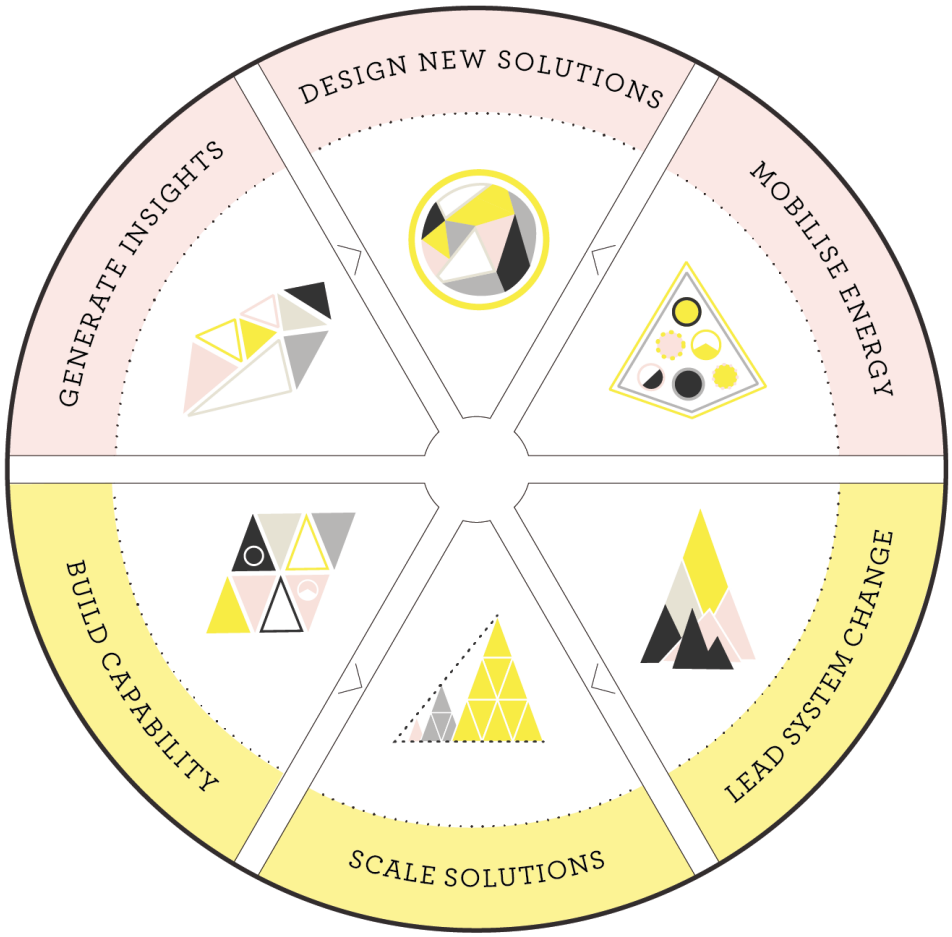
INNOVATION UNIT'S ROLE

A deep and enduring partnership

Our role in the Living Well UK Programme (2018-22) was to design the overarching methodology, coach leaders and their teams as they introduced difficult changes, and help build local capabilities to ensure that new ways of working can be maintained long after our work is complete. We know that to do this work well we often need to establish deep and enduring partnerships with innovators. This was true in the Living Well programme.

We applied our innovation and impact formula to help our sites generate insights about people's lives, then use this new knowledge to co-design and test new multidisciplinary teams, implement them successfully, and, finally, scale (extend and grow) them across whole places.



DEVELOPING NEW SOLUTIONS

CREATING IMPACT AT SCALE

We supported our sites to grow their new models and evolve their response to mental health in three key ways:

ADAPTING AND ADOPTING FROM LAMBETH

In the Living Well UK programme, **fidelity** to Lambeth Living Well was built on faithfulness to the vision and values that were then brought to life - in our sites - through consistent practice, service models, and system changes.

