic way of understanding and supporting people is being developed that challenges and overcomes inhibiting mindsets

The Living Well UK practice model aims to build a new common ground where clinical and social models and practices can work together and where traditional power dynamics are renegotiated. The stories show the importance of nurturing permissive environments in which people can work together and challenge processes and assumptions about how things have to be done; creating more opportunities to bring siloed offers together and explore the way decisions are made and expertise is accessed. This allows practitioners to bring new perspectives to meeting needs and an enhanced ability to see and embrace the whole person.

How do we create permissive environments in which old assumptions and mindsets can be explored and questioned?

Click on the quotes to read our full stories

### PAT

*"Watching clinicians' buy into the whole system model and become advocates has been so rewarding."*

### SHAZ

*"I think lived experience is crucial to the Thrive model. I think the clinical model [by] itself doesn't work. It's having a mixed approach [that does]."*

### JUDD

*"I think what Living Well has done is really get us out of the 'we always need clinical services to meet clinical needs' kind of mind-set. ... peoples' needs are often met by many other non-clinical services, whether that's somebody in a nicer home, or a nicer job, or getting rid of some debt."*

### LINDA

*"In mental health we create a lot of reasons why we aren't going to see people - you're not ill enough, you've got the wrong diagnoses, you're still taking drugs ... It becomes a really confusing and complicated landscape. ... What I really liked about Living Well UK is that they cut through a lot of that - we will open up our doors and we will welcome everyone."*

### TRUDY

*"The hardest thing is educating people, ... especially from the clinical world. ... Risk assessment for example. ... If you do it in the clinical way ... 'are you this, are you that, etc.,' it doesn't get to what is needed ... you [can] still do a risk assessment but it's embedded in the conversation ... start with the person and get to know their journey."*

### LINDA

*"The [Living Well] teams were small and part-time but they have worked with over 300 people. Only about 6 of those people needed to be referred to formal therapy. ... If we can extrapolate what does that mean for our whole system?"*

# INSIGHT 7

## Growing and sustaining new ways of working requires collaborative leadership

Living Well UK leaders are relational and collaborative. They look across the whole system and want to take new ways of working from Living Well UK and mental health to other areas of health and social care. They work to create community and shared language through dialogue and relationships. They pursue change through relationships and collaborative working, and the energy they get from this helps to sustain them when things get tough.

How can collaborative leaders be identified and nurtured? What resources do leaders need to sustain themselves, and how can we support leaders to take Living Well UK principles to other parts of the health and social care system?

Click on the quotes to read our full stories

### PAT

*"The Programme [Living Well UK] has inspired more energy across the site. It's been so embraced by T&G [Tameside & Glossop] ... it's been interesting to take that way of working into other parts of the work that they do."*

### JUDD

*"It's been taken into how we do all the other pieces of work around learning disability, autism or anything like that. ... It's in terms of the ethos, ... of designing together and not getting yourself back into that headspace of we haven't got time to engage. We haven't got time to involve and co design."*

### LINDA

*"In terms of my job, I'm bringing in a lot of my learning from Living Well UK. In particular from my coaching and the adaptive leadership training. Especially around being overwhelmed, making sure I'm not taking too much responsibility."*

### TRUDY

*"There was a lot of politics going on so I was left doing three jobs [and] trying to motivate the huddle (prototyping team) when we kept 'stopping and starting' and not getting referrals ... that took its toll - emotionally and physically."*

# INSPIRING RICHER CONVERSATIONS

This Story Book is an attempt to humanise and shine a light on the lived experience of people working in mental health systems in the UK. Collectively, our storytellers are trying to create something new and better. National Lottery funding has given the time and space to do this creative, imaginative work. One of the clear messages that comes through in this Book is the critical importance of giving time and space to work through change. Genuine change requires time to think, try out and learn. It can't be rushed.

The Living Well UK methodology for supporting transformation gives people spaces within which they can imagine and create 'the new' without fear of failure. Our story tellers picked out spaces for co-design and prototyping as being particularly important in giving people permission, and confidence, to try things out.

Once the new has been imagined, the big challenge comes in 'dismantling' the old; for example old practice models, existing power structures or existing policies that dictate how things must be done. This is perhaps the biggest obstacle when trying to change or transform well-established systems.

It's clear that transformation and change work is deeply social. All of our story tellers emphasized the critical importance of trusting relationships. Without it, we know that changing anything can be spectacularly difficult. Sometimes relationships are strained - for example because of misaligned expectations or broken promises. Some of the voices in this Book are critical of local leadership and management support. Critical voices are in fact hugely valuable in change work, but practitioners often don't like to consider how these voices can be harnessed productively in the service of change. We hope the critical, as well as positive, voices in this Book serve to inspire richer conversations about how and why change happens, and why it doesn't.

We would like to thank our storytellers for generously sharing their life stories, and opinions on Living Well UK. Each storyteller has a unique perspective and we felt it important for their stories and views to be heard and shared widely.

All storytellers have given their consent to share their stories and perspective, and have co-crafted their final words with us.



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