The COLLABORATIVE

THE COLLABORATIVE

Learning from the Living Well Network &
Renewing the Juices

Growing platforms for Collaborative Leadership and scaling the Living Well Network

INTRODUCTION

This document is a summary of 2 Collaborative projects completed since August 2014.

Part 1 summarises a series of interviews with Collaborative leaders, reflecting on how the Living Well Network (LWN) is faring against its original vision & design. Interview participants reflect on what barriers and enablers exist for the Network as it strives to deepen impact and continue take shape in the North of Lambeth, whilst scaling into the South of the borough.

In Part 2, following a Collaborative event in December 2014, we have recorded and summarised a range of questions and themed responses that consider what action will strengthen distributed leadership in a wider community context.

Part 1:
Learning from the Living Well Network

During the months of August and September 2014, Innovation Unit supported The Collaborative to review & record the 'health' of the Living Well Network against the original vision and design.

The following is a summary of interviews (and quotes) with 12 members of the Living Well Network. We also held informal conversations with attendees at the Certitude and Collaborative event on 23 September 2014.

We have combined conversations, questions and insights into [7 themes]:

- Power and influence within the Network
- Governance
- Communication and information flows
- Metrics and measurement
- Assets
- Culture and relationships
- The Future

POWER AND INFLUENCE

The role of service users: passive or active?

Core to the Collaborative's vision is to enable people to take ownership of their life. Through the Network and Hub, people are able to guide their own care and are experiencing a completely new relationship with services at the point of delivery. This is particularly true of services incorporating peer support.

- "The narrative is to bring about a truly person centred approach to care/treatment, where that is actually about enabling people to recover their life. It's about life not about services. Citizens rather than just people that things are done to."
- "They feel more equal and more normal here. The division between professionals and service user is still very tangible. Users feel intimidated by professionals. Here, they are speaking to a 'friend' who has gone through a similar experience".

Key points raised:

- [On the Collaborative] "It might be good to review membership, but we can't go any bigger. I'd like to see more service users if I'm honest. Just one or two regular attendees."
- Support around developing and pitching ideas, to widen the field.
  "There used to be a pot of money where people could pitch ideas to commissioners to gain access to that pot. What you found was that the voluntary sector organisations were very well equipped in gaining access. There's not many peer-led applications."

Balance of Power

There is a concern that concentrations of power, mainly dictated by financial capacity and influence in the Collaborative, is a big barrier to a shared culture of co-production. Some people felt that the rhetoric of equality did not translate into everyday practice, and that a an alternative process determining how decisions are made would be helpful.

Key points raised:

Power is perceived to be weighted towards CCG and SLaM

- "...lots of talk about co-production but not about power. Commissioner and SLaM have the money."
- "We've still got work to do, to think about how the power influences work."
- "It's a primary care network, but you can't describe it as that because SLaM feel they're part of it too."

The Collaborative seen by some as an 'ivory tower'

- "There are some ways in which the Collaborative is still perceived as an ivory tower. It is a selective group, it's a bit exclusive. And that needs to change."
- "They [Collaborative] have had a harder time getting others involved and spreading the culture than I think they thought they would, because there's a perception that it's closed, that it's a clique of people. They're trying to translate the vision into action, and it's hard to be inclusive while also getting things done."

GOVERNANCE

Expanding the collaborative structure into localities

Some interviewees were interested in devolving the responsibility for collaborative structures to more localised levels within the Network. This could be within a particular area of work e.g. Peer Support, or on a geographic basis that took the lead responsibility for co-production and the core principles on behalf of the Collaborative.

Key points raised:

Do we need area leaders/representatives who are responsible for maintaining co-productive principles?

- "Certitude aims to become a coordinator of all peer-support services and organisations in Lambeth."
- "The collaborative breakfast is a powerful platform - perhaps we need to extend this culture to local and neighbourhood level."

Sharing the sustainability load

There is a concern amongst some that sustaining the Network, as well as the Collaborative, relies too much on key individual drivers. There seems to be an appetite for a more formal, embedded and coherent sustainability strategy, shared by all, that ensures more stability.

Key points raised:

Do we need local representatives to share and embed the responsibility for driving the Network forward?

- "Lack of stability in terms of membership: people moving on and new people not grasping the concept."
- "Clusters of important people driving the work forward, but there are groups within the broader group that are eager to sustain this, and committed to pushing."

How can we create leadership structures that take account of people, who currently are central to Collaborative growth and strategy, moving on in their careers and lives?

- "We've got lots of work to do with social care to develop their function in the Hub. Started off really well but we didn't carry on well because the two people most involved in the Hub development left, and then there was a whole period where there was nobody. Now someone new's come along and they're catching up."

- "There is a risk that is: people leave, things fall apart. But that's the idea behind the open events, getting everybody. We have a rolling rota. Every month someone else from the Hub has to go and do it, someone else from the CCG has to do it, so more connections are built and we're not relying on individuals."

Difficulty of practically applying theory of co-production

Interviewees highlighted the difficulty of converting the theory of co-production into practice throughout the network. This is seen as a fundamental challenge that bears significant importance over the success of the Network.

Key points raised:

How can we ensure that theory is being converted into implementation?

- "There is often a delay in implementing - we need to consolidate what we talk about - need to show that we can change what is happening through implementation."
- "It's difficult to understand what co-production is and how to apply it practically, how we can practically change our behaviour to do it… a lot of people will say they're

doing it already but the question is are they really? It's thinking about that and what are the manifestations."
- "[We] need to do this to shift culture and show people what it looks like".

Collaboration or competition?

There were some perceptions that the competitive nature of contracting services, especially to voluntary organisations with specific mission statements, is eroding the culture of collaboration and collective decision-making. Service users do not have a significant role in the contracting process, let alone whether there should be a contract in the first place.

Key points raised:

Does the current system of contracting reinforce a client-to-services culture?

- "The voluntary organisations are encouraged to compete against each other for contracts, but Peer support shouldn't have ended up as a service."
- "they are there to deliver a service for service users under contract, and they vie for those contracts against each other: goes against Collaborative, co-productive model."
- "To encourage more collaboration across providers, we should develop alliance contracts."

Are service users involved enough in key decision making processes?