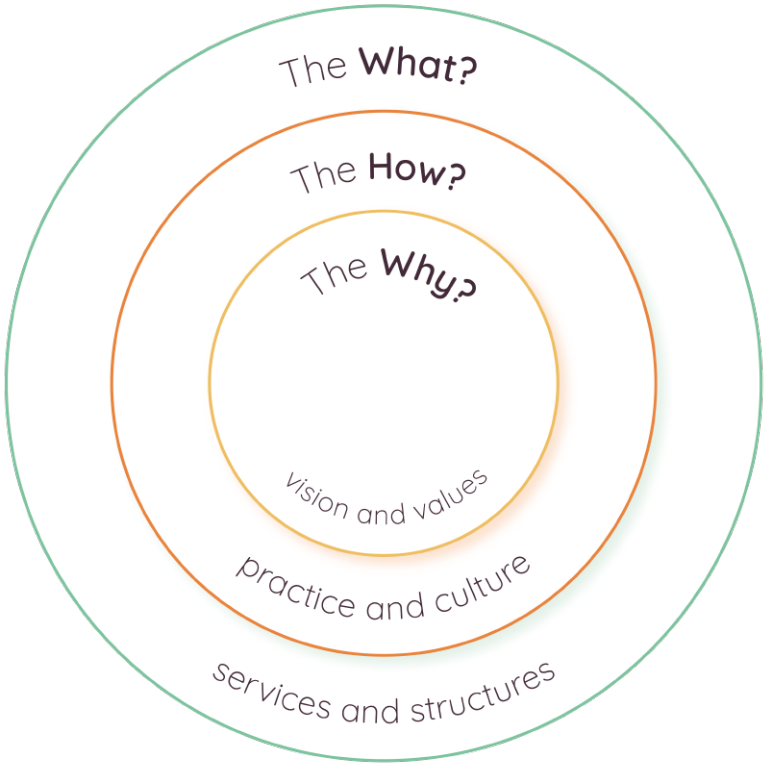
One of Innovation Unit's key learnings from its wider work is that any place-based transformation needs to start with a bold, positive, life-affirming vision, firmly grounded in the voices and aspirations of the people who live there.

More than 10 years ago, Lambeth's Collaborative reframed the purpose of its system away from treating a subset of the local population who had diagnosed mental illness, towards creating a world where *"every citizen, whatever their abilities or disabilities, can flourish, contribute to society and lead the life they want to lead"*.

This radical new vision spoke for all Lambeth residents, and even now it is a vision that anyone, wherever we live or work, can feel motivated by, whether or not we have a diagnosis.

We know that the 'why' - the vision which responds to a compelling case for change - must drive local adaption, both in the early stages of innovation and into the future. Leaders and others in systems must stay connected to the vision as a living vision that continually shapes the work of transformation. Alongside the vision, systems need to also co-produce a set of values that define beliefs about people and how stakeholders work with each other and with people using services (e.g. inclusivity, person centred).

Many people pay most attention to the 'what' - i.e. the service model and what kinds of professionals should be in it. This is important, but it's the wrong place to start, and not as important as the why (vision, the case for change) and the how (culture, relationships and practice). Attention to this distinctive approach to change is an absolutely fundamental message and core feature of Living Well systems.



