WHAT WE LEARNT ABOUT CREATING A RADICALLY DIFFERENT ENVIRONMENT OF COLLABORATION

Our second key learning from the Living Well UK programme is that if we want to find a better way of responding to the UK's mental health challenges, we need to invest in building a radically different environment of collaboration in our places across the UK. This environment, built over time in trusting relationships and forged by a shared vision for the future of their mental health system, was fundamental to their success at improving services and outcomes for people. This was not simply about engaging stakeholders to help feedback on developments and build ownership. Instead, it recognised that in order to transition to a different system, a diverse range of practitioners needs to be engaged in a process of ongoing collaborative system leadership.

We worked with our sites to build an environment for collaborative system leadership, initially through the establishment of Living Well Collaboratives, Design Teams and Prototyping Teams, and later via Living Well Governance groups. Fundamentally, this is the first and most significant choice that our sites made to move towards a relational system. By responding to the call and coming together to collaboratively lead their system, they acknowledged themselves as a system - holding a shared responsibility for each other and the outcomes they created.

The programme created an environment in which practitioners were supported to hold each of the forces of purpose, power and practice in creative tension. They were able to recognise how each of the forces could pull them in opposite directions and use this knowledge to create the possibility of a transformational 'third way'.

For example, they were able to acknowledge the continued importance of achieving impact now, in tandem with paying serious attention to crafting and working towards bold new visions. This can be seen most clearly in the creation of new Living Well teams that make it much easier for people to access help now (by replacing old eligibility criteria and thresholds with an 'easy in, easy out' culture), and that aim to help them lead bigger, better lives in the future. Our practitioners recognised how traditional mechanistic responses to demand management had stopped them from engaging with people more preventatively, when they needed help.

Living Well systems have grown their capacity for relational responses, but they were only able to do this by recognising the dominance of mechanistic responses and by evaluating their value in comparison to the value of relational responses.

A key learning from the programme is the important challenge for leaders of transformation to maintain disciplined attention to these three dynamic tensions. Without this, they remain below the surface, holding us back, and often invisibly shaping our actions, behaviours and even our ways of thinking and the beliefs we hold. Teasing them out and bringing them to the surface is key to making progress. Properly worked with, these tensions can be the engine of progress, innovation and creativity.

To do this we need to give practitioners time, space and permission to move to a collective 'balcony' perspective - to step back together to reflect critically on the patterns and dynamics we are seeing in relation to these tensions. The task is to both reveal and acknowledge these tensions, whilst also working with them collaboratively to generate and test alternative ways of working as a system.

Like the tensions we explored in our Living Well Dialogues, we could see how each of the three forces could pull us in opposite directions[1].

The starting point is to recognise the dominance of mechanistic responses, and to start to collectively explore how practitioners in local systems might start to realise the untapped possibilities offered by more relational responses.

PURPOSE

Developing a system wide vision for a renewed and enlarged purpose for mental health based on a fierce belief in people

POWER

Fostering collaboration and broadening the diversity and authority of those who are engaged in shaping mental health services and support

PRACTICE

Developing the values, culture and ways of working that encourage co-production of support with and for people experience mental health challenges

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1   You can read the detailed learning about how we might enable systems to better work with apparent opposites in the Living Well Dialogues learning section

	PEOPLE WITH MENTAL HEALTH NEEDS		PRACTITIONERS IN THE SYSTEM	
	RELATIONAL	MECHANISTIC	RELATIONAL	MECHANISTIC
PURPOSE	People with mental health needs are core to a shared vision that invests in people to lead bigger, better lives, despite diagnosis, complexity or perceived risk	People with mental health needs are defined by diagnosis of condition	Practitioners in the system work to a shared system purpose and with shared responsibility for people in need, no matter where they ask for support	Practitioners in the system work in separation towards narrowly defined organisational objectives Practitioners in the system focus on immediate demand management, using eligibility criteria and strict thresholds
POWER	People with mental health needs can be supported by family, friends, communities and local places, alongside practitioners. People with mental health needs can use their wisdom and capacity to design, deliver and evaluate new service models, alongside those in senior/formal positions of power and authority	People with mental health needs are best managed by clinical experts People with mental health needs are valued when compliant and/ or passive recipients of treatment People with mental health needs are managed and contained effectively	Practitioners in the system experience and stay in relationship with the emotional distress of others in order to find meaningful responses of support and care Practitioners in the system are connected to people with lived experience in both positions of formal power and authority and in non-hierarchical relationships Practitioners in the system seek to foster innovative ideas and disrupt unhelpful patterns and ways of working	Practitioners in the system primarily value and trust existing clinical models and pathways Practitioners in the system question the authority and value of voluntary and community offers Practitioners in the system seek to maintain and stabilise the current system
PRACTICE	People with mental health needs are unique individuals with complex lives who require a holistic perspective to see 'the whole person'. People with mental health needshave capacity and rich resources to draw on People with mental health needs can access support where and when they need it and only have to tell their story once	People with mental health needs are defined and managed according to fixed and finite diagnoses People with mental health needs have a deficit of capacity and resources People with mental health needs require prescribed pathways and offers	Practitioners in the system are supported by managers to safely exercise their own judgement in how they provide support Practitioners in the system are nurtured by governance and management structures to co-produce innovations and evolve practice	Practitioners in the system follow protocols given to them by their managers Practitioners in the system do not have permission to use their own judgement Practitioners in the system are directed by governance and management structures that direct action and manage risk within prescribed and standardised processes and protocols