- "The theory of co-production is understood - need to work together and listen to what service users have to say - but from a practical point of view, how does that play out? Peers were NOT involved in deciding whether or not this should be a service that is contracted out."

COMMUNICATION & INFO FLOWS

A consistent communications strategy?

A number of interviewees were concerned that the Network relies too heavily on open invites as a strategy to involve external stakeholders and inform them of exactly what the Network is about. The Collaborative is a relatively abstract and conceptual idea and unless you are already in the know, it may be hard to understand why attending the open meetings is of value.

Key points raised:

Do we have a passive strategy to involving/encouraging new members?

- "anyone who is coming through the Hub gets a leaflet saying if you want to know more about what's available, come along to the open event."

- "I think sometimes providers see the Collaborative as a bit of a closed shop because they might not get the information about it. But there's regular workshops that are open to everybody."

Are there clear expectations on providers to pro-actively get involved?

- "...I would expect even though some don't come to the Collaborative, if they have a service in the borough they'd come to those workshops to participate.
- "Some providers wish they were more involved in the Collaborative. But just because they're not invited on a monthly basis doesn't mean they couldn't come."

Is there an appetite for a more active communications strategy?

- "Maybe the problem for new entrants is that they don't understand it all, so won't attend, but there is a sense that they are welcome to attend the Collaborative breakfast meetings - but they may not understand what is being talked about.
- "We need specialist programmes helping people to get job-ready. But we also need to engage effectively with employers, creating incentives for them. Having said this, my dream is that an employer comes back to Thames Reach because they were happy with the people they got from us, and not because they want to give an advantage to someone with mental health issues."
- "I think everyone understands what the Hub does. I don't think everyone understands why we work differently. I think it's more the drip, drip method. We've gone to every practice to talk to them about it. But sometimes the GPs aren't there, sometimes they don't really take it in or aren't interested. What they want to know is 'how do I refer and what's going to happen', rather than how we work. We need something tailored to them."

Clarity of message/policies

There was some confusion and consequent tension as a result of unclear messaging, especially with regards to Peer Support. It would seem that sometimes the Network/Collaborative could benefit from having a clearer message or position, even if the message doesn't please everyone.

Key points raised:

A clearer stance on peer support: professionalised or a more informal model - or both?

- "There is a lot of frustration around peer-support because of differing expectations. People who are trained as peer-supporters want to get paid, yet not lose their benefits. Tension with regards to role of 'peer-supporter' – has become professional, no longer 'peer' because of payment. There is a place for any type of peer-support. Need to explore where which model is most appropriate."

What does 'the Network' mean?

- "The living well network is just someone's network. It could be mainstream services but also your husband, your sister, your carer, whoever, it could be - the school you go to. These services have been developed by the collaborative to help support people."
- "Network's a very loose term. We will use someone's network to support them. So if someone got a housing crisis or problems with domestic violence, we'll work with the housing provider or domestic violence support to support them. We see all those things as being part of the network."

To what extent do service users understand the role of the Hub and Network?

- "Before, it was all very incremental and not joined up. Before, people went to CMHT and it was hit or miss whether people found out about service. Now, anyone accessing secondary care would automatically find out about these services, either through the leaflet or the open event. So we're [the Hub] trying to be more systematic."
- "We need to begin to agree how all these options, particularly around employment and volunteering, become transparent, rather than siloed with who a user has contact with. How can we make it visible to all users?"

METRICS & MEASUREMENT

Quantifying more than just secondary care referrals

Interviewees showed an interest in evaluating the Network using a broad array of metrics, including and especially outside of secondary care metrics. They articulated the need for this method to capture the myriad values that come from the Network and the Collaborative approach.

Key points raised:

What do we want to quantify?

- "We need to be able to quantify what proportion of mental health patients go to secondary care, the HUB, or the community."
- "Quality of Living, experience, employment rates, off-benefits, reduction in medication."
- "We need both quantitative and qualitative measures; short-term and long-term measures."
- "Stories are very powerful, we need more of that!"
- "Metrics can't be too wooly. If you have one around the Hub or the Network you have to have tight set of metrics, start with small number of organisations and then expand."
- "There could be other tailored measures, for example one-off studies at A&E around awareness."

How do we measure the strength of the communities and networks that support people to stay well?

- Mapping physical assets, individuals' assets and links between people, providers and support

Involving the right people in an evaluation strategy

There was a demand for a clear strategy for involving the right people in the evaluation. This would be based on both their capacity as contributors but also defined by the co-productive culture, meaning service users and other key stakeholders would not be overlooked.

Key points raised:

Who should be involved in designing the metrics?

- "Need to set up an evaluation partnership who will take an overview. A collaborative type endeavour - whoever wants to be round the table. Had a group, but had no capacity to do much."
- "More coproduction in relation to the evaluation process e.g. IU input was not decided upon in the collaborative - decision was taken somewhere else. Not being transparent about where the money for that is coming from and if thats the best investment."
- "We would need help from health economists to define criteria."
- "Public Health perspective is important in helping people to have an overview, keep the broader vision at the forefront and remember the population."
- "Asking service users, particularly around whether they'd planned their own care, were they listened to, how easy was it to access the service you wanted. Tying in with co-production, "were you offered an opportunity to help others?"

ASSETS

Empowering community members who have assets to be utilised

The ambition to utilise community level assets - in local organisations and individuals - was a feature of the interviews. Participants saw this to be a key objective of the Network going forward, especially empowering community members to feel confident in contributing to support.

Key points raised:

Do we need to do more to support people with assets at the community level?

- "Giving people with assets in the community more confidence to support e.g. leisure workers worrying about how to deal with mental health sufferers."
- "Division between professional and service user is still tangible. Informal service: teams led by people with lived experience and not by professionals."
- "Need to involve more stakeholders from the "social side" - Community groups, Leisure, Sports, Housing - one of the biggest concerns of people who have mental health issues, parks, big employers - people need jobs!, Theatre etc."

Service users as assets not clients

Some interviewees emphasised the importance of seeing service users as assets. Those who discussed this approach, who put it high up on the Network's agenda, believe that service users and providers should be pushed to utilise those assets more comprehensively.