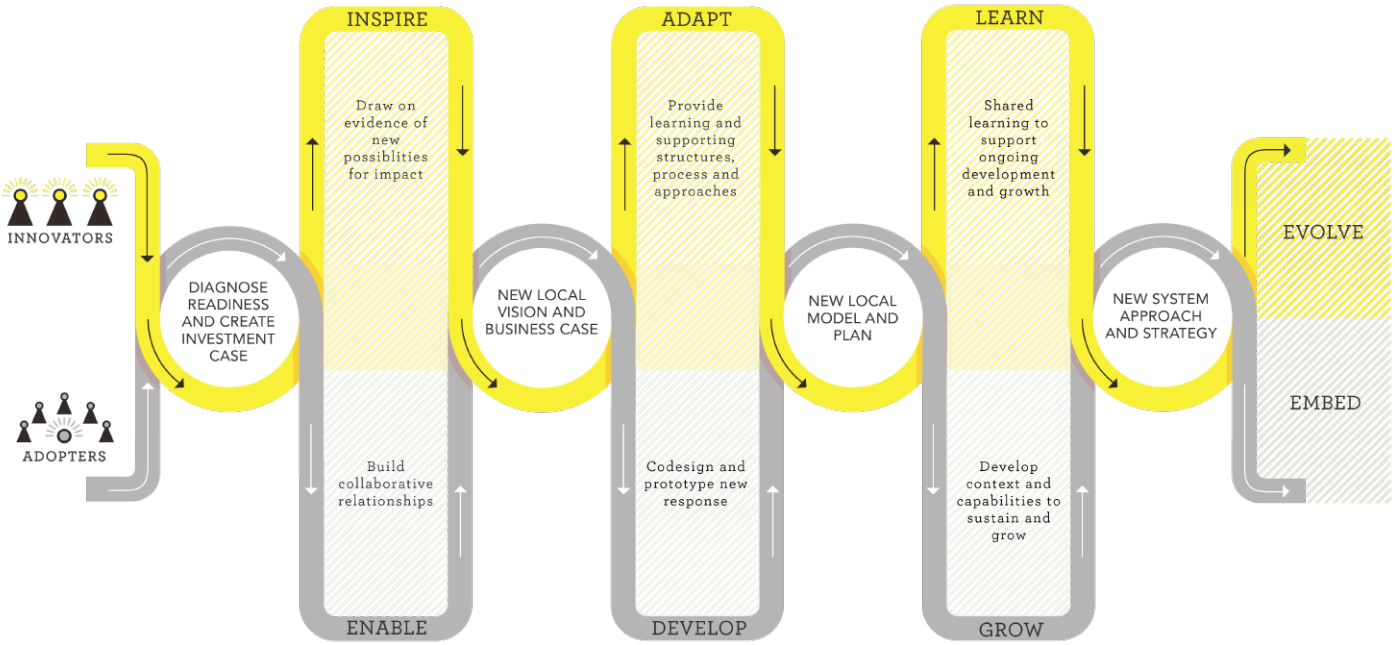
METHODOLOGY

We helped our sites retain fidelity to Lambeth using an **adopt and adapt** methodology, in which we provided support to adopt the critical success factors and key features of Lambeth's approach, while allowing adaptation to respond as required to fit with local context.

Our own adopt and adapt methodology has been used many times to scale an innovation from where it originated to multiple new sites. Our approach is particularly effective for systems innovations involving many local partners, and requiring changes in practice, organisation, collaboration, funding, governance and accountability.

Unlike a 'lift and shift' approach – which 100% replicates what happened in the original site across new sites – our adopt and adapt approach holds true to the innovation's core values, principles and approaches to practice. At the same time we flex new ways of working, structures and operating models that reflect a locality's unique circumstances as well as building on what already works well.

This approach offers fidelity and flex – fidelity to a set of core values and principles, which have delivered successful change elsewhere, and flex that responds to the particular needs and strengths in a different place and context.



In local Collaboratives, our sites started by co-producing their own vision and values, inspired by Lambeth's expanded vision and their Big Three outcomes (recover and stay well, make their own choices, and participate on an equal footing in daily life). Collaboratives helped to grow a new co-productive, relational culture. This new energy was harnessed by local Design Teams (diverse groups of 12-15 people drawn from local Collaboratives), who worked together to explore how they were going to bring their vision and values to life in new shared practice and service models. Finally, new governance groups were created to nurture and grow the new Living Well MDTs.

In this way, our sites were supported to develop culture first, structure second. Like Lambeth, they asked: "What new forms of governance, commissioning and other structures will be needed to nurture and protect our new relational culture of co-production and collaboration?"

This is in stark contrast to our national tendency to think that new governance arrangements are key to unlocking change. It's not surprising that the dominant logic and process of moving from governance to strategy to programmes to service redesign to service user experience, doesn't always deliver better outcomes!

The Living Well UK programme reversed this mistake; our flow was: from vision, values and movement building based on service user experience, to service redesign based on service user experience and co-production, to new multi agency governance arrangements and a revitalised role for commissioners and other leaders in actively encouraging and supporting the new culture of participation, inclusion and collaboration.

Our key learning from taking this approach is the importance of creating effective spaces and processes to support practitioners from across the system to come together to fully understand the deeper challenge of moving from current ways of operating towards their future vision. Rather than see this as a technical transition of simply changing contracts, services and roles, our Living Well pioneers recognised that what was needed was a deeper process of adaptation and change, and this in turn required investment in collective system leadership.

STEPPING ONTO THE BALCONY

During the programme, we created opportunities for people to come together in their local systems and collectively across the sites to reflect and learn. In these opportunities we nurtured people's capacity to reflect from a different perspective, outside day-to-day delivery.

We know that space for reflection is rare in our mental health systems. The dynamic and often complex nature of our response to mental distress demands our energy and attention. The practice of 'stepping back' can feel like stepping away, leaving behind the real space where we work to deliver impact, for a space that can feel detached and abstract.