Key points raised:

How can we ensure that users are seen as having assets?

- "Need to push people, putting expectations on users. Really see them as assets, building momentum and getting them involved in things, keeping them in the community."

CULTURE & RELATIONSHIPS

Developing a shared culture

There was an awareness that the Network was trying to develop a shared culture around the principles of co-production, but less awareness of the specific strategy and processes to establish this culture. It seems that the Network has touched the surface, e.g. changing language, but no coherent strategy known to the majority.

Key points raised:

What shared practice are we thinking about?

- AAP workshops "involves all of them to think about: 1. co-production, 2. enablement, 3. shared paperwork/ways of recording, 4. shared tools."

Do we have a shared language?

- "we're trying to use different language. We don't have referrals, we have introductions".

Are all partners involved committed to the vision for a shared culture?

- "Some organisations are purely interested in getting support for the provision of their service, without thinking about the collective support, and how services can be improved collectively."

Should commitment to a core set of principles be a requirement of being part of the Network?

- "It's difficult because there's no "who's in, who's out"... We'll work with other agencies alongside these agencies. And there's a bit of osmosis in terms of why we're a bit different, but also the open events: we want every new member of SLaM staff to come just to establish what the Collaborative is. That's a start."
- "Obviously we would want everyone to be working in a co-productive way but we would never stop referring to an agency just because they weren't. But I think if someone's coming to the monthly meetings they inherently do agree and are signed up."

Challenging cultural mindsets

It is clear that the concepts behind the Network and the Collaborative rely on changing mindsets and converging on a shared culture of co-production. However there is uncertainty

as to whether there is a clear strategy to challenge fairly embedded cultural norms, especially in the clinical model of support.

Key points raised:

What is our strategy for collectively changing cultures and mindsets?

- "We're trying to move from a cultural clinical model to a social model. Just by working together we've got different cultures."
- "Changing people's mindsets takes time. We want to change services - from a reactive system to a more preventative and proactive system. We want to close beds in hospital. Psychiatric hospitals (SLAM) might perceive the network as a threat."
- "It's difficult to understand what co-production is and how to apply it practically, how we can practically change our behaviour to do it… a lot of people will say they're doing it already but the question is are they really. It's thinking about that and what are the manifestations. One of the things we want to do is open up self-referral and being able to choose their worker at the Hub."
- "When new people start at the Hub, it's like going over the same thing again. But I think we need to do that otherwise we fall back into old ways of working."
- "We're trying to move towards a social primary care model rather than a clinical model. It's been hard for clinicians to move away from talking about medication and getting people on medication."

Expectations and vision of the Collaborative

It was clear from some interviews that there is a perception that some organisations expectations of working together do not align with the vision of the Collaborative. It is seen that some organisations are simply a part of the network to better their own situation as a service provider, not as a role in a larger system change.

Key points raised:

Are all organisations involved committed to the vision?

- "Some organisations are purely interested in getting support for the provision of their service, without thinking about the collective support, and how services can be improved collectively."
- "There is a tendency of institutions to think they are the solution - in terms of where the axe drops - leads to cuts being passed onto community + voluntary sector (damages goodwill and leads to a negative outlook)".
- "Some organisations do not allow their staff to take part at the meetings of the collaborative. Issue of capacity?"

Risk aversion

Risk aversion was a common thread, highlighting the varied receptiveness to risk within the Network. Many perceive SLaM to be very risk averse, detrimentally so, due to their clinical culture. Some see this as a fundamental sticking point and a real barrier to the progress of co-production.

Key points raised:

Are different organisations more/less risk averse? Is this a problem?

- "Different organisations and cultures working together has been a pro and a con. You've got the SLaM culture of being quite risk averse."

- "You've got the voluntary sector's approach of, 'anyone who comes here, we'll work with'."
- "Risk Aversion, especially in SLaM. Nobody died from co-production (more likely to from communication breakdown and service failure e.g. serious incidents - suicide)".

THE FUTURE

Expanding the Network, creating a community

There was a general consensus that the network needs to grow outwards and upwards, while simultaneously solidifying its base. The growth should focus on both community level assets - in individuals and informal networks of people as well as service providers.

Key points raised:

Is there a clear growth strategy?

- "We're going to open it up to the wider group. But we felt we had to get our house in order first."
- [On the Collaborative] "In order to function it can't go any bigger. We've got carers, peer-supporters, SLaM. It might be good to invite people in more often to come and have a look."

Are we effectively building capacity among stakeholders?

- "Outwards growth at ground level: thinking about building capacity amongst people with mental health problems, their carers and the community. Capacity building must continue to prioritise this."
- "We should support more social entrepreneurs, invest in them as they come from the community and come up with really creative solutions. They set up their own networks and develop hence the overall network in a spiral."
- "GPs know about [the Hub]. There's no fear they don't know about us. I think the focus needs to be on how we can support them to work with more people. ... We've got to think about how can we build capacity in them to work in a co-productive way."
- "We need a group of people who are committed to reaching out to service users, enabling peers to think about what it is that they want to do, not just by themselves but in relationship with the network."

Are there key organisations or services that need to be integrated into the Network?

- "Sexual health, obesity, smoking not being linked to mental health. Therefore acute services need to be more engaged."
- "We need better connections with the co-operative commissioning approach of the council. Presentations are not enough, we need to create a common agenda, as both approaches are indeed very connected."
- "Tenants and residents associations, police - key in relation to triage, yet they aren't at the table (large amount of time on the street is police dealing with mental health sufferers)."

- "We have all these big employers here, big theatres, leisure centres. The biggest issue of people with mental health problems is employment. We need to work better with employers!"

How can the ownership of the network be widened and deepened?

- "We have nurses working within GPs surgeries so we're connecting them in a way we haven't done before to support them to maintain people. So even though they might not think they're part of the network, increasingly they're doing more to support people. But they might not see themselves as such."
- "My GP doesn't know anything about this Collaborative stuff. I have to tell him about it. Explain it to him. And it's been years now, it's not new anymore."
- "The community incentive scheme and links between [GPs] and the Hub is developing nicely, but still variable in terms of what practices are able to do and are interested in doing. We need to offer support, training etc. to bring them up to scratch and give them confidence."

Refining and improving the current Network

The network has huge potential to co-create strong communities of practice, engagement and interest within its existing base. If we believe that strong communities are a core part of what keeps people well, what is the Network doing to facilitate and map community links?

Interviewees highlighted the importance of consolidating the current Network, and looking at ways of refining and improving how it functions. They highlighted network dynamics and how there seemed to be emerging networks within the overall Network, especially since the Hub has taken on more responsibility.

Key points raised:

How can we support networks within 'the Network'?

- "So you could separate it out to: the network of agencies that have been developed by the Collaborative and the wider network"
- "Links within the network still need to be made [with respect to employment and volunteering opportunities]. It goes back to the fact that there are a lot of resources in Lambeth - maybe its just from our point of view but it seems like there is a bit of a disconnect between organisations and the Collaborative."

The role of the Network: co-ordination or collaboration?

It emerged from some of the interviews that the Network was perceived to have a primary function of co-ordination as opposed to collaboration. There was some hesitancy as to whether the Network was actively promoting shared learning processes for its members as opposed to assuming they would learn by proximity.

Key points raised:

Is the network engaged in more coordination than collaboration?

- "The network is purely co-ordination based, not really about shared learning."
- What role should it have? Should it be actively fostering its local community, building networks of support - or co-ordinating those that exist already?

Is there appetite for shared learning in the Network?

- "Shared learning would be valuable if it was meaningful, but not for the sake of it."
- "Some organisations do not want to share resources, on the contrary think they should be paid for their contributions to the collaborative."

Part 2:

Renewing the Juices: 11/12/14

On the 11th December 2014, The Collaborative, supported by Innovation Unit, met for a now annual review of their vision, principles, progress and action-oriented next steps.

This year's session paid attention to the themes arising from the review described in Part 1 and considered how to grow and expand the idea of distributed leadership – a non-hierarchical approach to leadership that aims to support sustainability of transformation and collective action.

This first session was a reflective opportunity to refine the challenges ahead. The second, scheduled for March 2015, will move into a phase of co-design to respond to these challenges and develop blueprints for new collaborative platforms.

Agenda:

- **How are we feeling today and why?**
  Using the 6 Principles of Co-Production as a framework attendees, from the perspectives of local organisation & practice, described the highs and lows of 2014

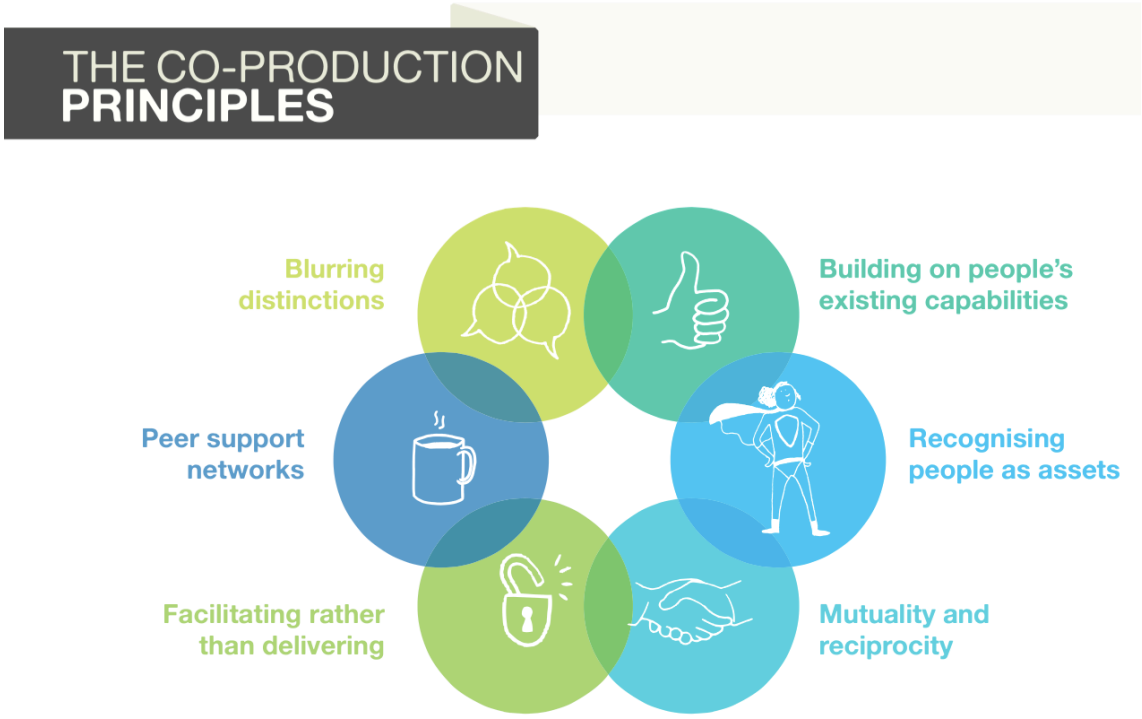
- **Where we've come from and what's happening today**
  David Monk (Chair) & Denis O'Rourke (Assistant Director, Integrated Commissioning) led a presentation to recap the progress of The Collaborative since its formation.

  Leaders from a number of Collaborative initiatives/programmes then gave elevator pitches describing how mental health support and care is being reshaped to meet The Collaborative's vision. Initiatives & programmes included:

  Living Well Network
  Peer Support Framework
  Provider Alliance Group
  Integrated Personalised Support Alliance
  Collaborative Commissioning
  Info & Communications
  SLaM Adult Mental Health redesign

- **Thinking Ahead**
  Attendees used a framework including Community Assets, Agency Collaboration Best Practice & Service User/Carer Narratives to consider what new leadership platforms and initiatives should be designed.

How are We Feeling Today & Why?