But this space is vital to understanding the deeper nature of the challenges we face and to assessing the true impact of our day-to-day decisions and practices. We need to foster the capacity to 'diagnose in the midst of action', to develop the individual and collective capacity to move between the dance floor of everyday work and the balcony. The dance floor is where we need to operate to truly make change, it's where we make things happen and shape the day-to-day context and relationships of people and services. The balcony offers us a perspective on "what is really going on" on the dance floor.

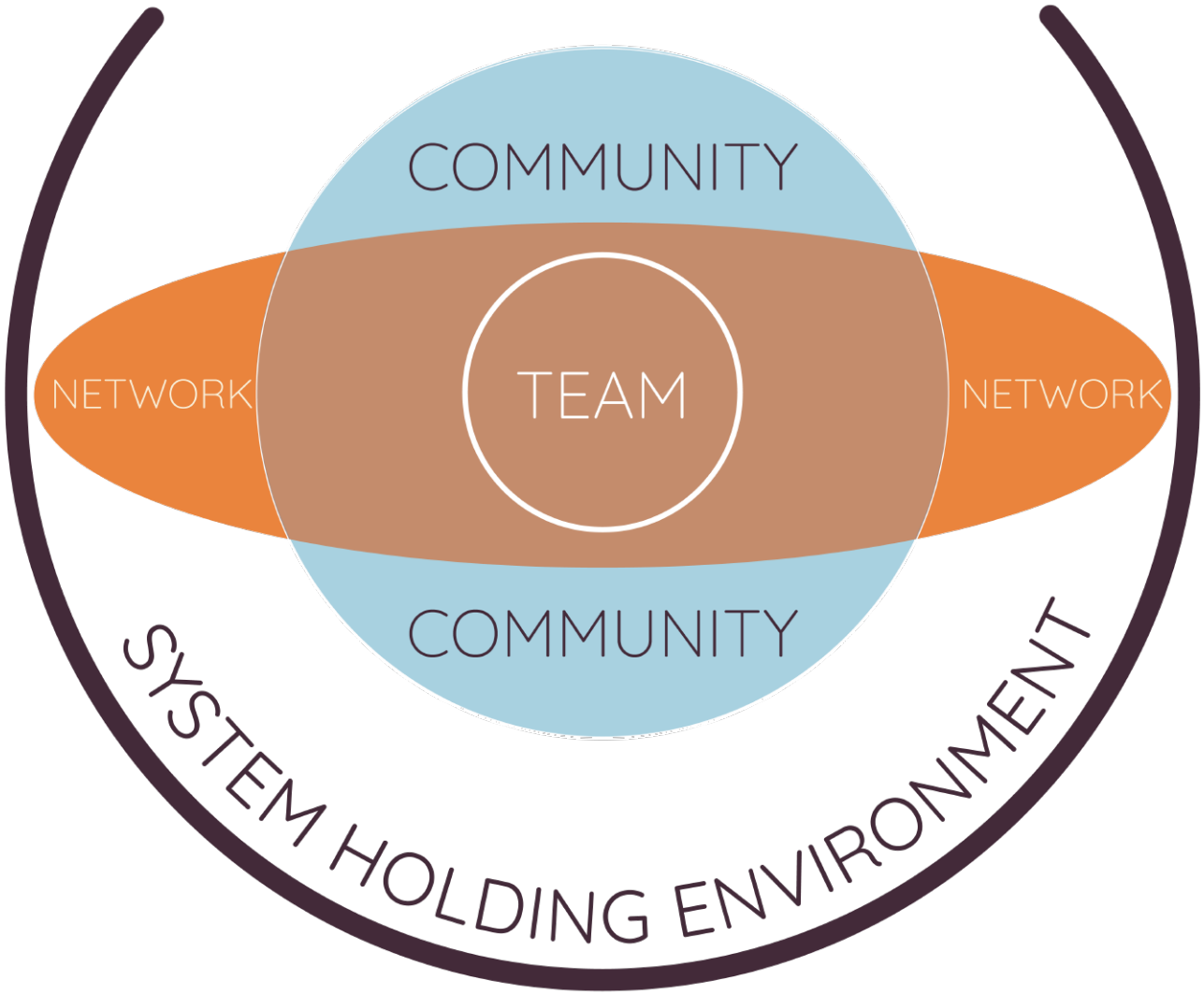
It is only through growing this capacity to move between these two perspectives that we can diagnose and affect change in the deeper patterns and relationships of our systems. It also takes deep courage to move between these perspectives. The 'ivory towers' of our strategic roles give us a sense of safety and detachment and 'the blood, sweat and tears' of service delivery makes us feel impactful and valued. Moving between the two asks us to see the impact of our actions on others and on the change we might be trying to affect.