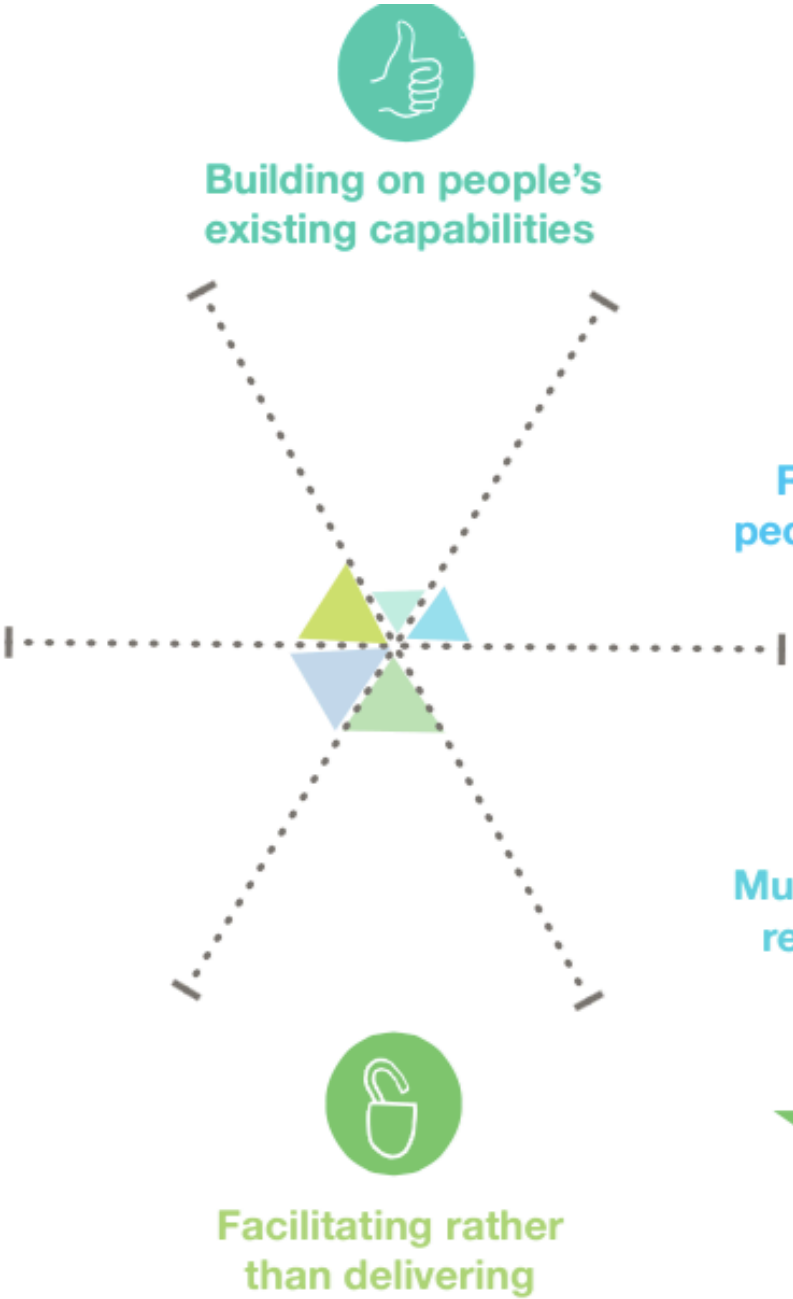
Using the 6 Principles of Co-Production as a framework, attendees, from the perspectives of local organisation & practice, described the highs and lows of 2014.

Collaborative Members scored the principles they felt they were most able to demonstrate and those they felt most challenged by.

On the following visualisation, the larger the shaded area, the greater the number of people commenting on the principle in question.

"There is still a lot to be done, integration of health and social care is needed and more understanding of the roles"

In 2014 we were challenged by...



"A facilitative approach is a threat to our values. It took months to work out how to acheive it without loosing the positives"

What people said: 2014 was challenging...

2014 was challenging because...

Coproduction Principle
Facilitating rather than delivering

Why?
Short term financial imperatives getting in the way of enabling medium term gain

2014 was challenging because...

Coproduction Principle
Peer Support Networks

Why?
Changing services, lack of clarity on the route forward

2014 was challenging because...

Coproduction Principle
Blurring distinctions

Why?
So much still to be done. Silo working continues and we havn't shifted it much yet

2014 was challenging because...

Coproduction Principle
Peer support networks

Why?
I felt lost

2014 was challenging because...

Coproduction Principle
Recognising people as assets

Why?
Good elements of it- just not everywhere

2014 was challenging because...

Coproduction Principle
Blurring distinctions

Why?
New way of working in GP practice

2014 was challenging because...

Coproduction Principle

Recognising people as assets

Why?

People get penalised for being well

2014 was challenging because...

Coproduction Principle

Building on people's existing capabilities

Why?

People I work with have potentials and capabilities that they do not know about

2014 was challenging because...

Coproduction Principle

Building on people's existing capabilities

Why?

Resourcing more responsive packages of support- there is a lack of good PA's etc

In 2014 we were great at...

Building on people's existing capabilities

" People I work with have potentials and capabilities that they do not know about "

Blurring distinctions

Recognising people as assets

Peer support networks

Mutuality and reciprocity

"I have taken a role in facilitating reading groups as a social welfare exercise and seen people with mental health problems blossom"

Facilitating rather than delivering

What people said: 2014 was great because...

2014 was great because...

Coproduction Principle
Facilitating rather than delivering

Why?
I have taken a role in facilitating reading groups as a social welfare excercie and seen people blossom

2014 was great because...

Coproduction Principle
Recognising people as assets

Why?
People as the essential core of our service

2014 was great because...

Coproduction Principle
Peer support networks

Why?
SIAC evaluation stories. Connect and Do launch.

2014 was great because...

Coproduction Principle
Blurring distinctions

Why?
I have blurred the lines of how services are delivered and how I think about them (a manager in the LWN)

2014 was great because...

Coproduction Principle
Facilitating rather than delivering

Why?
Develop of the IPSA Integrated personal support alliance- integrated care

2014 was great because...

Coproduction Principle
Peer support networks

Why?
So much pioneering work is happening But we can still do better!

2014 was great because...

Coproduction Principle

Recognising people as assets

Why?

I have had an personal shift of perspective and there has been external recognition for this

2014 was great because...