Over the course of the programme, and borrowing from the work of Ron Heifetz at Harvard on Adaptive Leadership, we worked with our sites to develop this important reflective capacity, taking time to step onto the balcony together to bring into focus the patterns, conflicts and tensions which shape the traditional response to mental health, and which provide the context within which our Living Well sites were trying to make change.

Moving between the dancefloor and the balcony reveals the complexity of both the human systems in which we work and of the fundamental challenge those systems are designed to meet; namely, poor mental health and wellbeing. Heifitz calls this kind of challenge 'adaptive', because unlike 'technical' problems that can be solved using existing knowledge, adaptive challenges require learning and iteration. This is absolutely the case with mental health, where, as we have already pointed out, mental health trends are bleak and, as the Wellcome Trust makes clear, we still know far too little about how and why conditions such as depression, anxiety and psychosis develop, or how they can best be resolved. Our mental health is rich, complex, intimately personal and subjective, and historically we are still in the early stages of our understanding, especially compared to the spectacular advances made in physical healthcare over the last 50 years. There is so much more to learn and understand.

CREATING 'HOLDING ENVIRONMENTS'

Diagnosing deeply from the balcony holds little value if it is understood only by a few lone strategic figures. Instead, it needs to be experienced in meaningful ways across the scale of the system that is being transformed. This requires what Heifetz describes as the creation of an effective 'holding environment'.



Innovation Unit designed and facilitated a set of new activities and spaces that acted as powerful holding environments for change and helped practitioners embody a more relational system:

STORYTELLING

- Enabled practitioners (including senior leaders and managers) to see the whole person, to be in relationship to the distress of others and risk being with that distress, to connect deeply to the full reality of lived experience.
- Stories helped (re)connect practitioners (including senior leaders and managers), to their personal 'why' (their personal call to leadership in mental health). They connected practitioners to the adaptive nature of the challenges systems face in trying to improve care and support.
- Innovation Unit provided training in ethnography, and facilitated group storytelling and insight generation sessions.

COLLABORATIVES

- Living Well Collaboratives provided safe spaces for people with lived experience, carers, staff, managers and leaders to reflect from a common balcony position, and for conflicts and tensions to be surfaced and worked with productively. They enabled citizens and practitioners from different parts of the system to work side by side and non-hierarchically, creating shared visions and values.
- They allowed marginalised voices and wisdom to be heard. They created and valued a sense of emerging possibility. They allowed practitioners and those with lived experience to listen and lean into the complexity and acknowledge different perspectives.
- Innovation Unit facilitated Collaboratives.

DESIGN TEAMS

- Enabled those best placed to collaboratively imagine new ways of working to co-design new ideas, based on a deep connection to lived experience. Design Teams helped to build trusting relationships between practitioners from statutory and voluntary sectors and people with lived experience. They provided space to understand the problem more deeply, to co-produce new responses that drew on diverse wisdom. They encouraged change and dialogue (taking part in each other's thinking), and held people to disrupt traditional models.
- Innovation Unit facilitated Design Teams, which led to the creation of new Living Well multi disciplinary teams.

PROTOTYPING (RATHER THAN 'PILOTING')

- Enabled fast-paced testing, learning and service development, and to avoid 'right' and 'wrong' thinking in complex systems where there is often no easy answer.
- Innovation Unit facilitated Prototyping Teams (to test new ideas) and Prototyping Labs (to capture learning, reflect on what emerged from new ways of working and feed it back into Prototyping Teams).

MULTIDISCIPLINARY TEAMS (MDTS)

- Enabled practitioners to try out new practice in ways that embodied new visions and values, including a fierce belief in people and the importance of seeing the whole person.
- Innovation Unit supported the development and scaling of new MDT teams across whole cities and localities. This included supporting the development of new co-produced, person-centred assessment, planning and support tools that helped people recover as part of their community.

DEVELOPING AND NURTURING PRACTICE LEADERSHIP

- Blending the best of clinical and social models of mental health and recognising that real transformation happens in the work and relationships between practitioners and between them and people using services.
- Innovation Unit supported Team Leaders to grow their practice leadership and by hosting Communities of Practice, which enabled people to deepen their diagnosis and help draw attention to the need for new ways of supporting people in need.