Coproduction Principle

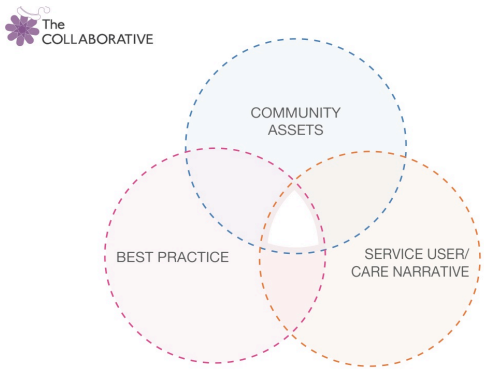
Building on people's existing capabilities

Why?

The enablement program brings in fresh people with new motivations. People are pushing each other forward,

Thinking Ahead

Whilst David Monk, Denis O'Rourke and other Collaborative leaders gave their presentations/elevator pitches, attendees were asked to describe what they felt the most pressing opportunities and challenges were for the coming months and years.



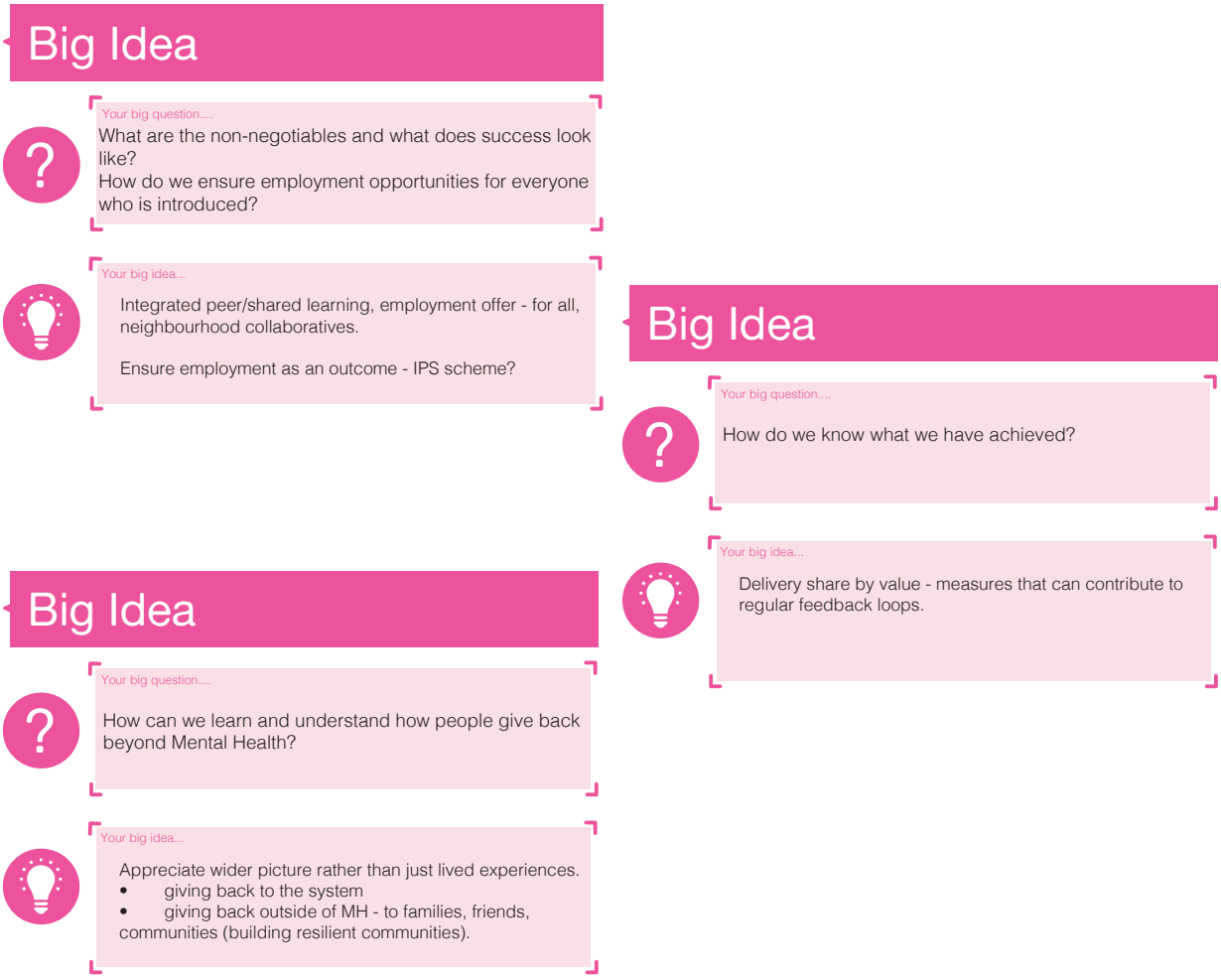
Using the framework above (left) –suggesting that community assets, user and carer narratives and organisation-to-organisation best practice are central to The Collaborative's sustainability - participants were asked to consider their big ideas for taking on these opportunities and challenges in 2015.

The following pages are a summary of these thoughts and ideas, which seemed most naturally aligned to the themes of:

FRAMING SUCCESS
MESSAGING
OUTWARDS & UPWARDS (into wider community engagement)
PRACTICE

FRAMING SUCCESS

***QUESTIONS FROM 11th DECEMBER*:**



KEY SUMMARY QUESTIONS (post event):

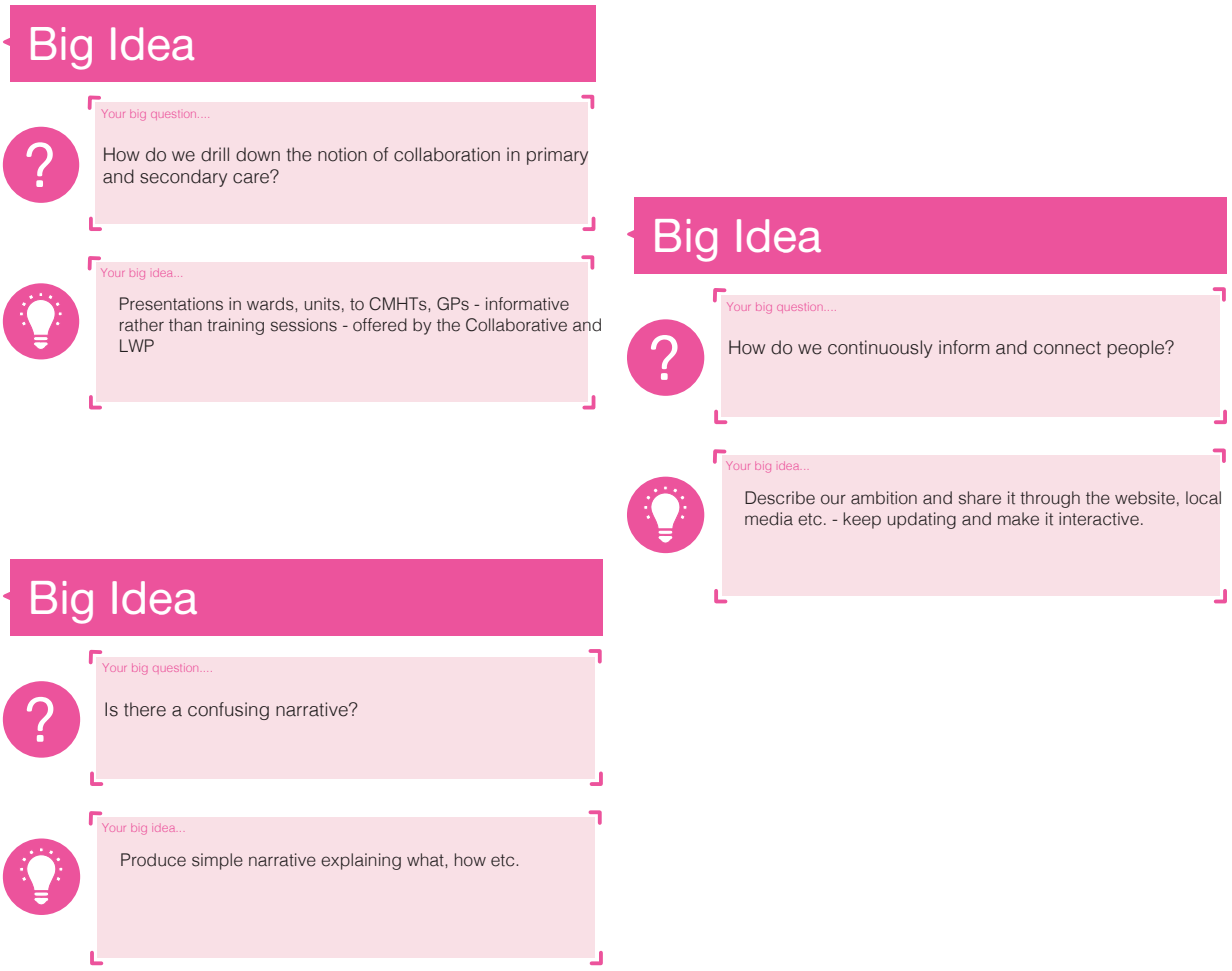
What do the successes on the ground (personalised to each organisation's specific role/s) look like that enable us to achieve the big 3 outcomes?

(OBJECTIVE SETTING)
How can we best inform our practice through feedback loops of what success on the ground looks like?
(MEASUREMENT FRAMEWORK)

Should we look at storytelling from a wider, community resilience lens?
(MEASUREMENT FRAMEWORK)

MESSAGING

***QUESTIONS FROM 11th DECEMBER*:**



KEY SUMMARY QUESTIONS (post event):

How do we inform and connect people to what we are doing day-to-day? (COMMS PROCESSES)

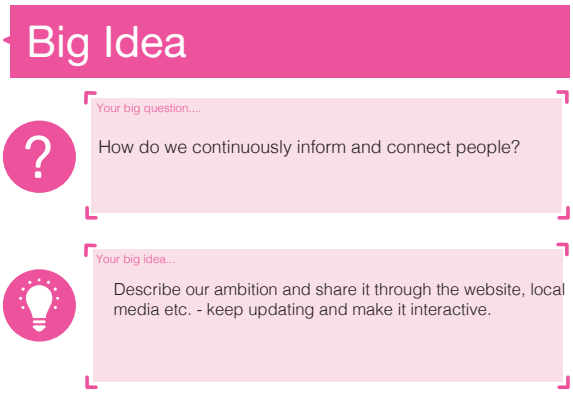
How can we maintain and spread our common language while ensuring this doesn't exclude anyone?

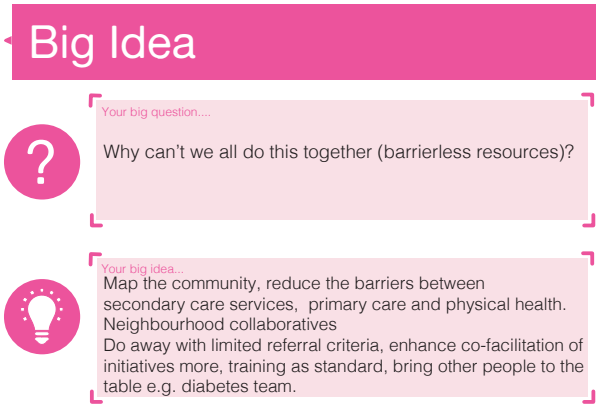
How can we grow a shared and understood language that facilitates a collaborative mission? (NARRATIVE)

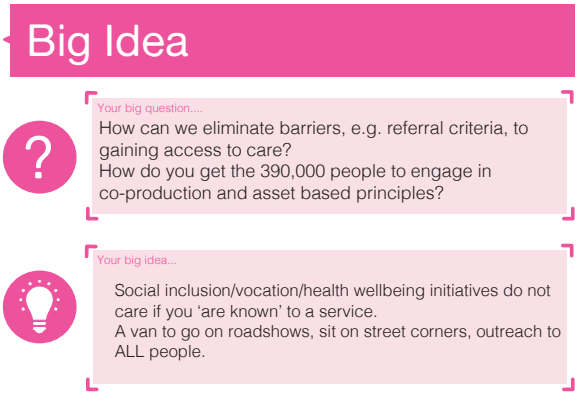
Should we offer informative sessions to wards, units, CMHTs, GPs etc? (COMMS & CULTURE)

OUTWARDS & UPWARDS

***QUESTIONS FROM 11th DECEMBER*:**







KEY SUMMARY QUESTIONS (post event):

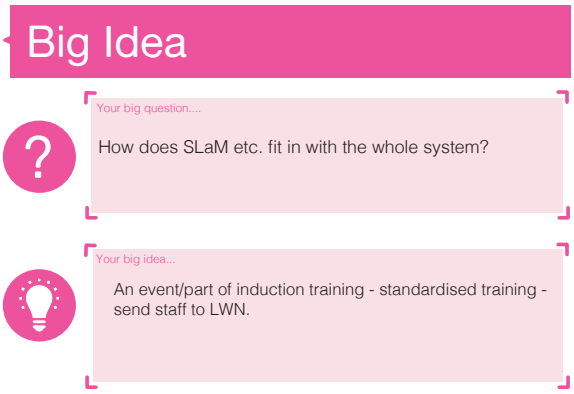
What social inclusion initiatives could help reach traditionally excluded groups?
(SOCIAL INCLUSION)

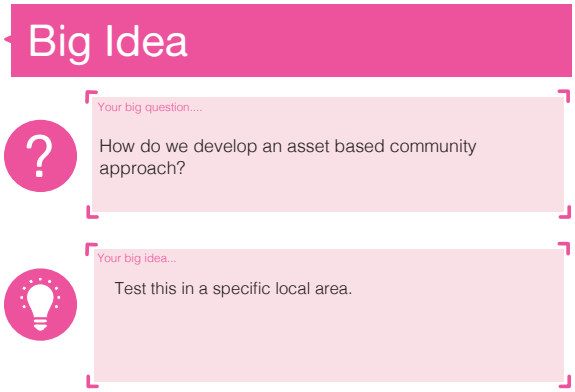
Other than digital media and general comms, what could we do to inform and include ALL people in the community?
(OUTREACH STRATEGIES)

How can we ensure that the culture and practice of co-production both permeates down to the community and grows from the ground up?
(GROWING THE NETWORK)

PRACTICE

***QUESTIONS FROM 11th DECEMBER*:**





KEY SUMMARY QUESTIONS (post event):

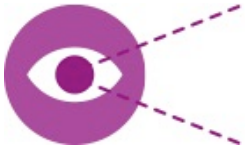
How can we standardise and codify co-production to inform a set of Collaborative styles of practice?
(CO-PRODUCTION TRAINING)

How should we design and test asset based community approaches on a local level?
(LOCALITY TESTING)

What Next?

Having themed the ideas from the day, the following Collaborative Leadership framework was created to help us take forward our ideas at the next session in March 2015:

LEADERSHIP AREA



VISION
How we frame success

WOULDN'T IT BE GREAT IF...

We had clear objectives to translate the 3 big outcomes into reality.

Our vision went beyond mental health to include community wellbeing.

- **How could we better share experience and insight from organisation-to-organisation to support local self-managed transformation?**
- **What will support organisations to understand their practice and frame it within the context of the Big 3 outcomes?**
- **How could we share a more consistent measurement of progress against The Collaborative's vision?**

LEADERSHIP AREA

MESSAGE
How we talk about co-production in Lambeth

WOULDN'T IT BE GREAT IF...

We could develop a clear, and inclusive language

New audiences were exposed to our messaging

- **What would our manifesto say? How would it capture our vision and principles?**
- **How can we move away from a stigmatising and limiting language of prescriptive mental health care and support, whilst avoiding the exclusion of citizens through the use of specialist terminology (eg. Co-production, co-design)?**
- **What types of media/forum will help broaden working knowledge of The Collaborative - its principles and approaches to support?**
- **How can we facilitate a more active and persistent exercise of listening to take account of what all citizens are describing as core to living well in Lambeth?**

LEADERSHIP AREA

WOULDN'T IT BE GREAT IF...

REACH

Moving upwards and outwards

We had a broader reach into communities

We had stronger collaborative networks in local communities

- **What would a community-facing Collaborative initiative look like that goes beyond people who have a lived experience of mental health (receiving or providing support) and connects them to the Living Well Network?**
- **How can we initiate and maintain a live map of community assets?**

LEADERSHIP AREA

WOULDN'T IT BE GREAT IF...

PRACTICE

What we do, and how we enable others to do it.

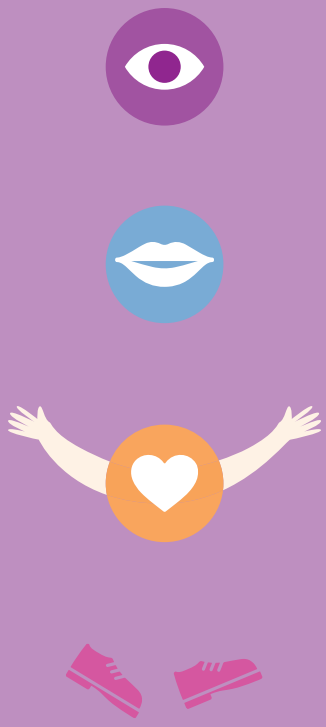
We had a way of introducing people to co-production

We could test an asset-based community approach in reality

- **What tools, skills & spaces would we need to widen our practice of co-production to connect and build strong relationships with wider community members, who don't have explicit mental health care roles / knowledge.**
- **Who's best placed to facilitate and lead a community-based network of co-production pioneers?**
- **What will act as the catalyst to engage non-mental health aware citizens and spur them to participate in a locality-based Collaborative community action prototype?**

TAKE THE LEAD

8 - 11:30am, 12/03/2015, Coffee Lovers Cafe 268 Wandsworth Rd, SW8 2JR



VISION
How do we frame and measure success?

MESSAGING
How do facilitate 2 way messaging between Collaborative leaders and all citizens?

REACH
How can we create partnerhips within communities who are at risk of isolation?

PRACTICE
What will enable a community of Collaborative practice that spans formal and informal settings?

At breakfast this month, in the Coffee Lovers Cafe, we'll be working up ideas to strengthen and widen the impact of The Collaboraive through new leadership opportunities.

Join us to help shape an exciting few months ahead as we move upwards and outwards to live well and 'take the mental out of mental health'.

The COLLABORATIVE